



**Aetna Better Health of Florida  
Florida Healthy Kids  
Formulary Guide  
May 2024**

## **What is a Formulary?**

A formulary is a list of drugs that are covered by the health plan. A formulary also tells you if there are any rules or restrictions on drugs, such as a limit on the amount you can get. If the rules for that drug are met, the plan will cover the drug. Drugs must also be filled at a plan network pharmacy.

## **Can the Plan's Drug List change?**

The plan may add or remove drugs on the list. 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 coverage rules for the drug

Drugs are also grouped by the type of condition they treat. Drugs used to treat an earache are listed under the section, "Ear-Nose-Throat Medications." If you know what your drug is used for, please look for that section name on the drug list. Then look under that section 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.

## **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. Call Member Services team at 1-844-528-5815 for more information.
- **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.

# Aetna Better Health Florida CHIP

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**CURRENT AS OF 5/1/2024**

**Restrictions**

**Auto-PA** = Auto PA in place.  
If Auto-PA is not met, standard PA required.

**F** = Female Only

**M** = Male Only

**OTC** = Over the Counter

**PA** = Prior Authorization Required

**QLL** = Quantity Level Limit Applies

**ST** = Step Therapy Required

**lowercase italics** = Generic drugs

**UPPERCASE BOLD** = Brand name drugs

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>	Intuniv	QLL (1 EA per 1 day)
<i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>	Intuniv	QLL (1 EA per 1 day)
<i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>	Intuniv	
<i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>	Intuniv	QLL (1 EA per 1 day)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	QLL (1 EA per 1 day); AL (Min 6 Years)
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral</i>	Adderall XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral</i>	Adderall XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral</i>	Adderall XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.75/day, Age =>18: maximum 2/day

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i>	Adderall XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.5/day, Age =>18: maximum 2/day
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i>	Adderall XR	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>	Adderall XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	Adderall	QLL (2 EA per 1 day); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate capsule extended release 24 hour 10 mg oral</i>	Dexedrine	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate capsule extended release 24 hour 15 mg oral</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate capsule extended release 24 hour 5 mg oral</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenzedi	QLL (6 EA per 1 day); AL (Min 3 Years)
<b>ZENZEDI ORAL TABLET 10 MG, 5 MG</b>	dextroamphetamine sulfate	QLL (6 EA per 1 day); AL (Min 3 Years)
<b>*Analeptics***</b>		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		
<b>*Stimulants - Misc.***</b>		
<i>armodafinil tablet 150 mg oral</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>armodafinil tablet 200 mg oral</i>	Nuvigil	Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>armodafinil tablet 250 mg oral</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>armodafinil tablet 50 mg oral</i>	Nuvigil	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	QLL (2 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Metadate CD	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Concerta	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Concerta	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Concerta	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Concerta	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		QLL (3 EA per 1 day)
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	QLL (30 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	QLL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<b>METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML</b>	methylphenidate hcl	QLL (30 ML per 1 day)
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*Alternative Medicine - Me's***</b>		
<i>melatonin maximum strength oral tablet 5 mg</i>		OTC
<i>melatonin oral tablet 3 mg, 5 mg</i>		OTC
<i>sm melatonin oral tablet 3 mg</i>		OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Alternative Medicine - St's***</b>		
<i>stevia oral packet 100 mg</i>		OTC
<b>*AMINOGLYCOSIDES*</b>		
<b>*Aminoglycosides***</b>		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	Auto-PA; QLL (10 ML per 1 day)
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG</b>		PA
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	Auto-PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Hyrimoz	Auto-PA
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	Auto-PA
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	Auto-PA
<b>HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML</b>		Auto-PA
<b>HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML</b>		Auto-PA
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	QLL (1 EA per 1 day)
<b>*Gold Compounds***</b>		
<b>RIDAURA ORAL CAPSULE 3 MG</b>		
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***</b>		
<i>all day pain relief oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>all day relief oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	OTC
<i>cvs all day pain relief oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>cvs childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>cvs ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>cvs ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>cvs ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>cvs ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>cvs naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>cvs naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<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>ec-naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>eq ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>eq ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<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 childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>gnp ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>gnp ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>gnp naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>gnp naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>goodsense ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>goodsense ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>goodsense naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>hm ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	
<i>ibuprofen tablet 200 mg oral</i>	Advil	QLL (6 EA per 1 day); OTC
<i>ibuprofen tablet 400 mg oral</i>	IBU	
<i>ibuprofen tablet 600 mg oral</i>	IBU	
<i>ibuprofen tablet 800 mg oral</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (4 EA per 1 day); AL (Min 17 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		QLL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		QLL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>qc ibuprofen ib oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>qc ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>qc ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>qc naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen ib oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>sm ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>sm naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		
<b>IBU ORAL TABLET 400 MG, 600 MG, 800 MG</b>	ibuprofen	
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (1 EA per 1 day)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML</b>		Auto-PA
<b>ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS</b>		Auto-PA; QLL (4.08 ML per 28 days); AL (Min 2 Years)
<b>ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS</b>		Auto-PA; QLL (7.84 ML per 28 days); AL (Min 2 Years)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>		Auto-PA
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML</b>		Auto-PA; QLL (7.84 ML per 28 days); AL (Min 2 Years)
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*Analgesic Combinations***</b>		
<i>cvs headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>cvs migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>gnp headache relief extra str oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>gnp migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>goodsense migraine formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>qc headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>sm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<b>*Analgesics Other***</b>		
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		AL (Max 20 Years); OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>		AL (Max 20 Years); OTC
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>acetaminophen oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>acetaminophen tablet 325 mg oral</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>acetaminophen tablet 500 mg oral</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>childrens silapap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs 8hr muscle aches &amp; pain oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	Mapap Acetaminophen Extra Str	QLL (240 ML per 30 days); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>cvs acetaminophen oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>cvs arthritis pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	Mapap Childrens	OTC
<i>cvs fever reducing childrens rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	Mapap Childrens	OTC
<i>cvs non-aspirin extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>cvs pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>cvs pain &amp; fever infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>cvs pain relief childrens oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>cvs pain relief extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>cvs pain relief oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>cvs pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>ed-apap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>eq pain relief/rapid burst oral liquid 500 mg/15ml</i>	Mapap Acetaminophen Extra Str	QLL (240 ML per 30 days); OTC
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp acetaminophen oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>gnp pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>gnp pain &amp; fever infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>gnp pain relief oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>goodsense pain &amp; fever child oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>goodsense pain &amp; fever infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>goodsense pain relief extra st oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>goodsense pain relief oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>hm pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>mapap oral capsule 500 mg</i>		OTC
<i>m-pap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>non-aspirin extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>non-aspirin pain relief oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>pain &amp; fever infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>qc non-aspirin childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>qc non-aspirin childrens oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc pain relief extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>qc pain relief oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>sm pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>sm pain &amp; fever infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>sm pain relief extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>sm pain reliever ex st oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>sm pain reliever oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		AL (Max 20 Years); OTC
<b>FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG</b>	acetaminophen	OTC
<b>FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG</b>	acetaminophen	OTC
<b>FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG</b>		OTC
<b>MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML</b>	cvs acetaminophen ex st	QLL (240 ML per 30 days); OTC
<b>MAPAP CHILDRENS TABLET CHEWABLE 160 MG ORAL</b>	acetaminophen	AL (Max 20 Years); OTC
<b>MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL</b>	cvs childs non-aspirin	OTC
<b>PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML</b>	acetaminophen	AL (Max 20 Years); OTC
<b>PANADOL EXTRA STRENGTH ORAL TABLET 500 MG</b>	acetaminophen	QLL (8 EA per 1 day); OTC
<b>PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML</b>	acetaminophen	AL (Max 20 Years); OTC
<b>TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML</b>		QLL (240 ML per 30 days); OTC
<b>*Analgesics-Sedatives***</b>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BAC ORAL TABLET 50-325-40 MG</b>	butalbital-apap-caffeine	
<b>*Salicylate Combinations***</b>		
<i>cvs antacid &amp; pain reliever oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Bufferin	OTC
<i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	OTC
<b>*Salicylates***</b>		
<i>aspirin low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>aspirin rectal suppository 300 mg</i>		AL (Max 20 Years); OTC
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>cvs genuine aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>eq aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>gnp aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>goodsense aspirin adults oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>goodsense aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>goodsense aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>hm adult aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>hm aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>qc aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>qc aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<b>ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG</b>	aspirin	AL (Max 20 Years); OTC
<b>*ANALGESICS - OPIOID*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		Auto-PA; QLL (12 ML per 1 day); AL (Min 6 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>acetaminophen-codeine tablet 300-15 mg oral</i>		Auto-PA; QLL (12 EA per 1 day); AL (Min 6 Years)
<i>acetaminophen-codeine tablet 300-30 mg oral</i>		Auto-PA; QLL (8 EA per 1 day); AL (Min 6 Years)
<i>acetaminophen-codeine tablet 300-60 mg oral</i>		Auto-PA; QLL (12 EA per 1 day); AL (Min 6 Years)
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		Auto-PA
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		Auto-PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		Auto-PA
<b>*Opioid Agonists***</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		Auto-PA; AL (Min 6 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		Auto-PA; QLL (4 EA per 1 day); 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>		Auto-PA; QLL (10 EA per 30 days); AL (Min 18 Years)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Dilaudid	Auto-PA
<i>hydromorphone hcl rectal suppository 3 mg</i>		Auto-PA; QLL (4 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	Auto-PA; QLL (2 EA per 1 day)
<i>methadone hcl solution 10 mg/5ml oral</i>		Auto-PA; QLL (10 ML per 1 day)
<i>methadone hcl solution 5 mg/5ml oral</i>		Auto-PA; QLL (20 ML per 1 day)
<i>methadone hcl tablet 10 mg oral</i>		Auto-PA; QLL (2 EA per 1 day)
<i>methadone hcl tablet 5 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		Auto-PA
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	MS Contin	Auto-PA; QLL (3 EA per 1 day); AL (Min 18 Years)
<i>morphine sulfate oral solution 10 mg/5ml</i>		Auto-PA
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		Auto-PA
<i>morphine sulfate suppository 10 mg rectal</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate suppository 20 mg rectal</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate suppository 30 mg rectal</i>		Auto-PA; QLL (3 EA per 1 day)
<i>morphine sulfate suppository 5 mg rectal</i>		Auto-PA; QLL (4 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	OxyCONTIN	Auto-PA; QLL (2 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	OxyCONTIN	Auto-PA; QLL (2 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	OxyCONTIN	Auto-PA; QLL (1 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		Auto-PA; QLL (60 ML per 1 day)
<i>oxycodone hcl tablet 10 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 15 mg oral</i>	Roxicodone	Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 20 mg oral</i>		Auto-PA; QLL (9 EA per 1 day)
<i>oxycodone hcl tablet 30 mg oral</i>	Roxicodone	Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 5 mg oral</i>		Auto-PA; QLL (12 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		Auto-PA; QLL (8 EA per 1 day); AL (Min 12 Years); QLL: Age <16: maximum 60 every 27 days
<b>METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML</b>	methadone hcl	Auto-PA; QLL (2 ML per 1 day)
<b>*Opioid Combinations***</b>		
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	Endocet	Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	Endocet	Auto-PA; QLL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	Endocet	Auto-PA; QLL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	Endocet	Auto-PA; QLL (8 EA per 1 day)
<b>ENDOCET TABLET 10-325 MG ORAL</b>	oxycodone-acetaminophen	Auto-PA; QLL (6 EA per 1 day)
<b>ENDOCET TABLET 2.5-325 MG ORAL</b>	oxycodone-acetaminophen	Auto-PA; QLL (12 EA per 1 day)
<b>ENDOCET TABLET 5-325 MG ORAL</b>	oxycodone-acetaminophen	Auto-PA; QLL (12 EA per 1 day)
<b>ENDOCET TABLET 7.5-325 MG ORAL</b>	oxycodone-acetaminophen	Auto-PA; QLL (8 EA per 1 day)
<b>*Opioid Partial Agonists***</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		Auto-PA; QLL (3 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		Auto-PA; QLL (3 EA per 1 day); AL (Min 16 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	Auto-PA; AL (Min 18 Years); QLL: Maximum of 1 fill every 28 days
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		Auto-PA; QLL (2.5 ML per 27 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		Auto-PA; QLL (4 EA per 1 day)
<b>*Tramadol Combinations***</b>		
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>		AL (Min 18 Years)
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>		Auto-PA; AL (Min 18 Years)
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*Androgens***</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 10 mg/act (2%) transdermal</i>	Fortesta	PA; AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Vogelxo Pump	PA; AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>		PA; M; QLL (2.5 GM per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Testim	PA; QLL (10 GM per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*Intrarectal Steroids***</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
<b>*Nitrate Vasodilating Agents***</b>		
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	PA; AL (Min 18 Years)
<b>*Rectal Combinations - Misc.***</b>		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<b>*Rectal Local Anesthetics***</b>		
<i>gnp anorectal external cream 5 %</i>	RectaSmoothe	QLL (30 GM per 30 days); OTC
<i>lidocaine (anorectal) external cream 5 %</i>	RectaSmoothe	QLL (30 GM per 30 days); OTC
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	PA; QLL (30 GM per 30 days); OTC
<b>RECTASMOOTHE EXTERNAL CREAM 5 %</b>	gnp anorectal	QLL (30 GM per 30 days); OTC
<b>*Rectal Steroids***</b>		
<i>hydrocortisone (perianal) external cream 1 %</i>	Preparation H	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	
<b>PROCTO-MED HC EXTERNAL CREAM 2.5 %</b>	hydrocortisone (perianal)	
<b>PROCTOSOL HC EXTERNAL CREAM 2.5 %</b>	hydrocortisone (perianal)	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PROCTOZONE-HC EXTERNAL CREAM 2.5 %</b>	hydrocortisone (perianal)	
<b>*ANTACIDS*</b>		
<b>*Antacid &amp; Simethicone***</b>		
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Almacone Double Strength	OTC
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Mintox	OTC
<i>antacid regular strength oral suspension 200- 200-20 mg/5ml</i>	Mintox	OTC
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
<i>cvs antacid plus antigas oral suspension 400- 400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>cvs antacid/anti-gas oral suspension 200-200- 20 mg/5ml</i>	Mintox	OTC
<i>cvs antacid/anti-gas oral suspension 400-400- 40 mg/5ml</i>	Almacone Double Strength	OTC
<i>gnp antacid &amp; anti-gas oral suspension 200- 200-20 mg/5ml</i>	Mintox	OTC
<i>gnp antacid &amp; anti-gas oral suspension 400- 400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 200-200- 20 mg/5ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 400-400- 40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid advanced oral suspension 200- 200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid anti-gas oral suspension 200-200- 20 mg/5ml</i>	Mintox	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
<b>ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML</b>	antacid anti-gas max strength	OTC
<b>MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML</b>	antacid anti-gas max strength	OTC
<b>MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML</b>	antacid anti-gas max strength	OTC
<b>*Antacid Combinations***</b>		
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>		OTC
<b>ACID GONE ORAL SUSPENSION 95-358 MG/15ML</b>		OTC
<b>ACID GONE ORAL TABLET CHEWABLE 160-105 MG</b>	antacid extra strength	OTC
<b>GAVISCON EXTRA STRENGTH ORAL TABLET CHEWABLE 160-105 MG</b>	antacid extra strength	OTC
<b>GAVISCON ORAL SUSPENSION 95-358 MG/15ML</b>		OTC
<b>*Antacids - Bicarbonate***</b>		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
<b>*Antacids - Calcium Salts***</b>		
<i>antacid calcium oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>antacid oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		OTC
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>cvs antacid kids oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>cvs smooth antacid extra st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>gnp antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>qc antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>sm antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<b>CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG</b>	antacid calcium	OTC
<b>CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG</b>	antacid	OTC
<b>MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG</b>	childrens pepto	OTC
<b>TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG</b>	antacid	OTC
<b>TUMS E-X 750 ORAL TABLET CHEWABLE 750 MG</b>	antacid	OTC
<b>TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG</b>	antacid	OTC
<b>TUMS ORAL TABLET CHEWABLE 500 MG</b>	antacid calcium	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG</b>	antacid	OTC
<b>TUMS ULTRA 1000 ORAL TABLET CHEWABLE 1000 MG</b>	antacid ultra strength	OTC
<b>*Antacids - Magnesium Salts***</b>		
<i>magnesium oxide tablet 400 mg oral</i>		OTC
<i>magnesium oxide tablet 400 mg oral</i>		Auto-PA; OTC
<b>*ANTHELMINTICS*</b>		
<b>*Anthelmintics***</b>		
<i>albendazole oral tablet 200 mg</i>		Auto-PA
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>		OTC
<i>ivermectin oral tablet 3 mg</i>	Stromectol	QLL (10 EA per 90 days)
<i>praziquantel oral tablet 600 mg</i>	Biltricide	
<b>*ANTIANGINAL AGENTS*</b>		
<b>*Nitrates***</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		Maintenance drug with max 90 day supply
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	Maintenance drug with max 90 day supply
<i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		Maintenance drug with max 90 day supply
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	Maintenance drug with max 90 day supply
<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	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>		
<b>NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG</b>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANTIANKXIETY AGENTS*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>bupirone hcl tablet 10 mg oral</i>		Auto-PA; QLL (6 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 15 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 30 mg oral</i>		Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 5 mg oral</i>		Auto-PA; QLL (12 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 7.5 mg oral</i>		Auto-PA; QLL (8 EA per 1 day); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		
<i>hydroxyzine hcl tablet 10 mg oral</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl tablet 25 mg oral</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl tablet 50 mg oral</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg</i>	Vistaril	QLL (4 EA per 1 day)
<b>*Benzodiazepines***</b>		
<i>alprazolam tablet 0.25 mg oral</i>	Xanax	Auto-PA; QLL (4 EA per 1 day); AL (Min 7 Years)
<i>alprazolam tablet 0.5 mg oral</i>	Xanax	Auto-PA; QLL (4 EA per 1 day); AL (Min 7 Years)
<i>alprazolam tablet 1 mg oral</i>	Xanax	Auto-PA; QLL (6 EA per 1 day); AL (Min 7 Years)
<i>alprazolam tablet 2 mg oral</i>	Xanax	Auto-PA; QLL (150 EA per 30 days); AL (Min 7 Years)
<i>chlordiazepoxide hcl capsule 10 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>chlordiazepoxide hcl capsule 25 mg oral</i>		Auto-PA; QLL (12 EA per 1 day)
<i>chlordiazepoxide hcl capsule 5 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>diazepam oral solution 5 mg/5ml</i>		QLL (10 ML per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	QLL (2 ML per 1 day); AL (Min 12 Years)
<i>lorazepam tablet 0.5 mg oral</i>	Ativan	QLL (4 EA per 1 day)
<i>lorazepam tablet 1 mg oral</i>	Ativan	QLL (6 EA per 1 day)
<i>lorazepam tablet 2 mg oral</i>	Ativan	QLL (150 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 6 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	lorazepam	QLL (2 ML per 1 day); AL (Min 12 Years)
<b>*ANTIARRHYTHMICS*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		Maintenance drug with max 90 day supply
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Pacerone	Maintenance drug with max 90 day supply
<b>MULTAQ ORAL TABLET 400 MG</b>		PA; QLL (2 EA per 1 day)
<b>PACERONE ORAL TABLET 100 MG, 200 MG</b>	amiodarone hcl	Maintenance drug with max 90 day supply
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*Adrenergic Combinations***</b>		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	AirDuo RespiClick 113/14	AL (Min 12 Years)
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	AirDuo RespiClick 232/14	AL (Min 12 Years)
<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 aerosol powder breath activated 55-14 mcg/act inhalation</i>	AirDuo RespiClick 55/14	AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
<b>BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT</b>		AL (Min 18 Years)
<b>BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT</b>		ST; QLL (10.7 GM per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>		ST; QLL (2 EA per 1 day)
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	fluticasone-salmeterol	QLL (2 EA per 1 day)
<b>*Anti-Ige Monoclonal Antibodies***</b>		
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>		PA
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>		PA
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG</b>		PA; AL (Min 12 Years)
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Proventil HFA	QLL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Proventil HFA	QLL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Proventil HFA	QLL (36 GM per 30 days)
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>		QLL (2 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; Auto-PA
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>		QLL (4 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<b>*Bronchodilators - Anticholinergics***</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>		QLL (30 EA per 30 days)
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	PA; QLL (1 EA per 1 day); AL (Max 4 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (1 EA per 1 day)
<b>*Steroid Inhalants***</b>		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (4 ML per 1 day)
<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 (24 GM per 30 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT</b>		AL (Min 5 Years)
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT</b>		
<b>*Xanthines***</b>		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	
<i>theophylline oral solution 80 mg/15ml</i>		
<b>*ANTICOAGULANTS*</b>		
<b>*Coumarin Anticoagulants***</b>		
<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	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	warfarin sodium	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Direct Factor Xa Inhibitors***</b>		
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG</b>		QLL (74 EA per 30 days); AL (Min 18 Years)
<b>ELIQUIS TABLET 2.5 MG ORAL</b>		QLL (60 EA per 30 days); AL (Min 18 Years)
<b>ELIQUIS TABLET 5 MG ORAL</b>		QLL (2 EA per 1 day); AL (Min 18 Years)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>		QLL (1 EA per 1 day)
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 &amp; 20 MG</b>		
<b>*Heparins And Heparinoid-Like Agents***</b>		
<i>heparin na (pork) lock flsh pf intravenous solution 100 unit/ml</i>	BD Heparin PosiFlush	
<i>heparin sod (pork) lock flush intravenous solution 100 unit/ml</i>		
<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>		
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	QLL (180 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>	Lovenox	QLL (60 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i>	Lovenox	QLL (48 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>	Lovenox	QLL (60 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>	Lovenox	QLL (18 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	Lovenox	QLL (24 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	Lovenox	QLL (36 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	Lovenox	QLL (48 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	QLL (2 EA per 1 day)
<b>PRADAXA ORAL CAPSULE 75 MG</b>	dabigatran etexilate mesylate	QLL (2 EA per 1 day)
<b>*ANTICONVULSANTS*</b>		
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	QLL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		QLL (10 EA per 30 days)
<b>VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML</b>		QLL (10 EA per 30 days); AL (Min 6 Years); QLL: Maximum of 2
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML</b>		QLL (10 EA per 30 days); AL (Min 6 Years)
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML</b>		QLL (10 EA per 30 days); AL (Min 6 Years)
<b>VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML</b>		QLL (10 EA per 30 days); AL (Min 6 Years); QLL: Maximum of 2
<b>*Anticonvulsants - Misc.***</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	Auto-PA; QLL (4 EA per 1 day)
<i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>	TEGretol-XR	Auto-PA; QLL (10 EA per 1 day)
<i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>	TEGretol-XR	Auto-PA; QLL (5 EA per 1 day)
<i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>	TEGretol-XR	Auto-PA
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	Auto-PA
<i>carbamazepine oral tablet 200 mg</i>	Epitol	Auto-PA
<i>carbamazepine oral tablet chewable 100 mg</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	Auto-PA; QLL (6 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	Auto-PA
<i>gabapentin tablet 600 mg oral</i>	Neurontin	Auto-PA; QLL (6 EA per 1 day)
<i>gabapentin tablet 800 mg oral</i>	Neurontin	Auto-PA; QLL (4.5 EA per 1 day)
<i>lamotrigine tablet 100 mg oral</i>	Subvenite	Auto-PA; QLL (2 EA per 1 day)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>lamotrigine tablet 150 mg oral</i>	Subvenite	Auto-PA; QLL (3 EA per 1 day)
<i>lamotrigine tablet 200 mg oral</i>	Subvenite	Auto-PA; QLL (2 EA per 1 day)
<i>lamotrigine tablet 25 mg oral</i>	Subvenite	Auto-PA; QLL (6 EA per 1 day)
<i>lamotrigine tablet chewable 25 mg oral</i>	LaMICtal	Auto-PA; AL (Min 13 Years)
<i>lamotrigine tablet chewable 5 mg oral</i>	LaMICtal	Auto-PA; QLL (8 EA per 1 day); AL (Min 13 Years)
<i>levetiracetam er tablet extended release 24 hour 500 mg oral</i>	Keppra XR	Auto-PA; QLL (6 EA per 1 day)
<i>levetiracetam er tablet extended release 24 hour 750 mg oral</i>	Keppra XR	Auto-PA; QLL (4 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	Auto-PA
<i>levetiracetam tablet 1000 mg oral</i>	Keppra	Auto-PA; QLL (3 EA per 1 day)
<i>levetiracetam tablet 250 mg oral</i>	Keppra	Auto-PA; QLL (2 EA per 1 day)
<i>levetiracetam tablet 500 mg oral</i>	Roweepra	Auto-PA; QLL (6 EA per 1 day)
<i>levetiracetam tablet 750 mg oral</i>	Keppra	Auto-PA; QLL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	Auto-PA
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	Auto-PA
<i>pregabalin capsule 100 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 150 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 200 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 225 mg oral</i>	Lyrica	PA; QLL (2 EA per 1 day)
<i>pregabalin capsule 25 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 300 mg oral</i>	Lyrica	PA; QLL (2 EA per 1 day)
<i>pregabalin capsule 50 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 75 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	Auto-PA
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	QLL (4 EA per 1 day)
<i>topiramate tablet 100 mg oral</i>	Topamax	
<i>topiramate tablet 200 mg oral</i>	Topamax	QLL (2 EA per 1 day)
<i>topiramate tablet 25 mg oral</i>	Topamax	QLL (4 EA per 1 day)
<i>topiramate tablet 50 mg oral</i>	Topamax	QLL (4 EA per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	QLL (6 EA per 1 day)
<i>zonisamide oral capsule 50 mg</i>		QLL (6 EA per 1 day)
<b>EPITOL ORAL TABLET 200 MG</b>	carbamazepine	Auto-PA
<b>ROWEEPRA ORAL TABLET 500 MG</b>	levetiracetam	Auto-PA; QLL (6 EA per 1 day)
<b>SUBVENITE TABLET 100 MG ORAL</b>	lamotrigine	Auto-PA; QLL (2 EA per 1 day)
<b>SUBVENITE TABLET 150 MG ORAL</b>	lamotrigine	Auto-PA; QLL (3 EA per 1 day)
<b>SUBVENITE TABLET 200 MG ORAL</b>	lamotrigine	Auto-PA; QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SUBVENITE TABLET 25 MG ORAL</b>	lamotrigine	Auto-PA; QLL (6 EA per 1 day)
<b>*Gaba Modulators***</b>		
<i>tiagabine hcl tablet 12 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>tiagabine hcl tablet 16 mg oral</i>		Auto-PA; QLL (3 EA per 1 day)
<i>tiagabine hcl tablet 2 mg oral</i>		Auto-PA
<i>tiagabine hcl tablet 4 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<b>*Hydantoins***</b>		
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Dilantin	Auto-PA
<i>phenytoin oral tablet chewable 50 mg</i>	Phenytoin Infatabs	Auto-PA
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	Auto-PA
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	Auto-PA
<b>DILANTIN ORAL CAPSULE 30 MG</b>		
<b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG</b>	phenytoin	Auto-PA
<b>*Succinimides***</b>		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	Auto-PA
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	Auto-PA
<b>*Valproic Acid***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	Auto-PA
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	Auto-PA
<i>valproic acid oral capsule 250 mg</i>		
<i>valproic acid oral solution 250 mg/5ml</i>		
<b>*ANTIDEPRESSANTS*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	Auto-PA; QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	Auto-PA; QLL (1 EA per 1 day)
<i>bupropion hcl tablet 100 mg oral</i>		Auto-PA; QLL (3 EA per 1 day)
<i>bupropion hcl tablet 75 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	Auto-PA; AL (Min 18 Years)
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		Auto-PA; QLL (20 ML per 1 day); AL (Min 6 Years and Max 11 Years)
<i>citalopram hydrobromide tablet 10 mg oral</i>	CeleXA	Auto-PA; QLL (2 EA per 1 day)
<i>citalopram hydrobromide tablet 20 mg oral</i>	CeleXA	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>citalopram hydrobromide tablet 40 mg oral</i>	CeleXA	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		Auto-PA; QLL (20 ML per 1 day); AL (Min 6 Years)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl capsule 10 mg oral</i>	PROzac	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl capsule 20 mg oral</i>	PROzac	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl capsule 40 mg oral</i>	PROzac	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		Auto-PA
<i>fluvoxamine maleate tablet 100 mg oral</i>		Auto-PA; QLL (3 EA per 1 day)
<i>fluvoxamine maleate tablet 25 mg oral</i>		Auto-PA; QLL (1 EA per 1 day)
<i>fluvoxamine maleate tablet 50 mg oral</i>		Auto-PA; QLL (1 EA per 1 day)
<i>paroxetine hcl tablet 10 mg oral</i>	Paxil	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl tablet 20 mg oral</i>	Paxil	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl tablet 30 mg oral</i>	Paxil	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl tablet 40 mg oral</i>	Paxil	Auto-PA; QLL (1.5 EA per 1 day); AL (Min 6 Years)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	Auto-PA; QLL (10 ML per 1 day); AL (Min 6 Years and Max 11 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Zoloft	Auto-PA; QLL (2 EA per 1 day)
<b>*Serotonin Modulators***</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		Auto-PA
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	Auto-PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Cymbalta	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Cymbalta	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Cymbalta	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	Effexor XR	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	Effexor XR	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	Effexor XR	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		Auto-PA
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		Auto-PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		Auto-PA
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		Auto-PA; AL (Min 12 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>		Auto-PA; AL (Min 12 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		Auto-PA; AL (Min 18 Years)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	Auto-PA; AL (Min 13 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		Auto-PA; AL (Max 12 Years)
<b>*ANTIDIABETICS*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Biguanides***</b>		
<i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		Maintenance drug with max 90 day supply
<b>*Diabetic Other - Combinations***</b>		
<i>cvs glucose oral tablet chewable 4-6 gm-mg</i>	ReliOn Glucose	OTC
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	ReliOn Glucose	OTC
<b>RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG</b>	cvs glucose	OTC
<b>*Diabetic Other***</b>		
<i>cvs glucose oral tablet chewable 4 gm</i>	TRUEplus Glucose	OTC
<i>cvs soft glucose oral tablet chewable 4 gm</i>	TRUEplus Glucose	OTC
<i>glucagon emergency injection kit 1 mg</i>		QLL (2 EA per 30 days)
<i>sm glucose oral tablet chewable 4 gm</i>	TRUEplus Glucose	OTC
<b>BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE</b>		QLL (2 EA per 30 days)
<b>BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE</b>		QLL (2 EA per 30 days)
<b>BD GLUCOSE ORAL TABLET CHEWABLE 5 GM</b>		OTC
<b>GLUTOSE 15 ORAL GEL 40 %</b>	cvs glucose	OTC
<b>GLUTOSE 45 ORAL GEL 40 %</b>	cvs glucose	OTC
<b>GLUTOSE 5 ORAL GEL 40 %</b>	cvs glucose	OTC
<b>GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS</b>		QLL (0.2 ML per 30 days)
<b>GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS</b>		QLL (0.4 ML per 30 days)
<b>GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS</b>		QLL (0.2 ML per 30 days)
<b>GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS</b>		QLL (0.4 ML per 30 days)
<b>GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML</b>		QLL (0.4 ML per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</b>		QLL (0.4 ML per 30 days)
<b>INSTA-GLUCOSE ORAL GEL 77.4 %</b>		OTC
<b>TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM</b>	cvs glucose	OTC
<b>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM</b>	cvs glucose	OTC
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Human Insulin***</b>		
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Semglee (yfgn)	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Semglee (yfgn)	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Admelog SoloStar	
<i>insulin lispro injection solution 100 unit/ml</i>	Admelog	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	insulin glargine solostar	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML</b>		
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>		
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>		QLL (20 ML per 30 days)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</b>		
<b>NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>		OTC
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>		OTC
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>		OTC
<b>NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>		
<b>NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		OTC
<b>NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		OTC
<b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML</b>		ST; Auto-PA; QLL (1.5 ML per 28 days); AL (Min 18 Years)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>		ST; Auto-PA; QLL (0.1071 ML per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML</b>		ST; Auto-PA; QLL (0.1071 ML per 1 day)
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML</b>		ST; Auto-PA; QLL (4 ML per 28 days); AL (Min 18 Years)
<b>*Meglitinide Analogues***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (3 EA per 1 day)
<i>repaglinide tablet 0.5 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>repaglinide tablet 1 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>repaglinide tablet 2 mg oral</i>		QLL (8 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>		
<b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>STEGLATRO ORAL TABLET 15 MG, 5 MG</b>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
<b>SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG</b>		ST; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Sulfonylureas***</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		Maintenance drug with max 90 day supply



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	Glucotrol XL	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide oral tablet 10 mg, 5 mg</i>		Maintenance drug with max 90 day supply
<i>glipizide xl tablet extended release 24 hour 10 mg oral</i>	Glucotrol XL	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide xl tablet extended release 24 hour 5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*Antidiarrheal/Probiotic Agents - Misc.***</b>		
<i>acidophilus probiotic formula oral tablet</i>	Floranex	OTC
<i>acidophilus probiotic tablet 10 mg oral</i>	Floranex	OTC
<i>acidophilus probiotic tablet 10 mg oral</i>	Floranex	Auto-PA; OTC
<i>acidophilus/l-sporogenes oral tablet</i>	Floranex	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>cvs acidophilus probiotic oral tablet</i>	Floranex	OTC
<i>cvs adult 50+ probiotic oral capsule</i>	Envive	OTC
<i>cvs adult probiotic oral capsule</i>	Envive	OTC
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>cvs digestive probiotic oral capsule</i>	Envive	OTC
<i>cvs everyday care probiotic oral capsule</i>	Envive	OTC
<i>cvs mood support probiotic oral capsule</i>	Envive	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs probiotic adult 50+ oral capsule</i>	Envive	OTC
<i>cvs probiotic capsule oral</i>	Envive	OTC
<i>cvs probiotic capsule oral</i>	Envive	Auto-PA; OTC
<i>cvs probiotic maximum strength capsule oral</i>	Envive	OTC
<i>cvs probiotic maximum strength capsule oral</i>	Envive	Auto-PA; OTC
<i>cvs probiotic pearls ex st oral capsule</i>	Envive	Auto-PA; OTC
<i>cvs senior probiotic oral capsule</i>	Envive	OTC
<i>cvs stomach relief max st oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>cvs stomach relief oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>cvs stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>cvs stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>cvs stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>daily probiotic oral capsule</i>	Envive	OTC
<i>eq probiotic capsule oral</i>	Envive	OTC
<i>eq probiotic capsule oral</i>	Envive	Auto-PA; OTC
<i>eq probiotic-lactobacillus oral capsule</i>	Abatinex	Auto-PA; OTC
<i>gnp pink bismuth oral tablet 262 mg</i>	Kaopectate	OTC
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>hm stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>hm stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>qc pink bismuth oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>qc pink bismuth oral tablet 262 mg</i>	Kaopectate	OTC
<i>qc stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>qc stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>sm acidophilus oral capsule 10 mg</i>	Abatinex	OTC
<i>sm stomach relief oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>sm stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>sm stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<b>ENVIVE ORAL CAPSULE</b>	cvs adult 50+ probiotic	OTC
<b>FLORANEX ORAL TABLET</b>	acidophilus probiotic	OTC
<b>PROBITROL ORAL CAPSULE</b>	cvs adult 50+ probiotic	OTC
<b>PROMEROL ORAL CAPSULE</b>	cvs adult 50+ probiotic	OTC
<b>RISAQUAD ORAL CAPSULE</b>	cvs adult 50+ probiotic	OTC
<b>RISAQUAD-2 ORAL CAPSULE</b>	cvs adult 50+ probiotic	OTC
<b>*Antidiarrheal/Probiotic Combinations***</b>		
<i>acidophilus/pectin oral capsule</i>		OTC
<b>*Antiperistaltic Agents***</b>		
<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>anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>cvs anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>cvs anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>gnp anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	OTC
<i>qc anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>qc anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<b>CHEMET ORAL CAPSULE 100 MG</b>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Opioid Antagonists***</b>		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	QLL (4 EA per 365 days)
<i>naltrexone hcl oral tablet 50 mg</i>		QLL (3 EA per 1 day)
<b>NARCAN NASAL LIQUID 4 MG/0.1ML</b>	naloxone hcl	QLL (4 EA per 365 days)
<b>*ANTIEMETICS*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<i>granisetron hcl oral tablet 1 mg</i>		ST
<i>ondansetron hcl oral solution 4 mg/5ml</i>		QLL (15 ML per 1 day)
<i>ondansetron hcl tablet 24 mg oral</i>		QLL: Maximum of 2 fills every 30 days
<i>ondansetron hcl tablet 4 mg oral</i>		QLL (3 EA per 1 day)
<i>ondansetron hcl tablet 8 mg oral</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
<b>*Antiemetics - Anticholinergic***</b>		
<i>cvs motion sickness oral tablet 50 mg</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>cvs motion sickness relief oral tablet chewable 25 mg</i>	Antivert	OTC
<i>gnp motion sickness relief tablet 25 mg oral</i>	Dramamine	OTC
<i>gnp motion sickness relief tablet 50 mg oral</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Antivert	
<i>motion sickness relief tablet 25 mg oral</i>	Dramamine	OTC
<i>motion sickness relief tablet 50 mg oral</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>motion-time oral tablet chewable 25 mg</i>	Antivert	OTC
<i>qc motion sickness relief oral tablet 50 mg</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>qc travel ease oral tablet chewable 25 mg</i>	Antivert	OTC
<i>sm motion sickness tablet 25 mg oral</i>	Dramamine	OTC
<i>sm motion sickness tablet 50 mg oral</i>	Driminate	QLL (8 EA per 1 day); OTC
<b>DRIMINATE ORAL TABLET 50 MG</b>	cvs motion sickness	QLL (8 EA per 1 day); OTC
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
<i>aprepitant capsule 125 mg oral</i>		QLL (2 EA per 28 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>aprepitant capsule 40 mg oral</i>		QLL (4 EA per 28 days)
<i>aprepitant capsule 80 &amp; 125 mg oral</i>	Emend Tri-Pack	QLL: Maximum of 2 fills every 30 days
<i>aprepitant capsule 80 mg oral</i>	Emend	QLL (4 EA per 28 days)
<i>aprepitant oral 80 &amp; 125 mg</i>	Emend Tri-Pack	QLL: Maximum of 2 fills every 30 days
<b>*ANTIFUNGALS*</b>		
<b>*Antifungals***</b>		
<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 (84 EA per 365 days)
<b>*Imidazoles***</b>		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)
<b>*Triazoles***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole tablet 100 mg oral</i>	Diflucan	QLL (2 EA per 1 day)
<i>fluconazole tablet 150 mg oral</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole tablet 200 mg oral</i>	Diflucan	QLL (2 EA per 1 day)
<i>fluconazole tablet 50 mg oral</i>		QLL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (4 EA per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Vfend	PA
<b>DIFLUCAN ORAL TABLET 150 MG</b>	fluconazole	QLL (14 EA per 28 days)
<b>*ANTI-HISTAMINES*</b>		
<b>*Antihistamines - Alkylamines***</b>		
<i>aller-chlor oral tablet 4 mg</i>	Wal-finat	OTC
<i>allergy oral tablet 4 mg</i>	Wal-finat	OTC
<i>allergy relief oral tablet 4 mg</i>	Wal-finat	OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	QLL (2 EA per 1 day); OTC
<i>cvs allergy relief oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	QLL (2 EA per 1 day); OTC
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Diabetic Tussin Allergy	QLL (120 ML per 30 days); OTC
<i>gnp allergy relief oral tablet 4 mg</i>	Wal-finat	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc chlor-pheniramine oral tablet 4 mg</i>	Wal-finate	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
<b>HISTEX ORAL SYRUP 2.5 MG/5ML</b>		OTC
<b>HISTEX PD ORAL LIQUID 0.938 MG/ML</b>	triprolidine hcl	OTC
<b>*Antihistamines - Ethanolamines***</b>		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>complete allergy medicine oral capsule 25 mg</i>	Banophen	OTC
<i>cvs allergy oral capsule 25 mg</i>	Banophen	OTC
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>cvs allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>cvs allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>diphenhist oral capsule 25 mg</i>	Banophen	OTC
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Banophen	OTC
<i>eq allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy oral tablet 25 mg</i>	Banophen	OTC
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>gnp allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>qc allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>qc complete allergy medicine oral tablet 25 mg</i>	Banophen	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>sm allergy relief oral tablet 25 mg</i>	Banophen	OTC
<b>BANOPHEN ORAL CAPSULE 25 MG</b>	allergy relief	OTC
<b>BANOPHEN ORAL CAPSULE 50 MG</b>	diphenhydramine hcl	OTC
<b>BANOPHEN ORAL TABLET 25 MG</b>	allergy relief	OTC
<b>*Antihistamines - Non-Sedating***</b>		
<i>24hr allergy relief oral tablet 180 mg</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy 24-hr tablet 180 mg oral</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>allergy 24-hr tablet 180 mg oral</i>	Allegra Allergy	Auto-PA; QLL (1 EA per 1 day); OTC
<i>allergy childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	QLL (30 ML per 1 day); OTC
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief cetirizine oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief cetirizine oral tablet 5 mg</i>		QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief childrens oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>allergy relief tablet 10 mg oral</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief tablet 180 mg oral</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>allergy relief tablet 180 mg oral</i>	Allegra Allergy	Auto-PA; QLL (1 EA per 1 day); OTC
<i>allergy relief tablet 5 mg oral</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day); OTC
<i>allergy relief/indoor/outdoor tablet 10 mg oral</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief/indoor/outdoor tablet 180 mg oral</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years)
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cetirizine hcl oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years)
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>cetirizine hcl oral tablet 5 mg</i>		QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>cvs allerg rel child (lorat) oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>cvs allergy childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>cvs allergy relief childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>cvs allergy relief childrens oral tablet chewable 5 mg</i>	Claritin	OTC
<i>cvs allergy relief oral tablet dispersible 10 mg</i>	Triaminic Allerchews	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs allergy relief tablet 10 mg oral</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs allergy relief tablet 180 mg oral</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>cvs allergy relief tablet 5 mg oral</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day); OTC
<i>cvs allergy relief tablet 60 mg oral</i>	Allegra Allergy	QLL (2 EA per 1 day); OTC
<i>cvs allergy relief(cetirizine) oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs indoor/outdoor allergy rlf oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>eq loratadine oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	Allegra Allergy	Auto-PA; QLL (1 EA per 1 day); OTC
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	Allegra Allergy	QLL (2 EA per 1 day); OTC
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>gnp all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day); OTC
<i>gnp allergy relief oral tablet 180 mg</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>gnp loratadine oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp loratadine oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Triaminic Allerchews	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>goodsense all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>goodsense aller-ease oral tablet 180 mg</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>goodsense allergy relief oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>hm fexofenadine hcl tablet 180 mg oral</i>	Allegra Allergy	Auto-PA; QLL (1 EA per 1 day); OTC
<i>hm fexofenadine hcl tablet 60 mg oral</i>	Allegra Allergy	Auto-PA; QLL (2 EA per 1 day); OTC
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>hm loratadine oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>levocetirizine dihydrochloride tablet 5 mg oral (otc)</i>	Xyzal Allergy 24HR	Auto-PA; QLL (1 EA per 1 day)
<i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i>	Xyzal Allergy 24HR	Auto-PA; QLL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC
<i>loratadine oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>loratadine oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>qc all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>qc allergy relief oral tablet dispersible 10 mg</i>	Triaminic Allerchews	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc childrens allergy oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>qc loratadine allergy relief oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>sm all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>sm allergy relief oral tablet 60 mg</i>	Allegra Allergy	QLL (2 EA per 1 day); OTC
<i>sm allergy relief oral tablet dispersible 10 mg</i>	Triaminic Allerchews	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>sm fexofenadine hcl tablet 180 mg oral</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>sm fexofenadine hcl tablet 180 mg oral</i>	Allegra Allergy	Auto-PA; QLL (1 EA per 1 day); OTC
<i>sm fexofenadine hcl tablet 60 mg oral</i>	Allegra Allergy	Auto-PA; QLL (2 EA per 1 day); OTC
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	Triaminic Allerchews	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	Claritin	QLL (240 ML per 30 days); OTC
<i>sm loratadine oral tablet 10 mg</i>	KLS AllerClear	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>KLS ALLERCLEAR ORAL TABLET 10 MG</b>	allergy relief	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>KLS ALLER-TEC ORAL TABLET 10 MG</b>	all day allergy	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG</b>	cvs allergy relief	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>WAL-ITIN ORAL TABLET 10 MG</b>	allergy relief	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		QLL (80 ML per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	promethazine hcl	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*Antihyperlipidemics - Misc.***</b>		
<i>icosapent ethyl capsule 0.5 gm oral</i>	Vascepa	PA; QLL (8 EA per 1 day)
<i>icosapent ethyl capsule 1 gm oral</i>	Vascepa	Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	QLL (4 EA per 1 day); AL (Min 18 Years)
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	Maintenance drug with max 90 day supply
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	Maintenance drug with max 90 day supply
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	Maintenance drug with max 90 day supply
<b>PREVALITE ORAL PACKET 4 GM</b>	cholestyramine light	
<b>PREVALITE ORAL POWDER 4 GM/DOSE</b>	cholestyramine light	
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		Maintenance drug with max 90 day supply
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		Maintenance drug with max 90 day supply
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	Maintenance drug with max 90 day supply
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		Maintenance drug with max 90 day supply
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>fluvastatin sodium capsule 20 mg oral</i>		ST; QLL (1 EA per 1 day)
<i>fluvastatin sodium capsule 40 mg oral</i>		ST; QLL (3.8 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>lovastatin tablet 10 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lovastatin tablet 20 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lovastatin tablet 40 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>simvastatin oral tablet 5 mg, 80 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	QLL (30 EA per 30 days); AL (Min 10 Years); Maintenance drug with max 90 day supply
<b>*Pcsk9 Inhibitors***</b>		
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML</b>		PA; AL (Min 10 Years)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML</b>		PA; AL (Min 10 Years)
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>		PA; AL (Min 10 Years)
<b>*ANTIHYPERTENSIVES*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	QLL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		QLL (1 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	Vaseretic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	Zestoretic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Zestoretic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	Zestoretic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Altace	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>trandolapril tablet 1 mg oral</i>		QLL (1 EA per 1 day)
<i>trandolapril tablet 2 mg oral</i>		QLL (1 EA per 1 day)
<i>trandolapril tablet 2 mg oral</i>		QLL (3.8 EA per 1 day)
<i>trandolapril tablet 4 mg oral</i>		QLL (2 EA per 1 day)
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb***</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (1 EA per 1 day)
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>		
<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 tablet 150-12.5 mg oral</i>	Avalide	Maintenance drug with max 90 day supply
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	Avalide	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<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 (1 EA per 1 day)
<b>*Angiotensin II Receptor Antagonists***</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>losartan potassium tablet 100 mg oral</i>	Cozaar	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>losartan potassium tablet 25 mg oral</i>	Cozaar	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>losartan potassium tablet 50 mg oral</i>	Cozaar	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>valsartan tablet 160 mg oral</i>	Diovan	Auto-PA; QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>valsartan tablet 160 mg oral</i>	Diovan	QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 320 mg oral</i>	Diovan	QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 40 mg oral</i>	Diovan	Auto-PA; QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 80 mg oral</i>	Diovan	Auto-PA; QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		Maintenance drug with max 90 day supply
<i>clonidine patch weekly 0.1 mg/24hr transdermal</i>	Catapres-TTS-1	ST; QLL (8 EA per 30 days)
<i>clonidine patch weekly 0.2 mg/24hr transdermal</i>	Catapres-TTS-2	ST; QLL (8 EA per 30 days)
<i>clonidine patch weekly 0.3 mg/24hr transdermal</i>	Catapres-TTS-3	ST
<i>guanfacine hcl tablet 1 mg oral</i>		QLL (8 EA per 1 day); Maintenance drug with max 90 day supply
<i>guanfacine hcl tablet 2 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>methyldopa oral tablet 250 mg, 500 mg</i>		Maintenance drug with max 90 day supply
<b>*Antiadrenergics - Peripherally Acting***</b>		
<i>doxazosin mesylate tablet 1 mg oral</i>	Cardura	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>doxazosin mesylate tablet 2 mg oral</i>	Cardura	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>doxazosin mesylate tablet 4 mg oral</i>	Cardura	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>doxazosin mesylate tablet 8 mg oral</i>	Cardura	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 1 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 10 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 2 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 5 mg oral</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<b>*Beta Blocker &amp; Diuretic Combinations***</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	Maintenance drug with max 90 day supply
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	Maintenance drug with max 90 day supply
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		Maintenance drug with max 90 day supply
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspira	Maintenance drug with max 90 day supply
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		Maintenance drug with max 90 day supply
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
<b>XIFAXAN ORAL TABLET 550 MG</b>		PA



Formulary Drug Name	Reference	Restrictions
<b>*Anti-Infective Misc. - Combinations***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
<b>SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML</b>	sulfamethoxazole-trimethoprim	
<b>*Glycopeptides***</b>		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	QLL (8 EA per 1 day)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	Firvanq	
<b>FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML</b>	vancomycin hcl	
<b>*Leprostotics***</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
<b>*Lincosamides***</b>		
<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	
<b>*Oxazolidinones***</b>		
<i>linezolid oral tablet 600 mg</i>	Zyvox	PA
<b>*Urinary Anti-Infectives***</b>		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		
<b>*ANTIMALARIALS*</b>		
<b>*Antimalarial Combinations***</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Malarone	QLL: Maximum of 1 fill every 90 days
<b>*Antimalarials***</b>		
<i>chloroquine phosphate tablet 250 mg oral</i>		Auto-PA; QLL (1 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>chloroquine phosphate tablet 500 mg oral</i>		Auto-PA; QLL (2 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	Auto-PA; QLL (3 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL: Maximum of 1 fill every 90 days
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*Antimyasthenic/Cholinergic Agents***</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>ethambutol hcl oral tablet 100 mg</i>		
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
<b>PRIFTIN ORAL TABLET 150 MG</b>		
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*Alkylating Agents***</b>		
<b>MYLERAN ORAL TABLET 2 MG</b>		QLL (180 EA per 30 days)
<b>*Androgen Biosynthesis Inhibitors***</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA; QLL (120 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antiadrenals***</b>		
<b>LYSODREN ORAL TABLET 500 MG</b>		QLL (1140 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antiandrogens***</b>		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antiestrogens***</b>		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>		AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antimetabolites***</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Xeloda	PA; QLL (120 EA per 30 days); AL (Min 18 Years)
<i>mercaptopurine oral tablet 50 mg</i>		Auto-PA
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium oral tablet 2.5 mg</i>		
<b>TABLOID ORAL TABLET 40 MG</b>		
<b>*Antineoplastic - Alk Inhibitors***</b>		
<b>ALECENSA ORAL CAPSULE 150 MG</b>		PA; QLL (8 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
<b>TUKYSA ORAL TABLET 150 MG, 50 MG</b>		PA; AL (Min 18 Years)
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 &amp; 50 &amp; 100 MG</b>		PA; QLL (42 EA per 30 days); AL (Min 18 Years); QLL: Maximum of 1 fill every 365 days
<b>VENCLEXTA TABLET 10 MG ORAL</b>		PA; QLL (14 EA per 30 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>VENCLEXTA TABLET 100 MG ORAL</b>		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
<b>VENCLEXTA TABLET 50 MG ORAL</b>		PA; QLL (7 EA per 30 days); AL (Min 18 Years)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
<i>imatinib mesylate tablet 100 mg oral</i>	Gleevec	PA; QLL (90 EA per 30 days)
<i>imatinib mesylate tablet 400 mg oral</i>	Gleevec	PA; QLL (60 EA per 30 days)
<b>SPRYCEL TABLET 100 MG ORAL</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>SPRYCEL TABLET 140 MG ORAL</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>SPRYCEL TABLET 20 MG ORAL</b>		PA; QLL (3 EA per 1 day); AL (Min 18 Years)
<b>SPRYCEL TABLET 50 MG ORAL</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>SPRYCEL TABLET 70 MG ORAL</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>SPRYCEL TABLET 80 MG ORAL</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG</b>		PA; QLL (4 EA per 1 day); AL (Min 1 Years)
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
<b>TAFINLAR ORAL CAPSULE 50 MG, 75 MG</b>		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
<b>TAFINLAR ORAL TABLET SOLUBLE 10 MG</b>		PA
<b>*Antineoplastic - Btk Inhibitors***</b>		
<b>IMBRUVICA CAPSULE 140 MG ORAL</b>		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
<b>IMBRUVICA CAPSULE 70 MG ORAL</b>		PA; QLL (1 EA per 1 day)
<b>IMBRUVICA ORAL SUSPENSION 70 MG/ML</b>		PA; QLL (6 ML per 1 day)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG</b>		PA; QLL (1 EA per 1 day)
<b>*Antineoplastic - Egfr Inhibitors***</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
<b>GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
ERIVEDGE ORAL CAPSULE 150 MG		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>*Antineoplastic - Mek Inhibitors***</b>		
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA
MEKINIST TABLET 0.5 MG ORAL		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
MEKINIST TABLET 2 MG ORAL		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
<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 (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (30 EA per 30 days); AL (Min 12 Years)
CAPRELSA TABLET 100 MG ORAL		Auto-PA; QLL (60 EA per 30 days); AL (Min 18 Years)
CAPRELSA TABLET 300 MG ORAL		Auto-PA; QLL (30 EA per 30 days); AL (Min 18 Years)
RYDAPT ORAL CAPSULE 25 MG		PA; QLL (8 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastics Misc.***</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		PA; QLL (6 ML per 28 days)
MATULANE ORAL CAPSULE 50 MG		QLL (56 EA per 30 days)
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
<b>VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Estrogens-Antineoplastic***</b>		
<b>EMCYT ORAL CAPSULE 140 MG</b>		QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
<b>*Imidazotetrazines***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		QLL (60 EA per 30 days)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</b>		PA; QLL (60 EA per 30 days); AL (Min 12 Years)
<b>*Lhrh Analogs***</b>		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		Auto-PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>ELIGARD KIT 22.5 MG SUBCUTANEOUS</b>		Auto-PA; M; QLL (1 EA per 90 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ELIGARD KIT 30 MG SUBCUTANEOUS</b>		Auto-PA; M; QLL (1 EA per 120 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>ELIGARD KIT 45 MG SUBCUTANEOUS</b>		Auto-PA; QLL (1 EA per 175 days); AL (Min 2 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>ELIGARD KIT 7.5 MG SUBCUTANEOUS</b>		Auto-PA; M; QLL (1 EA per 28 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral capsule 50 mg</i>		
<b>*Nitrogen Mustards And Related Analogues***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
<i>melphalan oral tablet 2 mg</i>		AL (Min 18 Years)
<b>IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM</b>	ifosfamide	
<b>LEUKERAN ORAL TABLET 2 MG</b>		
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>		
<b>LYNPARZA ORAL TABLET 100 MG, 150 MG</b>		PA; QLL (4 EA per 1 day)
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Retinoids***</b>		
<i>tretinoin oral capsule 10 mg</i>		PA
<b>*Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA; QLL (60 EA per 30 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Urinary Tract Protective Agents***</b>		
MESNEX ORAL TABLET 400 MG		
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		Maintenance drug with max 90 day supply
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		Maintenance drug with max 90 day supply
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule 100 mg</i>		AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>amantadine hcl oral solution 50 mg/5ml</i>		AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>amantadine hcl oral tablet 100 mg</i>		AL (Min 1 Years); Maintenance drug with max 90 day supply



Formulary Drug Name	Reference	Restrictions
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>selegiline hcl oral capsule 5 mg</i>		Auto-PA; AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>selegiline hcl oral tablet 5 mg</i>		Auto-PA; AL (Min 18 Years); Maintenance drug with max 90 day supply
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		AL (Min 18 Years)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 50-200-200 mg</i>		QLL (9 EA per 1 day); AL (Min 18 Years)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	QLL (9 EA per 1 day); AL (Min 18 Years)
<b>DHIVY ORAL TABLET 25-100 MG</b>	carbidopa-levodopa	AL (Min 18 Years); Maintenance drug with max 90 day supply
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i>		ST; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		QLL (3 EA per 1 day); AL (Min 18 Years); Maintenance drug with max 90 day supply
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone oral tablet 200 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er tablet extended release 300 mg oral</i>	Lithobid	Auto-PA; AL (Min 6 Years)
<i>lithium carbonate er tablet extended release 450 mg oral</i>		Auto-PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		Auto-PA
<i>lithium carbonate oral tablet 300 mg</i>		Auto-PA
<b>*Antipsychotics - Misc.***</b>		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>*Benzisoxazoles***</b>		
<i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	RisperDAL Consta	PA; AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days)
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone solution 1 mg/ml oral</i>	RisperDAL	Auto-PA; QLL (16 ML per 1 day); AL (Min 6 Years)
<i>risperidone solution 1 mg/ml oral</i>	RisperDAL	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 4ml/day, Age 12-17: maximum 6ml/day, Age =/>18: maximum 16ml/day

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>risperidone tablet 0.25 mg oral</i>		Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet 0.5 mg oral</i>	RisperDAL	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet 1 mg oral</i>	RisperDAL	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet 2 mg oral</i>	RisperDAL	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet 3 mg oral</i>	RisperDAL	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet 4 mg oral</i>	RisperDAL	Auto-PA; QLL (4 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet dispersible 0.25 mg oral</i>		Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet dispersible 0.5 mg oral</i>		Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet dispersible 1 mg oral</i>		Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet dispersible 2 mg oral</i>		Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet dispersible 3 mg oral</i>		Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>risperidone tablet dispersible 4 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 6 Years)
<b>INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR</b>		PA; QLL (3.5 ML per 168 days)
<b>INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR</b>		PA; QLL (5 ML per 168 days)
<b>INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR</b>		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
<b>INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR</b>		PA
<b>INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR</b>		PA
<b>INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR</b>		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
<b>INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR</b>		PA; QLL (2 ML per 28 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR		PA; QLL (1 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR		PA; QLL (1.32 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR		PA; QLL (1.75 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR		PA; QLL (2.63 ML per 90 days); AL (Min 18 Years)
<b>*Butyrophenones***</b>		
<i>haloperidol decanoate solution 100 mg/ml intramuscular</i>	Haldol Decanoate	Auto-PA; QLL (5 ML per 28 days); AL (Min 18 Years)
<i>haloperidol decanoate solution 50 mg/ml intramuscular</i>	Haldol Decanoate	Auto-PA; QLL (3 ML per 28 days); AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>		Auto-PA; QLL (4 ML per 1 day)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		Auto-PA; QLL (50 ML per 1 day); AL (Min 6 Years)
<i>haloperidol tablet 0.5 mg oral</i>		Auto-PA; QLL (5 EA per 1 day); AL (Min 6 Years)
<i>haloperidol tablet 1 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 5/day, Age 12-17: maximum 10/day, Age $\geq$ 18: maximum 15/day
<i>haloperidol tablet 1 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 5/day, Age 12-17: maximum 10/day, Age $\geq$ 18: maximum 15/day
<i>haloperidol tablet 10 mg oral</i>		Auto-PA; QLL (10 EA per 1 day); AL (Min 6 Years)
<i>haloperidol tablet 2 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 2.5/day, Age 12-17: maximum 5/day, Age $\geq$ 18: maximum 7.5/day
<i>haloperidol tablet 2 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 2.5/day, Age 12-17: maximum 5/day, Age $\geq$ 18: maximum 7.5/day

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>haloperidol tablet 20 mg oral</i>		Auto-PA; QLL (5 EA per 1 day); AL (Min 6 Years)
<i>haloperidol tablet 5 mg oral</i>		Auto-PA; QLL (5 EA per 1 day); AL (Min 6 Years)
<b>*Dibenzodiazepines***</b>		
<i>clozapine tablet 100 mg oral</i>	Clozaril	Auto-PA; QLL (9 EA per 1 day); AL (Min 6 Years)
<i>clozapine tablet 200 mg oral</i>	Clozaril	Auto-PA; QLL (4 EA per 1 day); AL (Min 6 Years)
<i>clozapine tablet 25 mg oral</i>	Clozaril	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>clozapine tablet 50 mg oral</i>	Clozaril	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 6/day, Age 12-17: maximum 12/day, Age =>18: maximum 2 tablets/day
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	SEROquel XR	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	SEROquel XR	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	SEROquel XR	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	SEROquel XR	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	SEROquel XR	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	SEROquel	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 200 mg oral</i>	SEROquel	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 25 mg oral</i>	SEROquel	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 300 mg oral</i>	SEROquel	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 400 mg oral</i>	SEROquel	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 50 mg oral</i>	SEROquel	Auto-PA; QLL (3 EA per 1 day); AL (Min 6 Years)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate capsule 10 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>loxapine succinate capsule 25 mg oral</i>		Auto-PA; QLL (10 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate capsule 5 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate capsule 50 mg oral</i>		Auto-PA; QLL (5 EA per 1 day); AL (Min 18 Years)
<b>*Phenothiazines***</b>		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		Auto-PA; AL (Min 18 Years)
<i>perphenazine tablet 16 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>perphenazine tablet 2 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<i>perphenazine tablet 4 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<i>perphenazine tablet 8 mg oral</i>		Auto-PA; QLL (5 EA per 1 day)
<i>prochlorperazine maleate tablet 10 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>prochlorperazine maleate tablet 5 mg oral</i>		Auto-PA; QLL (8 EA per 1 day)
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	QLL (2 EA per 1 day)
<i>thioridazine hcl tablet 10 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<i>thioridazine hcl tablet 100 mg oral</i>		Auto-PA; QLL (8 EA per 1 day)
<i>thioridazine hcl tablet 25 mg oral</i>		Auto-PA; QLL (3 EA per 1 day)
<i>thioridazine hcl tablet 50 mg oral</i>		Auto-PA; QLL (3 EA per 1 day)
<i>trifluoperazine hcl tablet 1 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>trifluoperazine hcl tablet 10 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>trifluoperazine hcl tablet 2 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>trifluoperazine hcl tablet 5 mg oral</i>		Auto-PA
<b>COMPRO RECTAL SUPPOSITORY 25 MG</b>	prochlorperazine	QLL (2 EA per 1 day)
<b>*Quinolinone Derivatives***</b>		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG</b>		PA; QLL (1 EA per 28 days); AL (Min 18 Years)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG</b>		PA; QLL (1 EA per 25 days); AL (Min 18 Years)
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML</b>		PA; QLL (2.4 ML per 168 days)
<b>ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR</b>		PA; QLL (3.9 ML per 60 days); AL (Min 18 Years)
<b>ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR</b>		PA; QLL (1.6 ML per 28 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR</b>		PA; QLL (2.4 ML per 28 days); AL (Min 18 Years)
<b>ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR</b>		PA; QLL (3.2 ML per 28 days); AL (Min 18 Years)
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZyPREXA	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZyPREXA Zydis	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<b>*Thioxanthenes***</b>		
<i>thiothixene capsule 1 mg oral</i>		Auto-PA
<i>thiothixene capsule 10 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<i>thiothixene capsule 2 mg oral</i>		Auto-PA
<i>thiothixene capsule 5 mg oral</i>		Auto-PA
<b>*ANTIVIRALS*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	Auto-PA; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Atripla	Auto-PA; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	Auto-PA; QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Auto-PA; QLL (13 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	Auto-PA; QLL (4 EA per 1 day)
<b>BIKTARVY TABLET 30-120-15 MG ORAL</b>		QLL (1 EA per 1 day); AL (Min 3 Years)
<b>BIKTARVY TABLET 50-200-25 MG ORAL</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 3 Years)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DESCOVY TABLET 120-15 MG ORAL</b>		QLL (1 EA per 1 day)
<b>DESCOVY TABLET 200-25 MG ORAL</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DOVATO ORAL TABLET 50-300 MG</b>		Auto-PA; QLL (1 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EVOTAZ ORAL TABLET 300-150 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<b>JULUCA ORAL TABLET 50-25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>PREZCOBIX ORAL TABLET 800-150 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>		Auto-PA; QLL (1 EA per 1 day)
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 3 Years)
<b>TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG</b>		QLL (6 EA per 1 day); AL (Min 3 Years)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Selzentry	PA; AL (Min 16 Years)
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
<b>ISENTRESS HD ORAL TABLET 600 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>ISENTRESS ORAL PACKET 100 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>ISENTRESS ORAL TABLET 400 MG</b>		Auto-PA; QLL (4 EA per 1 day)
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>		Auto-PA; QLL (6 EA per 1 day)
<b>TIVICAY ORAL TABLET 50 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>TIVICAY PD ORAL TABLET SOLUBLE 5 MG</b>		Auto-PA
<b>*Antiretrovirals - Protease Inhibitors***</b>		
<i>atazanavir sulfate capsule 150 mg oral</i>		Auto-PA; QLL (1 EA per 1 day)
<i>atazanavir sulfate capsule 200 mg oral</i>	Reyataz	Auto-PA; QLL (2 EA per 1 day)
<i>atazanavir sulfate capsule 300 mg oral</i>	Reyataz	Auto-PA; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	Auto-PA; QLL (4 EA per 1 day)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ritonavir oral tablet 100 mg</i>	Norvir	Auto-PA; QLL (12 EA per 1 day)
<b>APTIVUS ORAL CAPSULE 250 MG</b>		Auto-PA; QLL (4 EA per 1 day)
<b>NORVIR ORAL PACKET 100 MG</b>		Auto-PA
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>		Auto-PA; QLL (12 ML per 1 day)
<b>PREZISTA TABLET 150 MG ORAL</b>		Auto-PA; QLL (6 EA per 1 day)
<b>PREZISTA TABLET 600 MG ORAL</b>	darunavir	Auto-PA; QLL (2 EA per 1 day)
<b>PREZISTA TABLET 75 MG ORAL</b>		Auto-PA; QLL (2 EA per 1 day)
<b>PREZISTA TABLET 800 MG ORAL</b>	darunavir	Auto-PA; QLL (1 EA per 1 day)
<b>VIRACEPT TABLET 250 MG ORAL</b>		Auto-PA; QLL (10 EA per 1 day)
<b>VIRACEPT TABLET 625 MG ORAL</b>		Auto-PA; QLL (4 EA per 1 day)
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
<i>efavirenz oral capsule 200 mg, 50 mg</i>		Auto-PA; QLL (3 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	Auto-PA; QLL (1 EA per 1 day)
<i>etravirine tablet 100 mg oral</i>	Intelence	Auto-PA; QLL (4 EA per 1 day); AL (Min 2 Years)
<i>etravirine tablet 200 mg oral</i>	Intelence	Auto-PA; QLL (2 EA per 1 day); AL (Min 2 Years)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		Auto-PA; QLL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<b>EDURANT ORAL TABLET 25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>INTELENCE ORAL TABLET 25 MG</b>		Auto-PA; QLL (4 EA per 1 day); AL (Min 2 Years)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	Auto-PA; QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	Auto-PA; QLL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	Auto-PA; QLL (30 ML per 1 day)
<i>lamivudine tablet 150 mg oral</i>	Epivir	Auto-PA; QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>lamivudine tablet 150 mg oral</i>	Epivir	Auto-PA
<i>lamivudine tablet 300 mg oral</i>	Epivir	Auto-PA; QLL (1 EA per 1 day)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>		Auto-PA; QLL (24 ML per 1 day)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>zidovudine oral capsule 100 mg</i>	Retrovir	Auto-PA; QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	Auto-PA; QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	QLL (1 EA per 1 day)
<b>VIREAD ORAL POWDER 40 MG/GM</b>		QLL (8 GM per 1 day)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>		QLL (1 EA per 1 day)
<b>*Antiretrovirals Adjuvants***</b>		
<b>TYBOST ORAL TABLET 150 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antiviral Combinations***</b>		
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG &amp; 10 X 100MG</b>		QLL (20 EA per 5 days); AL (Min 12 Years)
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG &amp; 10 X 100MG</b>		QLL (30 EA per 5 days); AL (Min 12 Years); QLL: Maximum of 2 fills every 365 days
<b>*Cmv Agents***</b>		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)
<b>*Hepatitis B Agents***</b>		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	QLL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>		QLL (1 EA per 1 day)
<b>*Hepatitis C Agent - Combinations***</b>		
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA; QLL (1 EA per 1 day); AL (Min 3 Years)
<b>MAVYRET ORAL PACKET 50-20 MG</b>		PA; QLL (5 EA per 1 day); AL (Min 3 Years)
<b>MAVYRET ORAL TABLET 100-40 MG</b>		PA; QLL (3 EA per 1 day); AL (Min 3 Years)

Formulary Drug Name	Reference	Restrictions
<b>*Hepatitis C Agents***</b>		
<i>ribavirin oral capsule 200 mg</i>		PA
<i>ribavirin oral tablet 200 mg</i>		PA; AL (Min 5 Years)
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>		PA; QLL (1 ML per 28 days); AL (Min 5 Years)
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML</b>		PA; QLL (2 ML per 28 days); AL (Min 5 Years)
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral capsule 200 mg</i>		
<i>acyclovir oral suspension 200 mg/5ml</i>		
<i>acyclovir oral tablet 400 mg, 800 mg</i>		
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	
<b>*Herpes Agents - Thymidine Analogues***</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		QLL: Maximum of 21
<b>*Misc. Antivirals***</b>		
<b>LAGEVRIO ORAL CAPSULE 200 MG</b>		QLL (40 EA per 5 days); AL (Min 18 Years)
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tamiflu	QLL: Maximum of 2 fills every 365 days
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	AL (Max 12 Years); QLL: Maximum of 2 fills every 365 days
<b>*BETA BLOCKERS*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol tablet 12.5 mg oral</i>	Coreg	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>carvedilol tablet 25 mg oral</i>	Coreg	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>carvedilol tablet 3.125 mg oral</i>	Coreg	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>carvedilol tablet 6.25 mg oral</i>	Coreg	Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>carvedilol tablet 6.25 mg oral</i>	Coreg	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		Maintenance drug with max 90 day supply
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		Maintenance drug with max 90 day supply
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	Maintenance drug with max 90 day supply
<i>bisoprolol fumarate tablet 10 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>bisoprolol fumarate tablet 5 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i>	Toprol XL	QLL (1.5 EA per 1 day); Maintenance drug with max 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i>	Toprol XL	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>	Toprol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>	Toprol XL	QLL (1.5 EA per 1 day); Maintenance drug with max 90 day supply
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	Maintenance drug with max 90 day supply
<i>metoprolol tartrate oral tablet 25 mg</i>		Maintenance drug with max 90 day supply
<i>nebivolol hcl tablet 10 mg oral</i>	Bystolic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>nebivolol hcl tablet 2.5 mg oral</i>	Bystolic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>nebivolol hcl tablet 20 mg oral</i>	Bystolic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>nebivolol hcl tablet 5 mg oral</i>	Bystolic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Beta Blockers Non-Selective***</b>		
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	Inderal LA	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	Inderal LA	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>	Inderal LA	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>	Inderal LA	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		Maintenance drug with max 90 day supply
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		Maintenance drug with max 90 day supply
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	Maintenance drug with max 90 day supply
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	Maintenance drug with max 90 day supply
<i>sotalol hcl oral tablet 240 mg</i>		Maintenance drug with max 90 day supply
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate tablet 10 mg oral</i>	Norvasc	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>amlodipine besylate tablet 2.5 mg oral</i>	Norvasc	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>amlodipine besylate tablet 5 mg oral</i>	Norvasc	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i>	Taztia XT	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i>	Taztia XT	QLL (3 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i>	Taztia XT	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i>	Taztia XT	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i>	Taztia XT	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i>	Tiadylt ER	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i>	Cartia XT	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i>	Cartia XT	QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i>	Cartia XT	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i>	Cartia XT	Maintenance drug with max 90 day supply
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>dilt-xr capsule extended release 24 hour 120 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>dilt-xr capsule extended release 24 hour 180 mg oral</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>dilt-xr capsule extended release 24 hour 240 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i>	Procardia XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i>	Procardia XL	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i>	Procardia XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>nifedipine oral capsule 10 mg, 20 mg</i>		Maintenance drug with max 90 day supply
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	Verelan	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	Verelan	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	Verelan	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	Verelan	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<b>CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL</b>	diltiazem hcl er coated beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL</b>	diltiazem hcl er coated beads	QLL (3 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL</b>	diltiazem hcl er coated beads	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<b>CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL</b>	diltiazem hcl er coated beads	Maintenance drug with max 90 day supply
<b>TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL</b>	diltiazem hcl er beads	QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<b>TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL</b>	diltiazem hcl er beads	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<b>TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL</b>	diltiazem hcl er beads	QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<b>TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL</b>	diltiazem hcl er beads	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<b>TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL</b>	diltiazem hcl er beads	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>*CARDIOTONICS*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	Maintenance drug with max 90 day supply
<b>DIGOX ORAL TABLET 125 MCG, 250 MCG</b>	digoxin	Maintenance drug with max 90 day supply



Formulary Drug Name	Reference	Restrictions
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (2 EA per 1 day)
<b>*Nitrate &amp; Vasodilator Combinations***</b>		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	BiDil	QLL (6 EA per 1 day)
<b>*Prostaglandin Vasodilators***</b>		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG		PA; QLL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (2 EA per 1 day)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (12 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Alyq	ST; QLL (2 EA per 1 day)
ALYQ ORAL TABLET 20 MG	tadalafil (pah)	ST; QLL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML		PA; QLL (24 ML per 1 day)
<b>*Sinus Node Inhibitors**</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA; QLL (2 EA per 1 day)
<b>*CEPHALOSPORINS*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<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)

Formulary Drug Name	Reference	Restrictions
<b>*Cephalosporins - 2Nd Generation***</b>		
<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>		QLL (4 EA per 1 day)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
<b>*Cephalosporins - 3Rd Generation***</b>		
<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 Max Qty Per Fill Retail)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium solution reconstituted 1 gm injection</i>		
<i>ceftriaxone sodium solution reconstituted 2 gm injection</i>		QLL (2 EA per 1 day)
<i>ceftriaxone sodium solution reconstituted 250 mg injection</i>		QLL (2 EA per 1 day)
<i>ceftriaxone sodium solution reconstituted 500 mg injection</i>		QLL (2 EA per 1 day)
<b>*CHEMICALS*</b>		
<b>*Fixed Oils***</b>		
<i>qc castor oil oil</i>		OTC
<i>qc sweet oil oil</i>		OTC
<i>sm sweet oil oil</i>		OTC
<b>*Liquids***</b>		
<i>glycerin liquid</i>		
<b>*CONTRACEPTIVES*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*Combination Contraceptives - Oral***</b>		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Apri	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AFIRMELLE ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ALTAVERA ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>APRI ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AUBRA EQ ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AVIANE ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AYUNA ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>BALZIVA ORAL TABLET 0.4-35 MG-MCG</b>	briellyn	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>CYRED EQ ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DASETTA 1/35 ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DELYLA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ESTARYLLA ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>FALMINA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ISIBLOOM ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JASMIEL ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JULEBER ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>KALLIGA ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>KELNOR 1/35 ORAL TABLET 1-35 MG-MCG</b>	ethynodiol diac-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>KELNOR 1/50 ORAL TABLET 1-50 MG-MCG</b>	ethynodiol diac-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>KURVELO ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LARIN 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LORYNA ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LUTERA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethindrone acet-ethinyl est	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>MILI ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NIKKI ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NYLIA 1/35 ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NYMYO ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>PHILITH ORAL TABLET 0.4-35 MG-MCG</b>	briellyn	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>RECLIPSEN ORAL TABLET 0.15-30 MG-MCG</b>	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG</b>	norethin ace-eth estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG</b>		
<b>VESTURA ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>VIENVA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>VYFEMLA ORAL TABLET 0.4-35 MG-MCG</b>	briellyn	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>VYLIBRA ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>WERA ORAL TABLET 0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	ethynodiol diac-eth estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ZUMANDIMINE ORAL TABLET 3-0.03 MG</b>	drospirenone-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*Combination Contraceptives - Transdermal***</b>		
<b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>	norelgestromin-eth estradiol	
<b>ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>	norelgestromin-eth estradiol	
<b>*Combination Contraceptives - Vaginal***</b>		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 EA per 28 days); AL (Min 12 Years)
<b>ELURYNG VAGINAL RING 0.12-0.015 MG/24HR</b>	etonogestrel-ethinyl estradiol	QLL (1 EA per 28 days); AL (Min 12 Years)
<b>*Continuous Contraceptives - Oral***</b>		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>AMETHYST ORAL TABLET 90-20 MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DOLISHALE ORAL TABLET 90-20 MCG</b>	levonorgestrel-ethinyl estrad	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Emergency Contraceptives***</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Aftera	QLL (2 EA per 30 days); AL (Min 12 Years); OTC
<b>AFTERA ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (2 EA per 30 days); AL (Min 12 Years); OTC
<b>ECONTRA ONE-STEP ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (2 EA per 30 days); AL (Min 12 Years); OTC
<b>ELLA ORAL TABLET 30 MG</b>		QLL (3 EA per 90 days)
<b>MY CHOICE ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (2 EA per 30 days); AL (Min 12 Years); OTC
<b>MY WAY ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (2 EA per 30 days); AL (Min 12 Years); OTC
<b>NEW DAY ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (3 EA per 90 days); AL (Min 12 Years); OTC
<b>OPCICON ONE-STEP ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (3 EA per 90 days); AL (Min 12 Years); OTC
<b>OPTION 2 ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (3 EA per 90 days); AL (Min 12 Years); OTC
<b>REACT ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (3 EA per 90 days); AL (Min 12 Years); OTC
<b>TAKE ACTION ORAL TABLET 1.5 MG</b>	levonorgestrel	QLL (3 EA per 90 days); AL (Min 12 Years); OTC
<b>*Extended-Cycle Contraceptives - Oral***</b>		
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 &amp; 0.01 mg oral</i>	Camrese Lo	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 &amp; 0.01 mg oral</i>	Ashlyna	QLL (91 EA per 84 days)
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	Iclevia	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ASHLYNA ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (91 EA per 84 days)
<b>CAMRESE LO ORAL TABLET 0.1-0.02 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>CAMRESE ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (91 EA per 84 days)
<b>DAYSEE ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (91 EA per 84 days)
<b>ICLEVIA ORAL TABLET 0.15-0.03 MG</b>	levonorgest-eth estrad 91-day	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>INTROVALE ORAL TABLET 0.15-0.03 MG</b>	levonorgest-eth estrad 91-day	QLL (1 EA per 1 day); AL (Min 12 Years)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>JAIMIESS ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (91 EA per 84 days)
<b>JOLESSA ORAL TABLET 0.15-0.03 MG</b>	levonorgest-eth estrad 91-day	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOJAIMIESS ORAL TABLET 0.1-0.02 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SETLAKIN ORAL TABLET 0.15-0.03 MG</b>	levonorgest-eth estrad 91-day	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SIMPESSE ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	levonorgest-eth estrad 91-day	QLL (91 EA per 84 days)
<b>*Progestin Contraceptives - Implants***</b>		
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>		QLL (1 EA per 999 days)
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	QLL (1 ML per 84 days)
<b>*Progestin Contraceptives - Iud***</b>		
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>		QLL (1 EA per 999 days)
<b>*Progestin Contraceptives - Oral***</b>		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>CAMILA ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DEBLITANE ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ERRIN ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>HEATHER ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>INCASSIA ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JENCYCLA ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LYLEQ ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LYZA ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>NORA-BE ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORLYDA ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORLYROC ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SHAROBEL ORAL TABLET 0.35 MG</b>	norethindrone	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*Triphasic Contraceptives - Oral***</b>		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	alyacen 7/7/7	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	levonorg-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	levonorg-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	alyacen 7/7/7	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	alyacen 7/7/7	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	alyacen 7/7/7	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	norethindron-ethinyl estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	norethindron-ethinyl estrad-fe	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRIVORA (28) ORAL TABLET 50-30/75- 40/ 125-30 MCG</b>	levonorg-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*CORTICOSTEROIDS*</b>		
<b>*Glucocorticosteroids***</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	
<i>budesonide oral capsule delayed release particles 3 mg</i>		QLL: Maximum 90 days every 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>		Maintenance drug with max 90 day supply
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		Maintenance drug with max 90 day supply
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>		
<i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>		
<i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>		
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>		Maintenance drug with max 90 day supply
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	Maintenance drug with max 90 day supply
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>methylprednisolone tablet 16 mg oral</i>	Medrol	
<i>methylprednisolone tablet 32 mg oral</i>		Maintenance drug with max 90 day supply
<i>methylprednisolone tablet 4 mg oral</i>	Medrol	Maintenance drug with max 90 day supply
<i>methylprednisolone tablet 8 mg oral</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		Maintenance drug with max 90 day supply
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>		
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG</b>		
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate capsule 100 mg oral</i>		QLL (6 EA per 1 day); AL (Max 20 Years)
<i>benzonatate capsule 200 mg oral</i>		QLL (3 EA per 1 day); AL (Max 20 Years)
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>cvs cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>cvs tussin cough oral capsule 15 mg</i>	Wal-Tussin Cough	OTC
<i>cvs tussin long-acting oral liquid 15 mg/5ml</i>	Giltuss Honey DM	QLL (120 ML per 30 days); OTC
<i>cvs tussin maximum strength oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	QLL (120 ML per 30 days); OTC
<i>dextromethorphan hbr oral capsule 15 mg</i>	Wal-Tussin Cough	OTC
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	QLL (120 ML per 30 days); OTC
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	QLL (120 ML per 30 days); OTC
<i>sm cough relief oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	QLL (120 ML per 30 days); OTC
<b>*Antitussive - Opioid***</b>		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	AL (Max 20 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	AL (Max 20 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	AL (Max 20 Years)
<b>*Antitussive-Decongestant-Analgesic***</b>		
<i>cold &amp; flu relief daytime oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>goodsense day time cold &amp; flu oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antitussive-Expectorant***</b>		
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>cvs chest congest/cough child oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>cvs chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>cvs cough &amp; chest congestion oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>cvs dm maximum adult oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	AL (Max 20 Years); OTC
<i>cvs mucus dm extended release oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>cvs tussin dm max st oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	AL (Max 20 Years); OTC
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>gnp mucus relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>gnp tab tussin dm oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>guaiaatussin ac oral syrup 100-10 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years); OTC
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>mucus relief dm cough oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	AL (Max 20 Years); OTC
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	AL (Max 20 Years); OTC
<i>qc medifin dm oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>qc mucus &amp; cough relief child oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>sm chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	AL (Max 20 Years); OTC
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	AL (Max 20 Years); OTC
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>tussin dm cough + chest oral liquid 10-100 mg/5ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>tussin dm oral liquid 100-10 mg/5ml</i>	Robafen DM Cgh/Chest Congest	AL (Max 20 Years); OTC
<i>tussin dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>virtussin a/c oral solution 100-10 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML</b>	cvs chest congest/cough child	AL (Max 20 Years); OTC
<b>DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML</b>	cvs chest congest/cough child	AL (Max 20 Years); OTC
<b>MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML</b>	cvs chest congest/cough child	AL (Max 20 Years); OTC
<b>MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML</b>	cvs chest congest/cough child	AL (Max 20 Years); OTC
<b>ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML</b>	cvs tussin dm	AL (Max 20 Years); OTC
<b>*Antitussive-Expectorants-Decongestant***</b>		
<i>cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<i>cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<i>eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	Vanacof DM	QLL (180 ML per 30 days); OTC
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<i>sm severe congestion &amp; cough oral liquid 10-20-400 mg/20ml</i>	Mucinex Childrens Freefrom	QLL (180 ML per 30 days); OTC
<b>*Decongestant &amp; Antihistamine***</b>		
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs allergy relief d oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	QLL (2 EA per 1 day); OTC
<i>cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	QLL (2 EA per 1 day); OTC
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>gnp allergy-d allergy &amp; conges oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	QLL (2 EA per 1 day); OTC
<i>gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	QLL (2 EA per 1 day); OTC
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>		AL (Max 20 Years)
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>ALAHIST D ORAL TABLET 17.5-10 MG</b>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Decongestant W/ Expectorant***</b>		
<i>cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<b>*Expectorants***</b>		
<i>chest congestion relief oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>chest congestion relief oral tablet 400 mg</i>	Xpect	AL (Max 20 Years); OTC
<i>cvs chest congestion relief oral tablet 400 mg</i>	Xpect	AL (Max 20 Years); OTC
<i>cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>cvs tussin adult chest congest oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>gnp mucus relief oral tablet 400 mg</i>	Xpect	AL (Max 20 Years); OTC
<i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>gnp tab tussin oral tablet 400 mg</i>	Xpect	AL (Max 20 Years); OTC
<i>gnp tussin mucus &amp; chest cong oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>guaifenesin oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>guaifenesin oral tablet 200 mg</i>		OTC
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>qc medifin 400 oral tablet 400 mg</i>	Xpect	AL (Max 20 Years); OTC
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>siltussin sa oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>sm chest congestion relief oral tablet 400 mg</i>	Xpect	AL (Max 20 Years); OTC
<i>sm mucus relief childrens oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>tussin mucus &amp; chest congest oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	AL (Max 20 Years); OTC
<b>MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML</b>	chest congestion relief	AL (Max 20 Years); OTC
<b>ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML</b>	chest congestion relief	AL (Max 20 Years); OTC
<b>TUSNEL-EX ORAL LIQUID 100 MG/5ML</b>	chest congestion relief	AL (Max 20 Years); OTC
<b>*Misc. Respiratory Inhalants***</b>		
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>		
<i>sodium chloride nebulization solution 10 % inhalation</i>		Auto-PA
<i>sodium chloride nebulization solution 3 % inhalation</i>	Nebusal	Auto-PA
<i>sodium chloride nebulization solution 7 % inhalation</i>	HyperSal	Auto-PA
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Non-Narc Antitussive-Antihistamine***</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		AL (Max 20 Years)
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>		
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>cvs cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>hm cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>		OTC
<i>pse-dexchlorphen-chlophedianol oral liquid 30-1-12.5 mg/5ml</i>	Vanacof	QLL (180 ML per 30 days); OTC
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Bromfed DM	AL (Max 20 Years)
<i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>sm cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<b>DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML</b>	cold/cough childrens	QLL (180 ML per 30 days); OTC
<b>ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML</b>	cold/cough childrens	QLL (180 ML per 30 days); OTC
<b>VANACOF ORAL LIQUID 30-1-12.5 MG/5ML</b>	pse-dexchlorphen-chlophedianol	QLL (180 ML per 30 days); OTC
<b>*Opioid Antitussive-Antihistamine***</b>		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<b>*DERMATOLOGICALS*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (1 GM per 1 day); AL (Min 12 Years)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day); AL (Min 12 Years)
<i>clindamycin phosphate external solution 1 %</i>		QLL (120 ML per 30 days); AL (Min 12 Years)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day); AL (Min 12 Years)
<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)
<b>CLINDACIN ETZ EXTERNAL SWAB 1 %</b>	clindamycin phosphate	QLL (2 EA per 1 day); AL (Min 12 Years)
<b>CLINDACIN-P EXTERNAL SWAB 1 %</b>	clindamycin phosphate	QLL (2 EA per 1 day); AL (Min 12 Years)
<b>*Acne Combinations***</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	QLL (46.6 GM per 30 days)
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	Neuac	QLL (45 GM per 30 days)
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>		QLL (50 GM per 30 days)
<b>*Acne Products***</b>		
<i>acne medication 10 external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 2.5 external gel 2.5 %</i>		OTC
<i>acne medication 5 external gel 5 %</i>	Medpura Benzoyl Peroxide	OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene gel 0.1 % external (otc)</i>	Differin	AL (Min 12 Years)
<i>adapalene gel 0.3 % external</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external liquid 10 %</i>	PanOxyl Foaming Wash	OTC
<i>benzoyl peroxide gel 10 % external (otc)</i>	Clean & Clear Persa-Gel Max St	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>benzoyl peroxide gel 2.5 % external (otc)</i>		OTC
<i>benzoyl peroxide gel 5 % external (otc)</i>	Medpura Benzoyl Peroxide	OTC
<i>benzoyl peroxide wash liquid 10 % external (otc)</i>	PanOxyl Foaming Wash	
<i>benzoyl peroxide wash liquid 5 % external (otc)</i>	Benzac AC Wash	OTC
<i>cvs acne foaming face wash external liquid 10 %</i>	PanOxyl Foaming Wash	OTC
<i>cvs acne treatment external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC
<i>cvs advanced 3-in-1 cleanser external liquid 5 %</i>	Benzac AC Wash	OTC
<i>cvs foaming acne face wash external liquid 10 %</i>	PanOxyl Foaming Wash	OTC
<i>isotretinoin capsule 10 mg oral</i>	Accutane	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<i>isotretinoin capsule 20 mg oral</i>	Accutane	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<i>isotretinoin capsule 30 mg oral</i>	Accutane	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<i>isotretinoin capsule 40 mg oral</i>	Accutane	ST; Auto-PA; AL (Min 12 Years)
<b>ACCUTANE CAPSULE 10 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>ACCUTANE CAPSULE 20 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>ACCUTANE CAPSULE 30 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>ACCUTANE CAPSULE 40 MG ORAL</b>	isotretinoin	ST; Auto-PA; AL (Min 12 Years)
<b>AMNESTEEM CAPSULE 10 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>AMNESTEEM CAPSULE 20 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>AMNESTEEM CAPSULE 40 MG ORAL</b>	isotretinoin	ST; Auto-PA; AL (Min 12 Years)
<b>CLARAVIS CAPSULE 10 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>CLARAVIS CAPSULE 20 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>CLARAVIS CAPSULE 30 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CLARAVIS CAPSULE 40 MG ORAL</b>	isotretinoin	ST; Auto-PA; AL (Min 12 Years)
<b>PANOXYL FOAMING WASH EXTERNAL LIQUID 10 %</b>	benzoyl peroxide	OTC
<b>RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %</b>	tretinoin	ST; AL (Min 12 Years)
<b>RETIN-A EXTERNAL GEL 0.01 %, 0.025 %</b>	tretinoin	ST; AL (Min 12 Years)
<b>ZENATANE CAPSULE 10 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>ZENATANE CAPSULE 20 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>ZENATANE CAPSULE 30 MG ORAL</b>	isotretinoin	ST; Auto-PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>ZENATANE CAPSULE 40 MG ORAL</b>	isotretinoin	ST; Auto-PA; AL (Min 12 Years)
<b>*Antibiotic Mixtures Topical***</b>		
<i>cvs antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>cvs antibiotic pain/scar external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>cvs antibiotic/pain relief external cream 1 %</i>	Neosporin Plus Pain Relief MS	OTC
<i>cvs poly bacitracin external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>cvs triple antibiotic/pain external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>eq triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>gnp antibiotic/pain relief external cream 3.5-10000-10</i>	Neosporin Plus Pain Relief MS	OTC
<i>gnp triple antibiotic external ointment</i>	Lanabiotic	OTC
<i>gnp triple antibiotic plus external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>goodsense first aid antibiotic external ointment</i>	Lanabiotic	OTC
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>qc triple antibiotic max st external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm antibiotic plus pain relief external cream 3.5-10000-10</i>	Neosporin Plus Pain Relief MS	OTC
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>sm triple antibiotic max st external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>triple antibiotic external ointment</i>	Lanabiotic	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<b>*Antibiotics - Topical***</b>		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>		OTC
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>gentamicin sulfate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>		QLL (60 GM per 30 days)
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>mupirocin external ointment 2 %</i>		QLL (44 GM per 30 days)
<i>qc bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>sm antibiotic external ointment 500 unit/gm</i>		OTC
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
<b>*Antifungals - Topical***</b>		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>athletes foot (terbinafine) external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>athletes foot powder spray external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	QLL (133 GM per 30 days); OTC
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ciclopirox olamine external cream 0.77 %</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	QLL (133 GM per 30 days); OTC
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>cvs athletes foot external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>cvs butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC
<i>cvs foot &amp; sneaker external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	QLL (133 GM per 30 days); OTC
<i>cvs jock itch external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>gnp terbinafine hydrochloride external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>gnp tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>nystatin external cream 100000 unit/gm</i>		QLL (90 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	QLL (60 GM per 30 days)
<i>qc athletes foot external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>qc tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>sm antifungal tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>sm athletes foot external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>tolnaftate antifungal external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	QLL (45 GM per 30 days); OTC
<b>CICLODAN EXTERNAL SOLUTION 8 %</b>	ciclopirox	
<b>NYAMYC EXTERNAL POWDER 100000 UNIT/GM</b>	nystatin	QLL (60 GM per 30 days)
<b>NYSTOP EXTERNAL POWDER 100000 UNIT/GM</b>	nystatin	QLL (60 GM per 30 days)
<b>*Antihistamine-Topical Combinations***</b>		
<i>anti-itch external cream 2-0.1 %</i>	Banophen	OTC
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Banophen	OTC
<i>gnp anti-itch external cream 2-0.1 %</i>	Banophen	OTC
<i>itch relief extra strength external cream 2-0.1 %</i>	Banophen	OTC
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	Banophen	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BANOPHEN EXTERNAL CREAM 2-0.1 %</b>	anti-itch	OTC
<b>*Anti-Inflammatory Agents - Topical***</b>		
<i>arthritis pain reliever external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>cvs diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	
<i>diclofenac sodium external solution 1.5 %</i>		ST; QLL (10 ML per 1 day)
<i>gnp arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>goodsense arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>qc diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>sm arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
<b>*Antipsoriatics***</b>		
<i>calcipotriene cream 0.005 % external</i>		Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years)
<i>calcipotriene cream 0.005 % external</i>		Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years); QLL: Maximum of 2 fills every 90 days
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years); QLL: Maximum of 2 fills every 90 days
<i>calcipotriene external solution 0.005 %</i>		PA; QLL (60 ML per 30 days); AL (Min 18 Years)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
<b>CALCITRENE EXTERNAL OINTMENT 0.005 %</b>	calcipotriene	Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years); QLL: Maximum of 2 fills every 90 days
<b>*Antiseborrheic Products***</b>		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>cvs anti-dandruff external lotion 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external lotion 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
<b>*Antivirals - Topical***</b>		
<i>docosanol external cream 10 %</i>	Abreva	QLL (2 GM per 30 days); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp docosanol external cream 10 %</i>	Abreva	QLL (2 GM per 30 days); OTC
<b>ZOVIRAX EXTERNAL OINTMENT 5 %</b>	acyclovir	ST; QLL (15 GM per 30 days); AL (Min 12 Years)
<b>*Astringents***</b>		
<i>cvs diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>cvs zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>eq diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>gnp zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>qc calamine external lotion</i>		OTC
<i>qc zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML</b>		PA
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>		PA
<b>*Burn Products***</b>		
<i>silver sulfadiazine external cream 1 %</i>	SSD	
<b>SSD EXTERNAL CREAM 1 %</b>	silver sulfadiazine	
<b>*Corticosteroids - Topical***</b>		
<i>ala-cort external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)
<i>alclometasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>anti-itch maximum strength external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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>		
<i>clobetasol propionate e external cream 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>		ST
<i>clobetasol propionate external gel 0.05 %</i>		ST
<i>clobetasol propionate external ointment 0.05 %</i>		ST
<i>clobetasol propionate external solution 0.05 %</i>		
<i>cvs cortisone maximum strength external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>cvs cortisone maximum strength external lotion 1 %</i>	Aquanil HC	QLL (120 GM per 30 days); OTC
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide cream 0.05 % external</i>		
<i>fluocinonide cream 0.1 % external</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>		
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>gnp hydrocortisone external cream 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>gnp hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>gnp hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>gnp hydrocortisone/aloe external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>halobetasol propionate external cream 0.05 %</i>		
<i>halobetasol propionate external ointment 0.05 %</i>		
<i>hydrocortisone acetate external cream 1 %</i>		QLL (90 GM per 30 days); OTC
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone max st external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>hydrocortisone max st/12 moist external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>hydrocortisone ointment 0.5 % external</i>		QLL (90 GM per 30 days); OTC
<i>hydrocortisone ointment 1 % external (otc)</i>	Aquaphor Itch Relief Children	
<i>hydrocortisone ointment 1 % external (rx)</i>	Aquaphor Itch Relief Children	QLL (90 GM per 30 days)
<i>hydrocortisone ointment 2.5 % external</i>		QLL (90 GM per 30 days)
<i>hydrocortisone/aloe max str external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<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>qc anti-itch aloe external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>qc hydrocortisone max st external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone external cream 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone external ointment 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>sm hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>triamcinolone acetonide external cream 0.025 %, 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 ointment 0.025 % external</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide ointment 0.1 % external</i>		
<i>triamcinolone acetonide ointment 0.5 % external</i>		QLL (90 GM per 30 days)
<i>triamcinolone in absorbbase external ointment 0.05 %</i>		
<b>AQUANIL HC EXTERNAL LOTION 1 %</b>	cvs cortisone maximum strength	QLL (120 ML per 30 days); OTC
<b>DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %</b>	fluocinolone acetonide body	QLL (120 ML per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SARNOL-HC EXTERNAL LOTION 1 %</b>	cvs cortisone maximum strength	QLL (120 ML per 30 days); OTC
<b>TRIDERM EXTERNAL CREAM 0.5 %</b>	triamcinolone acetonide	QLL (90 GM per 30 days)
<b>*Diaper Rash Products***</b>		
<i>cvs all-purpose skin protect external ointment</i>	Medi-Paste	OTC
<b>MEDI-PASTE EXTERNAL OINTMENT</b>	cvs all-purpose skin protect	OTC
<b>*Emollient Combinations***</b>		
<i>mineral oil-hydrophil petrolat external ointment</i>		OTC
<b>*Emollient/Keratolytic Agents***</b>		
<i>urea 20 intensive hydrating external cream 20 %</i>		OTC
<i>urea external cream 20 %</i>		
<i>ureacin-20 external cream 20 %</i>		OTC
<b>*Emollients***</b>		
<i>a&amp;d external ointment</i>	Medpura Vitamin A & D	OTC
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	Amlactin Daily	
<i>cvs beauty 360 pure glycerin external liquid</i>		OTC
<i>cvs dry skin therapy external cream</i>	Dermabase	OTC
<i>cvs hydrating skin treatment external lotion 12 %</i>	Amlactin Daily	OTC
<i>cvs moisturizing external cream</i>	Dermabase	OTC
<i>cvs skin treatment external lotion 12 %</i>	Amlactin Daily	OTC
<i>cvs vitamin a&amp;d external ointment</i>	Medpura Vitamin A & D	OTC
<i>eq therapeutic dry skin external cream</i>	Dermabase	OTC
<i>eucerin advanced repair external cream</i>	Dermabase	OTC
<i>glycerin external liquid</i>		OTC
<i>qc glycerin external liquid 99.5 %</i>		OTC
<i>sm dry skin therapy external lotion</i>	DML	OTC
<i>thera-derm external lotion</i>	DML	OTC
<i>vitamins a &amp; d external ointment</i>	Medpura Vitamin A & D	OTC
<b>AMLACTIN DAILY EXTERNAL LOTION 12 %</b>	ammonium lactate	OTC
<b>DERMABASE EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>DML EXTERNAL LOTION</b>	sm dry skin therapy	OTC
<b>DML FORTE EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM</b>	cvs dry skin therapy	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>KERADAN EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>KERI LONG LASTING EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>LACTINOL HX EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>MINERIN EXTERNAL LOTION</b>	sm dry skin therapy	OTC
<b>NISEKO HYDRATING FACIAL EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>NIVEA EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>NIVEA EXTERNAL LOTION</b>	sm dry skin therapy	OTC
<b>NIVEA VISAGE EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>RISABAL-PH EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>VELVACHOL EXTERNAL CREAM</b>	cvs dry skin therapy	OTC
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>antifungal (clotrimazole) external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>antifungal clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>antifungal external cream 2 %</i>	Micatin	AL (Max 20 Years); OTC
<i>antifungal external powder 2 %</i>	Desenex	QLL (90 GM per 30 days); OTC
<i>athletes foot (clotrimazole) external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	QLL (133 GM per 30 days); OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole athletes foot external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>		
<i>clotrimazole solution 1 % external (rx)</i>		QLL (90 ML per 30 days)
<i>cvs athletes foot external aerosol powder 2 %</i>	Cruex Prescription Strength	QLL (133 GM per 30 days); OTC
<i>cvs clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>cvs itch relief external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>cvs ringworm external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>eq athletes foot external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>gnp athletes foot external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp miconazorb af external powder 2 %</i>	Desenex	QLL (90 GM per 30 days); OTC
<i>ketoconazole external cream 2 %</i>		ST; QLL (120 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Micatin	AL (Max 20 Years)
<i>qc clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>sm antifungal clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>sm antifungal miconazole external cream 2 %</i>	Micatin	AL (Max 20 Years); OTC
<b>CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 %</b>	athletes foot powder spray	QLL (133 GM per 30 days); OTC
<b>DESENEX EXTERNAL CREAM 1 %</b>	antifungal (clotrimazole)	QLL (60 GM per 30 days); OTC
<b>DESENEX EXTERNAL POWDER 2 %</b>	antifungal	QLL (90 GM per 30 days); OTC
<b>DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 %</b>	athletes foot powder spray	QLL (133 GM per 30 days); OTC
<b>MICOTRIN AC EXTERNAL CREAM 1 %</b>	antifungal (clotrimazole)	QLL (60 GM per 30 days); OTC
<b>MICOTRIN AP EXTERNAL POWDER 2 %</b>	antifungal	QLL (90 GM per 30 days); OTC
<b>MYCOZYL AC EXTERNAL CREAM 1 %</b>	antifungal (clotrimazole)	QLL (60 GM per 30 days); OTC
<b>MYCOZYL AP EXTERNAL POWDER 2 %</b>	antifungal	QLL (90 GM per 30 days); OTC
<b>ZEASORB-AF EXTERNAL POWDER 2 %</b>	antifungal	QLL (90 GM per 30 days); OTC
<b>*Immunomodulators</b>		
<b>Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 5 %</i>		QLL (60 EA per 30 days); AL (Min 12 Years)
<b>*Keratolytic/Antimitotic/Vesicant Agents***</b>		
<i>corn &amp; callus remover external liquid 17 %</i>	Compound W	OTC
<i>cvs wart 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>wart remover maximum strength external liquid 17 %</i>	Compound W	OTC
<b>*Liniment Combinations***</b>		
<i>muscle rub external cream 10-15 %</i>	Capasil	OTC
<i>pain relieving external cream</i>	Capasil	OTC
<b>CAPASIL EXTERNAL CREAM 2-10 %</b>	muscle rub	OTC
<b>MENCYLATE EXTERNAL CREAM 2-10 %</b>	muscle rub	OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>THERA-GESIC EXTERNAL CREAM 1-15 %</b>	muscle rub	OTC
<b>*Local Anesthetics - Topical***</b>		
<i>arthritis pain relieving external cream 0.075 %</i>		QLL (114 GM per 30 days); OTC
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>cvs pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>gnp lidocaine pain relieving external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<i>lidocaine external ointment 5 %</i>		QLL (60 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidocan	Auto-PA; QLL (3 EA per 1 day)
<i>lidocaine hcl external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	
<i>lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>lidocaine pain relief max st external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<i>lidocaine pain relieving external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>qc lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>qc pain relieving + lidocaine external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<b>DERMACINRX PENETRAL EXTERNAL CREAM 0.025 %</b>	capsaicin	OTC
<b>GLYDO EXTERNAL PREFILLED SYRINGE 2 %</b>	lidocaine hcl urethral/mucosal	
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>tacrolimus ointment 0.03 % external</i>		ST; QLL: Maximum of 1 fill every 30 days
<i>tacrolimus ointment 0.1 % external</i>		ST; AL (Min 16 Years); QLL: Maximum of 1 fill every 30 days
<b>*Misc. Topical Combinations***</b>		
<i>calamine external lotion 8-8 %</i>		OTC
<i>gnp calamine external lotion 8-8 %</i>		OTC
<i>sm calamine external lotion</i>		OTC
<b>*Rosacea Agents***</b>		
<i>azelaic acid external gel 15 %</i>	Finacea	QLL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	MetroCream	QLL (90 GM per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	QLL (90 ML per 30 days)
<i>metronidazole gel 0.75 % external</i>		QLL (90 GM per 30 days)
<i>metronidazole gel 1 % external</i>	Metrogel	ST; QLL (60 GM per 30 days)
<b>*Scabicide Combinations***</b>		
<i>cvs lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<b>*Scabicides &amp; Pediculicides***</b>		
<i>cvs lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>goodsense lice killing 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 (60 ML per 30 days)
<i>permethrin external cream 5 %</i>		QLL (60 GM per 30 days)
<i>sm lice treatment external liquid 1 %</i>	Nix Creme Rinse	QLL (120 ML per 30 days); OTC
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
<b>*Skin Cleansers***</b>		
<i>alcohol wipes external 70 %</i>		OTC
<i>cvs isopropyl alcohol wipes external 70 %</i>		OTC
<b>*Soaps***</b>		
<i>cvs daily facial cleanser external liquid</i>	AcuWash	OTC
<b>ACUWASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>AQUA GLYCOLIC TONER EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>AQUANIL SKIN CLEANSER EXTERNAL LOTION</b>	anti-bacterial hand	OTC
<b>BASIS CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>NIVEA MOISTURIZING BODY WASH EXTERNAL LOTION</b>	anti-bacterial hand	OTC
<b>NIVEA TOUCH OF SMOOTHNESS EXTERNAL LOTION</b>	anti-bacterial hand	OTC
<b>NIVEA VISAGE EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>NIVEA VISAGE GENTLE CLEANSING EXTERNAL LOTION</b>	anti-bacterial hand	OTC
<b>PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>REHYLA WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	OTC
<b>*Tar Products***</b>		
<i>cvs therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
<i>sm anti-dandruff coal tar external shampoo 0.5 %</i>	DHS Tar	OTC
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
<b>*Topical Anesthetic Combinations***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
<b>*Topical Steroid Combinations***</b>		
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*Diagnostic Tests***</b>		
<b>ONETOUCH ULTRA STRIP IN VITRO</b>	blood glucose test	OTC
<b>ONETOUCH ULTRA STRIP IN VITRO</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>ONETOUCH ULTRA TEST IN VITRO STRIP</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>ONETOUCH VERIO STRIP IN VITRO</b>	blood glucose test	OTC
<b>ONETOUCH VERIO STRIP IN VITRO</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>*DIGESTIVE AIDS*</b>		
<b>*Digestive Enzymes***</b>		
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL</b>		Auto-PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL</b>		Auto-PA
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL</b>		Auto-PA
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL</b>		Auto-PA
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL</b>		Auto-PA
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL</b>		Auto-PA
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL</b>		Auto-PA
<b>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL</b>		
<b>*DIURETICS*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		Maintenance drug with max 90 day supply
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		Maintenance drug with max 90 day supply
<i>methazolamide oral tablet 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<b>*Diuretic Combinations***</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5- 50 mg</i>		Maintenance drug with max 90 day supply
<i>spironolactone-hctz oral tablet 25-25 mg</i>		Maintenance drug with max 90 day supply
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		Maintenance drug with max 90 day supply
<i>triamterene-hctz oral tablet 37.5-25 mg</i>		Maintenance drug with max 90 day supply
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	Maintenance drug with max 90 day supply
<b>*Loop Diuretics***</b>		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>bumetanide oral tablet 1 mg, 2 mg</i>		Maintenance drug with max 90 day supply
<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	Maintenance drug with max 90 day supply
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>		Maintenance drug with max 90 day supply
<i>torseamide oral tablet 20 mg</i>	Soaanz	Maintenance drug with max 90 day supply
<b>*Potassium Sparing Diuretics***</b>		
<i>amiloride hcl oral tablet 5 mg</i>		Maintenance drug with max 90 day supply
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	Maintenance drug with max 90 day supply
<b>*Thiazides And Thiazide-Like Diuretics***</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		Maintenance drug with max 90 day supply
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		Maintenance drug with max 90 day supply
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		Maintenance drug with max 90 day supply
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*Bisphosphonates***</b>		
<i>alendronate sodium tablet 10 mg oral</i>		QLL (1 EA per 1 day)
<i>alendronate sodium tablet 35 mg oral</i>		
<i>alendronate sodium tablet 5 mg oral</i>		QLL (1 EA per 1 day)
<i>alendronate sodium tablet 70 mg oral</i>	Fosamax	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
<b>*Calcimimetic Agents***</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		
<b>*Carnitine Replenisher - Agents***</b>		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Carnitor	
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline oral tablet 0.5 mg</i>		
<b>*Gnrh/Lhrh Antagonists***</b>		
<b>ORILISSA ORAL TABLET 150 MG, 200 MG</b>		PA
<b>*Growth Hormones***</b>		
<b>HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG</b>		PA
<b>NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML</b>		PA; AL (Max 16 Years)
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (1 EA per 1 day)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (1 EA per 1 day)
<b>*Parathyroid Hormone And Derivatives***</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML</b>		PA; QLL (0.052 ML per 1 day)
<b>*Rank Ligand (Rankl) Inhibitors***</b>		
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML</b>		PA; QLL (1 ML per 168 days)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG</b>		PA; AL (Min 6 Years)
<b>*Vasopressin***</b>		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (3 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (10 ML per 25 days)
<b>*ESTROGENS*</b>		
<b>*Estrogen &amp; Progestin***</b>		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Amabelz	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>AMABELZ ORAL TABLET 0.5-0.1 MG</b>	estradiol-norethindrone acet	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG</b>	norethindrone-eth estradiol	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>JINTELI ORAL TABLET 1-5 MG-MCG</b>	norethindrone-eth estradiol	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>MIMVEY ORAL TABLET 1-0.5 MG</b>	estradiol-norethindrone acet	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

Formulary Drug Name	Reference	Restrictions
<b>*Estrogen-Progestin-Gnrh Antagonist***</b>		
<b>ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 &amp; 300 MG</b>		PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Estrogens***</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	Maintenance drug with max 90 day supply; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch twice weekly 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR, 0.1 MG/24HR</b>	estradiol	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	estradiol	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	estradiol	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*FLUOROQUINOLONES*</b>		
<b>*Fluoroquinolones***</b>		
<i>ciprofloxacin hcl tablet 250 mg oral</i>	Cipro	AL (Min 12 Years)
<i>ciprofloxacin hcl tablet 500 mg oral</i>	Cipro	AL (Min 12 Years)
<i>ciprofloxacin hcl tablet 750 mg oral</i>		
<i>levofloxacin oral solution 25 mg/ml</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		AL (Min 12 Years)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*Antiflatulents***</b>		
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>cvs gas relief oral tablet chewable 80 mg</i>		OTC
<i>cvs gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>eq gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>eq gas relief oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>gas relief oral tablet chewable 80 mg</i>		OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra 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>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>infants gas relief oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>qc anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>qc gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief oral tablet chewable 80 mg</i>		OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral tablet chewable 80 mg</i>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>simethicone ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>sm gas relief oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief oral tablet chewable 80 mg</i>		OTC
<b>GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG</b>	eq gas relief	OTC
<b>GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG</b>	cvs gas relief ultra strength	OTC
<b>*Gallstone Solubilizing Agents***</b>		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>	Urso 250	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
<b>*Gastrointestinal Chloride Channel Activators***</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		QLL: Age 18: maximum 60mg/day
<i>metoclopramide hcl tablet 10 mg oral</i>	Reglan	QLL: Age 18: maximum 6/day
<i>metoclopramide hcl tablet 5 mg oral</i>	Reglan	QLL: Age 18: maximum 12/day
<b>*Inflammatory Bowel Agents***</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Intestinal Acidifiers***</b>		
<i>enulose oral solution 10 gm/15ml</i>		
<i>generlac oral solution 10 gm/15ml</i>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		
<b>*Peripheral Opioid Receptor Antagonists***</b>		
<b>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>SYMPROIC ORAL TABLET 0.2 MG</b>		PA; QLL (1 EA per 1 day)
<b>*Phosphate Binder Agents***</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	ST
<b>CALPHRON ORAL TABLET 667 MG</b>	calcium acetate (phos binder)	OTC
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>finasteride oral tablet 5 mg</i>	Proscar	QLL (1 EA per 1 day)
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	QLL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	M; QLL (2 EA per 1 day)
<b>*Citrates***</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		
<b>*Genitourinary Irrigants***</b>		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Phosphates***</b>		
<b>K-PHOS NO 2 ORAL TABLET 305-700 MG</b>		
<b>*Urinary Analgesics***</b>		
<i>cvs urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>gnp urinary pain relief max st oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>gnp urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>hm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>qc azo oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>qc urinary pain relief max st oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>qc urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>sm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<b>*GOUT AGENTS*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		Maintenance drug with max 90 day supply
<i>colchicine oral tablet 0.6 mg</i>		QLL (6 EA per 30 days); AL (Min 4 Years)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)
<b>*Uricosurics***</b>		
<i>probenecid oral tablet 500 mg</i>		
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>		
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML</b>		

Formulary Drug Name	Reference	Restrictions
<b>*C1 Esterase Inhibitors***</b>		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		PA
<b>*Complement C5 Inhibitors***</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		Maintenance drug with max 90 day supply
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>		
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS		PA; QLL (2 ML per 28 days)
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS		PA; QLL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		Maintenance drug with max 90 day supply
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate tablet 300 mg oral</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate tablet 75 mg oral</i>	Plavix	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*Amino Acids***</b>		
ENDARI ORAL PACKET 5 GM		PA; AL (Min 5 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Cobalamins***</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Dodex	QLL (2 ML per 28 days)
<b>DODEX INJECTION SOLUTION 1000 MCG/ML</b>	cyanocobalamin	QLL (2 ML per 28 days)
<b>*Cytotoxic Agents***</b>		
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>		Auto-PA; QLL (90 EA per 27 days)
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>		
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>		PA
<b>*Folic Acid/Folate Combinations***</b>		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>		
<b>*Folic Acid/Folates***</b>		
<i>folic acid oral tablet 1 mg</i>		Maintenance drug with max 90 day supply
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>		PA
<b>ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>		PA
<b>*Iron Combinations***</b>		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
<b>*Iron***</b>		
<i>cvs iron oral tablet 240 (27 fe) mg</i>	Ferate	OTC
<i>cvs iron oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous fumarate oral tablet 324 (106 fe) mg</i>	Ferrocite	OTC
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml</i>	One Vite Ferrous Sulfate	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>		OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Feosol	OTC
<i>gnp iron oral tablet extended release 45 mg</i>	Slow Fe	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Ferrex 150	OTC
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>sm iron oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		AL (Max 20 Years); OTC
<b>FERATE ORAL TABLET 240 (27 FE) MG</b>	cvs iron	OTC
<b>FEROSUL ORAL TABLET 325 (65 FE) MG</b>	cvs iron	OTC
<b>FERREX 150 ORAL CAPSULE 150 MG</b>	polysaccharide iron complex	Auto-PA; OTC
<b>FERRIMIN 150 ORAL TABLET 150 MG</b>		OTC
<b>FERROCITE ORAL TABLET 324 MG</b>	ferrous fumarate	OTC
<b>NU-IRON ORAL CAPSULE 150 MG</b>	polysaccharide iron complex	Auto-PA; OTC
<b>POLY-IRON 150 ORAL CAPSULE 150 MG</b>	polysaccharide iron complex	Auto-PA; OTC
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>		
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 1 Years)
<b>*HEMOSTATICS*</b>		
<b>*Hemostatics - Systemic***</b>		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*Antihistamine Hypnotics***</b>		
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>cvs sleep-aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>cvs ultra sleep oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>gnp sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>night time sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>qc rest simply oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>qc sleep aid max st oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>qc sleep-aid max st oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>sleep tabs oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>sleep-aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>sm nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sm sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<b>*Barbiturate Hypnotics***</b>		
<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>		
<b>*Benzodiazepine Hypnotics***</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>zaleplon capsule 10 mg oral</i>		Auto-PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<i>zaleplon capsule 5 mg oral</i>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Orexin Receptor Antagonists***</b>		
<b>DAYVIGO ORAL TABLET 10 MG, 5 MG</b>		PA; QLL (1 EA per 1 day)



Formulary Drug Name	Reference	Restrictions
<b>*Selective Melatonin Receptor Agonists***</b>		
<i>ramelteon oral tablet 8 mg</i>	Rozerem	ST; Auto-PA; QLL (30 EA per 30 days); AL (Min 65 Years)
<b>*LAXATIVES*</b>		
<b>*Bowel Evacuant Combinations***</b>		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		QLL: Maximum of 4000 ml
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL: Maximum of 4000 ml
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</b>		QLL: Maximum of 4000 ml
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM</b>	peg-3350/electrolytes	QLL: Maximum of 4000 ml
<b>*Bulk Laxatives***</b>		
<i>cvs daily fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>cvs fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>cvs fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>cvs natural daily fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>cvs natural daily fiber oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber-lax oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>gnp natural fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>konsyl daily fiber oral packet 100 %</i>		OTC
<i>konsyl daily fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>qc fiber laxative oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>qc fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>sm fiber oral powder 28.3 %, 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>sm fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>sm fiber oral tablet 625 mg</i>	FiberCon	OTC
<b>*Laxatives - Miscellaneous***</b>		
<i>constulose oral solution 10 gm/15ml</i>		
<i>cvs glycerin adult rectal suppository 2.1 gm</i>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs glycerin child rectal suppository 1 gm</i>		OTC
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<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, 20 gm/30ml</i>		
<i>peg 3350 oral packet 17 gm</i>	CVS Purelax	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	CVS Purelax	QLL (1 EA per 1 day); AL (Max 20 Years)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years)
<i>qc natura-lax oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i>		OTC
<b>CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<b>CVS PURELAX ORAL PACKET 17 GM</b>	peg 3350	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>CVS PURELAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<b>GLYCOLAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<b>GNP CLEARLAX ORAL PACKET 17 GM</b>	peg 3350	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>GNP CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<b>GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<b>HEALTHYLAX ORAL PACKET 17 GM</b>	peg 3350	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>HM CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<b>SM CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm enema rectal enema</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<b>*Saline Laxatives***</b>		
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Dulcolax	OTC
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	Dulcolax	OTC
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<b>*Stimulant Laxatives***</b>		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>castor oil oral oil 100 %</i>		OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>cvs castor oil oral oil 100 %</i>		OTC
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>cvs gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>cvs laxative pills max st oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>cvs senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp castor oil oral oil 100 %</i>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>gnp gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp senna lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Perdiem Overnight Relief	OTC
<i>qc chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	OneLAX Senna	OTC
<i>senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna syrup 176 mg/5ml oral</i>		OTC
<i>senna syrup 8.8 mg/5ml oral (otc)</i>	OneLAX Senna	
<i>senna-lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna-time oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>sm laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>sm senna laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>womans laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>womens laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<b>EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG</b>	cvs laxative pills max st	OTC
<b>EX-LAX ORAL TABLET CHEWABLE 15 MG</b>	chocolated laxative	OTC
<b>EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG</b>	bisacodyl ec	OTC
<b>PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG</b>	laxative regular strength	OTC
<b>SENNA SMOOTH ORAL TABLET 15 MG</b>	laxative regular strength	OTC
<b>*Surfactant Laxatives***</b>		
<i>cvs stool softener oral capsule 100 mg</i>	Colace	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>cvs stool softener oral capsule 250 mg</i>		OTC
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium capsule 100 mg oral</i>	Colace	OTC
<i>docusate sodium capsule 250 mg oral (otc)</i>		
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	OneLAX Docusate Sodium	OTC
<i>eq stool softener oral capsule 100 mg</i>	Colace	OTC
<i>gnp stool softener oral capsule 100 mg</i>	Colace	OTC
<i>gnp stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>gnp stool softener oral capsule 250 mg</i>		OTC
<i>hm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>qc stool softener oral capsule 100 mg</i>	Colace	OTC
<i>silace oral liquid 150 mg/15ml</i>	OneLAX Docusate Sodium	OTC
<i>sm docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>sm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>sm stool softener oral capsule 250 mg</i>		OTC
<i>sm stool softener oral tablet 100 mg</i>	DOK	OTC
<i>stool softener laxative oral capsule 100 mg</i>	Colace	OTC
<i>stool softener oral capsule 100 mg</i>	Colace	OTC
<b>DOK ORAL TABLET 100 MG</b>	sm stool softener	OTC
<b>PEDIA-LAX ORAL LIQUID 50 MG/15ML</b>		OTC
<b>*MACROLIDES*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral packet 1 gm</i>	Zithromax	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	AL (Max 12 Years)
<i>azithromycin oral tablet 250 mg, 500 mg</i>	Zithromax	
<i>azithromycin oral tablet 600 mg</i>		
<b>*Clarithromycin***</b>		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		
<b>*Fidaxomicin***</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>		PA
<b>DIFICID ORAL TABLET 200 MG</b>		PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*Applicators,Cotton Balls,Etc***</b>		
<i>alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>alcohol swabs pad</i>	Advocate Alcohol Prep Pads	OTC
<i>gnp alcohol swabs pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>hm sterile alcohol prep pad</i>	Advocate Alcohol Prep Pads	OTC
<i>qc alcohol swabs pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>sm alcohol prep pad</i>	Advocate Alcohol Prep Pads	OTC
<b>*Glucose Monitoring Test Supplies***</b>		
<b>ACCU-CHEK AVIVA IN VITRO SOLUTION</b>	element compact control 2	OTC
<b>ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID</b>	element compact control 2	OTC
<b>ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID</b>	element compact control 2	OTC
<b>ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION</b>	element compact control 2	OTC
<b>CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH</b>	diatrue control level 3	OTC
<b>CONTOUR CONTROL IN VITRO LIQUID HIGH</b>	diatrue control level 3	OTC
<b>DEXCOM G6 RECEIVER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>DEXCOM G6 SENSOR</b>	guardian sensor 3	PA; QLL (3 EA per 30 days)
<b>DEXCOM G6 TRANSMITTER</b>		PA; QLL (1 EA per 90 days)
<b>DEXCOM G7 RECEIVER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>DEXCOM G7 SENSOR</b>	guardian sensor 3	QLL (3 EA per 30 days)
<b>FREESTYLE CONTROL SOLUTION IN VITRO LIQUID</b>	element compact control 2	OTC
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	guardian sensor 3	PA; QLL (2 EA per 28 days)
<b>FREESTYLE LIBRE 2 READER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>FREESTYLE LIBRE 2 SENSOR</b>	guardian sensor 3	PA; QLL (2 EA per 28 days)
<b>FREESTYLE LIBRE 3 READER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>FREESTYLE LIBRE 3 SENSOR</b>	guardian sensor 3	PA; QLL (2 EA per 28 days)
<b>MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID</b>	element compact control 2	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID</b>	element compact control 2	OTC
<b>ONETOUCH DELICA PLUS LANCET30G</b>	acti-lance 28g	OTC
<b>ONETOUCH DELICA PLUS LANCET33G</b>	acti-lance 28g	OTC
<b>ONETOUCH DELICA PLUS LANCING</b>	adjustable lancing device	OTC
<b>ONETOUCH DELICA SAFETY LANCING</b>	acti-lance 28g	OTC
<b>ONETOUCH ULTRA 2 KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days); OTC
<b>ONETOUCH ULTRA CONTROL IN VITRO LIQUID</b>	element compact control 2	OTC
<b>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days); OTC
<b>ONETOUCH VERIO IN VITRO LIQUID</b>	element compact control 2	OTC
<b>ONETOUCH VERIO IN VITRO LIQUID HIGH</b>	diatrue control level 3	OTC
<b>ONETOUCH VERIO REFLECT KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days); OTC
<b>PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID</b>	element compact control 2	OTC
<b>TEMPO WELCOME KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days)
<b>TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH</b>	diatrue control level 3	OTC
<b>TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID</b>	element compact control 2	OTC
<b>TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID</b>	element compact control 2	OTC
<b>*Needles &amp; Syringes***</b>		
<i>syringe luer slip 25g x 5/8" 1 ml</i>	BD Luer-Lok Syringe	OTC
<i>syringe luer slip 27g x 1/2" 1 ml</i>	BD Eclipse Syringe	OTC
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	careone insulin syringe	OTC
<b>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML</b>		OTC
<b>BD INSULIN SYRINGE 27G X 1/2" 1 ML</b>	insulin syringe-needle u-100	OTC
<b>BD INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML</b>	eql insulin syringe	OTC
<b>BD INSULIN SYRINGE 29G X 1/2" 1 ML</b>	aq insulin syringe	OTC
<b>BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML</b>	careone insulin syringe	OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML</b>		OTC
<b>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	global inject ease insulin syr	OTC
<b>BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML</b>	careone insulin syringe	OTC
<b>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</b>	careone insulin syringe	OTC
<b>BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML</b>	aq insulin syringe	OTC
<b>BD INSULIN SYRINGE U-100 1 ML</b>	kmart valu insulin syringe 29g	OTC
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>		
<b>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML</b>	eql insulin syringe	OTC
<b>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</b>	careone insulin syringe	OTC
<b>BD LUER-LOK SYRINGE 20G X 1" 1 ML</b>		OTC
<b>BD LUER-LOK SYRINGE 25G X 5/8" 1 ML</b>	syringe luer slip	OTC
<b>BD PEN NEEDLE MICRO U/F 32G X 6 MM</b>	1st tier unifine pentips	ST; OTC
<b>BD PEN NEEDLE MINI U/F 31G X 5 MM</b>	1st tier unifine pentips	ST; OTC
<b>BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM</b>	1st tier unifine pentips	ST; OTC
<b>BD PEN NEEDLE NANO U/F 32G X 4 MM</b>	1st tier unifine pentips	ST
<b>BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM</b>	sure comfort pen needles	ST; OTC
<b>BD PEN NEEDLE SHORT U/F 31G X 8 MM</b>	1st tier unifine pentips	ST; OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML</b>	eql insulin syringe	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML</b>	eql insulin syringe	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML</b>	aq insulin syringe	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML</b>	global easy glide insulin syr	
<b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML</b>	global easy glide insulin syr	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML</b>	global easy glide insulin syr	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML</b>	careone insulin syringe	OTC
<b>BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML</b>		OTC
<b>BD SYRINGE SLIP TIP 26G X 5/8" 1 ML</b>		OTC
<b>BD SYRINGE/NEEDLE 25G X 5/8" 1 ML</b>	syringe luer slip	OTC
<b>BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML</b>	global easy glide insulin syr	OTC
<b>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</b>	global easy glide insulin syr	OTC
<b>CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 25G X 1" 1 ML</b>		
<b>*Peak Flow Meters***</b>		
<b>PERSONAL BEST FULL RANGE DEVICE</b>	breathe ease peak flow meter	QLL (2 EA per 365 days); OTC
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>		
<i>eq space chamber anti-static device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>eq space chamber anti-static l device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>eq space chamber anti-static m device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>eq space chamber anti-static s device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>procare spacer/adult mask device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days); OTC
<i>procare spacer/child mask device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days); OTC
<b>AEROCHAMBER PLUS FLO-VU</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>CLEVER CHOICE HOLDING CHAMBER DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>COMPACT SPACE CHAMBER DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>COMPACT SPACE CHAMBER/LG MASK DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>COMPACT SPACE CHAMBER/MED MASK DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>COMPACT SPACE CHAMBER/SM MASK DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>EASIVENT</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>EASIVENT MASK LARGE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>EASIVENT MASK MEDIUM</b>	eq space chamber anti-static	QLL (1 EA per 365 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EASIVENT MASK SMALL</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>FLEXICHAMBER DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>INSPIREASE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>OPTICHAMBER DIAMOND</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>OPTICHAMBER DIAMOND DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>OPTICHAMBER DIAMOND-LG MASK DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>OPTICHAMBER DIAMOND-MD MASK</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>OPTICHAMBER DIAMOND-SM MASK</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>VORTEX VALVED HOLDING CHAMBER DEVICE</b>	eq space chamber anti-static	QLL (1 EA per 365 days)
<b>*MIGRAINE PRODUCTS*</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>		
<b>UBRELVY ORAL TABLET 100 MG, 50 MG</b>		ST; QLL (16 EA per 30 days)
<b>*Cgrp Receptor Antagonists - Monocolonal Antibodies***</b>		
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML</b>		ST; QLL (1 ML per 28 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML</b>		ST; QLL (1 ML per 28 days)
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QLL (9 EA per 30 days); AL (Min 18 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (12 EA per 30 days); AL (Min 6 Years)
<i>sumatriptan solution 20 mg/act nasal</i>		QLL (6 EA per 30 days); AL (Min 18 Years)
<i>sumatriptan solution 5 mg/act nasal</i>		
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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>		
<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)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*Bicarbonates***</b>		
<i>sodium bicarbonate intravenous solution 8.4 %</i>		
<b>*Calcium Combinations***</b>		
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>		OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		Auto-PA; OTC
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>		Auto-PA; OTC
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Auto-PA; OTC
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Auto-PA; OTC
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>		OTC
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>		OTC
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>		OTC
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>		OTC
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>		Auto-PA; OTC
<b>OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG</b>	eq calcium 500+d	OTC
<b>OYSCO 500+D ORAL TABLET 500-5 MG-MCG</b>	eq calcium 500+d	OTC
<b>*Calcium***</b>		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>		OTC
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>		OTC
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>		OTC
<b>*Fluoride***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
<b>*Magnesium***</b>		
<i>cvs magnesium oral tablet 500 mg</i>		Auto-PA; OTC
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	MAGnesium-Oxide	OTC
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	MAGnesium-Oxide	Auto-PA; OTC
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>		Auto-PA; OTC
<i>sm magnesium oral tablet 250 mg</i>		OTC
<b>MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL</b>	magnesium oxide -mg supplement	OTC
<b>MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL</b>	magnesium oxide -mg supplement	Auto-PA; OTC
<b>*Phosphate***</b>		
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
<b>PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG</b>	wes-phos 250 neutral	
<b>PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG</b>	wes-phos 250 neutral	
<b>PHOSPHO-TRIN K500 ORAL TABLET 500 MG</b>		
<b>*Potassium***</b>		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ</b>		
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	potassium chloride er	
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	potassium chloride crys er	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ</b>	potassium chloride crys er	
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ</b>	potassium chloride crys er	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	potassium chloride er	
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ</b>		
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*Chelating Agents***</b>		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	Auto-PA; QLL (8 EA per 1 day)
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	cyclosporine modified	
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	cyclosporine modified	
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Revlimid	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>REVLIMID CAPSULE 10 MG ORAL</b>	lenalidomide	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>REVLIMID CAPSULE 10 MG ORAL</b>	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>REVLIMID CAPSULE 15 MG ORAL</b>	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>REVLIMID CAPSULE 2.5 MG ORAL</b>	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>REVLIMID CAPSULE 20 MG ORAL</b>	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>REVLIMID CAPSULE 25 MG ORAL</b>	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>REVLIMID CAPSULE 5 MG ORAL</b>	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
<b>*Irrigation Solutions***</b>		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
<i>water for irrigation, sterile irrigation solution</i>	Argyle Sterile Water	
<b>*Macrolide Immunosuppressants***</b>		
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
<b>*Potassium Removing Agents***</b>		
<i>sodium polystyrene sulfonate oral powder</i>		
<b>SPS ORAL SUSPENSION 15 GM/60ML</b>		
<b>*Purine Analogs***</b>		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	
<i>cvs sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>gnp sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>phenaseptic mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>sore throat mouth/throat liquid</i>	Chloraseptic	OTC
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<b>*Fluoride Dental Products***</b>		
<i>sf 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sf dental gel 1.1 %</i>	DentaGel	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm 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	
<b>DENTA 5000 PLUS DENTAL CREAM 1.1 %</b>	sf 5000 plus	
<b>DENTAGEL DENTAL GEL 1.1 %</b>	sf	
<b>*Saliva Stimulants***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
<b>*Steroids - Mouth/Throat/Dental***</b>		
<i>triamcinolone acetamide mouth/throat paste 0.1 %</i>	Oralene	
<b>ORALONE MOUTH/THROAT PASTE 0.1 %</b>	triamcinolone acetamide	
<b>*MULTIVITAMINS*</b>		
<b>*Multiple Vitamins W/ Iron***</b>		
<i>qc daily multivitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
<i>sm multiple vitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
<b>*Multiple Vitamins W/ Minerals***</b>		
<i>cvs adult 50+ eye health oral capsule</i>	ICaps	OTC
<i>cvs daily gummies adult oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs eye health adult 50+ oral capsule</i>	ICaps	OTC
<i>cvs mens daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs spectravite adult 50+ oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs spectravite women oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs vision health oral capsule</i>	ICaps	OTC
<i>cvs womens daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>dialyvite 800/ultra d oral tablet</i>	Cerovite Senior	OTC
<i>eq multivitamins adult gummy oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eq vision formula 50+ oral capsule</i>	ICaps	OTC
<i>glucoten oral capsule</i>	ICaps	OTC
<i>gnp healthy eyes oral tablet</i>	Cerovite Senior	OTC
<i>gnp mega multi for men oral tablet</i>	Cerovite Senior	OTC
<i>gnp mega multi for women oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily mens/lycopene oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily womens 50+ oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily womens oral tablet</i>	Cerovite Senior	OTC
<i>i-vite oral tablet</i>	Cerovite Senior	OTC
<i>one-daily multi caps oral capsule</i>	ICaps	OTC
<i>qc daily multivit/multimineral oral tablet</i>	Cerovite Senior	OTC
<i>qc mens daily multivitamin oral tablet</i>	Cerovite Senior	OTC
<i>qc multi-vite 50 &amp; over oral tablet</i>	Cerovite Senior	OTC
<i>qc multi-vite oral tablet</i>	Cerovite Senior	OTC
<i>qc therin-m oral tablet</i>	Cerovite Senior	OTC
<i>qc womens daily multivitamin oral tablet</i>	Cerovite Senior	OTC
<i>sentry senior oral tablet</i>	Cerovite Senior	OTC
<i>sm complete advanced formula oral tablet</i>	Cerovite Senior	OTC
<i>sm complete oral tablet</i>	Cerovite Senior	OTC
<i>sm complete senior formula oral tablet</i>	Cerovite Senior	OTC
<i>sm daily diet support oral tablet</i>	Cerovite Senior	OTC
<i>sm opti-vitamins oral tablet</i>	Cerovite Senior	OTC
<i>ultra-mega oral tablet extended release</i>	Endur-VM	OTC
<b>ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE</b>	cvs daily gummies	AL (Max 20 Years); OTC
<b>CEROVITE SENIOR ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>CERTAVITE/ANTIOXIDANTS ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>COMPETE ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE</b>	cvs daily gummies	AL (Max 20 Years); OTC
<b>CVS AIRSHIELD ORAL TABLET CHEWABLE</b>	cvs daily gummies	AL (Max 20 Years); OTC
<b>DERMAVITE ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>ICAPS AREDS FORMULA ORAL TABLET</b>	dialyvite 800/ultra d	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ICAPS LUTEIN &amp; OMEGA-3 ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>ICAPS MV ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>ICAPS ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>MVW COMPLETE FORMULATION D3000 ORAL CAPSULE</b>	cvs adult 50+ eye health	Auto-PA; OTC
<b>MVW COMPLETE FORMULATION D5000 ORAL CAPSULE</b>	cvs adult 50+ eye health	Auto-PA; OTC
<b>MVW COMPLETE FORMULATION MINIS ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>MVW COMPLETE FORMULATION ORAL CAPSULE</b>	cvs adult 50+ eye health	Auto-PA; OTC
<b>OCUVITE ADULT 50+ ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>OCUVITE ADULT FORMULA ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>OCUVITE EXTRA ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>OCUVITE EYE + MULTI ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>OCUVITE EYE HEALTH FORMULA ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE</b>	cvs daily gummies	AL (Max 20 Years); OTC
<b>OCUVITE-LUTEIN ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>OCUVITE-LUTEIN ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>ONCOVITE ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>PRESERVISION AREDS 2 ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>PRESERVISION AREDS 2 ORAL TABLET CHEWABLE</b>	cvs daily gummies	AL (Max 20 Years); OTC
<b>PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>PRESERVISION AREDS ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>PRESERVISION AREDS ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>PRESERVISION/LUTEIN ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>PRORENAL + D ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>PRORENAL + D W/ OMEGA-3 ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>PROSIGHT ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>RENAPLEX ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>RENAPLEX-D ORAL TABLET</b>	dialyvite 800/ultra d	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SYSTANE ICAPS AREDS2 ORAL CAPSULE</b>	cvs adult 50+ eye health	OTC
<b>SYSTANE ICAPS AREDS2 ORAL TABLET</b>	dialyvite 800/ultra d	OTC
<b>SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE</b>	cvs daily gummies	AL (Max 20 Years); OTC
<b>*Multivitamins***</b>		
<i>daily-vite oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>gnp essential one daily oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>qc essentials oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>sm multiple vitamins essential oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>stress formula oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<b>TAB-A-VITE/BETA CAROTENE ORAL TABLET</b>	daily-vite	OTC
<b>THERA ORAL TABLET</b>	daily-vite	OTC
<b>*Ped Multi Vitamins W/Fl &amp; Fe***</b>		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>		OTC
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		
<b>*Ped Multiple Vitamins W/ Minerals***</b>		
<i>cvs gummy dinos oral tablet chewable</i>	MVW Complete Formulation	OTC
<i>cvs gummy multivitamin kids oral tablet chewable</i>	MVW Complete Formulation	OTC
<i>eq multivitamin gummies oral tablet chewable</i>	MVW Complete Formulation	OTC
<i>eq multivitamins gummy child oral tablet chewable</i>	MVW Complete Formulation	OTC
<b>MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL</b>	cvs gummy dinos	OTC
<b>MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL</b>	cvs gummy dinos	Auto-PA; OTC
<b>MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE</b>	cvs gummy dinos	OTC
<b>MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE</b>	cvs gummy dinos	Auto-PA; OTC
<b>*Ped Mv W/ Fluoride***</b>		
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	OTC
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	
<b>QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML</b>	multi-vitamin/fluoride	
<b>*Ped Mv W/ Iron***</b>		
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>cvs childrens complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	Land Before Time Multivitamin	OTC
<i>multivitamin infant &amp; toddler oral solution 11 mg/ml</i>	Poly-Vi-Sol/Iron	OTC
<i>qc childrens complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	Land Before Time Multivitamin	OTC
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<b>CEROVITE JR ORAL TABLET CHEWABLE 18 MG</b>	childrens animal shapes	OTC
<b>*Ped Vitamins Acd W/ Fluoride***</b>		
<i>adc/f (0.5mg/ml) oral solution</i>		
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>		
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>		
<b>*Pediatric Multiple Vitamins***</b>		
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>gnp little ones childrens oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>multivitamin infant &amp; toddler oral solution</i>	BProtected Pedia Poly-Vite	OTC
<i>qc childrens vitamins/extra c oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>sm animal shapes kids first oral tablet chewable</i>	Culturelle Kids Complete	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Pediatric Vitamins A &amp; D W/ C***</b>		
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	Tri-Vi-Sol A/C/D	OTC
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
<i>classic prenatal oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>completenate oral tablet chewable 29-1 mg</i>		AL (Min 12 Years)
<i>cvs prenatal oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	QLL (100 EA per 90 days); OTC
<i>gnp prenatal oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>m-natal plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatabs fa oral tablet 29-1 mg</i>	Co-Natal FA	AL (Min 12 Years); OTC
<i>prenatal 19 oral tablet</i>		AL (Min 12 Years); OTC
<i>prenatal 19 oral tablet chewable</i>		AL (Min 12 Years)
<i>prenatal plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal tablet 27-0.8 mg oral (otc)</i>	NeoNatal Vitamin	QLL (100 EA per 90 days)
<i>prenatal tablet 27-1 mg oral</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal tablet 28-0.8 mg oral</i>		QLL (100 EA per 90 days); OTC
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>qc prenatal oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>se-natal 19 oral tablet 29-1 mg</i>		AL (Min 12 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		AL (Min 12 Years)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>thrivite rx oral tablet 29-1 mg</i>	Prenatabs Rx	AL (Min 12 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	AL (Min 12 Years)
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	
<i>westab plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<b>NIVA-PLUS ORAL TABLET 27-1 MG</b>	m-natal plus	AL (Min 12 Years)
<b>PRENATABS RX ORAL TABLET 29-1 MG</b>	thrivite rx	AL (Min 12 Years); OTC
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b>		QLL (100 EA per 90 days)
<b>PRENATRIX ORAL TABLET 27-1 MG</b>	m-natal plus	AL (Min 12 Years)
<b>PRENATRYL ORAL TABLET 27-1 MG</b>	m-natal plus	AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TARON-C DHA ORAL CAPSULE 35-1 MG</b>		
<b>TRICARE ORAL TABLET</b>	m-natal plus	AL (Min 12 Years)
<b>TRINATE ORAL TABLET</b>		QLL (100 EA per 90 days)
<b>VINATE II ORAL TABLET 29-1 MG</b>		QLL (100 EA per 90 days)
<b>VINATE ONE ORAL TABLET 60-1 MG</b>	trinatal rx 1	AL (Min 12 Years)
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (120 EA per 365 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (6 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>cyclobenzaprine hcl tablet 10 mg oral</i>		QLL (3 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>cyclobenzaprine hcl tablet 5 mg oral</i>		QLL (3 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>cyclobenzaprine hcl tablet 5 mg oral</i>		QLL: Maximum of 6 fills every 365 days
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (4 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (2 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>tizanidine hcl tablet 2 mg oral</i>		QLL (1 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>tizanidine hcl tablet 4 mg oral</i>	Zanaflex	QLL (1 EA per 1 day)
<b>*Direct Muscle Relaxants***</b>		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		QLL (4 EA per 1 day)
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	QLL (4 EA per 1 day)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*Nasal Agents - Misc.***</b>		
<i>cvs saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>deep sea nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eq saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>qc saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline mist spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>sm nasal spray saline nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<b>AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %</b>	cvs saline nasal spray	OTC
<b>OCEAN FOR KIDS NASAL SOLUTION 0.65 %</b>	cvs saline nasal spray	OTC
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide solution 0.03 % nasal</i>		QLL (30 ML per 30 days)
<i>ipratropium bromide solution 0.06 % nasal</i>		QLL (15 ML per 30 days)
<b>*Nasal Antihistamines***</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>		
<b>*Nasal Mast Cell Stabilizers***</b>		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	QLL (52 ML per 30 days); OTC
<b>*Nasal Steroids***</b>		
<i>allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>budesonide nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>cvs budesonide nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>cvs fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>hm allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>qc allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>sm allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>triamcinolone acetone nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<b>FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT</b>	allergy relief	OTC
<b>*Systemic Decongestants***</b>		
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>cvs nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>cvs sinus pe decongestant oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>gnp nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	SudoGest	OTC
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	SudoGest	
<i>qc nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus congestion max strength oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant max st oral tablet 30 mg</i>	SudoGest	OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<b>SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG</b>	cvs nasal decongestant	OTC
<b>SUDOGEST TABLET 30 MG ORAL</b>	cvs nasal decongestant	OTC
<b>SUDOGEST TABLET 60 MG ORAL (OTC)</b>	pseudoephedrine hcl	
<b>*Topical Decongestants***</b>		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>12 hour nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>cvs nasal mist nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>cvs nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>gnp nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>long acting nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal decongestant spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal relief nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal spray no drip nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>qc nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sinus nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sm nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<b>MUCINEX SINUS-MAX CLEAR &amp; COOL NASAL SOLUTION 0.05 %</b>	12 hour nasal decongestant	QLL (1 ML per 1 day); OTC
<b>MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %</b>	12 hour nasal decongestant	QLL (1 ML per 1 day); OTC
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*Benzathiazoles***</b>		
<i>riluzole oral tablet 50 mg</i>	Rilutek	
<b>*NUTRIENTS*</b>		
<b>*Misc. Nutritional Substances***</b>		
<i>cvs fish oil capsule 1000 mg oral</i>	Sea-Omega	OTC
<i>cvs fish oil capsule 1000 mg oral</i>	Sea-Omega	Auto-PA; OTC
<i>cvs fish oil capsule 1200 mg oral</i>	Theragran-M Fish Oil Conc	OTC
<i>cvs fish oil capsule 1200 mg oral</i>	Theragran-M Fish Oil Conc	Auto-PA; OTC
<i>cvs fish oil half-the-size oral capsule 500 mg</i>	Ovega-3	OTC
<i>cvs fish oil oral capsule delayed release 1200 mg</i>		Auto-PA; OTC
<i>cvs natural fish oil oral capsule 1000 mg</i>	Sea-Omega	Auto-PA; OTC
<i>cvs natural fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	Auto-PA; OTC
<i>fish oil capsule 1000 mg oral (otc)</i>	Sea-Omega	
<i>fish oil capsule 1000 mg oral (otc)</i>	Sea-Omega	Auto-PA
<i>fish oil capsule 500 mg oral</i>	Ovega-3	Auto-PA; OTC
<i>norwegian salmon oil oral capsule 1000 mg</i>	Sea-Omega	OTC
<i>omega-3 oral capsule 1400 mg</i>		Auto-PA; OTC
<i>sm fish oil capsule 1000 mg oral</i>	Sea-Omega	OTC
<i>sm fish oil capsule 1000 mg oral</i>	Sea-Omega	Auto-PA; OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	Auto-PA; OTC
<i>sv fish oil oral capsule 500 mg</i>	Ovega-3	OTC
<b>SEA-OMEGA ORAL CAPSULE 1000 MG</b>	cvs fish oil	OTC

Formulary Drug Name	Reference	Restrictions
<b>*OPHTHALMIC AGENTS*</b>		
<b>*Artificial Tear And Lubricant Combinations***</b>		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	OTC
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	GenTeal Tears Night-Time	OTC
<i>cvs eye lubricant ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears Moderate PF	OTC
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<b>GENTEAL TEARS MODERATE PF OPTHALMIC SOLUTION 0.1-0.3 %</b>	cvs natural tears pf	OTC
<b>GENTEAL TEARS NIGHT-TIME OPTHALMIC OINTMENT</b>	cvs dry-eye relief nighttime	OTC
<b>GENTEAL TEARS PF OPTHALMIC SOLUTION 0.1-0.3 %</b>	cvs natural tears pf	OTC
<b>GENTEAL TEARS SEVERE DAY/NIGHT OPTHALMIC GEL 0.4-0.3 %</b>		OTC
<b>REFRESH DIGITAL OPTHALMIC SOLUTION 0.5-1-0.5 %</b>		OTC
<b>REFRESH LACRI-LUBE OPTHALMIC OINTMENT</b>	cvs dry-eye relief nighttime	OTC
<b>REFRESH OPTHALMIC SOLUTION 1.4-0.6 %</b>		OTC
<b>REFRESH OPTIVE ADVANCED OPTHALMIC SOLUTION 0.5-1-0.5 %</b>		OTC
<b>REFRESH OPTIVE OPTHALMIC GEL 1-0.9 %</b>		OTC
<b>REFRESH OPTIVE PF OPTHALMIC SOLUTION 0.5-0.9 %</b>		OTC
<b>REFRESH RELIEVA PF OPTHALMIC SOLUTION 0.5-0.9 %, 0.5-1 %</b>		OTC
<b>SYSTANE HYDRATION PF OPTHALMIC SOLUTION 0.4-0.3 %</b>	cvs lubricant eye drops (pf)	OTC
<b>SYSTANE NIGHTTIME OPTHALMIC OINTMENT</b>	cvs dry-eye relief nighttime	OTC
<b>SYSTANE OPTHALMIC GEL 0.4-0.3 %</b>		OTC
<b>SYSTANE OPTHALMIC SOLUTION 0.4-0.3 %</b>	cvs lubricant drops fast act	OTC
<b>SYSTANE PRESERVATIVE FREE OPTHALMIC SOLUTION 0.4-0.3 %</b>	cvs lubricant eye drops (pf)	OTC
<b>SYSTANE ULTRA OPTHALMIC SOLUTION 0.4-0.3 %</b>	cvs lubricant drops fast act	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %</b>	cvs lubricant eye drops (pf)	OTC
<b>*Artificial Tear Solutions***</b>		
<i>sm artificial tears ophthalmic solution</i>	GenTeal Tears	QLL (15 ML per 30 days); OTC
<b>GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %</b>	sm artificial tears	QLL (15 ML per 30 days); OTC
<b>SYSTANE CONTACTS OPHTHALMIC SOLUTION</b>	sm artificial tears	QLL (15 ML per 30 days); OTC
<b>*Artificial Tears And Lubricants***</b>		
<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
<i>cvs lubricant drops ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	Systane Balance	QLL (15 ML per 30 days); OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>cvs lubricant eye drops solution 0.5 % ophthalmic</i>	Refresh Tears	OTC
<i>cvs lubricant eye drops solution 0.6 % ophthalmic</i>	Systane Balance	QLL (15 ML per 30 days); OTC
<i>eq restore tears ophthalmic solution 0.5 %</i>	Refresh Tears	OTC
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>lubricant eye drops solution 0.5 % ophthalmic</i>	Refresh Tears	OTC
<i>lubricant eye drops solution 0.6 % ophthalmic</i>	Systane Balance	QLL (15 ML per 30 days); OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		QLL (15 ML per 30 days)
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<b>GENTEAL SEVERE OPHTHALMIC GEL 0.3 %</b>		OTC
<b>REFRESH CELLUVISC OPHTHALMIC GEL 1 %</b>	carboxymethylcellulose sod pf	OTC
<b>REFRESH LIQUIGEL OPHTHALMIC GEL 1 %</b>	carboxymethylcellulose sodium	OTC
<b>REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %</b>	cvs lubricant eye drops (pf)	QLL (15 EA per 30 days); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %</b>	carboxymethylcellulose sodium	OTC
<b>SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %</b>	cvs lubricant drops	QLL (15 ML per 30 days); OTC
<b>SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %</b>	cvs lubricant drops	QLL (15 ML per 30 days); OTC
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	QLL (10 ML per 30 days)
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>		
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		ST
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic ointment 1 %</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>		QLL (5 mL per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	
<i>phenylephrine hcl solution 10 % ophthalmic</i>	Altafrin	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	Altafrin	QLL (2 EA per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		QLL (15 ML per 30 days)
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	QLL (15 ML per 30 days)
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		QLL (15 ML per 30 days)
<b>*Ophthalmic Antiallergic***</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>cvs allergy eye drops ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>cvs eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<b>ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %</b>	cvs allergy eye drops	OTC
<b>ALAWAY OPHTHALMIC SOLUTION 0.035 %</b>	cvs allergy eye drops	OTC
<b>PATADAY OPHTHALMIC SOLUTION 0.7 %</b>		OTC
<b>*Ophthalmic Antibiotics***</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		QLL (3.5 GM per 30 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		QLL (3.5 GM per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>		
<b>*Ophthalmic Antifungal***</b>		
<b>NATACYN OPHTHALMIC SUSPENSION 5 %</b>		QLL (15 ML per 30 days)
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<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 , 5-400-10000</i>	Neo-Polycin	
<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>		
<b>NEO-POLYCYN OPHTHALMIC OINTMENT 3.5-400-10000</b>	neomycin-bacitracin zn-polymyx	
<b>POLYCYN OPHTHALMIC OINTMENT 500-10000 UNIT/GM</b>	bacitracin-polymyxin b	QLL (3.5 GM per 30 days)
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>dorzolamide hcl ophthalmic solution 2 %</i>		
<b>*Ophthalmic Decongestant Combinations***</b>		
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Opcon-A	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>NAPHCAN-A OPHTHALMIC SOLUTION 0.025-0.3 %</b>	allergy eye	OTC
<b>*Ophthalmic Decongestants***</b>		
<i>cvs eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>eq eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>sm eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<b>*Ophthalmic Hyperosmolar Products***</b>		
<i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>cvs sodium chloride ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>cvs sodium chloride ophthalmic solution 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC
<b>*Ophthalmic Immunomodulators***</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	PA; QLL (2 EA per 1 day)
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		QLL (5 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		
<b>*Ophthalmic Steroid Combinations***</b>		
<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	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %</b>	bacitra-neomycin-polymyxin-hc	QLL (3.5 GM per 30 days)
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 ML per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 ML per 30 days)
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		QLL (15 ML per 30 days)
<b>*Prostaglandins - Ophthalmic***</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (5 ML per 30 days)
<b>*OTIC AGENTS*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic solution 2 %</i>		
<i>cvs ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>cvs ear wax removal system otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>cvs earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>gnp earwax removal drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>gnp earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>qc ear wax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>qc earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>qc earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>sm ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<b>*Otic Anti-Infectives***</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetralax	QLL (28 EA per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		QLL (7.5 ML per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		QLL (15 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (15 ML per 30 days)
<b>*Otic Steroids***</b>		
<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)
<b>FLAC OTIC OIL 0.01 %</b>	fluocinolone acetonide	QLL (20 ML per 30 days)
<b>*OXYTOCICS*</b>		
<b>*Oxytocics***</b>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	
<b>METHERGINE ORAL TABLET 0.2 MG</b>	methylergonovine maleate	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*Antiviral Monoclonal Antibodies***</b>		
<b>SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR</b>		PA; QLL (1 ML per 23 days)
<b>SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR</b>		PA; AL (Max 2 Years); QLL: Maximum of 5 fills every 365 days
<b>*Immune Serums***</b>		
<b>GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML</b>		PA
<b>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>		PA
<b>HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</b>		PA
<b>HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML</b>		PA
<b>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT</b>		
<b>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT</b>		

Formulary Drug Name	Reference	Restrictions
<b>PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>		PA
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</b>		
<b>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML</b>		QLL (2 ML per 365 days)
<b>*PENICILLINS*</b>		
<b>*Aminopenicillins***</b>		
<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>		
<i>ampicillin sodium injection solution reconstituted 500 mg</i>		
<b>*Natural Penicillins***</b>		
<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>		
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b>		
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250- 125 mg, 875-125 mg</i>		
<i>amoxicillin-pot clavulanate oral tablet 500- 125 mg</i>	Augmentin	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	Unasyn	

Formulary Drug Name	Reference	Restrictions
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*Oral Vehicles***</b>		
<i>cherry oral syrup</i>		AL (Max 12 Years)
<i>simple syrup oral syrup</i>	Syrpalta	AL (Max 12 Years)
<i>sorbitol solution 70 %</i>		AL (Max 12 Years)
<b>GOOD START STERILE WATER ORAL LIQUID</b>		AL (Max 12 Years); OTC
<b>MX-SOL BLEND ORAL SUSPENSION</b>	suspension vehicle	AL (Max 12 Years); OTC
<b>MX-SOL BLEND SF ORAL SUSPENSION</b>	suspension vehicle	AL (Max 12 Years); OTC
<b>MX-SOL ORAL SYRUP</b>	flavor sweet	AL (Max 12 Years); OTC
<b>MX-SOL SF ORAL SYRUP</b>	flavor sweet	AL (Max 12 Years); OTC
<b>MX-SOL SUSPEND ORAL SUSPENSION</b>	suspension vehicle	AL (Max 12 Years); OTC
<b>ORA-BLEND ORAL SUSPENSION</b>	suspension vehicle	AL (Max 12 Years)
<b>ORA-BLEND SF ORAL SUSPENSION</b>	suspension vehicle	AL (Max 12 Years)
<b>ORA-PLUS ORAL LIQUID</b>	flavor plus	AL (Max 12 Years)
<b>ORA-SWEET ORAL SYRUP</b>	flavor sweet	AL (Max 12 Years)
<b>ORA-SWEET SF ORAL SYRUP</b>	flavor sweet	AL (Max 12 Years)
<b>SOSWEET ORAL SYRUP</b>	flavor sweet	AL (Max 12 Years); OTC
<b>*Parenteral Vehicles***</b>		
<i>sterile water for injection injection solution</i>		AL (Max 12 Years)
<b>*PROGESTINS*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	Maintenance drug with max 90 day supply; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>norethindrone acetate oral tablet 5 mg</i>		ST; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

Formulary Drug Name	Reference	Restrictions
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>		QLL (1 EA per 1 day)
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		Auto-PA
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (1 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		QLL (1 EA per 1 day)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (6 ML per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (2 EA per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (2 EA per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	PA; AL (Min 18 Years)
<b>*Fibromyalgia Agent - Snris***</b>		
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>		ST; QLL (2 EA per 1 day)
<b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>		ST; QLL (55 EA per 90 days)
<b>*Movement Disorder Drug Therapy***</b>		
<i>tetrabenazine tablet 12.5 mg oral</i>	Xenazine	PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>tetrabenazine tablet 25 mg oral</i>	Xenazine	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>AUSTEDO TABLET 12 MG ORAL</b>		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<b>AUSTEDO TABLET 6 MG ORAL</b>		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>AUSTEDO TABLET 9 MG ORAL</b>		PA; QLL (4 EA per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 &amp; 12 &amp; 24 MG</b>		PA; QLL (42 EA per 84 days)
<b>AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL</b>		PA; QLL (1 EA per 1 day)
<b>AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL</b>		PA; QLL (2 EA per 1 day)
<b>AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL</b>		PA; QLL (1 EA per 1 day)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Multiple Sclerosis Agents - Interferons***</b>		
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML</b>		PA
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML</b>		PA
<b>EXTAVIA SUBCUTANEOUS KIT 0.3 MG</b>		PA; QLL (15 EA per 28 days); AL (Min 18 Years)
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML</b>		PA; QLL (6 ML per 28 days)
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG</b>		PA; QLL (4.2 ML per 28 days)
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML</b>		PA; QLL (6 ML per 28 days)
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 &amp; 6X22 MCG</b>		PA; QLL (4.2 ML per 28 days)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
<b>OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML</b>		PA; QLL (0.12 ML per 1 day)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (2 EA per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Tecfidera	QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Multiple Sclerosis Agents***</b>		
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Glatiramer Acetate	PA; QLL (1 ML per 1 day); AL (Min 18 Years)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	Glatiramer Acetate	PA; QLL (12 ML per 28 days); AL (Min 18 Years)
<b>GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS</b>	glatiramer acetate	PA; QLL (1 ML per 1 day); AL (Min 18 Years)
<b>GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS</b>	glatiramer acetate	PA; QLL (12 ML per 28 days); AL (Min 18 Years)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Phenothiazines &amp; Tricyclic Agents***</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		Auto-PA
<b>*Smoking Deterrents***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>cvs nicotine mouth/throat gum 2 mg</i>	Thrive	OTC
<i>cvs nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	QLL (1 EA per 1 day); OTC
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine mouth/throat gum 2 mg</i>	Thrive	OTC
<i>gnp nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>gnp nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	QLL (1 EA per 1 day); OTC
<i>goodsense nicotine mouth/throat gum 2 mg</i>	Thrive	OTC
<i>goodsense nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>goodsense nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>hm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	QLL (1 EA per 1 day); OTC
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		QLL (1 EA per 1 day); OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	QLL (1 EA per 1 day); OTC
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	QLL (1 EA per 1 day); OTC
<i>sm nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine patch 24 hour 14 mg/24hr transdermal</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>sm nicotine patch 24 hour 21 mg/24hr transdermal</i>	Habitrol	QLL (1 EA per 1 day); OTC
<i>sm nicotine patch 24 hour 7 mg/24hr transdermal</i>	Nicoderm CQ	OTC
<i>sm nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>		QLL (2 EA per 1 day); AL (Min 17 Years); QLL: Maximum 90 every 730 days
<i>varenicline tartrate oral tablet 1 mg</i>		QLL: Maximum 90 every 730 days
<b>THRIVE MOUTH/THROAT GUM 2 MG</b>	cvs nicotine	OTC
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
<i>fingolimod hcl capsule 0.5 mg oral</i>	Gilenya	PA; QLL (1 EA per 1 day)
<i>fingolimod hcl capsule 0.5 mg oral</i>	Gilenya	PA; QLL (1 EA per 1 day); AL (Min 10 Years)
<b>GILENYA ORAL CAPSULE 0.25 MG</b>		PA; QLL (1 EA per 1 day)
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*Cftr Potentiators***</b>		
<b>KALYDECO ORAL TABLET 150 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>KALYDECO PACKET 13.4 MG ORAL</b>		PA
<b>KALYDECO PACKET 25 MG ORAL</b>		PA; QLL (2 EA per 1 day); AL (Max 5 Years)
<b>KALYDECO PACKET 50 MG ORAL</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>KALYDECO PACKET 75 MG ORAL</b>		PA; QLL (2 EA per 1 day); AL (Max 5 Years)
<b>*Cystic Fibrosis Agent - Combinations***</b>		
<b>ORKAMBI PACKET 100-125 MG ORAL</b>		PA; QLL (2 EA per 1 day); AL (Min 2 Years and Max 5 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ORKAMBI PACKET 150-188 MG ORAL</b>		PA; QLL (2 EA per 1 day); AL (Min 2 Years and Max 5 Years)
<b>ORKAMBI PACKET 75-94 MG ORAL</b>		PA
<b>ORKAMBI TABLET 100-125 MG ORAL</b>		PA; QLL (4 EA per 1 day); AL (Min 6 Years)
<b>ORKAMBI TABLET 200-125 MG ORAL</b>		PA; QLL (4 EA per 1 day); AL (Min 12 Years)
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG, 50-75 &amp; 75 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 &amp; 150 MG, 50-25-37.5 &amp; 75 MG</b>		PA
<b>TRIKAFTA ORAL THERAPY PACK 100-50-75 &amp; 75 MG, 80-40-60 &amp; 59.5 MG</b>		PA
<b>*Hydrolytic Enzymes***</b>		
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>		Auto-PA; QLL (5 ML per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA; AL (Min 18 Years)
<b>*SULFONAMIDES*</b>		
<b>*Sulfonamides***</b>		
<i>sulfadiazine oral tablet 500 mg</i>		
<b>*TETRACYCLINES*</b>		
<b>*Tetracyclines***</b>		
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	
<i>doxycycline hyclate oral capsule 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Vibramycin	AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
<b>*THYROID AGENTS*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>		Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>propylthiouracil oral tablet 50 mg</i>		
<b>*Thyroid Hormones***</b>		
<i>levothyroxine sodium tablet 100 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 112 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 125 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 125 mcg oral</i>	Euthyrox	Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 137 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 150 mcg oral</i>	Euthyrox	Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 150 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 175 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 200 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 25 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 300 mcg oral</i>	Levo-T	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 50 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 75 mcg oral</i>	Euthyrox	Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 75 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 88 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>liothyronine sodium tablet 25 mcg oral</i>	Cytomel	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>liothyronine sodium tablet 5 mcg oral</i>	Cytomel	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>liothyronine sodium tablet 50 mcg oral</i>	Cytomel	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>		QLL (1 EA per 1 day)
<b>EUTHYROX TABLET 100 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 112 MCG ORAL</b>	levothyroxine sodium	Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 125 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 137 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 150 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 175 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 200 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 25 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 50 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 75 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>EUTHYROX TABLET 88 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 100 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LEVO-T TABLET 112 MCG ORAL</b>	levothyroxine sodium	Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 125 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 137 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 150 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 175 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 200 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 25 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 300 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 50 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 75 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVO-T TABLET 88 MCG ORAL</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<b>NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	niva thyroid	QLL (1 EA per 1 day)
<b>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
<b>*ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS*</b>		
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		
<i>dicyclomine hcl oral tablet 20 mg</i>		
<b>*Belladonna Alkaloids***</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	NuLev	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
<i>oscimin oral tablet 0.125 mg</i>	Levsin	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
<b>NULEV ORAL TABLET DISPERSIBLE 0.125 MG</b>	hyoscyamine sulfate	
<b>*H-2 Antagonists***</b>		
<i>acid reducer maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>acid reducer oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>cimetidine tablet 200 mg oral (rx)</i>	Tagamet HB	
<i>cimetidine tablet 300 mg oral</i>		QLL (2 EA per 1 day)
<i>cimetidine tablet 400 mg oral</i>		QLL (2 EA per 1 day)
<i>cimetidine tablet 800 mg oral</i>		QLL (2 EA per 1 day)
<i>cvs acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>cvs acid controller oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>cvs heartburn relief oral tablet 200 mg</i>	Tagamet HB	OTC
<i>famotidine maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 11 Years)
<i>famotidine orig st oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>famotidine tablet 10 mg oral</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>famotidine tablet 20 mg oral (rx)</i>	MM Acid-Pep Maximum Strength	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>famotidine tablet 40 mg oral</i>	Pepcid	QLL (2 EA per 1 day)
<i>gnp acid reducer max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>gnp acid reducer oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>heartburn relief max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>heartburn relief oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>kls acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>nizatidine capsule 150 mg oral</i>		QLL (2 EA per 1 day)
<i>nizatidine capsule 300 mg oral</i>		QLL (1 EA per 1 day)
<i>qc acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>qc acid controller oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>sm acid reducer max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>sm acid reducer oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<b>*Misc. Anti-Ulcer***</b>		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
<b>*Proton Pump Inhibitors***</b>		
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>		OTC
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>		Auto-PA; OTC
<i>cvs esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>cvs omeprazole magnesium oral capsule delayed release 20 mg, 20.6 mg</i>		OTC
<i>cvs omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>cvs omeprazole oral tablet delayed release dispersible 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>eq esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	QLL (2 EA per 1 day)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years); OTC
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>		OTC
<i>gnp omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years); OTC
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Prevacid 24HR	AL (Min 1 Years)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	Prevacid 24HR	AL (Min 1 Years)
<i>lansoprazole capsule delayed release 30 mg oral</i>	Prevacid	QLL (2 EA per 1 day); AL (Min 1 Years)
<i>omeprazole capsule delayed release 10 mg oral</i>		QLL (1 EA per 1 day); AL (Min 1 Years)
<i>omeprazole capsule delayed release 20 mg oral</i>		QLL (1 EA per 1 day); AL (Min 1 Years)
<i>omeprazole capsule delayed release 40 mg oral</i>		QLL (2 EA per 1 day); AL (Min 1 Years)
<i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>		OTC
<i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>		Auto-PA; OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	OTC
<i>omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day); AL (Min 5 Years)
<i>qc esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years); OTC
<i>qc omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>		Auto-PA; OTC
<i>qc omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>		OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day); AL (Min 1 Years)
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years); OTC
<i>sm omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>		AL (Max 12 Years)
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>		AL (Max 12 Years)
<b>GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG</b>	cvs esomeprazole magnesium	QLL (2 EA per 1 day); OTC
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
<b>*Ulcer Drugs - Prostaglandins***</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<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 tablet extended release 24 hour 10 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	QLL (1 EA per 1 day); AL (Min 5 Years)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>trosipium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (1 EA per 1 day)
<i>trosipium chloride oral tablet 20 mg</i>		QLL (2 EA per 1 day)
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day)
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<i>3 day vaginal vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>clotrimazole vaginal cream 1 %</i>		AL (Max 20 Years); OTC
<i>cvs clotrimazole 3 vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>cvs miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>cvs miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>cvs miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>gnp miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>miconazole 7 vaginal suppository 100 mg</i>		AL (Max 20 Years); OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>qc 3 day vaginal cream 4 %</i>	Monistat 3	OTC
<i>qc clotrimazole vaginal cream 1 %</i>		AL (Max 20 Years); OTC
<i>qc miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		AL (Max 20 Years); OTC
<i>sm miconazole 3 applicator vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>sm miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		AL (Max 20 Years); OTC
<i>terconazole cream 0.4 % vaginal</i>		QLL: Maximum of 45 gram
<i>terconazole cream 0.8 % vaginal</i>		
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole gel 0.75 % vaginal</i>	Vandazole	
<i>metronidazole gel 0.75 % vaginal</i>	Vandazole	F
<b>*Vaginal Estrogens***</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	QLL (42.5 GM per 30 days)
<b>YUVAFEM VAGINAL TABLET 10 MCG</b>	estradiol	
<b>*VASOPRESSORS*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Auvi-Q	QLL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (2 EA per 30 days)
<b>*Vasopressors***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
<b>*VITAMINS*</b>		
<b>*Vitamin A***</b>		
<i>cvs vitamin a oral capsule 2400 mcg (8000 ut)</i>		OTC
<i>vitamin a oral capsule 3 mg (10000 ut)</i>		Auto-PA; OTC
<b>*Vitamin B-3***</b>		
<i>niacin er oral capsule extended release 250 mg</i>		OTC
<i>niacin er oral tablet extended release 500 mg, 750 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 100 mg, 500 mg</i>		OTC
<b>*Vitamin B-6***</b>		
<i>cvs b6 oral tablet 100 mg</i>		OTC
<i>sm vitamin b-6 oral tablet 100 mg</i>		OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>		OTC
<b>*Vitamin C***</b>		
<i>ascorbic acid oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>c-chewable oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs chewable c with rose hips oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>cvs vitamin c oral tablet 1000 mg, 250 mg</i>		Auto-PA; OTC
<i>cvs vitamin c oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>cvs vitamin c-rose hips oral tablet 1000 mg</i>		OTC
<i>cvs vitamin c-rose hips oral tablet 500 mg</i>	PureWay-C	OTC
<i>sm chewable c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
<i>sm vit c/rose hips oral tablet 1000 mg</i>		Auto-PA; OTC
<i>sm vitamin c oral tablet 1000 mg, 250 mg</i>		Auto-PA; OTC
<i>sm vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>vitamin c oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
<b>*Vitamin D***</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	Auto-PA; OTC
<i>cvs d3 capsule 125 mcg (5000 ut) oral</i>	Dialyvite Vitamin D 5000	Auto-PA; OTC
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	Pronutrients Vitamin D3	OTC
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	Pronutrients Vitamin D3	Auto-PA; OTC
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>		OTC
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	Kids First Vitamin D3 Gummies	OTC
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	Kids First Vitamin D3 Gummies	Auto-PA; OTC
<i>d3 adult oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	OTC
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	Auto-PA; OTC
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>		Auto-PA; OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>ergocalciferol solution 200 mcg/ml oral</i>	Calcidol	OTC
<i>ergocalciferol solution 200 mcg/ml oral</i>	Calcidol	Auto-PA; OTC
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	BProtected Pedia D-Vite	OTC
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	Auto-PA; OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Drisdol	
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	Auto-PA; OTC
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	Decara	Auto-PA; OTC
<i>vitamin d3 capsule 25 mcg (1000 ut) oral</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>		Auto-PA; OTC
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	Auto-PA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>		Auto-PA; OTC
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	Auto-PA; OTC
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	Auto-PA; OTC
<b>CALCIDOL ORAL SOLUTION 200 MCG/ML</b>	ergocalciferol	OTC
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT)</b>	vitamin d3	OTC
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)</b>	cvs d3	OTC
<b>RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)</b>	d-5000	Auto-PA; OTC
<b>WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)</b>	vitamin d3	OTC
<b>*Vitamin K***</b>		
<i>phytonadione oral tablet 5 mg</i>		QLL (5 EA per 30 days)

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