



Welcome to your guide to the Maryland Physicians Care (MPC) drug coverage for prescription medications. This booklet will provide you with information on the medications that are covered under the MPC formulary.

The formulary was developed by the MPC Pharmacy and Therapeutics Committee (P&T Committee) that is comprised of physicians from various medical specialties. The P&T Committee reviews new and existing medications to ensure the formulary remains responsive to the needs of our members and providers, as well as monitoring the safety, effectiveness and cost associated with all drug categories.

The formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The review process has been successfully used by hospitals and managed care organizations to provide a comprehensive and cost-effective formulary. As you use the formulary, we invite your suggestions to improve the format or content.

Formulary Medications

The formulary is a listing of medications marketed at the time of printing and intended for use by the health plan physicians and pharmacy providers. The first column of the chart lists the drug that is covered by the plan. Brand name drugs are capitalized (e.g., AMOXIL). Generic drugs are listed in lower case (e.g., amoxicillin). The second column serves as a reference for providing the brand name of the drug when a generic is covered by the plan. The third column lists any requirements for the drug such as prior authorization (PA), quantity limits (QLL), step therapy (ST). Unless exceptions are noted, all forms (tablet, capsule, liquid, and topical) and strengths of a drug product are included in the formulary and will be covered by MPC.

Injectable medications are only covered when noted on the formulary.

The formulary applies only to medications dispensed to outpatients by participating pharmacies.

The formulary does not apply to inpatient medications or to medications obtained from and administered by a physician.

Formulary Status

The Maryland Physicians Care formulary status information can be found online with the Formulary Search Tool available on the Maryland Physicians Care website available at

<https://www.marylandphysicianscare.com/providers/approved-drug-benefits.html>

Mental Health Medications

Certain mental health medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance. Please refer to the following website for a list of medications that are carved out and those that must be covered by MPC:

<https://mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf>

Substance Use Disorder Medications

Abuse deterrent medications are “carved out” for MPC and are payable as fee-for-service through Maryland Medical Assistance.

Over-the-Counter, Non-prescription Medications Policy

Some over-the-counter (OTC) products are covered according to the MPC OTC list and will require a prescription.

Generic Drug Policy

Specific drugs, which have generic equivalents are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescribing physician to use the generic equivalent.
2. If a physician indicates "Dispense as Written" (DAW) and completes a MedWatch form to document any adverse effects caused by previous experience with at least 2 of the generic alternatives, MPC will pay for the brand name drug.

Unapproved Use of Medications

The member's benefit handbook states medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion.

Experimental and investigational drugs, and drugs used for cosmetic purposes are not eligible for coverage.

Drugs, which have Drug Efficiency Studies Implementation (DESI) status, are not covered by MPC.

Prescriptions for Non-Formulary Medications

The MPC P&T Committee has attempted to include medications from all therapeutic needs. If a patient requires medication that is not listed on the formulary, the physician may request an exception to allow payment for the medication. It is anticipated that such exceptions will be rare and physicians should be able to find a medication on the formulary for most therapeutic needs. However, if a health care provider wishes that a member receive a medication not covered, he/she must submit a letter explaining the necessity, past therapeutic failures, and patient identification (name, address, and member id number). The P&T Committee will monitor prescriptions written in a non-conformance with the formulary and contact physicians who prescribe non-formulary products to request compliance.

Specialty Medications

Most Specialty Medications require prior authorization. Prior authorization forms can be downloaded from the MPC website at: <https://www.marylandphysicianscare.com/providers/drug-benefits/medication-prior-authorization/>

Oncology Medications

MPC will no longer prior authorize oncology/chemotherapy & radiation oncology services without an Eviti code. Your office should have received notification to sign up for training. If you have not had training, please go to the website www.welcometoeviti.com and sign up for training in order to receive your pin# and learn how to access the web based system, Eviti®. If you have any additional questions, please call Eviti, Inc., our oncology vendor, @ 1-888-678- 0990 (toll free).

Prior Authorization (PA)

Express Scripts, Inc. (ESI) is operating as the pharmacy benefits manager for Maryland Physicians Care. Requests for pharmacy PA requests (with exception of Hepatitis C treatment regimens) will need to be sent to ESI for processing. Please call ESI at 1-800-753-2851 or fax PA request to 1-877-251-5896.

Pharmacy Prior Authorization Request forms can be downloaded from the MPC website at <https://www.marylandphysicianscare.com/providers/drug-benefits/medication-prior-authorization/>

Quantity Limits (QL)

Certain formulary drugs may be prescribed only in limited quantities. Quantity limits are based on clinically approved prescribing guidelines to ensure safe and proper use. Drugs that have quantity limits are identified on the formulary in the third column with QL. In order to receive an override for a medication that has a quantity limit, please submit a request to ESI via fax at 1-877-251-5896 or call ESI directly at 1-800-753-2851. Prior Authorization forms can be downloaded from the MPC website at <https://www.marylandphysicianscare.com/providers/drug-benefits/>

Step Therapy (ST)

The ST program requires certain first-line drugs (generic drugs or other formulary drugs) be prescribed prior to approval of specific second-line drugs. If the prerequisite first-line agents have been filled, the member will be able to fill the prescription automatically, without requiring prior authorization. The ST requirements document can be downloaded from the MPC website at: <https://www.marylandphysicianscare.com/providers/drug-benefits/>

Formulary Additions

If there is a new or existing medication that you would like to have added to the formulary, you will need to complete the Drug Formulary Change Request Form and send to MPC for presentation to the P&T Committee. Forms are located in the MPC Provider Manual or you can call Provider Services at (800) 953-8854, to request a form. You will be notified in writing of the decision taken at the P&T Committee. The MPC P&T Committee meets on a quarterly basis.

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Maryland Physicians Care Formulary

Drug Name	Reference	Restrictions
ADHD/ANTI- NARCOLEPSY/ANTI- OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Kapvay	PA; PA for 17; For recipients 6-17 years old, this med is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, this med continues to be part of the MCO pharmacy benefit; AL (Min 6 Years and Max 17 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	PA; PA for 17; For recipients 6-17 years old, this med is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, this med continues to be part of the MCO pharmacy benefit; AL (Min 6 Years and Max 17 Years)
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>paromomycin sulfate oral capsule 250 mg</i>		
<i>amikacin liposomal</i>	Arikayce	PA
ANALGESICS - ANTI- INFLAMMATORY		
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CeleBREX	ST; QLL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	CeleBREX	ST; QLL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		

Drug Name	Reference	Restrictions
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>fenoprofen calcium oral tablet 600 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	
<i>ibuprofen oral tablet 200 mg</i>	Advil	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>		
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>		
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Mobic	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	
<i>naproxen oral tablet 250 mg, 500 mg</i>	Naprosyn	
<i>naproxen oral tablet 375 mg</i>		
<i>naproxen sodium oral tablet 275 mg</i>		
<i>oxaprozin oral tablet 600 mg</i>	Daypro	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	
<i>sulindac oral tablet 150 mg, 200 mg</i>		
<i>tolmetin sodium oral capsule 400 mg</i>		
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>		
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	
*Soluble Tumor Necrosis Factor Receptor Agents***		

Drug Name	Reference	Restrictions
HUMIRA		PA: Preferred
ENBREL		PA: Preferred
*ANALGESICS -		
*Analgesics Other***		
<i>Acetaminophen er oral tablet extended release 650 mg</i>	Tylenol 8 Hour Arthritis Pain	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	Chloraseptic Sore Throat	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>acetaminophen oral elixir 160 mg/5ml</i>	Medi-Tabs Childrens	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>acetaminophen oral solution 160 mg/5ml</i>	PediaCare Infant Fever/Pain	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>acetaminophen oral tablet 325 mg</i>	Pharbetol	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC

Drug Name	Reference	Restrictions
<i>acetaminophen oral tablet 500 mg</i>	Tylenol Extra Strength	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>acetaminophen oral tablet chewable 80 mg</i>	Childrens Medi-Tabs	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>childrens acetaminophen oral tablet dispersible 80 mg</i>	Mapap Childrens	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>infants pain reliever oral suspension 80 mg/0.8ml</i>		All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Medi-Tabs Junior Strength	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
JUNIOR MAPAP ORAL TABLET DISPERSIBLE 160 MG	SB Non-Aspirin Jr Strength	All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; OTC
* Analgesics-Sedatives***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tencon	QLL (240 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Zebutal	QLL (240 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Esgic	QLL (240 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50- 325-40 mg</i>	Fiorinal	QLL (240 EA per 30 days)

Drug Name	Reference	Restrictions
*Salicylate Combinations***		
<i>choline-mag trisalicylate oral liquid 500 mg/5m</i>		
*Salicylates***		
<i>aspirin ec oral tablet delayed release 325 mg</i>	Ecotrin	OTC
<i>aspirin ec oral tablet delayed release 81 mg</i>	Aspirin-Low	OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>diflunisal oral tablet 500 mg</i>	Dolobid	OTC
<i>salsalate oral tablet 500 mg, 750 mg</i>	Disalcid	OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		QLL (240 EA per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tylenol with Codeine #3	QLL (240 EA per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tylenol with Codeine #4	QLL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (50 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		QLL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tylenol with Codeine #4	QLL (240 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-50mg</i>		QLL (240 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>		QLL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325mg/15mL</i>		
<i>hydrocodone-acetaminophen oral tablet 10-300mg</i>	Vicodin HP	
<i>hydrocodone-acetaminophen oral tablet 10- 325 mg</i>	Norco	QLL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5- 325 mg</i>	Verdrocet	QLL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	Vicodin	
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	Lortab	QLL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg</i>	Vicodin ES	QLL (240 EA per 30 days)

Drug Name	Reference	Restrictions
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	Xylon	QLL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	Reprexain	QLL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (240 EA per 30 days)
LORCET HD ORAL TABLET 10-325 MG	Hydrocodone-Acetaminophen	QLL (240 EA per 30 days)
LORCET ORAL TABLET 5-325 MG	Hydrocodone-Acetaminophen	QLL (240 EA per 30 days)
LORCET PLUS ORAL TABLET 7.5-325	Hydrocodone-Acetaminophen	QLL (240 EA per 30 days)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	Duragesic-100	PA; QLL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	Duragesic-12	PA; QLL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	Duragesic-25	PA; QLL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5</i>		PA; QLL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	Duragesic-50	PA; QLL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	Duragesic-75	PA; QLL (10 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	QLL (120 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (120 EA per 30 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadose	PA; QLL (180 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		PA; QLL (120 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Dolophine	PA; QLL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>		
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	MS Contin	PA; QLL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		
<i>oxycodone hcl oral capsule 5 mg</i>		QLL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		QLL (150 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (40 ML per 30 days)

Drug Name	Reference	Restrictions
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg, 5 mg</i>	Roxicodone	QLL (150 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Ultram	PA; QLL (240 EA per 30 days); AL (Min 16 Years)
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Percocet	QLL (150 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	QLL (150 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Oxycodone-Acetaminophen	QLL (150 EA per 30 days)
*Opioid Partial Agonists***		
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (2.5 ML per 30 days)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Ultracet	PA; All quantities are limited to a max daily dose of 4 grams of acetaminophen. Quantities exceeding 4 grams of acetaminophen will require prior authorization.; QLL (240 EA per 30 days); AL (Min 16 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>methitest oral tablet 10 mg</i>		
<i>Testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	
<i>Testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; QLL (5 ML per 60 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	Fortesta	PA; QLL (2 packages per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	PA; QLL (4 packages per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	AndroGel	PA; QLL (30 ea per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	AndroGel	PA; QLL (60 ea per 30 days)
ANORECTAL AGENTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	

Drug Name	Reference	Restrictions
COLOCORT RECTAL ENEMA 100 MG/60ML	Hydrocortisone	
CORTIFOAM RECTAL FOAM 10 %		
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %		PA; QLL (30 GM per 30 days)
*Rectal Anesthetic/Steroids***		
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	Analpram-HC	
<i>lidocaine-hydrocortisone ace rectal cream 3- 0.5 %</i>	LidaZone HC	
<i>lidocaine-hydrocortisone ace rectal gel 2.80.55 %</i>		
<i>lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %, 3-2.5 %</i>		
<i>pramcort rectal cream 1-1 %</i>	Analpram-HC	
PROCTOFOAM HC RECTAL FOAM 1-1 %		
*Rectal Steroids***		
PROCTO-PAK RECTAL CREAM 1 %	Hydrocortisone	
PROCTOSOL HC RECTAL CREAM 2.5 %	Hydrocortisone	
PROCTOZONE-HC RECTAL CREAM 2.5 %	Hydrocortisone	
ANTACIDS		
*Antacid & Simethicone***		
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG		OTC
*Antacids - Aluminum Salts***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>		OTC
*Antacids - Calcium Salts***		
<i>calcium antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Tums Lasting Effects	OTC

Drug Name	Reference	Restrictions
<i>calcium carbonate antacid oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>ra smooth antacid ex st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>ra stomach relief kids oral tablet chewable 400 mg</i>	Childrens Soothe	OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>ivermectin oral tablet 3 mg</i>	Stromectol	
<i>reeses pinworm medicine oral suspension 144 mg/ml</i>		OTC
<i>reeses pinworm medicine oral tablet 180 mg</i>		OTC
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titrados	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
<i>nitroglycerin oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	Nitro-Time	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.4 mg/hr</i>	Nitro-Dur	
<i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.6 mg/hr</i>	Minitran	
<i>ranolazine ER 500 mg, 1000 mg</i>	Ranexa	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR	Nitroglycerin	
NITRO-BID TRANSDERMAL OINTMENT 2%		

Drug Name	Reference	Restrictions
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Nitroglycerin	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Nitroglycerin ER	

ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Rythmol SR	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Amiodarone HCl	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
<i>ipratropium-albuterol inhalation solution 0.5- 2.5 (3) mg/3ml</i>		
<i>fluticasone-salmeterol inhalation 55-14, 113- 14, 232-14</i>	AIRDUO AG	
<i>Albuterol</i>	Ventolin AG	

Drug Name	Reference	Restrictions
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		QLL (3 inhalers per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		ST; QLL (1 EA per 30 days)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	VoSpire ER	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		QLL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		QLL (375 EA per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		ST; QLL (375 ML per 30 days); AL (Max 18 Years)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>		
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>		
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		QLL (1 inhaler per 30 days)
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		QLL (26 GM per 30 days)

Drug Name	Reference	Restrictions
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		QLL (1 inhaler per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	ST; QLL (60 EA per 30 days)
*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	PA for Age >8 years of age
ARNUITY ELLIPTA INHALATION POWDER 100 MCG/BLIST, 250 MCG/BLIST		QLL (30 EA per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT		QLL (1 inhaler per 30 days)
<i>glycopyrrolate/formoterol fumarate</i>	Bevespi	
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Theochron	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral solution 80 mg/15ml</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg</i>	Jantoven	
<i>warfarin sodium oral tablet 10 mg, 2 mg, 7.5 mg</i>	Coumadin	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Warfarin Sodium	

Drug Name	Reference	Restrictions
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	QLL (42 syringes per 1 year)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	QLL (42 syringes per 1 year)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML		QLL (21 syringes per 1 year)
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	QLL (21 syringes per 1 year)
*Thrombin Inhibitors - Selective Direct & Reversible***		
ELIQUIS TABLETS 2.5 MG, 5 MG		PA
ANTICONVULSANTS		
*Anticonvulsants - Misc.***		
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
*Hydantoins***		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Phenytoin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
DILANTIN ORAL CAPSULE 30 MG		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Phenytoin	
*Succinimides***		

Drug Name	Reference	Restrictions
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Precose	
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Glucophage XR	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Glucophage	
*Diabetic Other***		
<i>glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM		OTC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		
GLUCAGON EMERGENCY INJECTION KIT 1 MG		
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Nesina	QLL (30 EA per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor- Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Kazano	QLL (60 EA per 30 days)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Oseni	QLL (30 EA per 30 days)
*Human Insulin***		
<i>insulin glargine-YFGN subcutaneous solution pen-injector and vial 100 unit/ML</i>	Semglee-YFGN	
ADMELOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		
HUMULIN 70/30 SUBCUTANEOUS		OTC

Drug Name	Reference	Restrictions
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		OTC
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC SUBCUTANEOUS PEN-INJECTOR 0.25 MG, 0.5 MG		
RYBELSUS ORAL TABLET 3 MG, 7 MG, 14 MG		
TRULICITY SUBCUTANEOUS PEN-INJECTORY 0.75 MG 1.5 MG, 3 MG, 4.5 MG		
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Starlix	
<i>repaglinide oral tablet 0.5 mg</i>		
<i>repaglinide oral tablet 1 mg, 2 mg</i>	Prandin	
*Meglitinide-Biguanide Combinations***		
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>		
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
STEGLATRO ORAL TABLET 5 mg, 15 mg		
SEGLUROMET ORAL TABLET 2.5-250 mg, 2.5-500 mg, 5-500 mg		
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Glucovance	
*Sulfonylureas***		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Amaryl	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Glucotrol	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	
<i>glyburide micronized oral tab 1.5 mg, 3 mg, 6 mg</i>	Glynase	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		

Drug Name	Reference	Restrictions
<i>tolazamide oral tablet 250 mg, 500 mg</i>		
<i>tolbutamide oral tablet 500 mg</i>		
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	QLL (30 EA per 30 days)
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15- 500 mg, 15-850 mg</i>	Actoplus Met	QLL (90 EA per 30 days)
*Thiazolidinediones***		
<i>pioglitazone hcl oral tab 15 mg, 30 mg, 45 mg</i>	Actos	QLL (30 EA per 30 days)
ANTIDIARRHEALS		
*Antidiarrheal Agents - Misc.***		
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Pepto-Bismol Max Strength	OTC
<i>pink bismuth oral suspension 262 mg/15ml</i>	Soothe	OTC
*Antiperistaltic Agents***		
<i>anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>anti-diarrheal oral tablet 2 mg</i>	Loperamide A-D	OTC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>loperamide hcl oral liquid 1 mg/5ml</i>		OTC
*MU-OPIOID RECEPTOR AGONIST***		
VEBERZI		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes And Specific Antagonists***		
<i>sm ipecac syrup oral syrup</i>		OTC
ANTIDOTES		
*Antidotes***		
<i>sm ipecac syrup oral syrup</i>		
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		PA
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Zofran	QLL (150 ML per 30 days)

Drug Name	Reference	Restrictions
<i>ondansetron hcl oral tablet 24 mg</i>		PA; QLL (12 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Zofran	QLL (30 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Zofran ODT	QLL (30 EA per 30 days)
*Antiemetics - Anticholinergic***		
<i>cvs motion sickness ii oral tablet 25 mg</i>	Wal-Dram II	OTC
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet chewable 25 mg</i>		OTC
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tigan	
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		
<i>griseofulvin microsize oral tablet 500 mg</i>		
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Gris-PEG	
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>	LamISIL	QLL (84 EA per 365 days)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Diflucan	
<i>itraconazole oral capsule 100 mg</i>	Sporanox Pulsepak	PA
<i>itraconazole oral solution 10 mg/mL</i>		PA
ANTIHIISTAMINES		
*Antihistamines - Alkylamines***		
<i>allergy oral tablet extended release 12 mg</i>	Chlorphen SR	OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlorphen SR	OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finate	OTC
<i>cvs allergy relief oral tablet extended release 12 mg</i>	Chlorphen SR	OTC

Drug Name	Reference	Restrictions
*Antihistamines - Ethanolamines***		
<i>doxylamine succinate and pyridoxine hydrochloride</i>	Diclegis	
<i>childrens allergy oral liquid 12.5 mg/5ml</i>	Naramin	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>cvs allergy childrens oral tablet chewable 12.5 mg</i>	Benadryl Allergy Childrens	OTC
<i>diphenhist oral capsule 25 mg</i>	Benadryl Dye-Free Allergy	OTC
<i>diphenhydramine hcl oral capsule 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		
<i>diphenhydramine hcl oral tablet 25 mg</i>	Benadryl Allergy	OTC
<i>eq allergy relief childrens oral elixir 12.5 mg/5ml</i>		OTC
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Banophen	OTC
<i>ormir oral capsule 50 mg</i>	Banophen	OTC
<i>pharbedryl oral capsule 50 mg</i>	Banophen	
<i>silphen cough oral syrup 12.5 mg/5ml</i>		OTC
BANOPHEN ORAL CAPSULE 50 MG	KP DiphenhydrAMINE HCl	OTC
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl childrens oral solution 1 mg/ml</i>	ZyrTEC Childrens Allergy	QLL: 150ml/month if under 6 y/o; 300ml/month if 6 y/o and older; OTC; QLL (150 ML per 30 days)
<i>cetirizine hcl oral tablet 10 mg</i>	ZyrTEC Allergy	OTC
<i>cetirizine hcl oral tablet 5 mg</i>		OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Wal-Zyr Childrens	OTC
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	KLS Aller-Fex	OTC
<i>fexofenadine hcl oral tablet 60 mg</i>	Allegra Allergy	OTC
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	Wal-itin Allergy Reditabs	OTC; QLL (30 EA per 30 days)
<i>loratadine childrens oral syrup 5 mg/5ml</i>	Claritin	OTC; QLL (300 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	KLS AllerClear	OTC; QLL (30 EA per 30 days)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		

Drug Name	Reference	Restrictions
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 50 mg</i>	Phenergan	
<i>promethazine hcl rectal suppository 25 mg</i>	Promethegan	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Promethazine HCl	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral granules 5 gm</i>	Colestid Flavored	
<i>colestipol hcl oral packet 5 gm</i>	Colestid	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
PREVALITE ORAL PACKET 4 GM	Cholestyramine Light	
PREVALITE ORAL POWDER 4 GM/DOSE	Cholestyramine Light	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Lofibra	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Lofibra	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Trilipix	
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (60 EA per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Mevacor	QLL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg</i>		QLL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 20 mg, 40 mg, 80 mg</i>	Pravachol	QLL (30 EA per 30 days)

Drug Name	Reference	Restrictions
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Zocor	QLL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	PA; QLL (30 EA per 30 days)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG</i>	Vytorin	ST; QLL (30 EA per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	ST
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	QLL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide- Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10- 12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		
<i>captopril-hydrochlorothiazide oral tablet 25 15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		
<i>enalapril-hydrochlorothiazide oral tablet 10- 25 mg</i>	Vaseretic	
<i>enalapril-hydrochlorothiazide oral tablet 5 12.5 mg</i>		
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		
<i>lisinopril-hydrochlorothiazide oral tablet 10- 12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	
<i>moexipril-hydrochlorothiazide oral tablet 15 12.5 mg, 15-25 mg, 7.5-12.5 mg</i>		
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Accuretic	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	
<i>benazepril hcl oral tablet 5 mg</i>		
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	

Drug Name	Reference	Restrictions
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg</i>	Zestril	
<i>lisinopril oral tablet 20 mg, 5 mg</i>	Prinivil	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		
<i>perindopril erbumine oral tablet 2 mg</i>		
<i>perindopril erbumine oral tablet 4 mg, 8 mg</i>	Aceon	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Altace	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Mavik	
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>		
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (30 EA per 30 days)
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	QLL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 EA per 30 days)
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	QLL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Avapro	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (60 EA per 30 days)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Exforge HCT	QLL (30 EA per 30 days)

Drug Name	Reference	Restrictions
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Catapres	
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	QLL (5 EA per 30 days)
<i>clonidine hcl transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	QLL (5 EA per 30 days)
<i>clonidine hcl transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	QLL (5 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Cardura	QLL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	Cardura	QLL (60 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>terazosin hcl oral capsule 10 mg</i>		QLL (60 EA per 30 days)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10- 6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Ziac	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg</i>		
<i>metoprolol-hydrochlorothiazide oral tablet 50-25 mg</i>	Lopressor HCT	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	Corzide	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral capsule 375 mg</i>	Flagyl	

Drug Name	Reference	Restrictions
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Flagyl	
<i>trimethoprim oral tablet 100 mg</i>		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin HCl	PA; QLL (40 EA per 30 days)
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Sulfamethoxazole-Trimethoprim	
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
ANTIMALARIALS		
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 mg</i>		
<i>pyrimethamine oral tablet 25 MG</i>	Daraprim	PA
ANTIMYASTHENIC AGENTS		
*Antimyasthenic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 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>		

Drug Name	Reference	Restrictions
<i>rifampin oral capsule 150 mg, 300 mg</i>	Rifadin	
PRIFTIN ORAL TABLET 150 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	PA
<i>flutamide oral capsule 125 mg</i>		PA
XTANDI ORAL CAPSULE 40 MG		PA
LIBTAYO		PA
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		PA
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Xeloda	PA
<i>methotrexate oral tablet 2.5 mg</i>		
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>		QLL (4 ea per 28 days)
TABLOID ORAL TABLET 40 MG		PA
*Antineoplastic - Braf Kinase Inhibitors***		
ZELBORAF ORAL TABLET 240 MG		PA
*Antineoplastic - Multikinase Inhibitors***		
STIVARGA ORAL TABLET 40 MG		PA
*Antineoplastic - Tyrosine Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG, 500 MG		PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG		PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG		PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		PA
ICLUSIG ORAL TABLET 15 MG		PA
TYKERB ORAL TABLET 250 MG		PA
VOTRIENT ORAL TABLET 200 MG		PA
XALKORI ORAL CAPSULE 200 MG, 250 MG		PA
*Antineoplastics Misc.***		

Drug Name	Reference	Restrictions
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		PA
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	PA
<i>exemestane oral tablet 25 mg</i>	Aromasin	PA
<i>letrozole oral tablet 2.5 mg</i>	Femara	PA
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG		PA
*Progestins-Antineoplastic***		
<i>Hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>	Makena	PA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	Megace Oral	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		PA
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		PA
ANTIPARKINSON AGENTS		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		

Drug Name	Reference	Restrictions
<i>amantadine hcl oral syrup 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>	Eldepryl	
<i>selegiline hcl oral tablet 5 mg</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Sinemet CR	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Sinemet	
*Nonergoline Dopamine Receptor Agonists***		
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Requip	QLL (90 EA per 30 days)
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Comtan	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Phenothiazines***		
<i>prochlorperazine maleate oral tab 5 & 10 mg</i>		
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	
ANTIRETROVIRALS		
*CCR5 Antagonist***		
<i>maraviroc</i>	Selzentry	PA
*CD4-directed post-attachment HIV-1 inhibitor***		
<i>Ibalizumab-uiyk</i>	Trogarzo	PA
*HIV-1 fusion inhibitor***		
<i>Enfuvirtide</i>	Fuzeon	PA
*Integrase Inhibitors***		
<i>dolutegravir</i>	Tivicay	PA
<i>raltegravir</i>	Isentress	No PA
*NNRTIs (Non-Nucleotide/side Reverse Transcriptase Inhibitors***		
<i>delaviridine</i>	Rescriptor	PA
<i>doravirine</i>	Pifeltro	PA
<i>efavirenz</i>	Sustiva	PA

Drug Name	Reference	Restrictions
<i>etravirine</i>	Intelence	PA
<i>nevirapine</i>	Viramune	No PA
<i>nevirapine</i>	Viramune XR	No PA
<i>rilpridine</i>	Edurant	PA
*NRTIs (Nucleotide/side Reverse Transcriptase Inhibitors***		
<i>abacavir</i>	Ziagen	No PA
<i>abacavir/lamivudine</i>	Epzicom	PA
<i>abacavir/zidovudine/lamivudine</i>	Trizivir	PA
<i>didanosine</i>	Videx	PA
<i>emtricitabine</i>	Emtriva	PA
<i>emtricitabine/tenofovir alafenamide</i>	Descovy	PA
<i>lamivudine</i>	Epivir	No PA
<i>lamivudine/tenofovir disoproxil fumarate</i>	Cimduo	No PA
<i>stavudine</i>	Zerit	PA
<i>tenofovir disoproxil fumarate</i>	Viread	No PA
<i>tenofovir disoproxil</i>	Truvada	No PA
<i>zidovudine</i>	Retrovir	No PA
<i>zidovudine/lamivudine</i>	Combivir	PA
*Protease Inhibitors***		
<i>atazanavir</i>	Reyataz	No PA
<i>atazanavir/cobicistat</i>	Evotaz	PA
<i>darunavir</i>	Prezista	PA
<i>darunavir/cobicistat</i>	Prezcobix	PA
<i>fosamprenavir</i>	Lexiva	PA
<i>indinavir</i>	Crixivan	PA
<i>lopinavir/ritonavir</i>	Kaletra	No PA
<i>nelfinavir</i>	Viracept	PA
<i>ritonavir</i>	Norvir	No PA
<i>saquinavir</i>	Invirase	PA
<i>tipranavir</i>	Aptivus	PA
* Single-tablet regimens for the management of HIV-1 ***		
<i>abacavir/dolutegravir/lamivudine</i>	Triumeq	PA

Drug Name	Reference	Restrictions
<i>bictegravir/emtricitabine/tenofovir alafenamide</i>	Biktarvy	No PA
<i>darunavir/cobicistat/emtricitabine/tenofovir alafenamide</i>	Symtuza	PA
<i>dolutegravir/lamivudine</i>	Dovato	PA
<i>dolutegravir/rilpivirine</i>	Juluca	PA
<i>doravirine/lamivudine/tenofovir disoproxil</i>	Delstrigo	PA
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	Atripla	PA
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	Symfi	No PA
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	Symfi Lo	No PA
<i>elvitegravir/cobicistat/emtricitabine/ tenofovir</i>	Genvoya	PA
<i>elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate</i>	Stribild	PA
<i>emtricitabine/rilpivirine/tenofovir alafenamide</i>	Odefsey	PA
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate)</i>	Complera	PA
<i>lamivudine/tenofovir disoproxil fumarate</i>	Temixys	PA
ANTIVIRALS		
*CMV Agents***		
<i>baloxavir marboxil</i>	Xofluza	
<i>valganciclovir hcl oral soln recon. 50 mg/ml</i>	Valcyte	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	PA
*Hepatitis B Agents***		
EPIVIR HBV ORAL SOLUTION 5 MG/ML		
*Hepatitis C Agents***		
<i>Mavyret</i>		PA; 1st-line (AASLD & IDSA)
<i>sofosbuvir/velpatasvir</i>	Epclusa AG	PA; 1st-line (AASLD & IDSA)
<i>ribavirin oral tablet 200 mg</i>	Moderiba	ST; Requires concurrent use with other Hep C medications; QLL (2 Packs per 30 days)
<i>ribavirin oral capsule 200 mg</i>	Rebetol	ST; Requires concurrent use with other Hep C medications; QLL (2 Packs per 30 days)

Drug Name	Reference	Restrictions
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML		PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180		PA
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML		PA
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML		PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50		PA
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	Zovirax	QLL (60 EA per 30 days)
<i>acyclovir oral suspension 200 mg/5ml</i>	Zovirax	QLL (300 ML per 30 days)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Zovirax	QLL (60 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg</i>		QLL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>		QLL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	Famvir	QLL (21 EA per 30 days)
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	Flumadine	QLL (14 EA per 90 days)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	QLL (20 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral suspension 6 mg/ml</i>	Tamiflu	QLL (3 Bottles Max Qty Per Fill Retail)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		QLL (60 EA per 180 days)
ASSORTED CLASSES		
*Chelating Agents***		
<i>penicillamine oral capsule 250 MG</i>	Cuprimine	

Drug Name	Reference	Restrictions
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Neoral	
<i>cyclosporine modified oral capsule 50 mg</i>	Gengraf	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	CycloSPORINE Modified	
GENGRAF ORAL SOLUTION 100 MG/ML	CycloSPORINE Modified	
*Macrolide Immunosuppressants***		
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus</i>		
*Potassium Removing Resins***		
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Kionex	
*Selective T-Cell Costimulation Blockers***		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		
*Mycophenolate***		
<i>mycophenolic acid</i>	Cellcept	
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		
<i>bisoprolol fumarate oral tablet 10 mg</i>	Zebeta	

Drug Name	Reference	Restrictions
<i>bisoprolol fumarate oral tablet 5 mg</i>		
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	QLL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Corgard	
<i>pindolol oral tablet 10 mg, 5 mg</i>		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Sorine	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Taztia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	Tiazac	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	Cartia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (120 EA per 30 days)

Drug Name	Reference	Restrictions
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (120 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Adalat CC	QLL (90 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Procardia XL	QLL (90 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Nifedical XL	QLL (90 EA per 30 days)
<i>nifedipine oral capsule 10 mg</i>	Procardia	
<i>nifedipine oral capsule 20 mg</i>		
<i>nimodipine oral capsule 30 mg</i>		
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Sular	QLL (60 EA per 30 days)
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>		QLL (60 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Verelan PM	QLL (60 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	QLL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg</i>	Calan SR	QLL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 240 mg</i>	Isoptin SR	QLL (60 EA per 30 days)
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	Calan	QLL (120 EA per 30 days)
<i>verapamil hcl oral tablet 40 mg</i>		QLL (120 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	Diltiazem CD	QLL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	DiltiaZEM CD	QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Diltiazem HCl ER Beads	QLL (60 EA per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digitek	
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Digoxin	
DIGOX ORAL TABLET 125 MCG, 250 MCG	Digoxin	
CARDIOVASCULAR AGENTS - MISC.		
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Veletri	PA
<i>treprostinil injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Remodulin	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML		PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML		PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML		PA
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Epoprostenol Sodium	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA
<i>bosentan 125 mg, 62.5 mg</i>	Tracleer	PA
OPSUMIT ORAL TABLET 10 MG		PA

Drug Name	Reference	Restrictions
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA
<i>tadalafil oral tablet 20 MG</i>	Adcirca	PA
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		
<i>cefadroxil oral tablet 1 gm</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Keflex	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cephalexin oral tablet 250 mg, 500 mg</i>		
*Cephalosporins – 2nd Generation***		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>		
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Ceftin	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 750 mg</i>	Zinacef	PA
*Cephalosporins – 3rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Suprax	
<i>cefixime oral capsule 400 mg</i>	Suprax	

Drug Name	Reference	Restrictions
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	Rocephin	
<i>ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i>		
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG		QLL (20 EA per 30 days)
*Fixed Oils***		
<i>castor oil oil</i>		
<i>sesame oil oil</i>		
*Liquids***		
<i>benzyl benzoate liquid</i>		
<i>chlorhexidine gluconate solution</i>		
<i>glycerin liquid</i>		
*Semi-Solids***		
<i>coal tar solution 20 %</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Pimtrea	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Pimtrea	
AZURETTE ORAL TABLET 0.15- 0.02/0.01 MG (21/5)	Desogestrel-Ethinyl Estradiol	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Desogestrel-Ethinyl Estradiol	
NECON 10/11 (28) ORAL TABLET 35 MCG		
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Desogestrel-Ethinyl Estradiol	
*Combination Contraceptives - Oral***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Gildagia	

Drug Name	Reference	Restrictions
<i>drospirenone-ethinyl estradiol oral tablet 3- 0.03 mg</i>	Syeda	
<i>drospiren-eth estrad- levomefol 3-0.03-0.451 MG</i>	Beyaz	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1- 20 mg-mcg</i>	Aubra	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15- 30 mg-mcg</i>	Kurvelo	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Kurvelo	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg- mcg</i>	Junel FE 1/20	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg- mcg(24)</i>	Lomedia 24 FE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Loestrin 1/20 (21)	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Layolis FE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	MonoNessa	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Levonorgestrel-Ethinyl Estrad	
APRI ORAL TABLET 0.15-30 MG-MCG		
AUBRA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Briellyn	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Norethin Ace-Eth Estrad-FE	
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG		
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Levonorgestrel-Ethinyl Estrad	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	

Drug Name	Reference	Restrictions
ELINEST ORAL TABLET 0.3-30 MG-MCG		
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG		
ENSKYCE ORAL TABLET 0.15-30 MG- MCG		
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	QLL (28 EA per 28 days)
FALMINA ORAL TABLET 0.1-20 MG- MCG	Levonorgestrel-Ethinyl Estrad	
GIANVI ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	Briellyn	
GILDESS FE 1.5/30 ORAL TABLET 1.5- 30 MG-MCG		
GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG- MCG		
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Norethindrone Acet-Ethinyl Est	
JUNEL FE 1.5/30 ORAL TABLET 1.530 MG-MCG		
JUNEL FE 1/20 ORAL TABLET 1-20 MG- MCG	Norethin Ace-Eth Estrad-FE	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Norethin Ace-Eth Estrad-FE	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Norethin-Eth Estradiol-Fe	QLL (28 tablets per 28 Days)
KELNOR 1/35 ORAL TABLET 1-35 MG- MCG		
KURVELO ORAL TABLET 0.15-30 MG-MCG	Levonorgestrel-Ethinyl Estrad	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG- MCG		
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Norethindrone Acet-Ethinyl Est	
LARIN 24 FE ORAL TABLET 1-20 MG- MCG(24)	Norethin Ace-Eth Estrad-FE	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		

Drug Name	Reference	Restrictions
LARIN FE 1/20 ORAL TABLET 1-20 MG- MCG	Norethin Ace-Eth Estrad-FE	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Norethin-Eth Estradiol-Fe	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Levonorgestrel-Ethinyl Estrad	
LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Norethin Ace-Eth Estrad-FE	
LORYNA ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
LUTERA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		
MICROGESTIN 1/20 ORAL TABLET 1- 20 MG-MCG	Norethindrone Acet-Ethinyl Est	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
MONONESSA ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG		
NIKKI ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
OCELLA ORAL TABLET 3-0.03 MG	Drospirenone-Ethinyl Estradiol	

Drug Name	Reference	Restrictions
OGESTREL ORAL TABLET 0.5-50 MG-MCG		
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Briellyn	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Levonorgestrel-Ethinyl Estrad	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		
SOLIA ORAL TABLET 0.15-30 MG-MCG		
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
SYEDA ORAL TABLET 3-0.03 MG	Drospirenone-Ethinyl Estradiol	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
VESTURA ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Briellyn	
WERA ORAL TABLET 0.5-35 MG-MCG		
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Norethin-Eth Estradiol-Fe	
ZARAH ORAL TABLET 3-0.03 MG	Drospirenone-Ethinyl Estradiol	
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Norethin-Eth Estradiol-Fe	
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	Briellyn	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG		
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	Ethinodiol Diac-Eth Estradiol	
*Combination Contraceptives - Transdermal***		

Drug Name	Reference	Restrictions
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR		F; QLL (3 patches per 28 days)
*Combination Contraceptives - Vaginal***		
<i>etonogestrel- EE vaginal ring 0.12-0.015 mg/hr</i>		F; QLL (1 EA per 30 days)
*Copper Contraceptives - Iud*** (New)		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		QLL (1 EA per 999 days)
*Emergency Contraceptives*** <<<NO PRESCRIPTION REQUIRED>>>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Fallback Solo	QLL: 1 pkg/1 month: 3 pkgs/year; QLL (1 EA per 30 days)
ELLA ORAL TABLET 30 MG		QLL: 1 pkg/1 month: 3 pkgs/year; QLL (1 EA per 30 days)
FALLBACK SOLO ORAL TABLET 1.5 MG	Levonorgestrel	QLL: 1 pkg/1 month: 3 pkgs/year; OTC; QLL (1 EA per 30 days)
MY WAY ORAL TABLET 1.5 MG	Levonorgestrel	QLL: 1 pkg/1 month: 3 pkgs/year; QLL (1 EA per 30 days)
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	Levonorgestrel	QLL: 1 pkg/1 month: 3 pkgs/year; QLL (1 EA per 30 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Levonorgestrel	QLL: 1 pkg/1 month: 3 pkgs/year; OTC; QLL (1 EA per 30 days)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgest-eth estrad 91-day oral tablet 0.1- 0.02 & 0.01 mg</i>	LoSeasonique	
<i>levonorgest-eth estrad 91-day oral tablet 0.15- 0.03 mg</i>	Quasense	
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	Levonorgest-Eth Estrad 91-Day	
AMETHIA ORAL TABLET 0.15- 0.03 & 0.01 MG	Levonorgest-Eth Estrad 91-Day	

Drug Name	Reference	Restrictions
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	Levonorgest-Eth Estrad 91-Day	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Levonorgest-Eth Estrad 91-Day	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	Levonorgest-Eth Estrad 91-Day	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Levonorgest-Eth Estrad 91-Day	
INTROVALE ORAL TABLET 0.15-0.03 MG	Levonorgest-Eth Estrad 91-Day	
JOLESSA ORAL TABLET 0.15-0.03 MG	Levonorgest-Eth Estrad 91-Day	
QUASENSE ORAL TABLET 0.15-0.03 MG	Levonorgest-Eth Estrad 91-Day	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 EA per 999 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (1 ML per 90 days)
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		QLL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY		QLL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR		QLL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		QLL (1 EA per 999 days)
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	Jolivette	
CAMILA ORAL TABLET 0.35 MG	Norethindrone	
DEBLITANE ORAL TABLET 0.35 MG	Norethindrone	
ERRIN ORAL TABLET 0.35 MG	Norethindrone	

Drug Name	Reference	Restrictions
HEATHER ORAL TABLET 0.35 MG	Norethindrone	
JENCYCLA ORAL TABLET 0.35 MG	Norethindrone	
JOLIVETTE ORAL TABLET 0.35 MG	Norethindrone	
LYZA ORAL TABLET 0.35 MG	Norethindrone	
NORA-BE ORAL TABLET 0.35 MG	Norethindrone	
NORLYROC ORAL TABLET 0.35 MG	Norethindrone	
SHAROBEL ORAL TABLET 0.35 MG	Norethindrone	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Ortho Tri-Cyclen Lo	QLL (28 tablets per 28 dayss)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri-Estarylla	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CESIA ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
ENPRESSE-28 ORAL TABLET	Levonorg-Eth Estrad Triphasic	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
LEVONEST ORAL TABLET	Levonorg-Eth Estrad Triphasic	
MYZILRA ORAL TABLET	Levonorg-Eth Estrad Triphasic	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	QLL (28 EA per 28 days)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		

Drug Name	Reference	Restrictions
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Norgestim-Eth Estrad Triphasic	QLL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Norgestim-Eth Estrad Triphasic	QLL (28 tablets per 28 dayss)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Norgestim-Eth Estrad Triphasic	QLL (28 tablets per 28 dayss)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Norgestim-Eth Estrad Triphasic	QLL (28 tablets per 28 dayss)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRIVORA (28) ORAL TABLET	Levonorg-Eth Estrad Triphasic	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>cortisone acetate oral tablet 25 mg</i>		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Depo-Medrol	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	Solu-MEDROL	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone oral syrup 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	

Drug Name	Reference	Restrictions
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet 20 mg</i>	Deltasone	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>	Tessalon Perles	
<i>benzonatate oral capsule 200 mg</i>		
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>		
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tussigon	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>		
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin oral solution 10-100 mg/5ml</i>	Tolu-Sed DM	OTC
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		OTC
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Robitussin Peak Cold DM	OTC
<i>mucus relief dm max oral liquid 5-100 mg/5ml</i>	Mucinex Fast-Max DM Max	OTC
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
*Antitussive-Expectorants- Decongestant***		
<i>bio t pres pediatric oral liquid 2.5-5-75 mg/5ml</i>	Tussi-Pres Pediatric	OTC
<i>biobron sf oral syrup 10-15-350 mg/5ml</i>		OTC
<i>biodesp dm oral syrup 5-15-100 mg/5ml</i>	Desgen DM	OTC
<i>brontuss dx oral liquid 10-20-200 mg/5ml</i>		OTC
<i>brontuss sf nr oral liquid 10-15-300 mg/5ml</i>		OTC
<i>despec dm oral syrup 5-10-100 mg/5ml</i>		OTC
<i>dometuss-dmx oral liquid 10-30-200 mg/5ml</i>		OTC
<i>guaifenesin dac oral solution 30-10-100 mg/5ml</i>		OTC

Drug Name	Reference	Restrictions
<i>mucus relief severe congest/cgh oral liquid 10- 20-400 mg/20ml</i>	Mucinex Cold Childrens	OTC
<i>suppress-dx pediatric oral liquid 2.5-5-50 mg/ml</i>	Nortuss-DE	OTC
<i>tussin cf cough & cold oral liquid 5-10-100 mg/5ml</i>	Robitussin Peak Cold Multi-Sym	OTC
<i>tussin cf max multi-symptom oral liquid 5-10-200 mg/5ml</i>	Wal-Tussin CF Max	OTC
DURAVENT DM ORAL TABLET 10-15-395 MG		OTC
EXACTUSS TR ORAL TABLET 10-28- 388 MG		OTC
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG		OTC
NEOTUSS-D ORAL LIQUID 7.5-30-200 MG/5ML		OTC
NIVANEX DMX ORAL TABLET 10-15-380 MG		OTC
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML		OTC
TUSICOF ORAL LIQUID 10-20-400 MG/5ML		OTC
TUSICOF ORAL TABLET 10-20-400 MG		OTC
TUSSLIN ORAL LIQUID 10-28-388 MG/5ML		OTC
TUSSLIN PEDIATRIC ORAL LIQUID 2.5-7.5-88 MG/ML		OTC
VANACOF DM ORAL LIQUID 10-18-200 MG/15ML		OTC
*Decongestant & Antihistamine***		
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Shopko Allergy Relief-D (Ceti)	OTC; QLL (60 EA per 30 days)
<i>cvs allergy relief d oral tablet extended release 12 hour 60-120 mg</i>	Wal-Fex D Allergy & Congestion	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Allegra-D Allergy & Congestion	OTC
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	OTC; QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC; QLL (30 EA per 30 days)
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>		
<i>sm sinus & allergy max st oral tablet 4-60 mg</i>	Wal-Finate-D	OTC
LOHIST-D ORAL LIQUID 2-30 MG/5ML		OTC
*Decongestant W/ Expectorant***		
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	GNP Mucus D 12 HR	
*Expectorants***		
<i>guaifenesin oral solution 100 mg/5ml</i>	Mucinex Chest Congestion Child	OTC
<i>guaifenesin oral syrup 100 mg/5ml</i>	Diabetic Tussin EX	OTC
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	Mucinex	OTC
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	GuaiFENesin ER	OTC
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive- Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		
*Opioid Antitussive- Antihistamine***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		
*Opioid Antitussive-Decongestant- Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>		
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (120 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (120 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	Cleocin-T	QLL (120 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
<i>ery external pad 2 %</i>		
<i>erythromycin external gel 2 %</i>	Erygel	
<i>erythromycin external pad 2 %</i>		
<i>erythromycin external solution 2 %</i>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (236 ML per 30 days)
<i>sulfacetamide sodium external suspension 10 %</i>	Klaron	QLL (236 ML per 30 days)
*Acne Products***		
<i>acne maximum strength external cream 10 %</i>	Clean & Clear Continuous	OTC
<i>acne medication 5 external lotion 5 %</i>	Clean & Clear Advantage 3-in-1	OTC
<i>adapalene external cream 0.1 %</i>	Differin	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	Differin	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide external gel 5 %</i>	Clearplex V	
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	OTC
<i>bp wash external liquid 2.5 %</i>	PanOxyl	
<i>cvs targeted acne spot external cream 2.5 %</i>	Neutrogena On-The-Spot	OTC
<i>tretinoin external cream 0.025 %</i>	Avita	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Retin-A	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.01 %</i>	Retin-A	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.025 %</i>	Avita	QLL (45 GM per 30 days); AL (Max 35 Years)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG		ST; QLL (60 EA per 30 days)
MYORISAN ORAL CAPSULE 40 MG		ST
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG		ST; QLL (60 EA per 30 days)
ZENATANE ORAL CAPSULE 40 MG		ST
*Antibiotic Mixtures Topical***		
<i>bacitracin-neomycin-polymyxin external ointment 400-5-5000</i>	Lanabiotic	OTC
*Antibiotics - Topical***		
<i>gentamicin sulfate external cream 0.1 %</i>		QLL (60 GM per 30 days)

Drug Name	Reference	Restrictions
<i>gentamicin sulfate external ointment 0.1 %</i>		QLL (60 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	Centany	QLL (44 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1- 0.05 %</i>	Lotrisone	QLL (45 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1005 %</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>ciclopirox external gel 0.77 %</i>		QLL (45 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>	Loprox	QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Penlac	
<i>ciclopirox olamine external cream 0.77 %</i>	Ciclodan	QLL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	Loprox	QLL (60 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>		QLL (180 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	Lamisil AT	OTC
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 0.5 %</i>	Carac	
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
FLUOROPLEX EXTERNAL CREAM 1 %		
Antiparasitics		
<i>Benznidazole oral tablets 12.5 mg & 100 mg</i>		PA Applies for members < 18
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	Dovonex	QLL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	QLL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>		QLL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	Vectical	
*Antiseborrheic Combinations***		
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>		
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>		
<i>sulfacetamide sodium external liquid 10 %</i>	Ovace Wash	QLL (710 ML per 30 days)
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Zovirax	ST; QLL (30 GM per 30 days)

Drug Name	Reference	Restrictions
ABREVA EXTERNAL CREAM 10 %		OTC; QLL (1 ea per 30 days)
DENAVIR EXTERNAL CREAM 1 %		QLL (5 GM per 30 days)
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	Thermazene	
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>		
<i>alclometasone dipropionate external ointment 0.05 %</i>		
<i>amcinonide external cream 0.1 %</i>		
<i>amcinonide external lotion 0.1 %</i>		
<i>amcinonide external ointment 0.1 %</i>		
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Diprolene AF	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Diprolene	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	
<i>betamethasone dipropionate external cream 0.05 %</i>		
<i>betamethasone dipropionate external lotion 0.05 %</i>		
<i>betamethasone dipropionate external ointment 0.05 %</i>		
<i>betamethasone valerate external cream 0.1 %</i>		
<i>betamethasone valerate external lotion 0.1 %</i>		
<i>betamethasone valerate external ointment 0.1 %</i>		
<i>clobetasol propionate e external cream 0.05 %</i>		QLL (120 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Temovate	QLL (120 GM per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	Olux	QLL (100 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	Temovate	QLL (120 GM per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	QLL (118 ML per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Temovate	QLL (120 GM per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	Clodan	QLL (236 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	Temovate	QLL (120 ML per 30 days)

Drug Name	Reference	Restrictions
<i>desonide external cream 0.05 %</i>	DesOwen	
<i>desonide external lotion 0.05 %</i>	DesOwen	
<i>desonide external ointment 0.05 %</i>		
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Topicort	
<i>desoximetasone external gel 0.05 %</i>	Topicort	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Topicort	
<i>diflorasone diacetate external cream 0.05 %</i>		QLL (120 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>		QLL (120 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothe/FS Body	
<i>fluocinolone acetonide external cream 0.01 %</i>		
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	
<i>fluocinolone acetonide external solution 0.01 %</i>	Synalar	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothe/FS Scalp	
<i>fluocinonide external cream 0.05 %</i>		QLL (120 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>		QLL (120 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>		QLL (120 ML per 30 days)
<i>fluocinonide-e external cream 0.05 %</i>		QLL (120 GM per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	Cutivate	
<i>fluticasone propionate external lotion 0.05 %</i>	Cutivate	
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>halobetasol propionate external cream 0.05 %</i>	Ultravate	
<i>halobetasol propionate external ointment 0.05 %</i>	Ultravate	
<i>hydrocortisone acetate external cream 1 %</i>	Lanacort 10	OTC
<i>hydrocortisone butyrate external cream 0.1 %</i>	Locoid	QLL (120 GM per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Locoid	QLL (120 GM per 30 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	Locoid	QLL (120 GM per 30 days)

Drug Name	Reference	Restrictions
<i>hydrocortisone external cream 0.5 %</i>		OTC
<i>hydrocortisone external cream 1 %</i>	Preparation H Hydrocortisone	
<i>hydrocortisone external cream 2.5 %</i>		
<i>hydrocortisone external lotion 1 %</i>	Sarnol-HC	OTC
<i>hydrocortisone external lotion 2.5 %</i>		
<i>hydrocortisone external ointment 0.5 %</i>		OTC
<i>hydrocortisone external ointment 1 %</i>	Cortizone-10	
<i>hydrocortisone external ointment 2.5 %</i>		
<i>hydrocortisone valerate external cream 0.2 %</i>		
<i>hydrocortisone valerate external ointment 0.2 %</i>	Westcort	
<i>mometasone furoate external cream 0.1 %</i>	Elocon	
<i>mometasone furoate external ointment 0.1 %</i>	Elocon	
<i>mometasone furoate external solution 0.1 %</i>	Elocon	
<i>prednicarbate external cream 0.1 %</i>	Dermatop	
<i>prednicarbate external ointment 0.1 %</i>	Dermatop	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>		
<i>triamcinolone acetonide external cream 0.1 %</i>	Triderm	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		
CLODAN EXTERNAL SHAMPOO 0.05 %	Clobetasol Propionate	
TRIANEX EXTERNAL OINTMENT 0.05 %		
*Emollient Combinations***		
<i>lactic acid e external cream 10-3500 %-unit/30gm</i>		
*Emollient/Keratolytic Agents***		
<i>urea external cream 40 %</i>	Rea Lo 40	QLL (200 GM per 30 days)
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	Geri-Hydrolac 12	
<i>ammonium lactate external lotion 12 %</i>	Lac-Hydrin	
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		QLL (90 GM per 30 days)
*Imidazole-Related Antifungals - Topical***		

Drug Name	Reference	Restrictions
<i>clotrimazole external cream 1 %</i>	Lotrimin AF Jock Itch	QLL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	FungiCure Intensive/NailGuard	QLL (30 ML per 30 days)
<i>econazole nitrate cream 1%</i>		QLL (85 GM per 30 days)
<i>ketoconazole external cream 2 %</i>		QLL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Nizoral	QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Remedy Antifungal	OTC
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	Aldara	
*Keratolytic/Antimitotic Agents***		
<i>podocon external solution 25 %</i>		PA
<i>podofilox external solution 0.5 %</i>	Condylox	
<i>salicylic acid external cream 6 %</i>	Salacyn	
<i>salicylic acid external liquid 26 %</i>		
<i>salicylic acid external liquid 27.5 %</i>	Virasal	
<i>salicylic acid external lotion 6 %</i>	Salacyn	
<i>wart remover maximum strength external liquid 17 %</i>	Gets-It Corn/Callus Remover	OTC
CONDYLOX EXTERNAL GEL 0.5 %		
*Local Anesthetics - Topical***		
<i>capsaicin external cream 0.025 %</i>	Zostrix Arthritis Pain Relief	OTC
<i>capsaicin external cream 0.1 %</i>	Capzasin-HP	OTC
<i>lidocaine external ointment 5 %</i>		QLL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidoderm	PA; QLL (90 EA per 30 days)
<i>lidocaine external patch 1.8%</i>	Ztlido 1.8%	
<i>lidocaine hcl external cream 3 %</i>	CidalEaze	
<i>lidocaine hcl external gel 2 %</i>	Regenecare HA	
<i>lidocaine hcl external solution 4 %</i>	Xylocaine	
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1%</i>	Elidel	ST; QLL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Protopic	ST; QLL (100 GM per 30 days)
*NON-STEROIDAL ANTI-INFLAMMATORY - Topical***		
EUCRISA		QLL (120 GM per 30 days)
*Misc. Topical***		
<i>aluminum chloride hexahydrate crystals</i>		
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	Rosadan	

Drug Name	Reference	Restrictions
<i>metronidazole external gel 0.75 %</i>	Rosadan	
<i>metronidazole external gel 1 %</i>	Metrogel	
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
*Scabicide Combinations***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Licide	OTC; QLL (454 ML per 180 days)
<i>lice treatment external liquid 0.33-4 %</i>	RID	OTC; QLL (454 ML per 180 days)
*Scabicides & Pediculicides***		
<i>lice treatment external lotion 1 %</i>		OTC; QLL (454 ML per 180 days)
<i>malathion external lotion 0.5 %</i>	Ovide	QLL (454 ML per 180 days)
<i>permethrin external cream 5 %</i>	Elimite	QLL (454 GM per 180 days)
ULESFIA EXTERNAL LOTION 5 %		QLL (454 GM per 180 days)
*Steroid-Local Anesthetic Combinations***		
PRAMOSONE EXTERNAL CREAM 1-1 %		
*Tar Products***		
<i>ra therapeutic external shampoo 2.5 %</i>	Beta Care Betatar Gel	OTC
<i>therapeutic external shampoo 0.5 %</i>	Tera-Gel Tar	OTC
IONIL-T EXTERNAL SHAMPOO 1 %	PC-Tar	OTC
X-SEB T PLUS EXTERNAL SHAMPOO 10 %		OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (30 GM per 30 days)
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	Livixil Pak	
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe external cream 1 %</i>	Cortizone-10 Plus	OTC
DIAGNOSTIC PRODUCTS		
*Diagnostic Drugs***		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG		
*Diagnostic Tests***		
<i>ketone test in vitro strip</i>	KetoCare	OTC
CHEMSTRIP 2 IN VITRO STRIP	Universal pH	OTC
DIASTIX IN VITRO STRIP		OTC

Drug Name	Reference	Restrictions
ONETOUCH ULTRA BLUE IN VITRO STRIP	Kroger Test	OTC; QLL (150 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	Kroger Test	OTC; QLL (150 EA per 30 days)
*Multiple Urine Tests***		
CHEMSTRIP 10 MD IN VITRO STRIP		OTC
CHEMSTRIP 10/SG IN VITRO STRIP		OTC
CHEMSTRIP 2 GP IN VITRO STRIP		OTC
CHEMSTRIP 5 OB IN VITRO STRIP		OTC
CHEMSTRIP 7 IN VITRO STRIP		OTC
CHEMSTRIP 9 IN VITRO STRIP		OTC
CHEMSTRIP UGK IN VITRO STRIP		OTC
COMBISTIX IN VITRO STRIP		OTC
CVS KETONE CARE IN VITRO STRIP		OTC
HEMA-COMBISTIX IN VITRO STRIP		OTC
KETO-DIASTIX IN VITRO STRIP		OTC
LABSTIX IN VITRO STRIP		OTC
MULTISTIX 10 SG IN VITRO STRIP		OTC
MULTISTIX 5 IN VITRO STRIP		OTC
MULTISTIX 7 IN VITRO STRIP		OTC
MULTISTIX 8 IN VITRO STRIP		OTC
MULTISTIX 9 IN VITRO STRIP		OTC
MULTISTIX 9 SG IN VITRO STRIP		OTC
MULTISTIX IN VITRO STRIP		OTC
URISTIX 4 IN VITRO STRIP		OTC
URISTIX IN VITRO STRIP		OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT		
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT		

Drug Name	Reference	Restrictions
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT		
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Diamox Sequels	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Neptazane	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 550 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Aldactazide	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Dyazide	
<i>triamterene-hctz oral capsule 50-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	Maxzide-25	
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Bumex	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torseamide oral tablet 10 mg, 20 mg</i>	Demadex	
<i>torseamide oral tablet 100 mg, 5 mg</i>		
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Microzide	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		
<i>methyclothiazide oral tablet 5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		

Drug Name	Reference	Restrictions
DIURIL ORAL SUSPENSION 250 MG/5ML		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		QLL (4 EA per 30 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 EA per 30 days)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>		
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Miacalcin	PA
*Anabolic Agent for Osteoporosis***		
TYMLOS 80 MCG DOSE PEN INJECTR		PA
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor SF	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Hectorol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (30 EA per 30 days)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		PA

Drug Name	Reference	Restrictions
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 EA per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	Octreotide Acetate	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML		PA
*Vasopressin***		
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	DDAVP Rhinal Tube	QLL (1 pkg per 30 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		QLL (1 pkg per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 EA per 30 days)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	DDAVP	QLL (1 pkg per 30 days)
ESTROGENS		
*Estrogen & Androgen***		
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	EEMT	
<i>est estrogens-methyltest hs oral tablet 0.625- 1.25 mg</i>	EEMT HS	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	EEMT	
COVARYX HS ORAL TABLET 0.625-1.25 MG	Est Estrogens-Methyltest HS	
COVARYX ORAL TABLET 1.25-2.5 MG	Est Estrogens-Methyltest DS	

Drug Name	Reference	Restrictions
EEMT HS ORAL TABLET 0.625-1.25 MG	Est Estrogens-Methyltest HS	
EEMT ORAL TABLET 1.25-2.5 MG	Est Estrogens-Methyltest DS	
*Estrogen & Progestin***		
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Jinteli	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY		
PREMPHASE ORAL TABLET 0.625-5 MG		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<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)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>		
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	
<i>ciprofloxacin hcl oral tablet 750 mg</i>		
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Cipro XR	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Levaquin	
<i>ofloxacin oral tablet 400 mg</i>		
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>simethicone oral suspension 40 mg/0.6ml</i>	Mylicon Infants Gas Relief	OTC; AL (Max 2 Years)
<i>simethicone oral tablet chewable 80 mg</i>	Gas-X	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	Actigall	
<i>ursodiol oral tablet 250 mg</i>	Urso 250	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	

Drug Name	Reference	Restrictions
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Ibs Agent - Chloride Channel Activator***		
LUBIPROSTONE 8MCG and 24MCG	Amitiza	
*Inflammatory Bowel Agents***		
<i>mesalamine rectal enema 4 gm</i>	Apriso	
<i>mesalamine-cleanser rectal kit 4 gm</i>	Rowasa	
<i>mesalamine oral tablet delayed release 800 mg</i>	Asacol HD	
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	
<i>sulfasalazine oral tablet 500 mg</i>	Sulfazine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		PA; QLL (30 EA per 30 days)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Eliphos	
<i>sevelamer oral tablet 400 mg, 800 mg</i>	Renagel	
<i>sevelamer powder packet 0.8 gm, 2.4 gm</i>	Renvela	
RENVELA ORAL TABLET 800 MG		
Genitourinary Agents – Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	M; QLL (60 EA per 30 days)
*Citrates***		

Drug Name	Reference	Restrictions
<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 monohydrate granules</i>		
<i>potassium citrate-citric acid oral packet 3300- 1002 mg</i>	Taron-Crystals	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG		
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Pyridium	
GOUT AGENTS		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Zyloprim	
<i>colchicine oral tablet 0.6 mg</i>	Colcrys	QLL (9 EA per 30 days)
<i>febuxostat 40 mg, 80 mg</i>	Uloric	ST
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		

Drug Name	Reference	Restrictions
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin crystals</i>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML		
*Cxcr4 Receptor Antagonist***		
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML		PA
*Cytotoxic Agents***		
<i>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</i>		
HYPOPHOSPHATEMIA TREATMENT		
CRYSVITA		PA
*Erythropoietins***		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2- 250.5 mg</i>		
*Folic Acid/Folates***		
<i>folic acid injection solution 5 mg/ml</i>		
<i>folic acid oral tablet 1 mg</i>		
<i>folic acid oral tablet 400 mcg</i>		OTC
<i>folic acid oral tablet 800 mcg</i>	FA-8	OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)***		

Drug Name	Reference	Restrictions
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		PA
*Iron Combinations***		
<i>ferocon oral capsule</i>	Tricon	
<i>purefe plus oral capsule 106-1 mg</i>	Hemocyte Plus	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	Tandem Plus	
*Iron***		
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	FeroSul	OTC
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Fer-In-Sol	OTC
<i>ferrous sulfate oral syrup 300 (60 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>		OTC
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>		OTC
HYPNOTICS		
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Nytol Maximum Strength	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral solution 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Colyte with Flavor Packs	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Nulytely with Flavor Packs	

Drug Name	Reference	Restrictions
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Golytely	
*Bulk Laxatives***		
<i>cvs natural fiber supplement oral packet 58.6 %</i>		OTC
<i>fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>geri-mucil oral powder 68 %</i>	Reguloid	OTC
<i>natural fiber laxative oral powder 28.3 %, 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>natural fiber laxative oral powder 30.9 %</i>	Konsyl	OTC
<i>natural fiber laxative oral powder 48.57 %</i>	Metamucil	OTC
<i>psyldex oral powder 30 %</i>		OTC
<i>psyllium husk oral powder 100 %</i>	Konsyl	OTC
<i>qc natural vegetable oral powder 95 %</i>	Hydrocil	OTC
<i>sb fib lax orange oral powder 33 %</i>		OTC
KONSYL ORAL PACKET 100 %, 28.3 %		OTC
KONSYL-D ORAL POWDER 52.3 %		OTC
METAMUCIL MULTIHEALTH FIBER ORAL POWDER 63 %		OTC
*Laxatives - Miscellaneous***		
<i>lactulose oral solution 10 gm/15ml</i>		
<i>polyethylene glycol 3350 oral packet</i>	MiraLax	QLL (18 EA per 30 days)
<i>polyethylene glycol 3350 oral powder</i>	GlycoLax	QLL (527 GM per 30 days)
<i>sorbitol oral solution 70 %</i>		OTC
*Stimulant Laxatives***		
<i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i>		OTC
<i>senna oral tablet 8.6 mg</i>	Dr Edwards Olive Laxative	OTC
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML		OTC
LITTLE TUMMYS LAXATIVE ORAL LIQUID 8.8 MG/ML		OTC
*Surfactant Laxatives***		
<i>docusate sodium oral capsule 100 mg</i>	Correctol Extra Gentle	OTC
<i>docusate sodium oral tablet 100 mg</i>	DOK	OTC

Drug Name	Reference	Restrictions
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Zithromax	QLL (2 Rx per 60 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	QLL (2 Rx per 60 days)
<i>azithromycin oral tablet 250 mg</i>	Zithromax Z-Pak	QLL (2 Rx per 60 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	Zithromax	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Biaxin XL Pac	QLL (28 EA per 30 days)
<i>clarithromycin oral suspension reconstituted 125 mg/5ml</i>		QLL (1 Rx per 30 days)
<i>clarithromycin oral suspension reconstituted 250 mg/5ml</i>	Biaxin	QLL (1 Rx per 30 days)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Biaxin	QLL (28 EA per 30 days)
*Erythromycins***		
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>		
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	
E.E.S. 400 ORAL TABLET 400 MG	Erythromycin Ethylsuccinate	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Erythromycin Stearate	
MEDICAL DEVICES		
*Applicators,Cotton Balls,Etc***		
<i>alcohol swabs pad</i>	BD Swab Single Use Regular	OTC
<i>alcohol wipes pad 70 %</i>	BD Swab Single Use Regular	OTC
*Condoms - Male*** <<<NO PRESCRIPTION REQUIRED>>>		
<i>kimono</i>	Reality Latex Condoms	OTC
<i>maxx</i>	Reality Latex Condoms	OTC
<i>premium condoms lubricated</i>	Reality Latex Condoms	OTC

Drug Name	Reference	Restrictions
ATLAS LUBRICATED CONDOM DEVICE	Aimsco Lubricated	OTC
CLASS ACT LUBRICATED	Aimsco Lubricated	OTC
ELEXA ULTRA SENSITIVE	Aimsco Lubricated	OTC
REALITY LATEX CONDOMS	Aimsco Lubricated	OTC
TROJAN EXTENDED PLEASURE/LUBE DEVICE	Aimsco Lubricated	OTC
TRUSTEX LUBRICATED	Aimsco Lubricated	OTC
TRUSTEX LUBRICATED EXTRA ST	Aimsco Lubricated	OTC
TRUSTEX LUBRICATED/SPERMICIDE	Aimsco Lubricated	OTC
*Diaphragms***		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %		
*Glucose Monitoring Test Supplies***		
<i>lancet device</i>	Autolet Mini	OTC
<i>lancets</i>	Fingerstix Lancets	OTC
<i>lancets 28g</i>	Fingerstix Lancets	OTC
<i>lancets 30g</i>	Fingerstix Lancets	OTC
<i>lancets thin</i>	Fingerstix Lancets	OTC
<i>select-lite device/lancets kit</i>	Autolet Lite Starter Pack	OTC
<i>supreme ii confidence paddles</i>	Chemstrip bG Log Book	OTC
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION	Element Compact Control 2	OTC
BAYER MICROLET 2 LANCING DEVIC	H-E-B inControl Adv Lancing	OTC
BAYER MICROLET LANCETS	Global Inject Ease Lancets 28G	OTC
ONETOUCH DELICA LANCETS FINE	Global Inject Ease Lancets 28G	
ONETOUCH DELICA LANCING DEV	H-E-B inControl Adv Lancing	
ONETOUCH LANCETS	Global Inject Ease Lancets 28G	

Drug Name		Reference	Restrictions
ONETOUGH ULTRA CONTROL IN VITRO SOLUTION		Element Compact Control 2	
ONETOUGH ULTRA MINI KIT W/DEVICE		Kroger Blood Glucose	
ONETOUGH ULTRASOFT LANCETS		Global Inject Ease Lancets 28G	
ONETOUGH VERIO IN VITRO SOLUTION		Element Compact Control 2	
ONETOUGH VERIO IQ SYSTEM KIT W/DEVICE		Kroger Blood Glucose	
*Needles & Syringes***			
<i>inject-ease</i>		Nordipen 5 Injection Device	OTC
<i>insulin syringe 28g x 1/2" 0.5 ml</i>		Moore Mono Insulin Syringe	OTC
<i>insulin syringe 28g x 1/2" 1 ml</i>		V-R Mono Insulin Syringe	OTC
<i>insulin syringe 29g x 1/2" 0.3 ml</i>		Sure-Ject Insulin Syringe	OTC
<i>insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml</i>		UltiCare Insulin Syringe	OTC
<i>insulin syringe 30g x 5/16" 0.3 ml</i>		Ultilet Insulin Syringe Short	OTC
<i>insulin syringe 30g x 5/16" 1 ml</i>		TRUEplus Insulin Syringe	OTC
<i>insulin syringe 31g x 5/16" 0.3 ml</i>		Advocate Insulin Syringe	OTC
<i>insulin syringe 31g x 5/16" 0.5 ml</i>		Ultra-Thin II Ins Syr Short	OTC
<i>insulin syringe 31g x 5/16" 1 ml</i>		Fifty50 Superior Comfort Syr	OTC
PEN NEEDLES		Careone; Comfort Ppoint; Unifine; 1 st Tier; Healthy Accents; Incontrol; Insupen: Leader; Shopka	OTC
Gauge	Needle Length		
29G 31G	4mm, 5mm, 6mm, 8 mm, 12 mm		
32G	3/16", 1/4", 5/16"		
<i>syringe 22g x 1" 3 ml</i>		Monoject Syringe	OTC
AUTOJECT 2		Inject-Ease	OTC
BD INSULIN SYRINGE 25G X 5/8" 1 ML			OTC
BD INSULIN SYRINGE 27G X 1/2" 1 ML		Safety Insulin Syringes	OTC
BD INSULIN SYRINGE U-100 1 ML		Kmart Valu Insulin Syringe 30G	OTC
BD INSULIN SYRINGE ULTRAFINE 31G X 15/64" 0.3 ML			OTC

Drug Name	Reference	Restrictions
INJECT-EASE AUTOMATIC INJECTOR	Inject-Ease	OTC
NORDIPEN 5 INJECTION DEVICE	Inject-Ease	
NORDIPEN DELIVERY SYSTEM	Inject-Ease	OTC
*Peak Flow Meters***		
ASSESS PEAK FLOW METER DEVICE	Peak Flow Meter Universal Rang	OTC; QLL (1 EA per 365 days)
MICROLIFE DIGITAL PEAK FLOW DEVICE	Peak Flow Meter Universal Rang	OTC; QLL (1 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE	Peak Flow Meter Universal Rang	OTC; QLL (1 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU W/MASK	Valved Holding Chamber	QLL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU	Valved Holding Chamber	QLL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL	Valved Holding Chamber	QLL (2 EA per 365 days)
BREATHERITE	Valved Holding Chamber	QLL (2 EA per 365 days)
EASIVENT	Valved Holding Chamber	QLL (2 EA per 365 days)
INSPIREASE	Valved Holding Chamber	QLL (2 EA per 365 days)
MICROCHAMBER	Valved Holding Chamber	QLL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE	Valved Holding Chamber	QLL (2 EA per 365 days)
OPTICHAMBER DIAMOND	Valved Holding Chamber	QLL (2 EA per 365 days)
OPTIHALER	Valved Holding Chamber	QLL (2 EA per 365 days)
POCKET CHAMBER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 days)
POCKET SPACER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 days)
WATCHHALER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 days)
MIGRAINE PRODUCTS		
*Migraine Products***		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Migranal	QLL (8 units per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG		
*Selective Serotonin Agonists 5- Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Amerge	QLL (9 EA per 30 days)

Drug Name	Reference	Restrictions
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Maxalt	QLL (9 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Imitrex	QLL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (2 kits per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Imitrex	QLL (2 kits per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (2 kits per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		QLL (2 kits per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Zomig	QLL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Zomig ZMT	QLL (6 EA per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>		QLL (6 EA per 30 days)
*Calcitonin Gene-Related Peptide (CGRP) Inhibitors***		
AIMOVIG		PA
EMGALITY		PA
MINERALS & ELECTROLYTES		
*Calcium Combinations***		
<i>calcium + d3 oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>		OTC
<i>calcium 600+d3 oral tablet 600-800 mg-unit</i>	Caltrate 600+D	OTC
<i>calcium carbonate-vitamin d oral capsule 600-200 mg-unit</i>		OTC
<i>calcium carbonate-vitamin d oral tablet 600- 400 mg-unit</i>		OTC
<i>calcium carbonate-vitamin d3 oral tablet 600- 400 mg-unit</i>		OTC
<i>calcium citrate + d3 oral tablet 250-200 mg- unit</i>		OTC
<i>calcium citrate-vitamin d3 oral tablet 315-250 mg-unit</i>	Citracal Maximum	OTC
<i>calcium oral tablet chewable 500-100 mg-unit</i>		OTC

Drug Name	Reference	Restrictions
<i>calcium-vitamin d3 oral capsule 600-400 mg-unit</i>		OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit</i>		OTC
<i>citrus calcium/vitamin d oral tablet 200-250 mg-unit</i>	Citracal Petites/Vitamin D	OTC
*Calcium***		
<i>calcium carbonate oral tablet 600 mg</i>	High Potency Calcium	OTC
<i>calcium citrate oral tablet 250 mg</i>		OTC
<i>calcium oral tablet 600 mg</i>		OTC
*Fluoride Combinations***		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 1 (F)-236.79 MG		
*Fluoride***		
<i>fluritab oral solution 0.275 (0.125 f) mg/drop</i>	Flura-Drops	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	Ludent	
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	NaFrinse	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML		
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP		
*Mineral Combinations***		
<i>calcium citrate plus/magnesium oral tablet</i>	Citracal Plus	OTC
*Phosphate***		
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	K-Phos-Neutral	
K-PHOS ORAL TABLET 500 MG		
*Potassium***		
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	K-Prime	
<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	

Drug Name	Reference	Restrictions
<i>potassium chloride er oral capsule extended release 10 meq</i>	Micro-K	
<i>potassium chloride er oral capsule extended release 8 meq</i>	Klor-Con Sprinkle	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	K-Tab	
<i>potassium chloride oral packet 20 meq</i>	Klor-Con	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ		
KLOR-CON ORAL PACKET 25 MEQ		
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous mouth/throat solution 2 %</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat lozenge 10 mg</i>		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Periogard	
*Fluoride Dental Products***		
<i>sf 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	QLL (2 tubes per 30 days)
<i>sf dental gel 1.1 %</i>	Karigel	QLL (2 tubes per 30 days)
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralene	
MULTIVITAMINS		
*B-Complex W/ C & E + Zn***		
<i>stress formula/zinc oral tablet</i>		OTC
*B-Complex W/ C & Folic Acid***		
<i>b-complex balanced oral tablet</i>	Milco-B-Forte	OTC
*B-Complex W/ C***		

<i>b-complex-c oral tablet</i>		OTC
Drug Name	Reference	Restrictions
*Multiple Vitamins W/ Iron***		
<i>multiple vitamins/iron oral tablet</i>		OTC
*Multiple Vitamins W/ Minerals***		
<i>multi vitamin/minerals oral tablet</i>	One Daily Plus Iron	OTC
<i>multi-vitamin/minerals oral tablet</i>	One Daily Plus Iron	OTC
<i>one daily plus minerals oral tablet</i>	One Daily Plus Iron	OTC
*Ped Mv W/ Fluoride***		
<i>multi-vit/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 1 mg</i>	MVC-Fluoride	
*Ped Mv W/ Iron***		
<i>childrens multivitamin/iron oral tablet chewable 15 mg</i>	Flintstones Plus Iron	OTC
<i>multi-delyn/iron oral liquid</i>		OTC
<i>polyvitamin/iron oral solution 10 mg/ml</i>	BProtected Pedia Poly-Vite/Fe	OTC
DINO-LIFE W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3		OTC
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3		OTC
*Ped Vitamins Acid Fluoride & Iron***		
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>		
*Ped Vitamins Acid W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>		
*Pediatric Multiple Vitamins W/ C***		
<i>polyvitamin oral solution 35 mg/ml</i>	Poly-Vi-Sol	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>kpn prenatal oral tablet 0.1 mg</i>		F; OTC; QLL (100 EA per 90 days)
<i>multi prenatal oral tablet 27-0.8 mg</i>	Right Step Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>		F; QLL (100 EA per 90 days)
<i>pnv-total oral capsule 35-5-1.2 mg</i>		F; QLL (100 EA per 90 days)

<i>prenatal 19 oral tablet chewable</i>		F; QLL (100 EA per 90 days)
<i>prenatal low iron oral tablet 27-1 mg</i>	Prenatal/Folic Acid	F; QLL (100 EA per 90 days)
Drug Name	Reference	Restrictions
<i>triadvance oral tablet 90-1 mg</i>	Mynatal	F; QLL (100 EA per 90 days)
ELITE-OB ORAL TABLET 50-1.25 MG		F; QLL (100 EA per 90 days)
PRENATABS RX ORAL TABLET 29-1 MG	Vol-Tab Rx	F; QLL (100 EA per 90 days)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	Prenatal Formula	F; OTC; QLL (100 EA per 90 days)
TRINATE ORAL TABLET	Vol-Nate	F; QLL (100 EA per 90 days)
VINATE II ORAL TABLET 29-1 MG		F; QLL (100 EA per 90 days)
VINATE M ORAL TABLET 27-1 MG		F; QLL (100 EA per 90 days)
VINATE ONE ORAL TABLET 60-1 MG	Trinatal Rx 1	F; QLL (100 EA per 90 days)
VIRT-C DHA		F; QLL (100 EA per 90 days)
VITAFOL-OB ORAL TABLET	Mynatal-Z	F; QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Ca- Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 250 mg</i>		F; QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa- Dha***		
<i>pnv ob+dha oral 27-1 & 250 mg</i>	CitraNatal DHA	F; QLL (180 EA per 90 days)
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
SELECT-OB+DHA ORAL 29-1 & 250 MG		F; QLL (180 EA per 90 days)
*Prenatal Mv & Minerals W/Fa***		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG		F; QLL (90 EA per 100 days)
*Prenatal Vitamins***		
<i>prenaissance next oral tablet 1.2 mg</i>		F; QLL (100 EA per 90 days)
*Vitamins for Sick Cell***		
<i>L-Glutamine oral tablet 500 mg</i>		
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>		
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (120 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	Parafon Forte DSC	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		
<i>methocarbamol oral tablet 500 mg</i>	Robaxin	

Drug Name	Reference	Restrictions
<i>methocarbamol oral tablet 750 mg</i>	Robaxin-750	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		
<i>tizanidine hcl oral tablet 2 mg</i>		
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg</i>		
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	Dantrium	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		QLL (2 bottles per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>		
*Nasal Steroids***		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Aerospan	ST; QLL (2 Bottles per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	ST; QLL (2 bottles per 30 days)
<i>triamcinolone acetanide nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	ST; QLL (2 bottles per 30 days)
<i>budesonide nasal spray 32 mcg/act</i>	Rhinocort Allergy Nasal Suspension	OTC; QLL (1 bottle per 30 days)
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	Fluticasone Propionate	OTC; QLL (2 bottles per 30 days)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT	Triamcinolone Acetonide	OTC; QLL (2 bottles per 30 days)
*Topical Decongestants***		
<i>nasal spray nasal solution 0.05 %</i>	Afrin Sinus	OTC

Drug Name	Reference	Restrictions
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (60 EA per 30 days)
NUTRIENTS		
*Amino Acids-Single***		
<i>l-carnitine oral capsule 250 mg, 500 mg</i>		OTC
<i>l-carnitine oral tablet 500 mg</i>		OTC
*Misc. Nutritional Substances***		
<i>fish oil oral capsule 1000 mg</i>	Maximum EPA	OTC
<i>fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil oral capsule 435 mg</i>		OTC
<i>fish oil oral capsule delayed release 1200 mg</i>		OTC
<i>omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>omega-3 oral capsule 1000 mg</i>	Maximum EPA	OTC
<i>omega-3 oral capsule 1400 mg</i>		OTC
<i>sm fish oil oral capsule 554 mg</i>		OTC
OPHTHALMIC AGENTS		
*Artificial Tears And Lubricants***		
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Tears	OTC
REFRESH CELLUVISC OPHTHALMIC SOLUTION 1 %		OTC
REFRESH LIQUIGEL OPHTHALMIC SOLUTION 1 %		OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Cosopt	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		
<i>carteolol hcl ophthalmic solution 1 %</i>		
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Betagan	
<i>metipranolol ophthalmic solution 0.3 %</i>		

Drug Name	Reference	Restrictions
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Timoptic-XE	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Timoptic	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>		
<i>cyclopentolate hcl ophthalmic solution 2 %</i>	Cyclogyl	
<i>homatropine hbr ophthalmic solution 5 %</i>	Homatropaire	
<i>tropicamide ophthalmic solution 0.5 %</i>		
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Homatropine HBr	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Isopto Carpine	
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		ST
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Elestat	ST
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	TheraTears Allergy	
ALOCRILOPHTHALMIC SOLUTION 2 %		
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Ciloxan	
<i>ciprofloxacin/dexamethasone</i>		
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Zymaxid	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	Gentak	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>levofloxacin ophthalmic solution 0.5 %</i>		
<i>moxifloxacin ophthalmic solution 0.5 %</i>	Vigamox	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tobrex	

Drug Name	Reference	Restrictions
CILOXAN OPHTHALMIC OINTMENT 0.3 %		
GENTAK OPHTHALMIC OINTMENT 0.3 %	Gentamicin Sulfate	
TOBREX OPHTHALMIC OINTMENT 0.3 %		
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Neosporin	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Polytrim	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Triple Antibiotic	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Bacitracin-Polymyxin B	
*Ophthalmic Anti-inflammatory***		
OXERVATE OPHTHALMIC SOLUTION 0.002%		PA
*Ophthalmic		
<i>trifluridine ophthalmic solution 1 %</i>	Viroptic	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Trusopt	
*Ophthalmic Nonsteroidal Anti- Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Ocufen	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	

Drug Name	Reference	Restrictions
CEQUA OPHTHALMIC SOLUTION		
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Alphagan P	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	TobraDex	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Sulfacetamide-Prednisolone	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Bacitra-Neomycin-Polymyxin- HC	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Omnipred	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		

Drug Name	Reference	Restrictions
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Bleph-10	
*Prostaglandins - Ophthalmic***		
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	
<i>travoprost ophthalmic solution 0.004%</i>	Travatan Z	
OPTIC AGENTS		
*Optic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>acetic acid-aluminum acetate otic solution 2 %</i>		
*Optic Analgesic Combinations***		
<i>exotic-hc otic solution 10-10-1 mg/ml</i>	Cortane-B	
CORTIC-ND OTIC SOLUTION 10-10-1 MG/ML	Exotic-HC	
CYOTIC OTIC SOLUTION 10-10-1 MG/ML	Exotic-HC	
*Optic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	
<i>ofloxacin otic solution 0.3 %</i>	Floxin Otic	
*Optic Steroid-Anti- Infective Combinations***		
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Cortisporin	
<i>neomycin-polymyxin-hc otic suspension 3.510000-1</i>		
*Otic Steroids***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Acetasol HC	
ACETASOL HC OTIC SOLUTION 2-1 %	Hydrocortisone-Acetic Acid	
PASSIVE IMMUNIZING AGENTS		
*Immune Serums***		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		

Drug Name	Reference	Restrictions
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML		
*Aminopenicillins***		
<i>amoxicillin oral capsule 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 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 250 mg, 500 mg</i>		
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		QLL (2 Rx per 60 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	Augmentin	QLL (2 Rx per 60 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	QLL (2 Rx per 60 days)
<i>amoxicillin-pot clavulanate oral tablet 250- 125 mg</i>		QLL (2 Rx per 60 days)
<i>amoxicillin-pot clavulanate oral tablet 500- 125 mg, 875-125 mg</i>	Augmentin	QLL (2 Rx per 60 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		QLL (2 Rx per 60 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		

Drug Name	Reference	Restrictions
PHARMACEUTICAL ADJUVANTS		
*Antimicrobial Agents***		
<i>benzyl alcohol liquid</i>		
*Oral Vehicles***		
<i>cherry oral syrup</i>		
<i>cola syrup oral syrup</i>		OTC
<i>custom polyglycol troche base flakes</i>	Trochibase Classic	
<i>distilled water oral liquid</i>	RA Crystal Lake Dist Water	OTC
<i>flavor sweet oral syrup</i>	Ora-Sweet	
<i>grape syrup oral syrup</i>	Ora-Sweet	OTC
<i>gum base (gelatin) gel</i>		
<i>oral suspend oral liquid</i>	Ora-Plus	OTC
<i>purified water oral liquid</i>	RA Crystal Lake Dist Water	
<i>raspberry syrup oral syrup</i>		
<i>simple syrup oral syrup</i>		
<i>sorbitol solution 70 %</i>		
<i>syralta oral syrup</i>	Ora-Sweet	
FLAVOR BLEND ORAL SUSPENSION	Suspension Vehicle	
GERBER GOOD START WATER ORAL LIQUID		OTC
GOOD START STERILE WATER ORAL LIQUID		OTC
LOZIBASE		OTC
ORA-SWEET ORAL SYRUP	Syrup Vehicle	
ORA-SWEET SF ORAL SYRUP	Syrup Vehicle	
PCCA ACACIA SYRUP BASE ORAL SYRUP		
PCCA SWEET-SF ORAL SYRUP	Syrup Vehicle	
PCCA SYRUP VEHICLE ORAL SYRUP	Syrup Vehicle	
SIMILAC STERILIZED WATER ORAL LIQUID		OTC
SYRPALTA (RED) ORAL SYRUP	Syrup Vehicle	
SYRSPEND SF ALKA ORAL SUSPENSION RECONSTITUTED		OTC
SYRSPEND SF ORAL SUSPENSION RECONSTITUTED		OTC
TROCHIBASE S FLAKES		OTC
VERSAFREE ORAL SYRUP	Syrup Vehicle	

Drug Name	Reference	Restrictions
VERSAPLUS ORAL SYRUP	Syrup Vehicle	
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>		
*Prenatal Mv & Minerals W/Fa Without Iron***		
PRENATE ORAL TABLET CHEWABLE		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Megace ES	
<i>norethindrone acetate oral tablet 5 mg</i>	Aygestin	
*Cholinomimetics - Ache Inhibitors***		
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Razadyne ER	QLL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (150 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Razadyne	QLL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	PA
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		PA; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		PA; QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
*Multiple Sclerosis Agents - Interferons***		
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		PA; QLL (15 syringes per 30 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22mcg/0.5mL, 44mcg/0.5mL		PA; QLL (15 syringes per 30 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6x8.8 & 6x22mcg		PA; QLL (15 syringes per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6x8.8 & 6x22mcg		PA; QLL (15 syringes per 30 days)
*Multiple Sclerosis Agents – NRF2 Pathway Activators***		
<i>Dimethyl Fumarate Oral 120 & 240mg</i>	Tecfidera	PA; QLL (1 starter pack per 90 days)
<i>Dimethyl Fumarate Oral Capsule Delayed Release 120mg & 240mg</i>	Tecfidera	PA; QLL (60 EA per 30 days)
*Multiple Sclerosis Agents***		
<i>Glatiramer Subcutaneous Solution Prefilled Syringe 40mg/mL</i>	Copaxone	PA: Co-Preferred
<i>Glatiramer Subcutaneous Solution Prefilled Syringe 20mg/mL</i>	Copaxone	PA: Co-Preferred
*Psychotherapeutic and Neurologic Agents - Misc***		
<i>Ergoloid Mesylates Oral tablet 1mg</i>		
SULFONAMIDES		
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>Sulfadiazine Oral Tablet 500mg</i>		
TETRACYCLINES		
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>Demeclocycline Oral Tablet 150mg, 300mg</i>		
<i>Doxycycline Hyclate Oral Tablet 20mg</i>		

Drug Name	Reference	Restrictions
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg, 75 mg</i>	Monodox	
<i>doxycycline monohydrate oral capsule 50 mg</i>	Mondoxine NL	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Minocin	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tapazole	
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 25 mcg, 50 mcg, 88 mcg</i>	Unithroid Direct	
<i>levothyroxine sodium oral tablet 137 mcg, 200 mcg, 75 mcg</i>	Levoxyl	
<i>levothyroxine sodium oral tablet 300 mcg</i>	Synthroid	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG		
ARMOUR THYROID ORAL TABLET 15 MG	NP Thyroid	
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	Levothyroxine Sodium	
NATURE-THROID ORAL TABLET 130 MG		
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	Levothyroxine Sodium	
WESTHROID ORAL TABLET 130 MG		
WP THYROID ORAL TABLET 130 MG		

Drug Name	Reference	Restrictions
TOXOIDS		
*Toxoid Combinations***		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5		AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5		AL (Min 19 Years)
ULCER DRUGS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Bentyl	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		
<i>dicyclomine hcl oral tablet 20 mg</i>	Bentyl	
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Symax-SR	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Anaspaz	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Symax-SL	
*H-2 Antagonists***		
<i>cimetidine 200 oral tablet 200 mg</i>	Tagamet HB	OTC
<i>cimetidine hcl oral solution 300 mg/5ml</i>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		
<i>famotidine oral tablet 40 mg</i>	Pepcid	
<i>heartburn relief max st oral tablet 20 mg</i>	Pepcid AC Maximum Strength	OTC
<i>nizatidine oral capsule 150 mg, 300 mg</i>		
<i>nizatidine oral solution 15 mg/ml</i>		
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		
<i>ranitidine hcl oral syrup 15 mg/ml</i>		
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Zantac	
<i>ranitidine hcl oral tablet 75 mg</i>	Zantac 75	OTC
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	

Drug Name	Reference	Restrictions
*Proton Pump Inhibitor-Antacid Combinations***		
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	Zegerid	QLL (30 EA per 30 days)
<i>ra omeprazole-sodium bicarb oral capsule 20- 1100 mg</i>	Zegerid	ST; OTC; QLL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg</i>	Zegerid	ST; QLL (30 EA per 30 days)
*Proton Pump Inhibitors***		
<i>Esomeprazole oral packet 10 mg, 20 mg, 40 mg</i>	Nexium	ST; QLL (30 EA per 30 days)
<i>heartburn treatment 24 hour oral capsule delayed release 15 mg</i>	Prevacid	ST; OTC; QLL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	ST; QLL (30 EA per 30 days)
<i>lansoprazole ODT 15 mg, 30 mg</i>	Prevacid Solutab	PA; QLL (30 EA per 30 days)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		OTC; QLL (30 EA per 30 days)
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (30 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (30 EA per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG		ST; QLL (30 EA per 30 days)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		QLL (30 EA per 30 days)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		QLL (30 EA per 30 days)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	Esomeprazole Magnesium	OTC; QLL (30 EA per 30 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	Esomeprazole Magnesium	ST; QLL (30 EA per 30 days)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
<i>propantheline bromide oral tablet 15 mg</i>		
<i>propantheline bromide powder</i>		
*Ulcer Drugs - Prostaglandins***		

Drug Name	Reference	Restrictions
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTI-INFECTIVES		
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg, 25 mg</i>	Macrochantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Furadantin	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>		ST
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Ditropan XL	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>		ST
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Urecholine	
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)		
<i>flavoxate hcl oral tablet 100 mg</i>		
VACCINES		
*Bacterial Vaccines***		
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		AL (Min 19 Years)

Drug Name	Reference	Restrictions
MENACTRA INTRAMUSCULAR INJECTABLE		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML		AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		AL (Min 19 Years)
*Viral Vaccine Combinations***		
M-M-R II SUBCUTANEOUS INJECTABLE		AL (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION 720-20		AL (Min 19 Years)
*Viral Vaccines***		
AFLURIA INTRAMUSCULAR SUSPENSION		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML		AL (Min 19 Years)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML		AL (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
FLUBLOK INTRAMUSCULAR SOLUTION		
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION		
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
FLUVIRIN INTRAMUSCULAR SUSPENSION		
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML		
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML		
GARDASIL 9 INTRAMUSCULAR SUSPENSION		PA; Specialty pharmacy ships to provider office only; QLL (3 doses per 1 lifetime)

Drug Name	Reference	Restrictions
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		PA; Specialty pharmacy ships to provider office only; QLL (3 doses per 1 lifetime)
GARDASIL INTRAMUSCULAR SUSPENSION		PA; Specialty pharmacy ships to provider office only; QLL (3 doses per 1 lifetime); AL (Min 9 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML		AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		AL (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML		AL (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		AL (Min 19 Years)
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
<i>clotrimazole vaginal cream 1 %</i>	Gyne-Lotrimin	OTC
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>miconazole 3 vaginal cream 4 %</i>	Monistat 3	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>miconazole nitrate vaginal suppository 100 mg</i>		OTC
<i>terconazole vaginal cream 0.4 %</i>	Terazol 7	
<i>terconazole vaginal cream 0.8 %</i>		
<i>terconazole vaginal suppository 80 mg</i>		
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM)		OTC
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
CLEOCIN VAGINAL SUPP 100 MG		
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.01%</i>	Estrace	

Drug Name	Reference	Restrictions
YUVAFEM VAGINAL TABLET 10 MCG		
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Auvi-Q	QLL (6 PENS per 365 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (6 PENS per 365 days)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	EpiPen 2-Pak	QLL (6 PENS per 365 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
VITAMINS		
*Paba***		
POTABA ORAL CAPSULE 500 MG		
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		OTC
*Vitamin B-6***		
<i>pyridoxine hcl tablet 25 mg, 50 mg, 100 mg, 250mg</i>		OTC
<i>niacin er oral tablet extended release 250 mg</i>	Endur-Acin	OTC
<i>niacin er oral tablet extended release 500 mg, 750 mg</i>	Slo-Niacin	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>		OTC
*Vitamin D***		
<i>ergocalciferol oral solution 8000 unit/ml</i>	Calcidol	OTC
<i>super daily d3 oral liquid 1000 unt/0.03ml</i>	Ddrops	OTC
<i>vitamin d (cholecalciferol) oral tablet 1000 unit</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	Drisdol	
<i>vitamin d2 oral tablet 400 unit</i>		OTC
<i>vitamin d3 oral capsule 1000 unit</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d3 oral capsule 10000 unit</i>	Maximum D3	OTC
<i>vitamin d3 oral capsule 2000 unit, 400 unit</i>		OTC
<i>vitamin d3 oral capsule 5000 unit</i>	Dialyvite Vitamin D 5000	OTC

Drug Name	Reference	Restrictions
<i>vitamin d3 oral capsule 50000 unit</i>	Decara	OTC
<i>vitamin d3 oral liquid 1200 unit/15ml, 5000 unit/ml</i>		OTC
<i>vitamin d3 oral liquid 400 unit/ml</i>	Just D	OTC
<i>vitamin d3 oral tablet 2000 unit</i>	Thera-D Rapid Repletion	OTC
<i>vitamin d3 oral tablet 3000 unit, 400 unit, 5000 unit</i>		OTC
<i>vitamin d3 oral tablet chewable 1000 unit</i>	VitaJoy Daily D Gummies	OTC
<i>vitamin d3 oral tablet chewable 400 unit</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d3 oral tablet dispersible 5000 unit</i>		OTC
BIO-D-MULSION FORTE ORAL LIQUID 2000 UNT/0.03ML		OTC
BIO-D-MULSION ORAL LIQUID 400 UNT/0.03ML		OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT	Vitamin D3	OTC
REPLESTA ORAL WAFER 50000 UNIT		OTC
WELLESSE VITAMIN D3 ORAL LIQUID 1000 UNIT/10ML		OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 MG</i>		QLL (10 EA per 30 days)