



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 |
| *Janus Kinase Inhibitors*** | | |
| XELJANZ/ XELJANZ XR | | 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> mg/15m</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</i> | Vicodin ES | QLL (240 EA per 30 days) |

| <i>tablet 5-325 mg, 7.5-300 mg</i> | | |
|---|---------------------------|------------------------------|
| 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) |
| LORTAB ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | 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 (15 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr</i> | Duragesic-12 | PA; QLL (15 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 25 mcg/hr</i> | Duragesic-25 | PA; QLL (15 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 37.5</i> | | PA; QLL (15 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 50 mcg/hr</i> | Duragesic-50 | PA; QLL (15 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour 75 mcg/hr</i> | Duragesic-75 | PA; QLL (15 EA per 30 days) |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i> | Dilaudid | QLL (180 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 (180 ML per 30 days) |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i> | Dolophine | PA; QLL (180 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> | | QLL (90 EA per 30 days) |
| <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>oxycodone hcl oral tablet extended release 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80mg</i> | | QLL |
| <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 (240 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Endocet | QLL (240 EA per 30 days) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | Oxycodone-Acetaminophen | QLL (240 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 | |
| LIDAZONE HC RECTAL CREAM 3-0.5 % | Lidocaine-Hydrocortisone Ace | |
| 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*** | | |
| ALMACONE ORAL TABLET CHEWABLE 200-200-25 MG | | OTC |
| 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 |
| TITRALAC ORAL TABLET CHEWABLE 420 MG | | 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 Titradose | |
| <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</i> | RANEXA | |
| Minitran transdermal patch 24 hour 0.1mg/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>Fluticasone-salmeterol inhalation 100-50, 250- 50, 500-50</i> | ADVAIR | ST; QLL |
| <i>Albuterol</i> | PROAIR | |

| 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) |
| WIXELA | | ST; QLL |
| *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) |
| Muscarinic Inhibitor | | |
| 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) |

| | | |
|---|-----------------|------------------------------|
| zafirlukast oral tablet 10 mg, 20 mg | Accolate | ST; QLL (60 EA per 30 days) |
| *Steroid Inhalants*** | | |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml | 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) |
| glycopyrrolate/formoterol fumarate | BEVESPI | |
| *Xanthines*** | | |
| theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg | Theochron | |
| theophylline er oral tablet extended release 12 hour 450 mg | | |
| theophylline er oral tablet extended release 24 hour 400 mg, 600 mg | | |
| theophylline oral solution 80 mg/15ml | | |
| *ANTICOAGULANTS* | | |
| *Coumarin Anticoagulants*** | | |
| warfarin sodium oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg | Jantoven | |
| warfarin sodium oral tablet 10 mg, 2 mg, 7.5 mg | 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 | |
| *Heparins And Heparinoid-Like Agents*** | | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | | |
| heparin sodium (porcine) pf injection solution 5000 unit/0.5ml | | |
| *Low Molecular Weight Heparins*** | | |
| enoxaparin sodium injection solution 300 mg/3ml | Lovenox | QLL (42 syringes per 1 year) |
| 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 | 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) |
| ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML | Fondaparinux Sodium | PA |
| *Thrombin Inhibitors - Selective Direct & Reversible*** | | |
| <i>dabigatran etexilate oral capsule 75 mg, 150 mg</i> | Pradaxa | PA |
| 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*** | | |
| <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*** | | |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML AND VIAL 100 UNIT/ML | Semglee-YFGN | |
| ADMELOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | | |
| HUMULIN 70/30 SUBCUTANEOUS | | OTC |
| 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, 1 MG, 2 MG | | ST |
| TRULICITY SUBCUTANEOUS PEN-INJECTOR 0.75 MG, 1.5 MG, 3 MG, 4.5 MG | | ST |
| RYBELSUS ORAL TABLET 3 MG, 7 MG, 14 MG | | PA; ST |
| *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*** | | |
| <i>ertugliflozin oral tablet 5 mg, 15 mg</i> | STEGLATRO | |
| <i>ertugliflozin-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | SEGLUROMET | |
| *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*** | | |
| <i>eluxadoline</i> | 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 | |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | |
| EMEND ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG | Aprepitant | PA |
| *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>Sporanox oral solution 10 mg/mL</i> | | PA |
| *ANTIHISTAMINES* | | |
| *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> | | |
| *ANTHYPERLIPIDEMICS* | | |
| *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) |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | Rosuvastatin Calcium | PA; QLL (30 EA per 30 days) |
| *Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** | | |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG | Ezetimibe-Simvastatin | 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 2515 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 512.5 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 1512.5 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>methyl dopa-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) |
| VANCOCIN HCL ORAL CAPSULE 125 MG | Vancomycin HCl | PA |
| *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> | | |
| DARAPRIM ORAL TABLET 25 MG | | PA |
| PLAQUENIL ORAL TABLET 200 MG | Hydroxychloroquine Sulfate | |
| *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 |
| <i>cemiplimab</i> | 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 1000000 UNIT/ML, 6000000 UNIT/ML | | PA |
| INTRON A INJECTION SOLUTION RECONSTITUTED 1000000 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 | No PA |

| Drug Name | Reference | Restrictions |
|--|------------------|---------------------|
| <i>etravirine</i> | Intelence | PA |
| <i>nevirapine</i> | Viramune | PA |
| <i>nevirapine</i> | Viramune XR | PA |
| <i>rilprvine</i> | Edurant | PA |
| *NRTIs (Nucleotide/side Reverse Transcriptase Inhibitors*** | | |
| <i>abacavir</i> | Ziagen | No PA |
| <i>abacavir/lamivudine</i> | Epzicom | PA |
| <i>abacavir/zidovudone/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>glecaprevir/pibrentasvir</i> | MAVYRET | 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) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | | QLL (60 EA per 180 days) |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | | QLL (3 Bottles Max Qty Per Fill Retail) |
| *ASSORTED CLASSES* | | |
| *Chelating Agents*** | | |
| CUPRIMINE ORAL CAPSULE 250 MG | | |

| 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 | |
| *Purine Analogs*** | | |
| | | |
| *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) |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG | NIFEdipine ER | QLL (90 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) |
| NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG | NIFEdipine ER | QLL (90 EA per 30 days) |

| Drug Name | Reference | Restrictions |
|---|-------------------------------|-------------------------|
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG | NIFEdipine ER Osmotic Release | QLL (90 EA per 30 days) |
| 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 |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | | 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*** | | |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | ambrisentan | |
| OPSUMIT ORAL TABLET 10 MG | | PA |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | | PA |

| Drug Name | Reference | Restrictions |
|--|-------------------|--------------|
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | |
| <i>sildenafil citrate oral tablet 20 mg</i> | Revatio | PA |
| ADCIRCA ORAL TABLET 20 MG | | 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 |
| CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML | | |
| ZINACEF INJECTION SOLUTION RECONSTITUTED 1.5 GM | Cefuroxime Sodium | 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>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | | |

| Drug Name | Reference | Restrictions |
|---|-------------------------------|-------------------------|
| <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 CAPSULE 400 MG | | |
| 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>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 | |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG | Drospiren-Eth Estrad-Levomefol | |
| 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 | | |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG | | |
| 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*** | | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR | | 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) |
| TAKE ACTION 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 | |
| QUARTETTE ORAL TABLET 42-21-21-7 DAYS | | |
| 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 days) |
| <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>supress-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 |
| BRONCOTRON PED DROPS ORAL LIQUID 2.5-5-100 MG/ML | EQ Multi-Symptom Cold Children | OTC |
| BRONCOTRON PED ORAL LIQUID 10-15-350 MG/5ML | | 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 |
| <i>clindamycin phosphate external lotion 1 %</i> | Cleocin-T | QLL |
| <i>clindamycin phosphate external solution 1 %</i> | Cleocin-T | QLL |
| <i>clindamycin phosphate external swab 1 %</i> | Clindacin ETZ | QLL |

| 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 |

| Drug Name | Reference | Restrictions |
|--|------------------|-----------------------------|
| <i>gentamicin sulfate external ointment 0.1 %</i> | | QLL |
| <i>mupirocin external ointment 2 %</i> | Centany | QLL (110 GM per 30 days) |
| *Antifungals - Topical Combinations*** | | |
| <i>clotrimazole-betamethasone external cream 1- 0.05 %</i> | Lotrisone | QLL |
| <i>clotrimazole-betamethasone external lotion 1- 0.05 %</i> | | QLL |
| *Antifungals - Topical*** | | |
| <i>ciclopirox external gel 0.77 %</i> | | QLL |
| <i>ciclopirox external shampoo 1 %</i> | Loprox | QLL |
| <i>ciclopirox external solution 8 %</i> | Penlac | |
| <i>ciclopirox olamine external cream 0.77 %</i> | Ciclodan | QLL |
| <i>ciclopirox olamine external suspension 0.77 %</i> | Loprox | QLL |
| <i>nystatin external cream 100000 unit/gm</i> | | QLL |
| <i>nystatin external ointment 100000 unit/gm</i> | | QLL |
| <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 |
| <i>calcipotriene external ointment 0.005 %</i> | Calcitrene | QLL |
| <i>calcipotriene external solution 0.005 %</i> | | QLL |
| <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 (1 ea per 30 days) |

| Drug Name | Reference | Restrictions |
|--|------------------|-----------------------------|
| <i>penciclovir external cream 1%</i> | DENAVIR | QLL (5 GM per 30 days) |
| ABREVA EXTERNAL CREAM 10 % | | OTC; QLL (1 ea 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 |
| <i>clobetasol propionate external cream 0.05 %</i> | Temovate | QLL |
| <i>clobetasol propionate external foam 0.05 %</i> | Olux | QLL |
| <i>clobetasol propionate external gel 0.05 %</i> | Temovate | QLL |
| <i>clobetasol propionate external lotion 0.05 %</i> | Clobex | QLL |
| <i>clobetasol propionate external ointment 0.05 %</i> | Temovate | QLL |
| <i>clobetasol propionate external shampoo 0.05 %</i> | Clodan | QLL |
| <i>clobetasol propionate external solution 0.05 %</i> | Temovate | QLL |

| 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 |
| <i>diflorasone diacetate external ointment 0.05 %</i> | | QLL |
| <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 |
| <i>fluocinonide external cream 0.1 %</i> | Vanos | QLL |
| <i>fluocinonide external gel 0.05 %</i> | | QLL |
| <i>fluocinonide external ointment 0.05 %</i> | | QLL |
| <i>fluocinonide external solution 0.05 %</i> | | QLL |
| <i>fluocinonide-e external cream 0.05 %</i> | | QLL |
| <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 |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | Locoid | QLL |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | Locoid | QLL |

| 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 %-unt/30gm</i> | | |
| *Emollient/Keratolytic Agents*** | | |
| <i>urea external cream 40 %</i> | Rea Lo 40 | QLL |
| *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 |
| *Imidazole-Related Antifungals - Topical*** | | |

| Drug Name | Reference | Restrictions |
|---|----------------------------------|-----------------------------|
| <i>clotrimazole external cream 1 %</i> | Lotrimin AF Jock Itch | QLL |
| <i>clotrimazole external solution 1 %</i> | FungiCure Intensive/NailGuard | QLL |
| <i>ketoconazole external cream 2 %</i> | | QLL |
| <i>ketoconazole external shampoo 2 %</i> | Nizoral | QLL |
| <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 % | | |
| SCALPICIN EXTERNAL LIQUID 3 % | RA Scalp Itch/Dandruff Relief | OTC |
| *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 (90 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>tacrolimus external ointment 0.03 %, 0.1 %</i> | Protopic | ST; QLL (30 GM per 30 days) |
| ELIDEL EXTERNAL CREAM 1 % | | ST; QLL (30 GM per 30 days) |
| *NON-STEROIDAL ANTI-INFLAMMATORY - Topical*** | | |
| <i>crisaborole</i> | EUCRISA | QLL |
| *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 | |
| FINACEA EXTERNAL GEL 15 % | | |
| *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 (240 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 | |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | | 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>sulfasalazine oral tablet 500 mg</i> | Sulfazine | |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | Azulfidine EN-tabs | |
| ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG | Mesalamine | |
| CANASA RECTAL SUPPOSITORY 1000 MG | | |
| *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 | |
| RENAGEL ORAL TABLET 400 MG, 800 MG | | |
| REVELA ORAL PACKET 0.8 GM, 2.4 GM | | |
| REVELA 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) |
| ULORIC ORAL TABLET 40 MG, 80 MG | | 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 | | |
| *C_{xcr4} Receptor Antagonist*** | | |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML | | PA |
| *Cytotoxic Agents*** | | |
| <i>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</i> | hydroxyurea | |
| *HYPOPHOSPHATEMIA TREATMENT* | | |
| Burosumab | 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 |
| *Hepatitis C Agent - Combinations*** | | |
| MAVYRET ORAL TABLET 100-40 MG | | PA, Preferred |
| | | |
| *HYPNOTICS* | | |
| *Antihistamine Hypnotics*** | | |
| <i>diphenhydramine hcl (sleep) oral tablet 50 mg</i> | Nycol 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 | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM | | |
| *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 |
| EX-LAX ORAL TABLET CHEWABLE 15 MG | RA 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</i> | E.E.S. Granules | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | E.E.S. 400 | |
| E.E.S. 400 ORAL TABLET 400 MG | Erythromycin Ethylsuccinate | |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML | | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 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 |
|---|--------------------------------|---------------------|
| ONETOUCH ULTRA CONTROL IN VITRO SOLUTION | Element Compact Control 2 | |
| ONETOUCH ULTRA MINI KIT W/DEVICE | Kroger Blood Glucose | |
| ONETOUCH ULTRASOFT LANCETS | Global Inject Ease Lancets 28G | |
| ONETOUCH VERIO IN VITRO SOLUTION | Element Compact Control 2 | |
| ONETOUCH 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 | | 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 | | |
| MIGRANAL NASAL SOLUTION 4 MG/ML | Dihydroergotamine Mesylate | QLL (8 Units per 30 days) |
| *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 |
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| <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) |
| REYVOW ORAL TABLET 50 MG, 100 MG | | PA |
| ZOMIG NASAL SOLUTION 5 MG | | QLL (6 EA per 30 days) |
| *Calcitonin Gene-Related Peptide (CGRP) Inhibitors*** | | |
| Aimovig | erenumab | PA |
| Emgality | galcanezumab | 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 |

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| <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>fluoritab 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 | |

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|---|-------------------|---------------------------|
| <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> | Oralone | |
| *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) |

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| <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) |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG | Virt-C DHA | 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) |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | | 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) |
| 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 Sickle 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> | | |

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| <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 | |
| *Viscosupplements*** | | |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML | | PA: Co-preferred |
| HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML | | PA: Co-preferred |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML | | PA: Co-preferred |
| *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 acetonide nasal aerosol 55 mcg/act</i> | Nasacort Allergy 24HR | ST; QLL (2 bottles 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) |
| RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT | Budesonide | OTC; QLL (1 bottle per 30 days) |
| *Topical Decongestants*** | | |
| <i>nasal spray nasal solution 0.05 %</i> | Afrin Sinus | OTC |

| Drug Name | Reference | Restrictions |
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| *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>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 % | | |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % | | |
| *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-POLYICIN OPHTHALMIC OINTMENT 3.5-400-10000 | Triple Antibiotic | |
| POLYICIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM | Bacitracin-Polymyxin B | |
| *Ophthalmic Anti-inflammatory*** | | |
| <i>cenegermin-bkbj</i> | OXERVATE | 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 |
|--|--------------------------------|---------------------|
| <i>cyclosporine ophthalmic solution</i> | CEQUA | |
| *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-POLYCYN 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 | |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % | | |
| *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 0.3mg | | 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*** | | |
| Dimethyl Fumarate Oral 120 & 240mg | Tecfidera | PA; QLL (1 starter pack per 90 days) |
| Dimethyl Fumarate Oral Capsule Delayed Release 120mg & 240mg | Tecfidera | PA; QLL (60 EA per 30 days) |
| *Multiple Sclerosis Agents*** | | |
| Glatiramer Subcutaneous Solution Prefilled Syringe 40mg/mL | | PA: Co-Preferred |
| Glatiramer Subcutaneous Solution Prefilled Syringe 20mg/mL | | PA: Co-Preferred |
| *Psychotherapeutic and Neurologic Agents - Misc*** | | |
| Ergoloid Mesylates Oral tablet 1mg | | |
| *SULFONAMIDES* | | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | |
| Sulfadiazine Oral Tablet 500mg | | |
| *TETRACYCLINES* | | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | |
| Demeclocycline Oral Tablet 150mg, 300mg | | |
| Doxycycline Hyclate Oral Tablet 20mg | | |

| Drug Name | Reference | Restrictions |
|---|----------------------|---------------------|
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg | | |
| doxycycline monohydrate oral capsule 100 mg, 75 mg | Monodox | |
| doxycycline monohydrate oral capsule 50 mg | Mondoxyne NL | |
| doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg | | |
| minocycline hcl oral capsule 100 mg, 50 mg, 75 mg | Minocin | |
| tetracycline hcl oral capsule 250 mg, 500 mg | | |
| *Antithyroid Agents*** | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tapazole | |
| <i>propylthiouracil oral tablet 50 mg</i> | | |
| *Thyroid Hormones*** | | |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 25 mcg, 50 mcg, 88 mcg | Unithroid Direct | |
| levothyroxine sodium oral tablet 137 mcg, 200 mcg, 75 mcg | Levoxyl | |
| levothyroxine sodium oral tablet 300 mcg | Synthroid | |
| liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg | Cytomel | |
| np thyroid oral tablet 30 mg, 60 mg, 90 mg | 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*** | | |
| tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml | | |
| 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*** | | |
| dicyclomine hcl oral capsule 10 mg | Bentyl | |
| dicyclomine hcl oral solution 10 mg/5ml | | |
| dicyclomine hcl oral tablet 20 mg | Bentyl | |
| *Belladonna Alkaloids*** | | |
| hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg | Symax-SR | |
| hyoscyamine sulfate oral elixir 0.125 mg/5ml | | |
| hyoscyamine sulfate oral solution 0.125 mg/ml | | |
| hyoscyamine sulfate oral tablet 0.125 mg | Levsin | |
| hyoscyamine sulfate oral tablet dispersible 0.125 mg | Anaspaz | |
| hyoscyamine sulfate sublingual tablet sublingual 0.125 mg | Symax-SL | |
| *H-2 Antagonists*** | | |
| cimetidine 200 oral tablet 200 mg | Tagamet HB | OTC |
| cimetidine hcl oral solution 300 mg/5ml | | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | | |
| famotidine oral tablet 40 mg | Pepcid | |
| heartburn relief max st oral tablet 20 mg | Pepcid AC Maximum Strength | OTC |
| nizatidine oral capsule 150 mg, 300 mg | | |
| nizatidine oral solution 15 mg/ml | | |
| ranitidine hcl oral capsule 150 mg, 300 mg | | |
| ranitidine hcl oral syrup 15 mg/ml | | |
| ranitidine hcl oral tablet 150 mg, 300 mg | Zantac | |
| ranitidine hcl oral tablet 75 mg | Zantac 75 | OTC |
| *Misc. Anti-Ulcer*** | | |
| sucralfate oral tablet 1 gm | Carafate | |

| Drug Name | Reference | Restrictions |
|---|-------------------------------|-----------------------------------|
| *Proton Pump Inhibitor-Antacid Combinations*** | | |
| omeprazole-sodium bicarbonate oral capsule 40-1100 mg | Zegerid | QLL (60 EA per 30 days) |
| omeprazole-sodium bicarb oral capsule 20-1100 mg | Zegerid | ST; OTC; QLL (120 EA per 30 days) |
| ZEGERID ORAL PACKET 20-1680 MG | Omeprazole-Sodium Bicarbonate | ST; QLL |
| *Proton Pump Inhibitors*** | | |
| heartburn treatment 24 hour oral capsule delayed release 15 mg | Prevacid | ST; OTC; QLL |
| lansoprazole oral capsule delayed release 30 mg | Prevacid | ST; QLL |
| omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg | | OTC; QLL (120 EA per 30 days) |
| omeprazole oral tablet delayed release 20 mg | | OTC; QLL (120 EA per 30 days) |
| pantoprazole sodium oral tablet delayed release 20 mg, 40 mg | Protonix | QLL (30 EA per 30 days) |
| rabeprazole sodium oral tablet delayed release 20 mg | Aciphex | QLL (30 EA per 30 days) |
| ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG | | ST; QLL |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML | | QLL (60 EA per 30 days) |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML | | |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG | Esomeprazole Magnesium | OTC; QLL (60 EA per 30 days) |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG | Esomeprazole Magnesium | ST; QLL |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG | | ST; QLL |
| PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG | | PA; QLL |
| *Quaternary Anticholinergics*** | | |
| glycopyrrolate oral tablet 1 mg | Robinul | |
| glycopyrrolate oral tablet 2 mg | Robinul-Forte | |
| propantheline bromide oral tablet 15 mg | | |
| propantheline bromide powder | | |
| *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</i> | Macrochantin | |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | Macrobid | |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i> | Furadantin | |
| <i>MACRODANTIN ORAL CAPSULE 25 MG</i> | Nitrofurantoin Macrocrystal | |
| *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*** | | |
| <i>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</i> | | 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*** | | |
| clotrimazole vaginal cream 1 % | Gyne-Lotrimin | OTC |
| miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm) | Monistat 3 Combo Pack App | OTC |
| miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) | Monistat 3 Combination Pack | OTC |
| miconazole 3 vaginal cream 4 % | Monistat 3 | OTC |
| miconazole nitrate vaginal cream 2 % | Monistat 7 Simply Cure | OTC |
| miconazole nitrate vaginal suppository 100 mg | | OTC |
| terconazole vaginal cream 0.4 % | Terazol 7 | |
| terconazole vaginal cream 0.8 % | | |
| terconazole vaginal suppository 80 mg | | |
| MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) | | OTC |
| *Vaginal Anti-Infectives*** | | |
| clindamycin phosphate vaginal cream 2 % | Cleocin | |
| metronidazole vaginal gel 0.75 % | Vandazole | |
| CLEOCIN VAGINAL SUPP 100 MG | | |
| *Vaginal Estrogens*** | | |
| ESTRACE VAGINAL CREAM 0.1 | | |

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

| Drug Name | Reference | Restrictions |
|---|-------------------------|-------------------------|
| vitamin d3 oral capsule 50000 unit | Decara | OTC |
| vitamin d3 oral liquid 1200 unit/15ml, 5000 unit/ml | | OTC |
| vitamin d3 oral liquid 400 unit/ml | Just D | OTC |
| vitamin d3 oral tablet 2000 unit | Thera-D Rapid Repletion | OTC |
| vitamin d3 oral tablet 3000 unit, 400 unit, 5000 unit | | OTC |
| vitamin d3 oral tablet chewable 1000 unit | VitaJoy Daily D Gummies | OTC |
| vitamin d3 oral tablet chewable 400 unit | Healthy Kids Vitamin D3 | OTC |
| vitamin d3 oral tablet dispersible 5000 unit | | 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*** | | |
| MEPHYTON ORAL TABLET 5 MG | | QLL (10 EA per 30 days) |