



**Aetna Better Health of Florida  
Florida Healthy Kids  
Formulary Guide  
April 2025**

## **What is a Formulary?**

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

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

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

## **How do I use the Plan's Formulary?**

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** shows coverage rules for the drug

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

## **What are generic drugs?**

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

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

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan.

## **Are there Medication Copays?**

Refer to member handbook for copay information.

## **What are some types of coverage rules?**

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug. Call Member Services team at 1-844-528-5815 for more information.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition.

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

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

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

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

# Aetna Better Health Florida CHIP

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**CURRENT AS OF 4/1/2025**

**Restrictions**

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

**F** = Female Only

**M** = Male Only

**OTC** = Over the Counter

**PA** = Prior Authorization Required

**QLL** = Quantity Level Limit Applies

**ST** = Step Therapy Required

**lowercase italics** = Generic drugs

**UPPERCASE BOLD** = Brand name drugs

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	Intuniv	QLL (1 EA per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	Intuniv	
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	QLL (1 EA per 1 day); AL (Min 6 Years)
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Adderall XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg</i>	Adderall XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.75/day, Age $\geq$ 18: maximum 2/day
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg</i>	Adderall XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.5/day, Age $\geq$ 18: maximum 2/day
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 30 mg</i>	Adderall XR	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Adderall	QLL (3 EA per 1 day); AL (Min 3 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Adderall	QLL (2 EA per 1 day); AL (Min 3 Years)
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	Dexedrine	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenzedi	QLL (6 EA per 1 day); AL (Min 3 Years)
<b>*Analeptics***</b>		
<i>caffeine citrate oral solution 20 mg/ml</i>		
<b>*Stimulants - Misc.***</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>armodafinil oral tablet 50 mg</i>	Nuvigil	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	QLL (2 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Metadate CD	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Concerta	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Concerta	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		QLL (3 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	QLL (30 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	QLL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML</b>	methylphenidate hcl	QLL (30 ML per 1 day)
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*Alternative Medicine - St's***</b>		
<i>stevia oral packet 100 mg</i>		OTC
<b>*AMINOGLYCOSIDES*</b>		
<b>*Aminoglycosides***</b>		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	Auto-PA; QLL (10 ML per 1 day)
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
<b>RINVOQ LQ ORAL SOLUTION 1 MG/ML</b>		PA
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG</b>		PA
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	PA
<b>HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML</b>		PA
<b>HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML</b>		PA



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	QLL (1 EA per 1 day)
<b>*Gold Compounds***</b>		
<b>RIDAURA ORAL CAPSULE 3 MG</b>	auranofin	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (4 EA per 1 day); AL (Min 17 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		QLL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		QLL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>		ST
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>piroxicam oral capsule 10 mg, 20 mg</i>		
<i>sulindac oral tablet 150 mg, 200 mg</i>		
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
<b>OTEZLA ORAL TABLET 20 MG, 30 MG</b>		PA
<b>OTEZLA ORAL TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG, 4 X 10 &amp; 51 X20 MG</b>		PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (1 EA per 1 day)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML</b>		Auto-PA
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>		Auto-PA
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>		Auto-PA; QLL (4.08 ML per 28 days); AL (Min 2 Years)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>		Auto-PA; QLL (7.84 ML per 28 days); AL (Min 2 Years)
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*Analgesic Combinations***</b>		
<i>headache formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<b>*Analgesics Other***</b>		
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		AL (Max 20 Years); OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	AL (Max 20 Years); OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	QLL (6 EA per 1 day); AL (Max 20 Years); OTC
<i>acetaminophen oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	QLL (8 EA per 1 day); OTC
<i>acetaminophen oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>		OTC
<b>FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG</b>		OTC
<b>TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML</b>		QLL (240 ML per 30 days); OTC
<b>*Analgesics-Sedatives***</b>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	
<b>*Salicylates***</b>		
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	AL (Max 20 Years); OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>aspirin rectal suppository 300 mg</i>		AL (Max 20 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANALGESICS - OPIOID*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (20 ML per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		QLL (40 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<b>*Opioid Agonists***</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		Auto-PA; QLL (10 EA per 30 days); AL (Min 18 Years)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	QLL (4 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (4 EA per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>		Auto-PA; QLL (10 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>		Auto-PA; QLL (20 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		QLL (4.5 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	MS Contin	Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	MS Contin	Auto-PA; QLL (6 EA per 1 day); AL (Min 18 Years)
<i>morphine sulfate er oral tablet extended release 30 mg</i>	MS Contin	Auto-PA; QLL (3 EA per 1 day); AL (Min 18 Years)
<i>morphine sulfate oral solution 10 mg/5ml</i>		QLL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		QLL (22 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		QLL (4 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>		QLL (3 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<b>METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML</b>	methadone hcl	Auto-PA; QLL (2 ML per 1 day)
<b>*Opioid Combinations***</b>		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	QLL (4 EA per 1 day)
<b>*Opioid Partial Agonists***</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		Auto-PA; QLL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		Auto-PA; QLL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	Auto-PA; QLL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (2.5 ML per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (4 EA per 1 day)
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*Androgens***</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	AndroGel Pump	PA; QLL (5 GM per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*Intrarectal Steroids***</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
<b>*Nitrate Vasodilating Agents***</b>		
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	PA
<b>*Rectal Combinations - Misc.***</b>		
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<b>*Rectal Local Anesthetics***</b>		
<i>lidocaine (anorectal) external cream 5 %</i>	AneCream5	QLL (30 GM per 30 days); OTC
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	QLL (15 GM per 30 days); OTC
<b>*Rectal Steroids***</b>		
<i>hydrocortisone (perianal) external cream 1 %</i>	Preparation H	QLL (90 GM per 30 days)
<b>*ANTACIDS*</b>		
<b>*Antacid Combinations***</b>		
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>		OTC
<b>ACID GONE ORAL SUSPENSION 95-358 MG/15ML</b>		OTC
<b>ACID GONE ORAL TABLET CHEWABLE 160-105 MG</b>	antacid extra strength	OTC
<b>*Antacids - Calcium Salts***</b>		
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		OTC
<b>MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG</b>	childrens pepto	OTC
<b>*Antacids - Magnesium Salts***</b>		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
<b>*ANTHELMINTICS*</b>		
<b>*Anthelmintics***</b>		
<i>albendazole oral tablet 200 mg</i>		Auto-PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ivermectin oral tablet 3 mg</i>	Stromectol	QLL (10 EA per 90 days)
<i>praziquantel oral tablet 600 mg</i>	Biltricide	
<b>*ANTIANGINAL AGENTS*</b>		
<b>*Nitrates***</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>		QLL (2 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (1 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>		
<b>NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG</b>		
<b>*ANTIANSXIETY AGENTS*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>bupirone hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl oral tablet 15 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl oral tablet 30 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl oral tablet 5 mg</i>		QLL (12 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl oral tablet 7.5 mg</i>		QLL (8 EA per 1 day); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		QLL (4 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Benzodiazepines***</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	QLL (2 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	Xanax	QLL (4 EA per 1 day); AL (Min 7 Years)
<i>alprazolam oral tablet 1 mg</i>	Xanax	QLL (6 EA per 1 day); AL (Min 7 Years)
<i>alprazolam oral tablet 2 mg</i>	Xanax	QLL (5 EA per 1 day); AL (Min 7 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		QLL (12 EA per 1 day)
<i>diazepam oral solution 5 mg/5ml</i>		QLL (10 ML per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day)
<i>lorazepam oral tablet 0.5 mg</i>	Ativan	QLL (4 EA per 1 day)
<i>lorazepam oral tablet 1 mg</i>	Ativan	QLL (6 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	Ativan	QLL (5 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	lorazepam	QLL (2 ML per 1 day); AL (Min 12 Years)
<b>*ANTIARRHYTHMICS*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl oral tablet 150 mg, 225 mg</i>		
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral tablet 200 mg</i>	Pacerone	
<b>MULTAQ ORAL TABLET 400 MG</b>		PA; QLL (2 EA per 1 day)
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*Adrenergic Combinations***</b>		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Advair Diskus	QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	AL (Min 12 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	AL (Min 12 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
<b>BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT</b>		AL (Min 18 Years)
<b>BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT</b>		ST; QLL (10.7 GM per 30 days)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>		ST; QLL (2 EA per 1 day)
<b>*Anti-Ige Monoclonal Antibodies***</b>		
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>		PA
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>		PA
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG</b>		PA; AL (Min 12 Years)
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>		QLL (2 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; Auto-PA
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>		QLL (4 GM per 30 days)



Formulary Drug Name	Reference	Restrictions
<b>*Bronchodilators - Anticholinergics***</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	QLL (60 EA per 30 days)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>		QLL (30 EA per 30 days)
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	PA; QLL (1 EA per 1 day); AL (Max 4 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (1 EA per 1 day)
<b>*Steroid Inhalants***</b>		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (4 ML per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>		QLL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>		QLL (240 EA per 30 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT</b>		AL (Min 5 Years)
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>		QLL (1 EA per 30 days)
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT</b>		QLL (1 EA per 30 days)
<b>ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>		QLL (13 GM per 30 days)
<b>*Xanthines***</b>		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	
<b>*ANTICOAGULANTS*</b>		
<b>*Coumarin Anticoagulants***</b>		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	QLL (4 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<b>*Direct Factor Xa Inhibitors***</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QLL (74 EA per 30 days); AL (Min 18 Years)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		QLL (2 EA per 1 day); AL (Min 18 Years)
XARELTO ORAL TABLET 15 MG		QLL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		
<b>*Heparins And Heparinoid-Like Agents***</b>		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>		
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	QLL (180 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Lovenox	QLL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Lovenox	QLL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Lovenox	QLL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Lovenox	QLL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Lovenox	QLL (36 ML per 30 days)
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	QLL (2 EA per 1 day)
<b>*ANTICONVULSANTS*</b>		
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	PA; QLL (16 ML per 1 day)
<i>clobazam oral tablet 10 mg</i>	Onfi	PA; QLL (4 EA per 1 day)
<i>clobazam oral tablet 20 mg</i>	Onfi	PA; QLL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	QLL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		QLL (10 EA per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG</b>		QLL (10 EA per 30 days)
<b>VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML</b>		QLL (10 EA per 30 days); AL (Min 6 Years)
<b>VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML</b>		QLL (10 EA per 30 days); AL (Min 6 Years)
<b>*Anticonvulsants - Misc.***</b>		
<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	Carbatrol	QLL (4 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGretol-XR	QLL (10 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg</i>	TEGretol-XR	QLL (5 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	TEGretol-XR	
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	
<i>gabapentin oral tablet 600 mg</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	QLL (4.5 EA per 1 day)
<i>lamotrigine oral tablet 100 mg, 200 mg</i>	LaMICTal	QLL (2 EA per 1 day)
<i>lamotrigine oral tablet 150 mg</i>	LaMICTal	QLL (3 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	LaMICTal	QLL (6 EA per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	LaMICTal	AL (Min 13 Years)
<i>lamotrigine oral tablet chewable 5 mg</i>	LaMICTal	QLL (8 EA per 1 day); AL (Min 13 Years)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Keppra XR	QLL (6 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Keppra XR	QLL (4 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	
<i>levetiracetam oral tablet 1000 mg</i>	Keppra	QLL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Keppra	QLL (2 EA per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Keppra	QLL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Keppra	QLL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Lyrica	QLL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Lyrica	QLL (2 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	PA; QLL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Banzel	PA; QLL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Banzel	PA; QLL (8 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	QLL (4 EA per 1 day)
<i>topiramate oral tablet 100 mg</i>	Topamax	
<i>topiramate oral tablet 200 mg</i>	Topamax	QLL (2 EA per 1 day)
<i>topiramate oral tablet 25 mg, 50 mg</i>	Topamax	QLL (4 EA per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	QLL (6 EA per 1 day)
<i>zonisamide oral capsule 50 mg</i>		QLL (6 EA per 1 day)
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>		ST
<b>*Gaba Modulators***</b>		
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>		QLL (4 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>		QLL (3 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>		
<b>*Hydantoins***</b>		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	
<b>DILANTIN ORAL CAPSULE 30 MG</b>		
<b>*Succinimides***</b>		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
<b>*Valproic Acid***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	
<i>valproic acid oral capsule 250 mg</i>		
<i>valproic acid oral solution 250 mg/5ml</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANTIDEPRESSANTS*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	QLL (1 EA per 1 day); AL (Min 6 Years)
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	QLL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	QLL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>		QLL (3 EA per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>		QLL (6 EA per 1 day)
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	AL (Min 18 Years)
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		QLL (20 ML per 1 day); AL (Min 6 Years and Max 11 Years)
<i>citalopram hydrobromide oral tablet 10 mg</i>	CeleXA	QLL (2 EA per 1 day)
<i>citalopram hydrobromide oral tablet 20 mg</i>	CeleXA	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>citalopram hydrobromide oral tablet 40 mg</i>	CeleXA	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		QLL (20 ML per 1 day); AL (Min 6 Years)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl oral capsule 10 mg</i>	PROzac	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl oral capsule 20 mg, 40 mg</i>	PROzac	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		
<i>fluvoxamine maleate oral tablet 100 mg</i>		QLL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>		QLL (1 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Paxil	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl oral tablet 30 mg</i>	Paxil	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl oral tablet 40 mg</i>	Paxil	QLL (1.5 EA per 1 day); AL (Min 6 Years)
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Zoloft	QLL (2 EA per 1 day)
<b>*Serotonin Modulators***</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Cymbalta	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Cymbalta	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Effexor XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Effexor XR	QLL (3 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		AL (Min 12 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>		AL (Min 12 Years)
<i>imipramine hcl oral tablet 25 mg</i>		AL (Min 18 Years)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	AL (Min 13 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<b>*ANTIDIABETICS*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		QLL (3 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<b>*Biguanides***</b>		
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		
<b>*Diabetic Other***</b>		
<i>glucagon emergency injection kit 1 mg</i>		QLL (2 EA per 30 days)
<b>BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE</b>		QLL (2 EA per 30 days)
<b>BD GLUCOSE ORAL TABLET CHEWABLE 5 GM</b>		OTC
<b>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML</b>		QLL (0.2 ML per 30 days)
<b>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML</b>		QLL (0.4 ML per 30 days)
<b>GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML</b>		QLL (0.4 ML per 30 days)
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</b>		QLL (0.4 ML per 30 days)
<b>INSTA-GLUCOSE ORAL GEL 77.4 %</b>		OTC
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Human Insulin***</b>		
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Semglee (yfgn)	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Semglee (yfgn)	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Admelog SoloStar	
<i>insulin lispro injection solution 100 unit/ml</i>	Admelog	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	insulin glargine solostar	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML</b>		
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>		
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>		QLL (20 ML per 30 days)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</b>		
<b>NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>		OTC
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>		OTC
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>		
<b>NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		OTC
<b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>		QLL (70 ML per 30 days); OTC
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Victoza	ST; QLL (9 ML per 30 days)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML</b>		ST; QLL (0.1072 ML per 1 day)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML</b>		ST; QLL (0.1071 ML per 1 day)
<b>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML</b>		ST; QLL (0.1071 ML per 1 day)
<b>*Meglitinide Analogues***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>		QLL (8 EA per 1 day)
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>		
<b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>STEGLATRO ORAL TABLET 15 MG, 5 MG</b>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
<b>SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG</b>		ST; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		QLL (2 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg</i>		
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (4 EA per 1 day)
<b>*Sulfonylureas***</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		QLL (1 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	QLL (1 EA per 1 day)
<i>glipizide oral tablet 10 mg, 5 mg</i>		
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*Antidiarrheal/Probiotic Agents - Misc.***</b>		
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<b>*Antiperistaltic Agents***</b>		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	OTC
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<b>CHEMET ORAL CAPSULE 100 MG</b>		
<b>*Opioid Antagonists***</b>		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>		QLL (4 ML per 30 days)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	QLL (4 EA per 365 days)
<i>naltrexone hcl oral tablet 50 mg</i>		QLL (3 EA per 1 day)
<b>NARCAN NASAL LIQUID 4 MG/0.1ML</b>	naloxone hcl	QLL (4 EA per 365 days)
<b>REXTOVY NASAL LIQUID 4 MG/0.25ML</b>		QLL (4 EA per 30 days)
<b>*ANTIEMETICS*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<i>granisetron hcl oral tablet 1 mg</i>		ST
<i>ondansetron hcl oral solution 4 mg/5ml</i>		QLL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (10 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		QLL (3 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (60 EA per 30 days)
<b>*Antiemetics - Anticholinergic***</b>		
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Bonine	
<i>motion sickness relief oral tablet 50 mg</i>	Dramamine	QLL (8 EA per 1 day); OTC
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
<i>aprepitant oral capsule 125 mg</i>		QLL (2 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>		QLL (4 EA per 28 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Emend TriPack	QLL (3 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	QLL (4 EA per 28 days)
<b>*ANTIFUNGALS*</b>		
<b>*Antifungals***</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QLL (1 EA per 1 day)
<b>*Imidazoles***</b>		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)
<b>*Triazoles***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Diflucan	QLL (2 EA per 1 day)
<i>fluconazole oral tablet 150 mg</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole oral tablet 50 mg</i>		QLL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (4 EA per 1 day)
<i>voriconazole oral tablet 200 mg</i>		PA
<i>voriconazole oral tablet 50 mg</i>	Vfend	PA
<b>*ANTI HISTAMINES*</b>		
<b>*Antihistamines - Alkylamines***</b>		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	QLL (2 EA per 1 day); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>HISTEX ORAL SYRUP 2.5 MG/5ML</b>		OTC
<b>*Antihistamines - Ethanolamines***</b>		
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Banophen	OTC
<b>*Antihistamines - Non-Sedating***</b>		
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	QLL (30 ML per 1 day); OTC
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	AL (Max 20 Years); OTC
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>cetirizine hcl oral tablet 5 mg</i>		QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	Allegra Allergy	QLL (1 EA per 1 day); OTC
<i>fexofenadine hcl oral tablet 60 mg</i>	Allegra Allergy	QLL (2 EA per 1 day); OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC
<i>loratadine oral tablet 10 mg</i>	Claritin	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>loratadine oral tablet dispersible 10 mg</i>	Alavert	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>		
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>		
<b>NEXLETOL ORAL TABLET 180 MG</b>		PA; QLL (1 EA per 1 day)
<b>*Antihyperlipidemics - Misc.***</b>		
<i>icosapent ethyl oral capsule 0.5 gm</i>	Vascepa	PA; QLL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	QLL (4 EA per 1 day); AL (Min 18 Years)
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (2 EA per 1 day)
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		ST; QLL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		ST; QLL (3.8 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (1 EA per 1 day)
<i>lovastatin oral tablet 40 mg</i>		QLL (2 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	QLL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>		QLL (1 EA per 1 day)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	QLL (1 EA per 1 day); AL (Min 10 Years)
<b>*Pcsk9 Inhibitors***</b>		
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML</b>		PA; AL (Min 10 Years)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML</b>		PA; AL (Min 10 Years)
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>		PA; AL (Min 10 Years)

Formulary Drug Name	Reference	Restrictions
<b>*ANTIHYPERTENSIVES*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>		QLL (1 EA per 1 day)
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		QLL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Zestoretic	QLL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Zestoretic	QLL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	QLL (1 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		QLL (1 EA per 1 day)
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	QLL (2 EA per 1 day)
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		QLL (2 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 5 mg</i>		QLL (2 EA per 1 day)
<i>ramipril oral capsule 10 mg, 2.5 mg</i>	Altace	QLL (2 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day)
<i>trandolapril oral tablet 4 mg</i>		QLL (2 EA per 1 day)
<b>*Angiotensin Ii Receptor Antag &amp; Ca Channel Blocker Comb***</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (1 EA per 1 day)
<b>*Angiotensin Ii Receptor Antag &amp; Thiazide/Thiazide-Like***</b>		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST; QLL (1 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Avalide	
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Avalide	QLL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (1 EA per 1 day)
<b>*Angiotensin II Receptor Antagonists***</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Cozaar	QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Cozaar	QLL (2 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	QLL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (1 EA per 1 day); AL (Min 1 Years)
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	ST; QLL (8 EA per 30 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	ST; QLL (8 EA per 30 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	ST
<i>guanfacine hcl oral tablet 1 mg</i>		QLL (8 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>		QLL (4 EA per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
<b>*Antiadrenergics - Peripherally Acting***</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Cardura	QLL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Cardura	QLL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg</i>		QLL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>		QLL (2 EA per 1 day)
<i>terazosin hcl oral capsule 5 mg</i>		QLL (3 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<b>*Beta Blocker &amp; Diuretic Combinations***</b>		
<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>		
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspra	
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>		
<b>XIFAXAN ORAL TABLET 550 MG</b>		PA
<b>*Anti-Infective Misc. - Combinations***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
<b>*Glycopeptides***</b>		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	QLL (8 EA per 1 day)
<b>*Lincosamides***</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
<b>*Oxazolidinones***</b>		
<i>linezolid oral tablet 600 mg</i>	Zyvox	QLL (2 EA per 1 day)
<b>*Urinary Anti-Infectives***</b>		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		
<b>*ANTIMALARIALS*</b>		
<b>*Antimalarial Combinations***</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Malarone	QLL (12 EA Max Qty Per Fill Retail)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Malarone	QLL (9 EA Max Qty Per Fill Retail)
<b>*Antimalarials***</b>		
<i>chloroquine phosphate oral tablet 250 mg</i>		QLL (1 EA per 1 day)
<i>chloroquine phosphate oral tablet 500 mg</i>		QLL (2 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	QLL (3 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL (28 EA Max Qty Per Fill Retail)
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*Antimyasthenic/Cholinergic Agents***</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>rifampin oral capsule 150 mg, 300 mg</i>		
<b>PRIFTIN ORAL TABLET 150 MG</b>		

Formulary Drug Name	Reference	Restrictions
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*Androgen Biosynthesis Inhibitors***</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Abirtega	PA; QLL (4 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antiadrenals***</b>		
<b>LYSODREN ORAL TABLET 500 MG</b>		QLL (1140 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antiandrogens***</b>		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antiestrogens***</b>		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>		AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Antimetabolites***</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Xeloda	Auto-PA; QLL (120 EA per 30 days); AL (Min 18 Years)
<i>mercaptopurine oral tablet 50 mg</i>		
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium oral tablet 2.5 mg</i>		

Formulary Drug Name	Reference	Restrictions
<b>*Antineoplastic - Alk Inhibitors***</b>		
ALECENSA ORAL CAPSULE 150 MG		PA; QLL (8 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA; AL (Min 18 Years)
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
VENCLEXTA ORAL TABLET 10 MG		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
VENCLEXTA ORAL TABLET 100 MG		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
VENCLEXTA ORAL TABLET 50 MG		PA; QLL (7 EA per 30 days); AL (Min 18 Years)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA; QLL (42 EA per 30 days); AL (Min 18 Years)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Sprycel	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>dasatinib oral tablet 20 mg</i>	Sprycel	PA; QLL (3 EA per 1 day); AL (Min 18 Years)
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (2 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		PA; QLL (4 EA per 1 day); AL (Min 1 Years)
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		PA; QLL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG		PA; QLL (24 EA per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA
<b>*Antineoplastic - Btk Inhibitors***</b>		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QLL (6 ML per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG</b>		PA; QLL (1 EA per 1 day)
<b>*Antineoplastic - Egfr Inhibitors***</b>		
<i>erlotinib hcl oral tablet 100 mg</i>	Tarceva	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
<b>GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
<b>ERIVEDGE ORAL CAPSULE 150 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Mek Inhibitors***</b>		
<b>MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML</b>		PA
<b>MEKINIST ORAL TABLET 0.5 MG</b>		PA; QLL (3 EA per 1 day); AL (Min 18 Years)
<b>MEKINIST ORAL TABLET 2 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	PA; QLL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>CAPRELSA ORAL TABLET 100 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>CAPRELSA ORAL TABLET 300 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>RYDAPT ORAL CAPSULE 25 MG</b>		PA; QLL (8 EA per 1 day); AL (Min 18 Years)
<b>*Antineoplastics Misc.***</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML</b>		PA; QLL (6 ML per 28 days)
<b>MATULANE ORAL CAPSULE 50 MG</b>		QLL (56 EA per 30 days)
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
<b>VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
<b>*Imidazotetrazines***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		QLL (60 EA per 30 days)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 12 Years)
<b>*Lhrh Analogs***</b>		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		Auto-PA
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>		Auto-PA; M; QLL (1 EA per 90 days); AL (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 30 MG</b>		Auto-PA; M; QLL (1 EA per 120 days); AL (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>		Auto-PA; QLL (1 EA per 175 days); AL (Min 2 Years)
<b>ELIGARD SUBCUTANEOUS KIT 7.5 MG</b>		Auto-PA; M; QLL (1 EA per 28 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral capsule 50 mg</i>		
<b>*Nitrogen Mustards And Related Analogues***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>		
<b>LYNPARZA ORAL TABLET 100 MG, 150 MG</b>		PA; QLL (4 EA per 1 day)
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Retinoids***</b>		
<i>tretinoin oral capsule 10 mg</i>		PA
<b>*Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<b>*Urinary Tract Protective Agents***</b>		
<i>mesna oral tablet 400 mg</i>	Mesnex	
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>		
<b>INLYTA ORAL TABLET 1 MG, 5 MG</b>		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG</b>		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 &amp; 4 MG</b>		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<b>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG &amp; 2 X 4 MG</b>		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG</b>		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG &amp; 4 MG</b>		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG</b>		PA; QLL (30 EA per 30 days); AL (Min 18 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG</b>		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		AL (Min 18 Years)
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule 100 mg</i>		AL (Min 1 Years)
<i>amantadine hcl oral solution 50 mg/5ml</i>		AL (Min 1 Years)
<i>amantadine hcl oral tablet 100 mg</i>		AL (Min 1 Years)
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		AL (Min 18 Years)
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	AL (Min 18 Years)
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	AL (Min 18 Years)
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		AL (Min 18 Years)
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		AL (Min 18 Years)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		QLL (9 EA per 1 day); AL (Min 18 Years)
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		AL (Min 18 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>		ST; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg</i>		QLL (3 EA per 1 day); AL (Min 18 Years)
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone oral tablet 200 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	AL (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		
<i>lithium carbonate oral tablet 300 mg</i>		
<b>*Antipsychotics - Misc.***</b>		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	QLL (2 EA per 1 day); AL (Min 6 Years)
<b>*Benzisoxazoles***</b>		
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RisperDAL Consta	QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	QLL (16 ML per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet 0.25 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg</i>	RisperDAL	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet 3 mg</i>	RisperDAL	QLL (3 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet 4 mg</i>	RisperDAL	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet dispersible 3 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet dispersible 4 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<b>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML</b>		QLL (3.5 ML per 168 days); AL (Min 18 Years)
<b>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML</b>		QLL (5 ML per 168 days); AL (Min 18 Years)



Formulary Drug Name	Reference	Restrictions
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 39 MG/0.25ML, 78 MG/0.5ML		QLL (2 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 234 MG/1.5ML		AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		QLL (1 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		QLL (1.32 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		QLL (1.75 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		QLL (2.63 ML per 90 days); AL (Min 18 Years)
<b>*Butyrophenones***</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Haldol Decanoate	QLL (5 ML per 28 days); AL (Min 18 Years)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	Haldol Decanoate	QLL (3 ML per 28 days); AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>		QLL (4 ML per 1 day)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		QLL (50 ML per 1 day); AL (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg, 20 mg, 5 mg</i>		QLL (5 EA per 1 day); AL (Min 6 Years)
<i>haloperidol oral tablet 1 mg</i>		AL (Min 6 Years); QLL: Age 6-12, maximum 5 tablets per day; age 12-18, maximum 10 tablets per day; age >18, maximum 15 tablets per day,
<i>haloperidol oral tablet 10 mg</i>		QLL (10 EA per 1 day); AL (Min 6 Years)
<i>haloperidol oral tablet 2 mg</i>		AL (Min 6 Years); QLL: Age 6-12, maximum 2.5 tablets per day; age 12-18, maximum 5 tablets per day; age >18, maximum 7.5 tablets per day,
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet 100 mg</i>	Clozaril	QLL (9 EA per 1 day); AL (Min 6 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>clozapine oral tablet 200 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>clozapine oral tablet 25 mg</i>	Clozaril	QLL (3 EA per 1 day); AL (Min 6 Years)
<i>clozapine oral tablet 50 mg</i>		AL (Min 6 Years)
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROquel XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROquel XR	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	SEROquel	QLL (3 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	SEROquel	QLL (2 EA per 1 day); AL (Min 6 Years)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate oral capsule 25 mg</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate oral capsule 50 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
<b>*Phenothiazines***</b>		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg</i>		QLL (4 EA per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg</i>		QLL (6 EA per 1 day)
<i>perphenazine oral tablet 8 mg</i>		QLL (5 EA per 1 day)
<i>prochlorperazine maleate oral tablet 10 mg</i>		QLL (4 EA per 1 day)
<i>prochlorperazine maleate oral tablet 5 mg</i>		QLL (8 EA per 1 day)
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	QLL (2 EA per 1 day)
<i>thioridazine hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day)
<i>thioridazine hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day)
<i>thioridazine hcl oral tablet 25 mg, 50 mg</i>		QLL (3 EA per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (4 EA per 1 day)
<i>trifluoperazine hcl oral tablet 5 mg</i>		
<b>*Quinolinone Derivatives***</b>		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	QLL (1 EA per 1 day); AL (Min 6 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG</b>		QLL (1 EA per 28 days); AL (Min 18 Years)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG</b>		QLL (1 EA per 25 days); AL (Min 18 Years)
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML</b>		QLL (2.4 ML per 168 days); AL (Min 18 Years)
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML</b>		QLL (3.9 ML per 60 days); AL (Min 18 Years)
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML</b>		QLL (1.6 ML per 28 days); AL (Min 18 Years)
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML</b>		QLL (2.4 ML per 28 days); AL (Min 18 Years)
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML</b>		QLL (3.2 ML per 28 days); AL (Min 18 Years)
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>olanzapine oral tablet 20 mg</i>	ZyPREXA	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<b>*ANTIVIRALS*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	Auto-PA; QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Auto-PA; QLL (13 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	Auto-PA; QLL (4 EA per 1 day)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>		QLL (6 EA per 1 day); AL (Min 3 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BIKTARVY ORAL TABLET 30-120-15 MG</b>		QLL (1 EA per 1 day); AL (Min 3 Years)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DESCOVY ORAL TABLET 120-15 MG</b>		QLL (1 EA per 1 day)
<b>DESCOVY ORAL TABLET 200-25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>DOVATO ORAL TABLET 50-300 MG</b>		Auto-PA; QLL (1 EA per 1 day)
<b>EVOTAZ ORAL TABLET 300-150 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>JULUCA ORAL TABLET 50-25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>		Auto-PA; QLL (1 EA per 1 day)
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 3 Years)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Selzentry	PA; AL (Min 16 Years)
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
<b>ISENTRESS HD ORAL TABLET 600 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>ISENTRESS ORAL PACKET 100 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>ISENTRESS ORAL TABLET 400 MG</b>		Auto-PA; QLL (4 EA per 1 day)
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>		Auto-PA; QLL (6 EA per 1 day)
<b>TIVICAY ORAL TABLET 50 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>TIVICAY PD ORAL TABLET SOLUBLE 5 MG</b>		Auto-PA
<b>*Antiretrovirals - Protease Inhibitors***</b>		
<i>atazanavir sulfate oral capsule 150 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	Auto-PA; QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	Auto-PA; QLL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Prezista	Auto-PA; QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>darunavir oral tablet 800 mg</i>	Prezista	Auto-PA; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>		Auto-PA; QLL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	Auto-PA; QLL (12 EA per 1 day)
<b>APTIVUS ORAL CAPSULE 250 MG</b>		Auto-PA; QLL (4 EA per 1 day)
<b>NORVIR ORAL PACKET 100 MG</b>		Auto-PA
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>		Auto-PA; QLL (12 ML per 1 day)
<b>PREZISTA ORAL TABLET 150 MG</b>		Auto-PA; QLL (6 EA per 1 day)
<b>PREZISTA ORAL TABLET 75 MG</b>		Auto-PA; QLL (2 EA per 1 day)
<b>VIRACEPT ORAL TABLET 625 MG</b>		Auto-PA; QLL (4 EA per 1 day)
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
<i>efavirenz oral tablet 600 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		Auto-PA; QLL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<b>EDURANT ORAL TABLET 25 MG</b>		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<b>INTELENCE ORAL TABLET 25 MG</b>		Auto-PA; QLL (4 EA per 1 day); AL (Min 2 Years)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	Auto-PA; QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	Auto-PA; QLL (1 EA per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Epivir	Auto-PA; QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	Auto-PA; QLL (1 EA per 1 day)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>		Auto-PA; QLL (24 ML per 1 day)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>zidovudine oral capsule 100 mg</i>	Retrovir	Auto-PA; QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	Auto-PA; QLL (60 ML per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>zidovudine oral tablet 300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	QLL (1 EA per 1 day)
<b>VIREAD ORAL POWDER 40 MG/GM</b>		QLL (8 GM per 1 day)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>		QLL (1 EA per 1 day)
<b>*Antiretrovirals Adjuvants***</b>		
<b>TYBOST ORAL TABLET 150 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Antiviral Combinations***</b>		
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG &amp; 10 X 100MG</b>		QLL (20 EA per 5 days); AL (Min 12 Years)
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG &amp; 10 X 100MG</b>		QLL (30 EA per 5 days); AL (Min 12 Years)
<b>*Cmv Agents***</b>		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)
<b>*Hepatitis B Agents***</b>		
<i>lamivudine oral tablet 100 mg</i>		QLL (1 EA per 1 day)
<b>*Hepatitis C Agent - Combinations***</b>		
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA; QLL (1 EA per 1 day); AL (Min 3 Years)
<b>MAVYRET ORAL PACKET 50-20 MG</b>		PA; QLL (5 EA per 1 day); AL (Min 3 Years)
<b>MAVYRET ORAL TABLET 100-40 MG</b>		PA; QLL (3 EA per 1 day); AL (Min 3 Years)
<b>*Hepatitis C Agents***</b>		
<i>ribavirin oral capsule 200 mg</i>		
<i>ribavirin oral tablet 200 mg</i>		AL (Min 5 Years)
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>		PA; QLL (1 ML per 28 days); AL (Min 5 Years)
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML</b>		PA; QLL (2 ML per 28 days); AL (Min 5 Years)
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral capsule 200 mg</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>acyclovir oral suspension 200 mg/5ml</i>		
<i>acyclovir oral tablet 400 mg, 800 mg</i>		
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	
<b>*Herpes Agents - Thymidine Analogues***</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		QLL (21 EA Max Qty Per Fill Retail)
<b>*Misc. Antivirals***</b>		
<b>LAGEVRIO ORAL CAPSULE 200 MG</b>		QLL (40 EA per 5 days); AL (Min 18 Years)
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	QLL (20 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
<b>*BETA BLOCKERS*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Coreg	QLL (2 EA per 1 day)
<i>carvedilol oral tablet 25 mg</i>	Coreg	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
<b>*Beta Blockers Cardio-Selective***</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 10 mg</i>		QLL (2 EA per 1 day)
<i>bisoprolol fumarate oral tablet 5 mg</i>		QLL (1 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Toprol XL	QLL (1.5 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Toprol XL	QLL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Toprol XL	QLL (1 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl oral tablet 20 mg</i>	Bystolic	QLL (2 EA per 1 day)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Beta Blockers Non-Selective***</b>		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	Inderal LA	QLL (1 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (1 EA per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg, 420 mg</i>	Tiadylt ER	QLL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tiadylt ER	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tiadylt ER	QLL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Cardizem CD	QLL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Cardizem CD	QLL (3 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Cardizem CD	QLL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	Cardizem CD	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		QLL (1 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>		QLL (3 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>		QLL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (4 EA per 1 day)
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (4 EA per 1 day)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		QLL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		QLL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Procardia XL	QLL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Procardia XL	
<i>nifedipine oral capsule 10 mg, 20 mg</i>		
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Verelan	QLL (1 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Verelan	QLL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (4 EA per 1 day)
<b>*CARDIOTONICS*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>		
<b>ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG</b>		PA; QLL (4 EA per 1 day)
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>		PA; QLL (2 EA per 1 day)
<b>*Nitrate &amp; Vasodilator Combinations***</b>		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	BiDil	QLL (6 EA per 1 day)
<b>*Prostaglandin Vasodilators***</b>		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
<b>TRACLEER ORAL TABLET SOLUBLE 32 MG</b>		PA; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (12 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; QLL (2 EA per 1 day)
<b>*Sinus Node Inhibitors**</b>		
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Corlanor	PA; QLL (2 EA per 1 day)
<b>*CEPHALOSPORINS*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<b>*Cephalosporins - 2Nd Generation***</b>		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>		QLL (4 EA per 1 day)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
<b>*Cephalosporins - 3Rd Generation***</b>		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>		
<i>ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i>		QLL (2 EA per 1 day)
<b>*CONTRACEPTIVES*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	QLL (1 EA per 1 day); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Combination Contraceptives - Oral***</b>		
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>BALZIVA ORAL TABLET 0.4-35 MG-MCG</b>	briellyn	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG</b>		
<b>*Combination Contraceptives - Transdermal***</b>		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	
<b>*Combination Contraceptives - Vaginal***</b>		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 EA per 28 days); AL (Min 12 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Continuous Contraceptives - Oral***</b>		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*Emergency Contraceptives***</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Aftera	QLL (3 EA per 90 days); AL (Min 12 Years); OTC
<b>*Extended-Cycle Contraceptives - Oral***</b>		
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg</i>	Ashlyna	QLL (91 EA per 84 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	QLL (1 ML per 84 days)
<b>*Progestin Contraceptives - Oral***</b>		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*Triphasic Contraceptives - Oral***</b>		
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	alyacen 7/7/7	QLL (1 EA per 1 day); AL (Min 12 Years)
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG</b>		QLL (1 EA per 1 day); AL (Min 12 Years)
<b>*CORTICOSTEROIDS*</b>		
<b>*Glucocorticosteroids***</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	
<i>budesonide oral capsule delayed release particles 3 mg</i>		
<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>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 20 mg/5ml, 4 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Solu-CORTEF	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>		
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG</b>		
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg</i>		QLL (6 EA per 1 day); AL (Max 20 Years)
<i>dextromethorphan hbr oral capsule 15 mg</i>	Robitussin Long-Act CoughGels	OTC
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<b>*Antitussive - Opioid***</b>		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (7 ML Max Qty Per Fill Retail); AL (Max 20 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	QLL (7 EA Max Qty Per Fill Retail); AL (Max 20 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antitussive-Expectorant***</b>		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years); OTC
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	AL (Max 20 Years); OTC
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	AL (Max 20 Years); OTC
<i>tussin dm oral liquid 100-10 mg/5ml</i>	Diabetic Tussin DM	AL (Max 20 Years); OTC
<b>*Antitussive-Expectorants-Decongestant***</b>		
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	Vanacof DM	QLL (180 ML per 30 days); OTC
<b>*Decongestant &amp; Antihistamine***</b>		
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	QLL (2 EA per 1 day); OTC
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	QLL (2 EA per 1 day); AL (Max 20 Years); OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		AL (Max 20 Years)
<b>ALAHIST D ORAL TABLET 17.5-10 MG</b>		OTC
<b>*Decongestant W/ Expectorant***</b>		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<b>*Expectorants***</b>		
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	EQ Mucus ER	AL (Max 20 Years); OTC
<i>guaifenesin oral liquid 100 mg/5ml</i>	Buckleys Chest Congestion	AL (Max 20 Years); OTC
<i>guaifenesin oral tablet 200 mg</i>		OTC
<b>*Misc. Respiratory Inhalants***</b>		
<i>sodium chloride inhalation nebulization solution 10 %</i>		
<i>sodium chloride inhalation nebulization solution 3 %</i>	Nebusal	
<i>sodium chloride inhalation nebulization solution 7 %</i>	HyperSal	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>		
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	QLL (180 ML per 30 days); OTC
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>		OTC
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		AL (Max 20 Years)
<b>*DERMATOLOGICALS*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (1 GM per 1 day); AL (Min 12 Years)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day); AL (Min 12 Years)
<i>clindamycin phosphate external solution 1 %</i>		QLL (120 ML per 30 days); AL (Min 12 Years)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day); AL (Min 12 Years)
<i>ery external pad 2 %</i>		QLL (2 EA per 1 day)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution 2 %</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days)
<b>*Acne Combinations***</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	QLL (46.6 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Neuac	QLL (45 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		QLL (50 GM per 30 days)
<b>*Acne Products***</b>		
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene external gel 0.3 %</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide wash external liquid 10 %</i>	Medpura Benzoyl Peroxide	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	Absorica	ST; QLL (2 EA per 1 day); AL (Min 12 Years)
<i>isotretinoin oral capsule 40 mg</i>	Absorica	ST; AL (Min 12 Years)
<b>DIFFERIN EXTERNAL GEL 0.1 %</b>	adapalene	AL (Min 12 Years); OTC
<b>RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %</b>	tretinoin	ST; AL (Min 12 Years)
<b>RETIN-A EXTERNAL GEL 0.01 %, 0.025 %</b>	tretinoin	ST; AL (Min 12 Years)
<b>*Antibiotic Mixtures Topical***</b>		
<i>triple antibiotic external ointment</i>	Lanabiotic	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<b>*Antibiotics - Topical***</b>		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>		OTC
<i>gentamicin sulfate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>		QLL (60 GM per 30 days)
<i>mupirocin external ointment 2 %</i>		QLL (44 GM per 30 days)
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
<b>*Antifungals - Topical***</b>		
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	
<i>ciclopirox olamine external cream 0.77 %</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (90 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	QLL (60 GM per 30 days)
<b>*Antihistamine-Topical Combinations***</b>		
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Banophen	OTC
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<i>fluorouracil external cream 5 %</i>		



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluorouracil external solution 2 %, 5 %</i>		
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream 0.005 %</i>		PA; QLL (120 GM per 30 days); AL (Min 18 Years)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; QLL (120 GM per 30 days); AL (Min 18 Years)
<i>calcipotriene external solution 0.005 %</i>		PA; QLL (60 ML per 30 days); AL (Min 18 Years)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
<b>*Antiseborrheic Products***</b>		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
<b>*Antivirals - Topical***</b>		
<i>docosanol external cream 10 %</i>	Abreva	QLL (2 GM per 30 days); OTC
<b>ZOVIRAX EXTERNAL OINTMENT 5 %</b>	acyclovir	ST; QLL (15 GM per 30 days); AL (Min 12 Years)
<b>*Astringents***</b>		
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML</b>		PA
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>		PA
<b>*Burn Products***</b>		
<b>SSD EXTERNAL CREAM 1 %</b>	silver sulfadiazine	
<b>*Corticosteroids - Topical***</b>		
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>betamethasone valerate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>		
<i>clobetasol propionate e external cream 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>		ST
<i>clobetasol propionate external gel 0.05 %</i>		
<i>clobetasol propionate external ointment 0.05 %</i>		ST
<i>clobetasol propionate external solution 0.05 %</i>		
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>		
<i>fluocinonide external cream 0.1 %</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>halobetasol propionate external cream 0.05 %</i>		
<i>halobetasol propionate external ointment 0.05 %</i>		
<i>hydrocortisone acetate external cream 1 %</i>		QLL (90 GM per 30 days); OTC
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
<b>DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 %</b>	fluocinolone acetonide body	QLL (120 ML per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %</b>	fluocinolone acetonide scalp	QLL (120 ML per 30 days)
<b>*Emollient Combinations***</b>		
<i>mineral oil-hydrophil petrolat external ointment</i>		OTC
<b>*Emollient/Keratolytic Agents***</b>		
<i>urea external cream 20 %</i>		
<b>*Emollients***</b>		
<i>ammonium lactate external cream 12 %</i>		
<i>vitamins a &amp; d external ointment</i>	Medpura Vitamin A & D	OTC
<b>AMLACTIN DAILY EXTERNAL LOTION 12 %</b>	ammonium lactate	OTC
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	QLL (133 GM per 30 days); OTC
<i>clotrimazole external solution 1 %</i>		QLL (90 ML per 30 days)
<i>ketoconazole external cream 2 %</i>		ST; QLL (120 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 5 %</i>		QLL (60 EA per 30 days); AL (Min 12 Years)
<b>*Keratolytic/Antimitotic/Vesicant Agents***</b>		
<i>corn &amp; callus remover external liquid 17 %</i>	Compound W	OTC
<i>podofilox external solution 0.5 %</i>		
<b>*Local Anesthetics - Topical***</b>		
<i>capsaicin external cream 0.075 %</i>		QLL (114 GM per 30 days); OTC
<i>lidocaine external ointment 5 %</i>		QLL (60 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidocan	Auto-PA; QLL (3 EA per 1 day)
<i>lidocaine pain relief max st external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>tacrolimus external ointment 0.03 %</i>		ST
<i>tacrolimus external ointment 0.1 %</i>		ST; AL (Min 16 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>		
<b>EUCRISA EXTERNAL OINTMENT 2 %</b>		PA; QLL (60 GM per 30 days)
<b>*Rosacea Agents***</b>		
<i>azelaic acid external gel 15 %</i>	Finacea	QLL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	MetroCream	QLL (90 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>		QLL (90 GM per 30 days)
<i>metronidazole external gel 1 %</i>	Metrogel	ST; QLL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	QLL (90 ML per 30 days)
<b>*Scabicides &amp; Pediculicides***</b>		
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (60 ML per 30 days)
<i>permethrin external cream 5 %</i>	Elimite	QLL (60 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
<b>*Tar Products***</b>		
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
<b>*Topical Anesthetic Combinations***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*Diagnostic Tests***</b>		
<b>CHEMSTRIP K IN VITRO STRIP</b>	ketone test	OTC
<b>DIASTIX IN VITRO STRIP</b>		OTC
<b>ONETOUCH ULTRA BLUE TEST IN VITRO STRIP</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>ONETOUCH ULTRA IN VITRO STRIP</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>ONETOUCH ULTRA TEST IN VITRO STRIP</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>ONETOUCH VERIO IN VITRO STRIP</b>	blood glucose test	QLL (150 EA per 30 days); OTC
<b>*DIGESTIVE AIDS*</b>		
<b>*Digestive Enzymes***</b>		
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT</b>		

Formulary Drug Name	Reference	Restrictions
<b>*DIURETICS*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		
<i>acetazolamide oral tablet 250 mg</i>		
<b>*Diuretic Combinations***</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>		
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		
<b>*Loop Diuretics***</b>		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>torseamide oral tablet 20 mg</i>	Soanz	
<b>*Potassium Sparing Diuretics***</b>		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
<b>*Thiazides And Thiazide-Like Diuretics***</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*Bisphosphonates***</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		QLL (1 EA per 1 day)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
<b>*Calcimimetic Agents***</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA; AL (Min 18 Years)
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		
<b>*Carnitine Replenisher - Agents***</b>		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline oral tablet 0.5 mg</i>		
<b>*Gnrh/Lhrh Antagonists***</b>		
<b>ORLISSA ORAL TABLET 150 MG, 200 MG</b>		PA
<b>*Growth Hormones***</b>		
<b>HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG</b>		PA
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML</b>		PA; AL (Max 16 Years)
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<b>*Parathyroid Hormone And Derivatives***</b>		
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML</b>		PA; QLL (0.052 ML per 1 day)
<b>*Rank Ligand (Rankl) Inhibitors***</b>		
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML</b>		PA; QLL (1 ML per 168 days)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate intramuscular kit 20 mg, 30 mg</i>	SandoSTATIN LAR Depot	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG</b>		PA; AL (Min 6 Years)
<b>*Vasopressin***</b>		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (3 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (10 ML per 25 days)
<b>*ESTROGENS*</b>		
<b>*Estrogen &amp; Progestin***</b>		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*Estrogens***</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	Delestrogen	QLL (4 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		QLL (2 ML per 28 days)
<b>*FLUOROQUINOLONES*</b>		
<b>*Fluoroquinolones***</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	AL (Min 12 Years)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		
<i>levofloxacin oral solution 25 mg/ml</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		AL (Min 12 Years)
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*Antiflatulents***</b>		
<i>simethicone oral tablet chewable 80 mg</i>		OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<b>*Gallstone Solubilizing Agents***</b>		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>		
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
<b>*Gastrointestinal Chloride Channel Activators***</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>		QLL: Age 18: maximum 60mg/day
<i>metoclopramide hcl oral tablet 10 mg</i>	Reglan	QLL: Age 18: maximum 6/day
<i>metoclopramide hcl oral tablet 5 mg</i>	Reglan	QLL: Age 18: maximum 12/day
<b>*Inflammatory Bowel Agents***</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	



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

Formulary Drug Name	Reference	Restrictions
<b>*Phosphates***</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
<b>*Urinary Analgesics***</b>		
<i>phenazopyridine hcl oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
URO-PAIN MAXIMUM STRENGTH ORAL TABLET 99.5 MG	eq urinary pain relief max st	OTC
<b>*GOUT AGENTS*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	QLL (9 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>		QLL (6 EA per 30 days); AL (Min 4 Years)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)
<b>*Uricosurics***</b>		
<i>probenecid oral tablet 500 mg</i>		
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML		
<b>*C1 Esterase Inhibitors***</b>		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		PA
<b>*Complement C5 Inhibitors***</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QLL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QLL (4 ML per 28 days)
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	QLL (1 EA per 1 day)
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*Amino Acids***</b>		
<i>l-glutamine oral packet 5 gm</i>	Endari	PA; AL (Min 5 Years)
<b>*Cobalamins***</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		QLL (2 ML per 28 days)
<b>*Cytotoxic Agents***</b>		
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>		QLL (90 EA per 27 days)
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>		
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>		PA
<b>*Folic Acid/Folate Combinations***</b>		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
<b>*Folic Acid/Folates***</b>		
<i>folic acid oral tablet 1 mg</i>		

Formulary Drug Name	Reference	Restrictions
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
<b>*Iron Combinations***</b>		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
<b>*Iron***</b>		
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous fumarate oral tablet 324 mg</i>	Ferrocite	OTC
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>		OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Feosol	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Ferrex 150	OTC
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		AL (Max 20 Years); OTC
<b>FERRIMIN 150 ORAL TABLET 150 MG</b>		OTC
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>		
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>		PA; QLL (1 EA per 1 day); AL (Min 1 Years)
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 1 Years)
<b>*HEMOSTATICS*</b>		
<b>*Hemostatics - Systemic***</b>		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)

Formulary Drug Name	Reference	Restrictions
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*Antihistamine Hypnotics***</b>		
<i>nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
<b>*Benzodiazepine Hypnotics***</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>zaleplon oral capsule 10 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Orexin Receptor Antagonists***</b>		
<b>DAYVIGO ORAL TABLET 10 MG, 5 MG</b>		PA; QLL (1 EA per 1 day)
<b>*Selective Melatonin Receptor Agonists***</b>		
<i>ramelteon oral tablet 8 mg</i>	Rozerem	ST; QLL (1 EA per 1 day); AL (Min 65 Years)
<b>*LAXATIVES*</b>		
<b>*Bowel Evacuant Combinations***</b>		
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	QLL (354 ML Max Qty Per Fill Retail)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	QLL (4000 ML Max Qty Per Fill Retail)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL (4000 ML Max Qty Per Fill Retail)
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</b>		QLL (4000 ML Max Qty Per Fill Retail)
<b>*Bulk Laxatives***</b>		
<i>konsyl daily fiber oral packet 100 %</i>		OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Laxatives - Miscellaneous***</b>		
<i>glycerin (adult) rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>lactulose oral solution 10 gm/15ml</i>		
<i>polyethylene glycol 3350 oral packet 17 gm</i>	CVS Purelax	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>sm glycerin pediatric rectal suppository 80.7 %</i>		OTC
<b>*Saline Laxative Mixtures***</b>		
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<b>*Saline Laxatives***</b>		
<i>milk of magnesia oral suspension 7.75 %</i>	Dulcolax	OTC
<b>*Stimulant Laxatives***</b>		
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Medi-Lax	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	OneLAX Senna	OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<b>*Surfactant Laxatives***</b>		
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium oral capsule 100 mg</i>	Colace	OTC
<i>docusate sodium oral capsule 250 mg</i>		
<i>docusate sodium oral liquid 50 mg/5ml</i>		OTC
<b>PEDIA-LAX ORAL LIQUID 50 MG/15ML</b>		OTC
<b>*MACROLIDES*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	AL (Max 12 Years)
<i>azithromycin oral tablet 250 mg, 500 mg</i>	Zithromax	
<i>azithromycin oral tablet 600 mg</i>		
<b>ZITHROMAX ORAL PACKET 1 GM</b>		
<b>*Clarithromycin***</b>		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		
<b>*Fidaxomicin***</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>		PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DIFICID ORAL TABLET 200 MG</b>		PA
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*Glucose Monitoring Test Supplies***</b>		
<b>DEXCOM G6 RECEIVER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>DEXCOM G6 SENSOR</b>	guardian sensor 3	PA; QLL (3 EA per 30 days)
<b>DEXCOM G6 TRANSMITTER</b>		PA; QLL (1 EA per 90 days)
<b>DEXCOM G7 RECEIVER DEVICE</b>		PA; QLL (1 EA per 365 days)
<b>DEXCOM G7 SENSOR</b>	guardian sensor 3	PA; QLL (3 EA per 30 days)
<b>ONETOUCH DELICA PLUS LANCET30G</b>	acti-lance 28g	OTC
<b>ONETOUCH DELICA PLUS LANCET33G</b>	acti-lance 28g	OTC
<b>ONETOUCH DELICA PLUS LANCING</b>	adjustable lancing device	OTC
<b>ONETOUCH DELICA SAFETY LANCING</b>	acti-lance 28g	OTC
<b>ONETOUCH ULTRA 2 KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days); OTC
<b>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days); OTC
<b>ONETOUCH VERIO REFLECT KIT W/DEVICE</b>	blood glucose monitor system	QLL (1 EA per 365 days); OTC
<b>*Insulin Administration Supplies***</b>		
<b>OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT</b>		PA; QLL (1 EA per 365 days)
<b>OMNIPOD 5 DEXG7G6 PODS GEN 5</b>		PA; QLL (10 EA per 30 days)
<b>OMNIPOD 5 LIBRE2 PLUS G6 KIT</b>		PA; QLL (1 EA per 365 days)
<b>OMNIPOD 5 LIBRE2 PLUS G6 PODS</b>		PA; QLL (10 EA per 30 days)
<b>OMNIPOD DASH INTRO (GEN 4) KIT</b>		PA; QLL (1 EA per 365 days)
<b>OMNIPOD DASH PDM (GEN 4) KIT</b>		PA; QLL (1 EA per 365 days)
<b>OMNIPOD DASH PODS (GEN 4)</b>		PA; QLL (10 EA per 30 days)
<b>TWIIST REFILL KIT</b>		PA; QLL (10 EA per 30 days)
<b>TWIIST REFILL KIT/INFUSION SET</b>		PA; QLL (10 EA per 30 days)
<b>TWIIST STARTER KIT KIT</b>		PA; QLL (1 EA per 999 days)
<b>*Needles &amp; Syringes***</b>		
<b>BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML</b>	careone insulin syringe	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	careone insulin syringe	OTC
<b>BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML</b>	aq insulin syringe	OTC
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>		
<b>BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML</b>	careone insulin syringe	OTC
<b>BD LUER-LOK SYRINGE 20G X 1" 1 ML</b>		OTC
<b>BD PEN NEEDLE MICRO U/F 32G X 6 MM</b>	1st tier unifine pentips	OTC
<b>BD PEN NEEDLE MINI U/F 31G X 5 MM</b>	1st tier unifine pentips	OTC
<b>BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM</b>	1st tier unifine pentips	OTC
<b>BD PEN NEEDLE NANO U/F 32G X 4 MM</b>	1st tier unifine pentips	
<b>BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM</b>	sure comfort pen needles	OTC
<b>BD PEN NEEDLE SHORT U/F 31G X 8 MM</b>	1st tier unifine pentips	OTC
<b>BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML</b>	global easy glide insulin syr	OTC
<b>BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	global easy glide insulin syr	
<b>*MIGRAINE PRODUCTS*</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>		
<b>UBRELVY ORAL TABLET 100 MG, 50 MG</b>		ST; QLL (16 EA per 30 days)
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies***</b>		
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML</b>		ST; QLL (1 ML per 28 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML</b>		ST; QLL (1 ML per 28 days)



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QLL (9 EA per 30 days); AL (Min 18 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (12 EA per 30 days); AL (Min 6 Years)
<i>sumatriptan nasal solution 20 mg/act</i>		QLL (6 EA per 30 days); AL (Min 18 Years)
<i>sumatriptan nasal solution 5 mg/act</i>		
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days); AL (Min 18 Years)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 ML per 30 days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*Bicarbonates***</b>		
<i>sodium bicarbonate intravenous solution 8.4 %</i>		
<b>*Calcium Combinations***</b>		
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		OTC
<b>*Calcium***</b>		
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
<b>*Fluoride***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
<b>*Magnesium***</b>		
<i>magnesium oxide -mg supplement oral tablet 500 mg</i>		OTC
<b>*Phosphate***</b>		
<b>PHOSPHO-TRIN K500 ORAL TABLET 500 MG</b>		
<b>*Potassium***</b>		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	
<i>potassium chloride er oral tablet extended release 20 meq</i>		
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ</b>		
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*Chelating Agents***</b>		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	Auto-PA; QLL (8 EA per 1 day)
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
<b>*Irrigation Solutions***</b>		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
<b>*Macrolide Immunosuppressants***</b>		
<i>sirolimus oral solution 1 mg/ml</i>		
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
<b>*Potassium Removing Agents***</b>		
<b>SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML</b>		
<b>SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML</b>		
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<b>*Dental Products - Combinations***</b>		
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	
<b>*Fluoride Dental Products***</b>		
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	DentaGel	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Clinpro 5000	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	PreviDent	
<b>*Saliva Stimulants***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Steroids - Mouth/Throat/Dental***</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	
<b>*MULTIVITAMINS*</b>		
<b>*Ped Mv W/ Fluoride***</b>		
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	FloraFol Pediatric	OTC
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	OTC
<b>*Ped Vitamins Acd W/ Fluoride***</b>		
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>		
<b>*Pediatric Multiple Vitamins***</b>		
<b>POLY-VI-SOL ORAL SOLUTION</b>	multivitamin infant & toddler	OTC
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
<i>completenate oral tablet chewable 29-1 mg</i>		AL (Min 12 Years)
<i>m-natal plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatabs fa oral tablet 29-1 mg</i>	Co-Natal FA	AL (Min 12 Years); OTC
<i>prenatal 19 oral tablet</i>		AL (Min 12 Years); OTC
<i>prenatal 19 oral tablet chewable</i>		AL (Min 12 Years)
<i>prenatal oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>se-natal 19 oral tablet 29-1 mg</i>		AL (Min 12 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		AL (Min 12 Years)
<i>thrivite rx oral tablet 29-1 mg</i>	Prenatabs Rx	AL (Min 12 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>		AL (Min 12 Years)
<i>westab plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<b>FOLIVANE-OB ORAL CAPSULE 85-1 MG</b>		QLL (100 EA per 90 days)
<b>NIVA-PLUS ORAL TABLET 27-1 MG</b>	m-natal plus	AL (Min 12 Years)
<b>PRENATABS RX ORAL TABLET 29-1 MG</b>	thrivite rx	AL (Min 12 Years); OTC
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b>		QLL (100 EA per 90 days)
<b>PRENATRIX ORAL TABLET 27-1 MG</b>	m-natal plus	AL (Min 12 Years)
<b>PRENATRYL ORAL TABLET 27-1 MG</b>	m-natal plus	AL (Min 12 Years)

Formulary Drug Name	Reference	Restrictions
TARON-C DHA ORAL CAPSULE 35-1 MG		
TRINATE ORAL TABLET		QLL (100 EA per 90 days)
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen oral solution 5 mg/5ml</i>		QLL (80 ML per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (120 EA per 365 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (4 EA per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		QLL (1 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	QLL (1 EA per 1 day)
<b>*Direct Muscle Relaxants***</b>		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		QLL (4 EA per 1 day)
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	QLL (4 EA per 1 day)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide nasal solution 0.03 %</i>		QLL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		QLL (15 ML per 30 days)
<b>*Nasal Steroids***</b>		
<i>budesonide nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Rel Childrens	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<b>*Systemic Decongestants***</b>		
<i>phenylephrine hcl oral tablet 10 mg</i>	Sudafed PE Sinus Congestion	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Sudafed	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	

Formulary Drug Name	Reference	Restrictions
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*Benzathiazoles***</b>		
<i>riluzole oral tablet 50 mg</i>		
<b>*NUTRIENTS*</b>		
<b>*Misc. Nutritional Substances***</b>		
<i>fish oil oral capsule 500 mg</i>	Ovega-3	OTC
<b>*OPHTHALMIC AGENTS*</b>		
<b>*Artificial Tear And Lubricant Combinations***</b>		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<b>REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %</b>		OTC
<b>REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %</b>		OTC
<b>REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %</b>		OTC
<b>REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-1 %</b>		OTC
<b>REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 %</b>		OTC
<b>*Artificial Tear Solutions***</b>		
<i>artificial tears ophthalmic solution</i>	GenTeal Tears	QLL (15 ML per 30 days); OTC
<b>*Artificial Tears And Lubricants***</b>		
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Biolle Gel Tears	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Biolle Tears	QLL (15 EA per 30 days); OTC
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	OTC
<b>GENTEAL SEVERE OPHTHALMIC GEL 0.3 %</b>		OTC

Formulary Drug Name	Reference	Restrictions
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	QLL (10 ML per 30 days)
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>		
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		ST
<i>timolol maleate ophthalmic solution 0.25 %</i>		
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>		QLL (5 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Altafrin	
<i>tropicamide ophthalmic solution 0.5 %</i>		QLL (15 ML per 30 days)
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	QLL (15 ML per 30 days)
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		QLL (15 ML per 30 days)
<b>*Ophthalmic Antiallergic***</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	
<b>PATADAY OPHTHALMIC SOLUTION 0.7 %</b>		OTC
<b>*Ophthalmic Antibiotics***</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		QLL (3.5 GM per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		QLL (3.5 GM per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>		
<b>*Ophthalmic Antifungal***</b>		
<b>NATACYN OPHTHALMIC SUSPENSION 5 %</b>		QLL (15 ML per 30 days)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	QLL (3.5 GM per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000</i>	Neo-Polycin	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		QLL (10 ML per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>dorzolamide hcl ophthalmic solution 2 %</i>		
<b>*Ophthalmic Hyperosmolar Products***</b>		
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC
<b>*Ophthalmic Immunomodulators***</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	PA; QLL (2 EA per 1 day)
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		
<b>*Ophthalmic Steroid Combinations***</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 ML per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 ML per 30 days)
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		QLL (15 ML per 30 days)
<b>*Prostaglandins - Ophthalmic***</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (5 ML per 30 days)
<b>*OTIC AGENTS*</b>		
<b>*Otic Anti-Infectives***</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	QLL (28 EA per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		QLL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 1 %</i>		QLL (15 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (15 ML per 30 days)
<b>*Otic Steroids***</b>		
<i>fluocinolone acetonide otic oil 0.01 %</i>	DermOtic	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
<b>*OXYTOCICS*</b>		
<b>*Oxytocics***</b>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*Antiviral Monoclonal Antibodies***</b>		
<b>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML</b>		PA; QLL (1 ML per 23 days)
<b>SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML</b>		PA; QLL (1 ML Max Qty Per Fill Retail); AL (Max 2 Years)

Formulary Drug Name	Reference	Restrictions
<b>*Immune Serums***</b>		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		QLL (2 ML per 365 days)
<b>*PENICILLINS*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
<b>*Natural Penicillins***</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML, 600000 UNIT/ML</b>		
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>		
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*Parenteral Vehicles***</b>		
<i>sterile water for injection injection solution</i>		AL (Max 12 Years)
<b>*PROGESTINS*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	ST; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (2 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>		QLL (1 EA per 1 day)
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (1 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		QLL (1 EA per 1 day)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (6 ML per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (2 EA per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (2 EA per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	PA; AL (Min 18 Years)
<b>*Fibromyalgia Agent - Snris***</b>		
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>		ST; QLL (2 EA per 1 day)
<b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>		ST; QLL (55 EA per 90 days)
<b>*Movement Disorder Drug Therapy***</b>		
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<b>INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG</b>		PA; QLL (1 EA per 1 day)
<b>INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG</b>		PA; QLL (1 EA per 1 day)
<b>INGREZZA ORAL CAPSULE THERAPY PACK 40 &amp; 80 MG</b>		PA; QLL (28 EA per 84 days)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<b>*Multiple Sclerosis Agents - Combinations***</b>		
<b>OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML</b>		PA; QLL (23 ML per 168 days)

Formulary Drug Name	Reference	Restrictions
<b>*Multiple Sclerosis Agents - Interferons***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		PA; QLL (0.12 ML per 1 day)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Tecfidera	QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Multiple Sclerosis Agents***</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Copaxone	PA; QLL (1 ML per 1 day); AL (Min 18 Years)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Copaxone	PA; QLL (12 ML per 28 days); AL (Min 18 Years)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<b>*Phenothiazines &amp; Tricyclic Agents***</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Smoking Deterrents***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		QLL (1 EA per 1 day); OTC
<i>nicotine transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	QLL (1 EA per 1 day); OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>		QLL (90 EA per 730 days); AL (Min 17 Years)
<i>varenicline tartrate oral tablet 0.5 mg</i>		QLL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	Chantix	QLL (2 EA per 1 day)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	PA; QLL (1 EA per 1 day); AL (Min 10 Years)
<b>GILENYA ORAL CAPSULE 0.25 MG</b>		PA; QLL (1 EA per 1 day)
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*Cftr Potentiators***</b>		
<b>KALYDECO ORAL PACKET 13.4 MG</b>		PA
<b>KALYDECO ORAL PACKET 25 MG, 75 MG</b>		PA; QLL (2 EA per 1 day); AL (Max 5 Years)
<b>KALYDECO ORAL PACKET 50 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>KALYDECO ORAL TABLET 150 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<b>*Cystic Fibrosis Agent - Combinations***</b>		
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 2 Years and Max 5 Years)
<b>ORKAMBI ORAL PACKET 75-94 MG</b>		PA
<b>ORKAMBI ORAL TABLET 100-125 MG</b>		PA; QLL (4 EA per 1 day); AL (Min 6 Years)
<b>ORKAMBI ORAL TABLET 200-125 MG</b>		PA; QLL (4 EA per 1 day); AL (Min 12 Years)
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG, 50-75 &amp; 75 MG</b>		PA; QLL (2 EA per 1 day); AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
<b>TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 &amp; 150 MG, 50-25-37.5 &amp; 75 MG</b>		PA
<b>TRIKAFTA ORAL THERAPY PACK 100-50-75 &amp; 75 MG, 80-40-60 &amp; 59.5 MG</b>		PA
<b>*Hydrolytic Enzymes***</b>		
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>		Auto-PA; QLL (5 ML per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA; AL (Min 18 Years)
<b>*SULFONAMIDES*</b>		
<b>*Sulfonamides***</b>		
<i>sulfadiazine oral tablet 500 mg</i>		
<b>*TETRACYCLINES*</b>		
<b>*Tetracyclines***</b>		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
<b>*THYROID AGENTS*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
<b>*Thyroid Hormones***</b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Euthyrox	QLL (1 EA per 1 day)
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	QLL (1 EA per 1 day)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
<b>ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	niva thyroid	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		QLL (1 EA per 1 day)
<b>*ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS*</b>		
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		
<i>dicyclomine hcl oral tablet 20 mg</i>		
<b>*Belladonna Alkaloids***</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
<b>*H-2 Antagonists***</b>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		QLL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 11 Years)
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	
<i>famotidine oral tablet 40 mg</i>	Pepcid	QLL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>		QLL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		QLL (1 EA per 1 day)
<b>*Misc. Anti-Ulcer***</b>		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
<b>*Proton Pump Inhibitors***</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	QLL (2 EA per 1 day)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (2 EA per 1 day); AL (Min 1 Years)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	OTC



<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>		QLL (1 EA per 1 day); AL (Min 1 Years)
<i>omeprazole oral capsule delayed release 40 mg</i>		QLL (2 EA per 1 day); AL (Min 1 Years)
<i>omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day); AL (Min 5 Years)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day); AL (Min 1 Years)
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		
<b>*URINARY ANTISPASMODICS*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	ST; QLL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		QLL (1 EA per 1 day); AL (Min 5 Years)
<i>tolterodine tartrate oral tablet 1 mg</i>		QLL (2 EA per 1 day)
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	QLL (2 EA per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (1 EA per 1 day)
<i>tropium chloride oral tablet 20 mg</i>		QLL (2 EA per 1 day)
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>terconazole vaginal cream 0.4 %</i>		QLL (45 GM Max Qty Per Fill Retail)
<i>terconazole vaginal cream 0.8 %</i>		
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	F
<b>*Vaginal Estrogens***</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	QLL (42.5 GM per 30 days)
<i>estradiol vaginal tablet 10 mcg</i>	Vagifem	
<b>*VASOPRESSORS*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Auvi-Q	QLL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (2 EA per 30 days)
<b>*Vasopressors***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
<b>*VITAMINS*</b>		
<b>*Vitamin B-3***</b>		
<i>niacin oral tablet 500 mg</i>		OTC
<b>*Vitamin B-6***</b>		
<i>vitamin b-6 oral tablet 25 mg</i>		OTC
<b>*Vitamin C***</b>		
<i>vitamin c oral tablet 500 mg</i>	Easy-C Immune Health	OTC
<b>*Vitamin D***</b>		
<i>ergocalciferol oral solution 200 mcg/ml</i>	Calcidol	OTC
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	Drisdol	
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	OTC
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>		OTC
<b>*Vitamin K***</b>		
<i>phytonadione oral tablet 5 mg</i>		QLL (5 EA per 30 days)



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