



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

What is a Formulary?

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

Can the Plan's Drug List change?

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

How do I use the Plan's Formulary?

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

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

What are generic drugs?

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

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

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

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

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

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

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

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

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

Aetna Better Health Florida CHIP

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CURRENT AS OF 4/1/2024

Restrictions

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

F = Female Only

M = Male Only

OTC = Over the Counter

PA = Prior Authorization Required

QLL = Quantity Level Limit Applies

ST = Step Therapy Required

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

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

Formulary Drug Name	Reference	Restrictions
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>	Adderall XR	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 6/day
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 4/day
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 4/day
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 0.75/day, Age \geq 18: maximum 3/day
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 0.5/day, Age \geq 18: maximum 2/day
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 2/day, Age \geq 18: maximum 6/day
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	Adderall	AL (Min 3 Years); QLL: Age 0-5: maximum 2/day, Age \geq 18: maximum 6/day
*Amphetamines***		
<i>dextroamphetamine sulfate capsule extended release 24 hour 10 mg oral</i>	Dexedrine	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate capsule extended release 24 hour 15 mg oral</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate capsule extended release 24 hour 5 mg oral</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	Zenzedi	AL (Min 3 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 2/day
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	Zenzedi	AL (Min 3 Years); QLL: Age 0-5: maximum 2/day, Age \geq 18: maximum 2/day
ZENZEDI TABLET 10 MG ORAL	dextroamphetamine sulfate	AL (Min 3 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 2/day
ZENZEDI TABLET 5 MG ORAL	dextroamphetamine sulfate	AL (Min 3 Years); QLL: Age 0-5: maximum 2/day, Age \geq 18: maximum 2/day

Formulary Drug Name	Reference	Restrictions
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		
*Stimulants - Misc.***		
<i>armodafinil tablet 150 mg oral</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>armodafinil tablet 200 mg oral</i>	Nuvigil	Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>armodafinil tablet 250 mg oral</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>armodafinil tablet 50 mg oral</i>	Nuvigil	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.75/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.6/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.75/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.428/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 0.375/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	Focalin XR	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	Focalin	QLL: Age 0-5: maximum 1.5/day, Age \geq 18: maximum 2/day
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	Focalin	QLL: Age 0-5: maximum 2/day, Age \geq 18: maximum 2/day
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	Focalin	QLL: Age 0-5: maximum 2/day, Age \geq 18: maximum 2/day

Formulary Drug Name	Reference	Restrictions
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	Metadate CD	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	Metadate CD	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	Metadate CD	AL (Min 6 Years); QLL: Age 0-5: maximum 0.833/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	Metadate CD	AL (Min 6 Years); QLL: Age 0-5: maximum 0.625/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	Metadate CD	AL (Min 6 Years); QLL: Age 0-5: maximum 0.5/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	Metadate CD	AL (Min 6 Years); QLL: Age 0-5: maximum 0.416/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Concerta	AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Concerta	AL (Min 6 Years); QLL: Age 0-5: maximum 0.925/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Concerta	AL (Min 6 Years); QLL: Age 0-5: maximum 0.694/day, Age \geq 18: maximum 2/day
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Concerta	AL (Min 6 Years); QLL: Age 0-5: maximum 0.462/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>		AL (Min 6 Years); QLL: Age 0-5: maximum 1/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>		AL (Min 6 Years); QLL: Age 0-5: maximum 0.925/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>		AL (Min 6 Years); QLL: Age 0-5: maximum 0.694/day, Age \geq 18: maximum 2/day
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>		AL (Min 6 Years); QLL: Age 0-5: maximum 0.462/day, Age \geq 18: maximum 1/day
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	Methylin	QLL: Age 0-5: maximum 12.5ml/day, Age =>18: maximum 30ml/day
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	Methylin	QLL: Age 0-5: maximum 60ml/day, Age =>18: maximum 60ml/day
<i>methylphenidate hcl tablet 10 mg oral</i>	Ritalin	QLL: Age 0-5: maximum 2/day, Age =>18: maximum 3/day
<i>methylphenidate hcl tablet 20 mg oral</i>	Ritalin	QLL: Age 0-5: maximum 1/day, Age =>18: maximum 3/day
<i>methylphenidate hcl tablet 5 mg oral</i>	Ritalin	QLL: Age 0-5: maximum 5/day, Age =>18: maximum 3/day
METHYLIN SOLUTION 10 MG/5ML ORAL	methylphenidate hcl	QLL: Age 0-5: maximum 12.5ml/day, Age =>18: maximum 30ml/day
METHYLIN SOLUTION 5 MG/5ML ORAL	methylphenidate hcl	QLL: Age 0-5: maximum 60ml/day, Age =>18: maximum 60ml/day
ALTERNATIVE MEDICINES		
*Alternative Medicine - Me's***		
<i>melatonin maximum strength oral tablet 5 mg</i>		OTC
<i>melatonin oral tablet 3 mg, 5 mg</i>		OTC
<i>sm melatonin oral tablet 3 mg</i>		OTC
*Alternative Medicine - St's***		
<i>stevia oral packet 100 mg</i>		OTC
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	Auto-PA; QLL (10 ML per 1 day)
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	Auto-PA

Formulary Drug Name	Reference	Restrictions
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Hyrimoz	Auto-PA
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	Auto-PA
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	Auto-PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		Auto-PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		Auto-PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib capsule 100 mg oral</i>	CeleBREX	QLL (2 EA per 1 day)
<i>celecoxib capsule 200 mg oral</i>	CeleBREX	QLL (2 EA per 1 day)
<i>celecoxib capsule 400 mg oral</i>	CeleBREX	QLL (1 EA per 1 day)
<i>celecoxib capsule 50 mg oral</i>	CeleBREX	QLL (2 EA per 1 day)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***		
<i>all day pain relief oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>all day relief oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	OTC
<i>cvs all day pain relief oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>cvs childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>cvs ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>cvs ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>cvs ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>cvs ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>cvs naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>cvs naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>ec-naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>eq ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>eq ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>gnp ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>gnp ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>gnp naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>gnp naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>goodsense ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>goodsense ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>goodsense naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>hm ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	
<i>ibuprofen tablet 200 mg oral</i>	Advil	QLL (6 EA per 1 day); OTC
<i>ibuprofen tablet 400 mg oral</i>	IBU	

Formulary Drug Name	Reference	Restrictions
<i>ibuprofen tablet 600 mg oral</i>	IBU	
<i>ibuprofen tablet 800 mg oral</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (4 EA per 1 day); AL (Min 17 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		
<i>nabumetone oral tablet 500 mg, 750 mg</i>		
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>qc ibuprofen ib oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>qc ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>qc ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>qc naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen ib oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen oral capsule 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>sm ibuprofen oral tablet 200 mg</i>	Advil	QLL (6 EA per 1 day); OTC
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>sm naproxen sodium oral tablet 220 mg</i>	Aleve	QLL (2 EA per 1 day); OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	ibuprofen	
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	

Formulary Drug Name	Reference	Restrictions
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		Auto-PA
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS		Auto-PA; QLL (4.08 ML per 28 days); AL (Min 2 Years)
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS		Auto-PA; QLL (7.84 ML per 28 days); AL (Min 2 Years)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		Auto-PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		Auto-PA; QLL (7.84 ML per 28 days); AL (Min 2 Years)
ANALGESICS - NONNARCOTIC		
*Analgesic Combinations***		
<i>cvs headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>cvs migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>gnp headache relief extra str oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>gnp migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>goodsense migraine formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>hm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>qc headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>sm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
*Analgesics Other***		
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Midol	AL (Max 20 Years); OTC
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		AL (Max 20 Years); OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Restrictions
<i>acetaminophen extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>		AL (Max 20 Years); OTC
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>acetaminophen oral tablet chewable 160 mg</i>	Mapap Childrens	AL (Max 20 Years); OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>acetaminophen tablet 325 mg oral</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>acetaminophen tablet 500 mg oral</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Midol	AL (Max 20 Years); OTC
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>childrens silapap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	AL (Max 20 Years); OTC
<i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Midol	AL (Max 20 Years); OTC
<i>cvs 8hr muscle aches & pain oral tablet extended release 650 mg</i>	Midol	AL (Max 20 Years); OTC
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	Mapap Acetaminophen Extra Str	QLL (240 ML per 30 days); OTC
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>cvs acetaminophen oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>cvs arthritis pain relief oral tablet extended release 650 mg</i>	Midol	AL (Max 20 Years); OTC
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	Mapap Childrens	OTC
<i>cvs fever reducing childrens rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	Mapap Childrens	OTC
<i>cvs non-aspirin extra strength oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>cvs pain & fever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC

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

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

Formulary Drug Name	Reference	Restrictions
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	Panadol Childrens	AL (Max 20 Years); OTC
<i>sm pain reliever ex st oral tablet 500 mg</i>	Panadol Extra Strength	QLL (8 EA per 1 day); OTC
<i>sm pain reliever oral tablet 325 mg</i>	Aphen	QLL (10 EA per 1 day); OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		AL (Max 20 Years); OTC
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	acetaminophen	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	acetaminophen	OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG		OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	cvs acetaminophen ex st	QLL (240 ML per 30 days); OTC
MAPAP CHILDRENS TABLET CHEWABLE 160 MG ORAL	acetaminophen	AL (Max 20 Years); OTC
MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL	cvs childs non-aspirin	OTC
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	acetaminophen	AL (Max 20 Years); OTC
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG	acetaminophen	QLL (8 EA per 1 day); OTC
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML	acetaminophen	AL (Max 20 Years); OTC
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML		QLL (240 ML per 30 days); OTC
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	
BAC ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	
*Salicylate Combinations***		
<i>cvs antacid & pain reliever oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Bufferin	OTC
<i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	OTC
*Salicylates***		
<i>aspirin low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Restrictions
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>aspirin rectal suppository 300 mg</i>		AL (Max 20 Years); OTC
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>cvs aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>cvs genuine aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>eq aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>gnp aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>goodsense aspirin adults oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>goodsense aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>goodsense aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>hm adult aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>hm aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Restrictions
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>qc aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	AL (Max 20 Years); OTC
<i>qc aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin	AL (Max 20 Years); OTC
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	AL (Max 20 Years); OTC
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	St Joseph Low Dose	AL (Max 20 Years); OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	aspirin	AL (Max 20 Years); OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		Auto-PA; QLL (12 ML per 1 day); AL (Min 6 Years)
<i>acetaminophen-codeine tablet 300-15 mg oral</i>		Auto-PA; QLL (12 EA per 1 day); AL (Min 6 Years)
<i>acetaminophen-codeine tablet 300-30 mg oral</i>		Auto-PA; QLL (8 EA per 1 day); AL (Min 6 Years)
<i>acetaminophen-codeine tablet 300-60 mg oral</i>		Auto-PA; QLL (12 EA per 1 day); AL (Min 6 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		Auto-PA
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		Auto-PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		Auto-PA

Formulary Drug Name	Reference	Restrictions
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		Auto-PA; AL (Min 6 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		Auto-PA; QLL (10 EA per 30 days); AL (Min 18 Years)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Dilaudid	Auto-PA
<i>hydromorphone hcl rectal suppository 3 mg</i>		Auto-PA; QLL (4 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	Auto-PA; QLL (2 EA per 1 day)
<i>methadone hcl solution 10 mg/5ml oral</i>		Auto-PA; QLL (10 ML per 1 day)
<i>methadone hcl solution 5 mg/5ml oral</i>		Auto-PA; QLL (20 ML per 1 day)
<i>methadone hcl tablet 10 mg oral</i>		Auto-PA; QLL (2 EA per 1 day)
<i>methadone hcl tablet 5 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		Auto-PA
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	MS Contin	Auto-PA; QLL (3 EA per 1 day); AL (Min 18 Years)
<i>morphine sulfate oral solution 10 mg/5ml</i>		Auto-PA
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		Auto-PA
<i>morphine sulfate suppository 10 mg rectal</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate suppository 20 mg rectal</i>		Auto-PA; QLL (4 EA per 1 day)
<i>morphine sulfate suppository 30 mg rectal</i>		Auto-PA; QLL (3 EA per 1 day)
<i>morphine sulfate suppository 5 mg rectal</i>		Auto-PA; QLL (4 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		Auto-PA; QLL (60 ML per 1 day)
<i>oxycodone hcl tablet 10 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 15 mg oral</i>	Roxicodone	Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 20 mg oral</i>		Auto-PA; QLL (9 EA per 1 day)
<i>oxycodone hcl tablet 30 mg oral</i>	Roxicodone	Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 5 mg oral</i>		Auto-PA; QLL (12 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>tramadol hcl oral tablet 50 mg</i>		Auto-PA; QLL (8 EA per 1 day); AL (Min 12 Years); QLL: Age <16: maximum 60 every 27 days
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	methadone hcl	Auto-PA; QLL (2 ML per 1 day)
*Opioid Combinations***		
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	Endocet	Auto-PA; QLL (6 EA per 1 day)
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	Endocet	Auto-PA; QLL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	Endocet	Auto-PA; QLL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	Endocet	Auto-PA; QLL (8 EA per 1 day)
ENDOCET TABLET 10-325 MG ORAL	oxycodone-acetaminophen	Auto-PA; QLL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL	oxycodone-acetaminophen	Auto-PA; QLL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL	oxycodone-acetaminophen	Auto-PA; QLL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL	oxycodone-acetaminophen	Auto-PA; QLL (8 EA per 1 day)
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		Auto-PA; QLL (3 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		Auto-PA; QLL (3 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	Auto-PA; AL (Min 18 Years); QLL: Maximum of 1 fill every 28 days
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		Auto-PA; QLL (2.5 ML per 27 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		Auto-PA; QLL (4 EA per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>		AL (Min 18 Years)
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>		Auto-PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 10 mg/act (2%) transdermal</i>	Fortesta	PA; AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Vogelxo Pump	PA; AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>		PA; M; QLL (2.5 GM per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Testim	PA; QLL (10 GM per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	

Formulary Drug Name	Reference	Restrictions
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	nitroglycerin	PA; AL (Min 18 Years)
*Rectal Combinations - Misc.***		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Local Anesthetics***		
<i>gnp anorectal external cream 5 %</i>	RectaSmoothie	QLL (30 GM per 30 days); OTC
<i>lidocaine (anorectal) external cream 5 %</i>	RectaSmoothie	QLL (30 GM per 30 days); OTC
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	PA; QLL (30 GM per 30 days); OTC
RECTASMOOTHIE EXTERNAL CREAM 5 %	gnp anorectal	QLL (30 GM per 30 days); OTC
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 1 %</i>	Proctocort	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	
ANTACIDS		
*Antacid & Simethicone***		
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Almacone Double Strength	OTC
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Mintox	OTC
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC

Formulary Drug Name	Reference	Restrictions
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
<i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>cvs antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>gnp antacid & anti-gas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	antacid anti-gas max strength	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	antacid anti-gas max strength	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	antacid anti-gas max strength	OTC
*Antacid Combinations***		
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>		OTC
ACID GONE ORAL SUSPENSION 95-358 MG/15ML		OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
GAVISCON EXTRA STRENGTH ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
GAVISCON ORAL SUSPENSION 95-358 MG/15ML		OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
*Antacids - Calcium Salts***		
<i>antacid calcium oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>antacid oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		OTC
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>cvs antacid kids oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>cvs smooth antacid extra st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>gnp antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>qc antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>sm antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	CVS Chewy Not Chalky Flavor	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	antacid calcium	OTC
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG	antacid	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG	childrens pepto	OTC
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS E-X 750 ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS ORAL TABLET CHEWABLE 500 MG	antacid calcium	OTC
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS ULTRA 1000 ORAL TABLET CHEWABLE 1000 MG	antacid ultra strength	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide tablet 400 mg oral</i>		OTC
<i>magnesium oxide tablet 400 mg oral</i>		Auto-PA; OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>		Auto-PA
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>		OTC
<i>ivermectin oral tablet 3 mg</i>	Stromectol	QLL (10 EA per 90 days)
<i>praziquantel oral tablet 600 mg</i>	Biltricide	

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

Formulary Drug Name	Reference	Restrictions
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg</i>	Vistaril	QLL (4 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam tablet 0.25 mg oral</i>	Xanax	Auto-PA; QLL (4 EA per 1 day); AL (Min 7 Years)
<i>alprazolam tablet 0.5 mg oral</i>	Xanax	Auto-PA; QLL (4 EA per 1 day); AL (Min 7 Years)
<i>alprazolam tablet 1 mg oral</i>	Xanax	Auto-PA; QLL (6 EA per 1 day); AL (Min 7 Years)
<i>alprazolam tablet 2 mg oral</i>	Xanax	Auto-PA; QLL (150 EA per 30 days); AL (Min 7 Years)
<i>chlordiazepoxide hcl capsule 10 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>chlordiazepoxide hcl capsule 25 mg oral</i>		Auto-PA; QLL (12 EA per 1 day)
<i>chlordiazepoxide hcl capsule 5 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>diazepam oral solution 5 mg/5ml</i>		QLL (10 ML per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	QLL (2 ML per 1 day); AL (Min 12 Years)
<i>lorazepam tablet 0.5 mg oral</i>	Ativan	QLL (4 EA per 1 day)
<i>lorazepam tablet 1 mg oral</i>	Ativan	QLL (6 EA per 1 day)
<i>lorazepam tablet 2 mg oral</i>	Ativan	QLL (150 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 6 Years)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	lorazepam	QLL (2 ML per 1 day); AL (Min 12 Years)
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		Maintenance drug with max 90 day supply
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Pacerone	Maintenance drug with max 90 day supply
MULTAQ ORAL TABLET 400 MG		PA; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
PACERONE ORAL TABLET 100 MG, 200 MG	amiodarone hcl	Maintenance drug with max 90 day supply
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	AirDuo RespiClick 113/14	AL (Min 12 Years)
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	AirDuo RespiClick 232/14	AL (Min 12 Years)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	AirDuo RespiClick 55/14	AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		AL (Min 18 Years)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		ST; QLL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		ST; QLL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	QLL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA; AL (Min 12 Years)

Formulary Drug Name	Reference	Restrictions
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Proventil HFA	QLL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Proventil HFA	QLL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Proventil HFA	QLL (36 GM per 30 days)
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>		QLL (2 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; Auto-PA
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		QLL (4 GM per 30 days)
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		QLL (30 EA per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	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)
*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (4 ML per 1 day); AL (Min 1 Years and Max 8 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		QLL (24 GM per 30 days); AL (Max 12 Years)

Formulary Drug Name	Reference	Restrictions
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT		AL (Min 5 Years)
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		QLL (1 EA per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT		
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	
<i>theophylline oral solution 80 mg/15ml</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	warfarin sodium	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QLL (74 EA per 30 days); AL (Min 18 Years)
ELIQUIS TABLET 2.5 MG ORAL		QLL (60 EA per 30 days); AL (Min 18 Years)
ELIQUIS TABLET 5 MG ORAL		QLL (74 EA per 30 days); AL (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		
*Heparins And Heparinoid-Like Agents***		
<i>heparin na (pork) lock flsh pf intravenous solution 100 unit/ml</i>	BD Heparin PosiFlush	
<i>heparin sod (pork) lock flush intravenous solution 100 unit/ml</i>		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>		

Formulary Drug Name	Reference	Restrictions
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	QLL (180 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>	Lovenox	QLL (60 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i>	Lovenox	QLL (48 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>	Lovenox	QLL (60 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>	Lovenox	QLL (18 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	Lovenox	QLL (24 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	Lovenox	QLL (36 ML per 30 days)
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	Lovenox	QLL (48 ML per 30 days)
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	QLL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 75 MG	dabigatran etexilate mesylate	QLL (2 EA per 1 day)
ANTICONVULSANTS		
*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	QLL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		QLL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years); QLL: Maximum of 2
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years); QLL: Maximum of 2
*Anticonvulsants - Misc.***		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	Auto-PA

Formulary Drug Name	Reference	Restrictions
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	Auto-PA
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	Auto-PA
<i>carbamazepine oral tablet 200 mg</i>	Epitol	Auto-PA
<i>carbamazepine oral tablet chewable 100 mg</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	Auto-PA
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	Auto-PA
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	Auto-PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Subvenite	Auto-PA
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	Auto-PA; AL (Min 13 Years)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	Auto-PA
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	Auto-PA
<i>levetiracetam oral tablet 1000 mg, 250 mg, 750 mg</i>	Keppra	Auto-PA
<i>levetiracetam oral tablet 500 mg</i>	Roweepra	Auto-PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	Auto-PA
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	Auto-PA
<i>pregabalin capsule 100 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 150 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 200 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 225 mg oral</i>	Lyrica	PA; QLL (2 EA per 1 day)
<i>pregabalin capsule 25 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 300 mg oral</i>	Lyrica	PA
<i>pregabalin capsule 50 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>pregabalin capsule 75 mg oral</i>	Lyrica	PA; QLL (3 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	Auto-PA
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	
<i>zonisamide oral capsule 50 mg</i>		
EPITOL ORAL TABLET 200 MG	carbamazepine	Auto-PA
ROWEEPRA ORAL TABLET 500 MG	levetiracetam	Auto-PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	Auto-PA

Formulary Drug Name	Reference	Restrictions
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		Auto-PA
*Hydantoins***		
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Dilantin	Auto-PA
<i>phenytoin oral tablet chewable 50 mg</i>	Phenytoin Infatabs	Auto-PA
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	Auto-PA
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	Auto-PA
DILANTIN ORAL CAPSULE 30 MG		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	Auto-PA
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	Auto-PA
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	Auto-PA
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	Auto-PA
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	Auto-PA
<i>valproic acid oral capsule 250 mg</i>		
<i>valproic acid oral solution 250 mg/5ml</i>		
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	Auto-PA; QLL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	Auto-PA; QLL (1 EA per 1 day)
<i>bupropion hcl tablet 100 mg oral</i>		Auto-PA; QLL (4 EA per 1 day)
<i>bupropion hcl tablet 75 mg oral</i>		Auto-PA; QLL (6 EA per 1 day)

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

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

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

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

Formulary Drug Name	Reference	Restrictions
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		QLL (20 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		QLL (70 ML per 30 days); OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		QLL (70 ML per 30 days); OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML		QLL (70 ML per 30 days); OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		QLL (70 ML per 30 days); OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		QLL (70 ML per 30 days); OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML		QLL (70 ML per 30 days); OTC
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		ST; Auto-PA; QLL (1.5 ML per 28 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML		ST; Auto-PA; QLL (0.1071 ML per 1 day); AL (Min 18 Years)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML		ST; Auto-PA; QLL (0.1071 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		ST; Auto-PA; QLL (4 ML per 28 days); AL (Min 18 Years)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (3 EA per 1 day)
<i>repaglinide tablet 0.5 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>repaglinide tablet 1 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>repaglinide tablet 2 mg oral</i>		QLL (8 EA per 1 day); Maintenance drug with max 90 day supply
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
JARDIANCE ORAL TABLET 10 MG, 25 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day); AL (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		ST; QLL (2 EA per 1 day); AL (Min 18 Years)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		Maintenance drug with max 90 day supply
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	Glucotrol XL	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide oral tablet 10 mg, 5 mg</i>		Maintenance drug with max 90 day supply
<i>glipizide xl tablet extended release 24 hour 10 mg oral</i>	Glucotrol XL	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>glipizide xl tablet extended release 24 hour 5 mg oral</i>	Glucotrol XL	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus probiotic formula oral tablet</i>	Floranex	OTC
<i>acidophilus probiotic tablet 10 mg oral</i>	Floranex	OTC
<i>acidophilus probiotic tablet 10 mg oral</i>	Floranex	Auto-PA; OTC
<i>acidophilus/l-sporogenes oral tablet</i>	Floranex	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>cvs acidophilus probiotic oral tablet</i>	Floranex	OTC
<i>cvs adult 50+ probiotic oral capsule</i>	Envive	OTC
<i>cvs adult probiotic oral capsule</i>	Envive	OTC
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Kaopectate	OTC

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

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

Formulary Drug Name	Reference	Restrictions
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	Narcan	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i>	Narcan	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i>	Narcan	QLL (4 EA per 365 days)
<i>naltrexone hcl oral tablet 50 mg</i>		QLL (3 EA per 1 day)
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		ST
<i>ondansetron hcl oral solution 4 mg/5ml</i>		QLL (15 ML per 1 day)
<i>ondansetron hcl tablet 24 mg oral</i>		QLL: Maximum of 2 fills every 30 days
<i>ondansetron hcl tablet 4 mg oral</i>		QLL (3 EA per 1 day)
<i>ondansetron hcl tablet 8 mg oral</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
<i>cvs motion sickness oral tablet 50 mg</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>cvs motion sickness relief oral tablet chewable 25 mg</i>	Antivert	OTC
<i>gnp motion sickness relief tablet 25 mg oral</i>	Dramamine	OTC
<i>gnp motion sickness relief tablet 50 mg oral</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Antivert	
<i>motion sickness relief tablet 25 mg oral</i>	Dramamine	OTC
<i>motion sickness relief tablet 50 mg oral</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>motion-time oral tablet chewable 25 mg</i>	Antivert	OTC
<i>qc motion sickness relief oral tablet 50 mg</i>	Driminate	QLL (8 EA per 1 day); OTC
<i>qc travel ease oral tablet chewable 25 mg</i>	Antivert	OTC
<i>sm motion sickness tablet 25 mg oral</i>	Dramamine	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm motion sickness tablet 50 mg oral</i>	Driminate	QLL (8 EA per 1 day); OTC
DRIMINATE ORAL TABLET 50 MG	cvs motion sickness	QLL (8 EA per 1 day); OTC
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant capsule 125 mg oral</i>		QLL (2 EA per 28 days)
<i>aprepitant capsule 40 mg oral</i>		QLL (4 EA per 28 days)
<i>aprepitant capsule 80 & 125 mg oral</i>	Emend Tri-Pack	QLL: Maximum of 2 fills every 30 days
<i>aprepitant capsule 80 mg oral</i>	Emend	QLL (4 EA per 28 days)
<i>aprepitant oral 80 & 125 mg</i>	Emend Tri-Pack	QLL: Maximum of 2 fills every 30 days
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QLL (84 EA per 365 days)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole tablet 100 mg oral</i>	Diflucan	QLL (2 EA per 1 day)
<i>fluconazole tablet 150 mg oral</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole tablet 200 mg oral</i>	Diflucan	QLL (2 EA per 1 day)
<i>fluconazole tablet 50 mg oral</i>		QLL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (4 EA per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Vfend	PA
DIFLUCAN ORAL TABLET 150 MG	fluconazole	QLL (14 EA per 28 days)
ANTI-HISTAMINES		
*Antihistamines - Alkylamines***		
<i>aller-chlor oral tablet 4 mg</i>	Wal-finat	OTC
<i>allergy oral tablet 4 mg</i>	Wal-finat	OTC
<i>allergy relief oral tablet 4 mg</i>	Wal-finat	OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	QLL (2 EA per 1 day); OTC

Formulary Drug Name	Reference	Restrictions
<i>cvs allergy relief oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	QLL (2 EA per 1 day); OTC
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Diabetic Tussin Allergy	QLL (120 ML per 30 days); OTC
<i>gnp allergy relief oral tablet 4 mg</i>	Wal-finat	OTC
<i>qc chlor-pheniramine oral tablet 4 mg</i>	Wal-finat	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML		OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	triprolidine hcl	OTC
*Antihistamines - Ethanolamines***		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>complete allergy medicine oral capsule 25 mg</i>	Banophen	OTC
<i>cvs allergy oral capsule 25 mg</i>	Banophen	OTC
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>cvs allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>cvs allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>diphenhist oral capsule 25 mg</i>	Banophen	OTC
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Banophen	OTC
<i>eq allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy oral tablet 25 mg</i>	Banophen	OTC
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>gnp allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Banophen	QLL (20 ML per 1 day); OTC

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

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

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

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

Formulary Drug Name	Reference	Restrictions
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	promethazine hcl	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		
*Antihistamines - Piperidines***		
<i>ciproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>ciproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl capsule 0.5 gm oral</i>	Vascepa	PA; QLL (8 EA per 1 day)
<i>icosapent ethyl capsule 1 gm oral</i>	Vascepa	Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	QLL (4 EA per 1 day); AL (Min 18 Years)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	Maintenance drug with max 90 day supply
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	Maintenance drug with max 90 day supply
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	Maintenance drug with max 90 day supply
PREVALITE ORAL PACKET 4 GM	cholestyramine light	
PREVALITE ORAL POWDER 4 GM/DOSE	cholestyramine light	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		Maintenance drug with max 90 day supply
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		Maintenance drug with max 90 day supply
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	Maintenance drug with max 90 day supply
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
<i>gemfibrozil oral tablet 600 mg</i>	Lipid	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>fluvastatin sodium capsule 20 mg oral</i>		ST; QLL (1 EA per 1 day)
<i>fluvastatin sodium capsule 40 mg oral</i>		ST; QLL (3.8 EA per 1 day)
<i>lovastatin tablet 10 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lovastatin tablet 20 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lovastatin tablet 40 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>simvastatin oral tablet 5 mg, 80 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	QLL (30 EA per 30 days); AL (Min 10 Years); Maintenance drug with max 90 day supply
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA; AL (Min 10 Years)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA; AL (Min 10 Years)

Formulary Drug Name	Reference	Restrictions
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML		PA; AL (Min 10 Years)
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	QLL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		QLL (1 EA per 1 day)
*Ace Inhibitors & Thiazide/Thiazide- Like***		
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	Vaseretic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	Zestoretic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Zestoretic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	Zestoretic	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>quinapril-hydrochlorothiazide oral tablet 10- 12.5 mg, 20-12.5 mg</i>	Accuretic	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>quinapril-hydrochlorothiazide oral tablet 20- 25 mg</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Altace	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>trandolapril tablet 1 mg oral</i>		QLL (1 EA per 1 day)
<i>trandolapril tablet 2 mg oral</i>		QLL (1 EA per 1 day)
<i>trandolapril tablet 2 mg oral</i>		QLL (3.8 EA per 1 day)
<i>trandolapril tablet 4 mg oral</i>		QLL (2 EA per 1 day)
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (1 EA per 1 day)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST; QLL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>	Avalide	Maintenance drug with max 90 day supply
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	Avalide	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (1 EA per 1 day)
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>losartan potassium tablet 100 mg oral</i>	Cozaar	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
<i>losartan potassium tablet 25 mg oral</i>	Cozaar	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>losartan potassium tablet 50 mg oral</i>	Cozaar	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>valsartan tablet 160 mg oral</i>	Diovan	Auto-PA; QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 160 mg oral</i>	Diovan	QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 320 mg oral</i>	Diovan	QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 40 mg oral</i>	Diovan	Auto-PA; QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>valsartan tablet 80 mg oral</i>	Diovan	Auto-PA; QLL (1 EA per 1 day); AL (Min 1 Years); Maintenance drug with max 90 day supply
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		Maintenance drug with max 90 day supply
<i>clonidine patch weekly 0.1 mg/24hr transdermal</i>	Catapres-TTS-1	ST; QLL (8 EA per 30 days)
<i>clonidine patch weekly 0.2 mg/24hr transdermal</i>	Catapres-TTS-2	ST; QLL (8 EA per 30 days)
<i>clonidine patch weekly 0.3 mg/24hr transdermal</i>	Catapres-TTS-3	ST
<i>guanfacine hcl tablet 1 mg oral</i>		QLL (8 EA per 1 day); Maintenance drug with max 90 day supply
<i>guanfacine hcl tablet 2 mg oral</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>methyldopa oral tablet 250 mg, 500 mg</i>		Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate tablet 1 mg oral</i>	Cardura	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>doxazosin mesylate tablet 2 mg oral</i>	Cardura	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>doxazosin mesylate tablet 4 mg oral</i>	Cardura	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>doxazosin mesylate tablet 8 mg oral</i>	Cardura	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 1 mg oral</i>		QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 10 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 2 mg oral</i>		QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>terazosin hcl capsule 5 mg oral</i>		QLL (3 EA per 1 day); Maintenance drug with max 90 day supply
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	Maintenance drug with max 90 day supply
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	Maintenance drug with max 90 day supply
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		Maintenance drug with max 90 day supply
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspira	Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		Maintenance drug with max 90 day supply
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
XIFAXAN ORAL TABLET 550 MG		PA
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	
*Glycopeptides***		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	QLL (8 EA per 1 day)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	Firvanq	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	vancomycin hcl	
*Leprostotics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	Zyvox	PA
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		

Formulary Drug Name	Reference	Restrictions
<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>		
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Malarone	QLL: Maximum of 1 fill every 90 days
*Antimalarials***		
<i>chloroquine phosphate tablet 250 mg oral</i>		Auto-PA; QLL (1 EA per 1 day)
<i>chloroquine phosphate tablet 500 mg oral</i>		Auto-PA; QLL (2 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	Auto-PA; QLL (3 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL: Maximum of 1 fill every 90 days
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg</i>		
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		QLL (180 EA per 30 days)

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

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG		PA; QLL (8 EA per 1 day); AL (Min 18 Years)
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA; AL (Min 18 Years)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA; QLL (42 EA per 30 days); AL (Min 18 Years); QLL: Maximum of 1 fill every 365 days
VENCLEXTA TABLET 10 MG ORAL		PA; QLL (14 EA per 30 days); AL (Min 18 Years)
VENCLEXTA TABLET 100 MG ORAL		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
VENCLEXTA TABLET 50 MG ORAL		PA; QLL (7 EA per 30 days); AL (Min 18 Years)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>imatinib mesylate tablet 100 mg oral</i>	Gleevec	PA; QLL (90 EA per 30 days)
<i>imatinib mesylate tablet 400 mg oral</i>	Gleevec	PA; QLL (60 EA per 30 days)
SPRYCEL TABLET 100 MG ORAL		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
SPRYCEL TABLET 140 MG ORAL		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
SPRYCEL TABLET 20 MG ORAL		PA; QLL (3 EA per 1 day); AL (Min 18 Years)
SPRYCEL TABLET 50 MG ORAL		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
SPRYCEL TABLET 70 MG ORAL		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
SPRYCEL TABLET 80 MG ORAL		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		PA; QLL (4 EA per 1 day); AL (Min 1 Years)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA CAPSULE 140 MG ORAL		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
IMBRUVICA CAPSULE 70 MG ORAL		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QLL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; QLL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA
MEKINIST TABLET 0.5 MG ORAL		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
MEKINIST TABLET 2 MG ORAL		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
*Antineoplastic - Mtor Kinase Inhibitors***		
<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)
*Antineoplastic - Multikinase Inhibitors***		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	PA; QLL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (30 EA per 30 days); AL (Min 12 Years)
CAPRELSA TABLET 100 MG ORAL		Auto-PA; QLL (60 EA per 30 days); AL (Min 18 Years)
CAPRELSA TABLET 300 MG ORAL		Auto-PA; QLL (30 EA per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
RYDAPT ORAL CAPSULE 25 MG		PA; QLL (8 EA per 1 day); AL (Min 18 Years)
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		PA; QLL (6 ML per 28 days)
MATULANE ORAL CAPSULE 50 MG		QLL (56 EA per 30 days)
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG		QLL (30 EA per 30 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA; QLL (60 EA per 30 days); AL (Min 12 Years)
*Lhrh Analogs***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		Auto-PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
ELIGARD KIT 22.5 MG SUBCUTANEOUS		Auto-PA; M; QLL (1 EA per 90 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
ELIGARD KIT 30 MG SUBCUTANEOUS		Auto-PA; M; QLL (1 EA per 120 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
ELIGARD KIT 45 MG SUBCUTANEOUS		Auto-PA; QLL (1 EA per 175 days); AL (Min 2 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
ELIGARD KIT 7.5 MG SUBCUTANEOUS		Auto-PA; M; QLL (1 EA per 28 days); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
<i>melphalan oral tablet 2 mg</i>		AL (Min 18 Years)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	ifosfamide	
LEUKERAN ORAL TABLET 2 MG		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		PA
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA; QLL (60 EA per 30 days); AL (Min 18 Years)
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (120 EA per 30 days); AL (Min 18 Years)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA; QLL (90 EA per 30 days); AL (Min 18 Years)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		PA; QLL (30 EA per 30 days); AL (Min 18 Years)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA; QLL (60 EA per 30 days); AL (Min 18 Years)
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		Maintenance drug with max 90 day supply
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>amantadine hcl oral solution 50 mg/5ml</i>		AL (Min 1 Years); Maintenance drug with max 90 day supply
<i>amantadine hcl oral tablet 100 mg</i>		AL (Min 1 Years); Maintenance drug with max 90 day supply
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		Auto-PA; AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>selegiline hcl oral tablet 5 mg</i>		Auto-PA; AL (Min 18 Years); Maintenance drug with max 90 day supply
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		AL (Min 18 Years)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 50-200-200 mg</i>		AL (Min 18 Years)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	AL (Min 18 Years)
DHIVY ORAL TABLET 25-100 MG	carbidopa-levodopa	AL (Min 18 Years); Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		ST; AL (Min 18 Years)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		AL (Min 18 Years); Maintenance drug with max 90 day supply
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>		QLL (8 EA per 1 day); AL (Min 18 Years)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er tablet extended release 300 mg oral</i>	Lithobid	Auto-PA; AL (Min 6 Years)
<i>lithium carbonate er tablet extended release 450 mg oral</i>		Auto-PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		Auto-PA
<i>lithium carbonate oral tablet 300 mg</i>		Auto-PA
*Antipsychotics - Misc.***		
<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 capsule 20 mg oral</i>	Geodon	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 4/day, Age \geq 18: maximum 2/day
<i>ziprasidone hcl capsule 40 mg oral</i>	Geodon	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 2/day, age 12-17: maximum 2/day, Age \geq 18: maximum 2/day
<i>ziprasidone hcl capsule 60 mg oral</i>	Geodon	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1.33/day, Age 12-17: maximum 2.66/day, Age \geq 18: maximum 4/day

Formulary Drug Name	Reference	Restrictions
<i>ziprasidone hcl capsule 80 mg oral</i>	Geodon	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1/day, Age 12-17: maximum 2/day, Age =>18: maximum 2/day
*Benzisoxazoles***		
<i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	RisperDAL Consta	PA; AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days)
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	RisperDAL Consta	PA; QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 4ml/day, Age 12-17: maximum 6ml/day, Age =>18: maximum 16ml/day
<i>risperidone oral tablet 0.25 mg</i>		Auto-PA; AL (Min 6 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	Auto-PA; AL (Min 6 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		Auto-PA; AL (Min 6 Years)
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR		PA; QLL (3.5 ML per 168 days)
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR		PA; QLL (5 ML per 168 days)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR		PA
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR		PA

Formulary Drug Name	Reference	Restrictions
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR		PA; QLL (1 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR		PA; QLL (1.32 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR		PA; QLL (1.75 ML per 90 days); AL (Min 18 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR		PA; QLL (2.63 ML per 90 days); AL (Min 18 Years)
*Butyrophenones***		
<i>haloperidol decanoate solution 100 mg/ml intramuscular</i>	Haldol Decanoate	Auto-PA; QLL (5 ML per 28 days); AL (Min 18 Years)
<i>haloperidol decanoate solution 50 mg/ml intramuscular</i>	Haldol Decanoate	Auto-PA; QLL (3 ML per 28 days); AL (Min 18 Years)
<i>haloperidol lactate concentrate 2 mg/ml oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 5mg/day, Age 12-17: maximum 10mg/day, Age =>18: maximum 100mg/day
<i>haloperidol lactate concentrate 2 mg/ml oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 5mg/day, Age 12-17: maximum 10mg/day, Age =>18: maximum 100mg/day
<i>haloperidol lactate injection solution 5 mg/ml</i>		Auto-PA
<i>haloperidol tablet 0.5 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 10/day, Age 12-17: maximum 20/day, Age =>18: maximum 30/day
<i>haloperidol tablet 0.5 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 10/day, Age 12-17: maximum 20/day, Age =>18: maximum 30/day

Formulary Drug Name	Reference	Restrictions
<i>haloperidol tablet 1 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 5/day, Age 12-17: maximum 10/day, Age \geq 18: maximum 15/day
<i>haloperidol tablet 1 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 5/day, Age 12-17: maximum 10/day, Age \geq 18: maximum 15/day
<i>haloperidol tablet 10 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 0.5/day, Age 12-17: maximum 1/day, Age \geq 18: maximum 3/day
<i>haloperidol tablet 10 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 0.5/day, Age 12-17: maximum 1/day, Age \geq 18: maximum 3/day
<i>haloperidol tablet 2 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 2.5/day, Age 12-17: maximum 5/day, Age \geq 18: maximum 7.5/day
<i>haloperidol tablet 2 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 2.5/day, Age 12-17: maximum 5/day, Age \geq 18: maximum 7.5/day
<i>haloperidol tablet 20 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 0.25/day, Age 12-17: maximum 0.5/day, Age \geq 18: maximum 5/day
<i>haloperidol tablet 20 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 0.25/day, Age 12-17: maximum 0.5/day, Age \geq 18: maximum 5/day
<i>haloperidol tablet 5 mg oral</i>		Auto-PA; AL (Min 6 Years); QL: Age 6-11: maximum 1/day, Age 12-17: maximum 2/day, Age \geq 18: maximum 3/day

Formulary Drug Name	Reference	Restrictions
<i>haloperidol tablet 5 mg oral</i>		Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1/day, Age 12-17: maximum 2/day, Age \geq 18: maximum 3/day
*Dibenzodiazepines***		
<i>clozapine tablet 100 mg oral</i>	Clozaril	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 3/day, Age 12-17: maximum 6/day, Age \geq 18: maximum 9/day
<i>clozapine tablet 200 mg oral</i>	Clozaril	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1.5/day, Age 12-17: maximum 3/day, Age \geq 18: maximum 4/day
<i>clozapine tablet 25 mg oral</i>	Clozaril	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 8/day, Age \geq 18: maximum 2/day
<i>clozapine tablet 50 mg oral</i>	Clozaril	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 6/day, Age 12-17: maximum 12/day, Age \geq 18: maximum 2 tablets/day
*Dibenzothiazepines***		
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	SEROquel XR	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	SEROquel XR	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	SEROquel XR	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	SEROquel XR	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	SEROquel XR	Auto-PA; QLL (2 EA per 1 day); AL (Min 6 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	SEROquel	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 4/day, Age 12-17: maximum 5/day, Age \geq 18: maximum 2/day
<i>quetiapine fumarate tablet 200 mg oral</i>	SEROquel	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 2/day, Age 12-17: maximum 4/day, Age \geq 18: maximum 5/day

Formulary Drug Name	Reference	Restrictions
<i>quetiapine fumarate tablet 25 mg oral</i>	SEROquel	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 8/day, Age =>18: maximum 2/day
<i>quetiapine fumarate tablet 300 mg oral</i>	SEROquel	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1.33/day, Age 12-17: maximum 2.7 tablets/day, Age =>18: maximum 3/day
<i>quetiapine fumarate tablet 400 mg oral</i>	SEROquel	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1/day, Age 12-17: maximum 2/day, Age =>18: maximum 2/day
<i>quetiapine fumarate tablet 50 mg oral</i>	SEROquel	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 6/day, Age =>18: maximum 2/day
*Dibenzoxazepines***		
<i>loxapine succinate capsule 10 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate capsule 25 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate capsule 5 mg oral</i>		Auto-PA; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate capsule 50 mg oral</i>		Auto-PA; QLL (3 EA per 1 day); AL (Min 18 Years)
*Phenothiazines***		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		Auto-PA; AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		Auto-PA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		Auto-PA
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	QLL (2 EA per 1 day)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Auto-PA
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		Auto-PA
COMPRO RECTAL SUPPOSITORY 25 MG	prochlorperazine	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Quinolinone Derivatives***		
<i>aripiprazole tablet 10 mg oral</i>	Abilify	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum 1.5/day, Age 12-17: maximum 3/day
<i>aripiprazole tablet 15 mg oral</i>	Abilify	Auto-PA; AL (Min 6 Years); QLL: Age 6-11: maximum of 1/day, Age 12-17: maximum of 2/day, Age \geq 18: maximum of 1/day
<i>aripiprazole tablet 2 mg oral</i>	Abilify	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>aripiprazole tablet 20 mg oral</i>	Abilify	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>aripiprazole tablet 30 mg oral</i>	Abilify	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
<i>aripiprazole tablet 5 mg oral</i>	Abilify	Auto-PA; QLL (1 EA per 1 day); AL (Min 6 Years)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		PA; QLL (1 EA per 28 days); AL (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		PA; QLL (1 EA per 25 days); AL (Min 18 Years)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		PA; QLL (2.4 ML per 168 days)
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR		PA; QLL (3.9 ML per 60 days); AL (Min 18 Years)
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR		PA; QLL (1.6 ML per 28 days); AL (Min 18 Years)
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR		PA; QLL (2.4 ML per 28 days); AL (Min 18 Years)
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR		PA; QLL (3.2 ML per 28 days); AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine tablet 10 mg oral</i>	ZyPREXA	Auto-PA; AL (Min 6 Years)
<i>olanzapine tablet 15 mg oral</i>	ZyPREXA	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 1/day, Age \geq 18: maximum 2/day
<i>olanzapine tablet 2.5 mg oral</i>	ZyPREXA	Auto-PA; AL (Min 6 Years)
<i>olanzapine tablet 20 mg oral</i>	ZyPREXA	Auto-PA; AL (Min 6 Years)
<i>olanzapine tablet 5 mg oral</i>	ZyPREXA	Auto-PA; AL (Min 6 Years)
<i>olanzapine tablet 7.5 mg oral</i>	ZyPREXA	Auto-PA; AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
<i>olanzapine tablet dispersible 10 mg oral</i>	ZyPREXA Zydis	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 1/day, Age =>18: maximum 1/day
<i>olanzapine tablet dispersible 15 mg oral</i>	ZyPREXA Zydis	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 1/day, Age =>18: maximum 2/day
<i>olanzapine tablet dispersible 20 mg oral</i>	ZyPREXA Zydis	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 1/day, Age =>18: maximum 1/day
<i>olanzapine tablet dispersible 5 mg oral</i>	ZyPREXA Zydis	Auto-PA; AL (Min 6 Years); QLL: Age 6-17: maximum 1/day, Age =>18: maximum 1/day
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		Auto-PA
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	Auto-PA; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Atripla	Auto-PA; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	Auto-PA; QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		Auto-PA; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Auto-PA; QLL (13 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	Auto-PA; QLL (4 EA per 1 day)
BIKTARVY TABLET 30-120-15 MG ORAL		QLL (1 EA per 1 day); AL (Min 3 Years)
BIKTARVY TABLET 50-200-25 MG ORAL		Auto-PA; QLL (1 EA per 1 day); AL (Min 3 Years)
COMPLERA ORAL TABLET 200-25-300 MG		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
DESCOVY TABLET 120-15 MG ORAL		QLL (1 EA per 1 day)

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

Formulary Drug Name	Reference	Restrictions
<i>atazanavir sulfate capsule 200 mg oral</i>	Reyataz	Auto-PA; QLL (2 EA per 1 day)
<i>atazanavir sulfate capsule 300 mg oral</i>	Reyataz	Auto-PA; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	Auto-PA; QLL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	Auto-PA; QLL (12 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG		Auto-PA; QLL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG		Auto-PA
PREZISTA ORAL SUSPENSION 100 MG/ML		Auto-PA; QLL (12 ML per 1 day)
PREZISTA TABLET 150 MG ORAL		Auto-PA; QLL (6 EA per 1 day)
PREZISTA TABLET 600 MG ORAL	darunavir	Auto-PA; QLL (2 EA per 1 day)
PREZISTA TABLET 75 MG ORAL		Auto-PA; QLL (2 EA per 1 day)
PREZISTA TABLET 800 MG ORAL	darunavir	Auto-PA; QLL (1 EA per 1 day)
VIRACEPT TABLET 250 MG ORAL		Auto-PA; QLL (10 EA per 1 day)
VIRACEPT TABLET 625 MG ORAL		Auto-PA; QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
<i>efavirenz oral tablet 600 mg</i>	Sustiva	Auto-PA; QLL (1 EA per 1 day)
<i>etravirine tablet 100 mg oral</i>	Intelence	Auto-PA; QLL (4 EA per 1 day); AL (Min 2 Years)
<i>etravirine tablet 200 mg oral</i>	Intelence	Auto-PA; QLL (2 EA per 1 day); AL (Min 2 Years)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		Auto-PA; QLL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		Auto-PA; QLL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		Auto-PA; QLL (2 EA per 1 day)
EDURANT ORAL TABLET 25 MG		Auto-PA; QLL (1 EA per 1 day); AL (Min 12 Years)
INTELENCE ORAL TABLET 25 MG		Auto-PA; QLL (4 EA per 1 day); AL (Min 2 Years)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<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)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	Auto-PA; QLL (1 EA per 1 day)

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

Formulary Drug Name	Reference	Restrictions
MAVYRET ORAL PACKET 50-20 MG		PA; QLL (5 EA per 1 day); AL (Min 3 Years)
MAVYRET ORAL TABLET 100-40 MG		PA; QLL (3 EA per 1 day); AL (Min 3 Years)
*Hepatitis C Agents***		
<i>ribavirin oral capsule 200 mg</i>		PA
<i>ribavirin oral tablet 200 mg</i>		PA; AL (Min 5 Years)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; QLL (1 ML per 28 days); AL (Min 5 Years)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; QLL (2 ML per 28 days); AL (Min 5 Years)
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>		
<i>acyclovir oral suspension 200 mg/5ml</i>		
<i>acyclovir oral tablet 400 mg, 800 mg</i>		
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		QLL: Maximum of 21
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG		QLL (40 EA per 5 days); AL (Min 18 Years)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tamiflu	QLL: Maximum of 2 fills every 365 days
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	AL (Max 12 Years); QLL: Maximum of 2 fills every 365 days
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol tablet 12.5 mg oral</i>	Coreg	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply
<i>carvedilol tablet 25 mg oral</i>	Coreg	QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>carvedilol tablet 3.125 mg oral</i>	Coreg	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply

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

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

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

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

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

Formulary Drug Name	Reference	Restrictions
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	Maintenance drug with max 90 day supply
DIGOX ORAL TABLET 125 MCG, 250 MCG	digoxin	Maintenance drug with max 90 day supply
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (2 EA per 1 day)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG		PA; QLL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (12 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Alyq	ST; QLL (2 EA per 1 day)
ALYQ ORAL TABLET 20 MG	tadalafil (pah)	ST; QLL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML		PA; QLL (24 ML per 1 day)
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA; QLL (2 EA per 1 day)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)

Formulary Drug Name	Reference	Restrictions
*Cephalosporins - 2Nd Generation***		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>		QLL (4 EA per 1 day)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium solution reconstituted 1 gm injection</i>		
<i>ceftriaxone sodium solution reconstituted 2 gm injection</i>		QLL (2 EA per 1 day)
<i>ceftriaxone sodium solution reconstituted 250 mg injection</i>		QLL (2 EA per 1 day)
<i>ceftriaxone sodium solution reconstituted 500 mg injection</i>		QLL (2 EA per 1 day)
CHEMICALS		
*Fixed Oils***		
<i>qc castor oil oil</i>		OTC
<i>qc sweet oil oil</i>		OTC
<i>sm sweet oil oil</i>		OTC
*Liquids***		
<i>glycerin liquid</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	QLL (1 EA per 1 day); AL (Min 12 Years)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	QLL (1 EA per 1 day); AL (Min 12 Years)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	QLL (1 EA per 1 day); AL (Min 12 Years)

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

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

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

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

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

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

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

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

Formulary Drug Name	Reference	Restrictions
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRIVORA (28) ORAL TABLET 50-30/75- 40/ 125-30 MCG	levonorg-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	QLL (1 EA per 1 day); AL (Min 12 Years)
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		QLL (1 EA per 1 day); AL (Min 12 Years)
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	
<i>budesonide oral capsule delayed release particles 3 mg</i>		QLL: Maximum 90 days every 365 days
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		Maintenance drug with max 90 day supply
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>		
<i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>		
<i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>		
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>		
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>		Maintenance drug with max 90 day supply

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

Formulary Drug Name	Reference	Restrictions
<i>cvs tussin long-acting oral liquid 15 mg/5ml</i>	Giltuss Honey DM	QLL (120 ML per 30 days); OTC
<i>cvs tussin maximum strength oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	QLL (120 ML per 30 days); OTC
<i>dextromethorphan hbr oral capsule 15 mg</i>	Wal-Tussin Cough	OTC
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	QLL (120 ML per 30 days); OTC
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	QLL (180 ML per 30 days); OTC
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	QLL (120 ML per 30 days); OTC
<i>sm cough relief oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	QLL (120 ML per 30 days); OTC
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	AL (Max 20 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	AL (Max 20 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	AL (Max 20 Years)
*Antitussive-Decongestant-Analgesic***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	QLL (120 EA per 30 days); OTC
*Antitussive-Expectorant***		
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	AL (Max 20 Years); OTC

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

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

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

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

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

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

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

Formulary Drug Name	Reference	Restrictions
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	AL (Min 12 Years)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	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	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)
CLINDACIN ETZ EXTERNAL SWAB 1 %	clindamycin phosphate	AL (Min 12 Years)
CLINDACIN-P EXTERNAL SWAB 1 %	clindamycin phosphate	AL (Min 12 Years)
*Acne Products***		
<i>acne medication 10 external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 2.5 external gel 2.5 %</i>		OTC
<i>acne medication 5 external gel 5 %</i>	Medpura Benzoyl Peroxide	OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene external gel 0.1 %</i>	Differin	AL (Min 12 Years)
<i>benzoyl peroxide external liquid 10 %</i>	PanOxyl Foaming Wash	OTC
<i>benzoyl peroxide gel 10 % external (otc)</i>	Clean & Clear Persa-Gel Max St	
<i>benzoyl peroxide gel 2.5 % external (otc)</i>		OTC
<i>benzoyl peroxide gel 5 % external (otc)</i>	Medpura Benzoyl Peroxide	OTC
<i>benzoyl peroxide wash liquid 10 % external (otc)</i>	PanOxyl Foaming Wash	
<i>benzoyl peroxide wash liquid 5 % external (otc)</i>	Benzac AC Wash	OTC
<i>cvs acne foaming face wash external liquid 10 %</i>	PanOxyl Foaming Wash	OTC
<i>cvs acne treatment external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC
<i>cvs advanced 3-in-1 cleanser external liquid 5 %</i>	Benzac AC Wash	OTC
<i>cvs foaming acne face wash external liquid 10 %</i>	PanOxyl Foaming Wash	OTC

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

Formulary Drug Name	Reference	Restrictions
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>sm triple antibiotic max st external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>triple antibiotic external ointment</i>	Lanabiotic	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>		OTC
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>gentamicin sulfate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>		QLL (60 GM per 30 days)
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>mupirocin external ointment 2 %</i>		QLL (44 GM per 30 days)
<i>qc bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>sm antibiotic external ointment 500 unit/gm</i>		OTC
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>athletes foot (terbinafine) external cream 1 %</i>	Lamisil AT	QLL (60 GM per 30 days); OTC
<i>athletes foot powder spray external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	QLL (133 GM per 30 days); OTC
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	
<i>ciclopirox olamine cream 0.77 % external</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine cream 0.77 % external</i>		ST; QLL (60 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	QLL (133 GM per 30 days); OTC
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>cvs athletes foot external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>cvs butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC
<i>cvs foot & sneaker external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	QLL (133 GM per 30 days); OTC
<i>cvs jock itch external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>gnp terbinafine hydrochloride external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>gnp tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>nystatin external cream 100000 unit/gm</i>		QLL (90 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	QLL (60 GM per 30 days)
<i>qc athletes foot external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>qc tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>sm antifungal tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>sm athletes foot external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT	QLL (60 GM per 30 days); OTC
<i>tolnaftate antifungal external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>tolnaftate external cream 1 %</i>	Tinactin	QLL (90 GM per 30 days); OTC
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	QLL (45 GM per 30 days); OTC
CICLODAN EXTERNAL SOLUTION 8 %	ciclopirox	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	nystatin	QLL (60 GM per 30 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	nystatin	QLL (60 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>arthritis pain reliever external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>cvs diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	
<i>diclofenac sodium external solution 1.5 %</i>		ST; QLL (10 ML per 1 day)
<i>gnp arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>goodsense arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>qc diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>sm arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC

Formulary Drug Name	Reference	Restrictions
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antipsoriatics***		
<i>calcipotriene cream 0.005 % external</i>		Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years)
<i>calcipotriene cream 0.005 % external</i>		Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years); QLL: Maximum of 2 fills every 90 days
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years); QLL: Maximum of 2 fills every 90 days
<i>calcipotriene external solution 0.005 %</i>		PA; QLL (60 ML per 30 days); AL (Min 18 Years)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 %	calcipotriene	Auto-PA; QLL (120 GM per 30 days); AL (Min 18 Years); QLL: Maximum of 2 fills every 90 days
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>cvs anti-dandruff external lotion 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external lotion 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Zovirax	ST; QLL (15 GM per 30 days); AL (Min 12 Years)
<i>docosanol external cream 10 %</i>	Abreva	QLL (2 GM per 30 days); OTC
<i>gnp docosanol external cream 10 %</i>	Abreva	QLL (2 GM per 30 days); OTC
*Astringents***		
<i>cvs diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>cvs zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>eq diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>gnp zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>qc calamine external lotion</i>		OTC
<i>qc zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC

Formulary Drug Name	Reference	Restrictions
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		PA
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	SSD	
SSD EXTERNAL CREAM 1 %	silver sulfadiazine	
*Corticosteroids - Topical***		
<i>ala-cort external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)
<i>alclometasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>anti-itch maximum strength external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>		
<i>clobetasol prop emollient base external cream 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>		ST
<i>clobetasol propionate external gel 0.05 %</i>		ST

Formulary Drug Name	Reference	Restrictions
<i>clobetasol propionate external ointment 0.05 %</i>		ST
<i>clobetasol propionate external solution 0.05 %</i>		
<i>cvs cortisone maximum strength external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>cvs cortisone maximum strength external lotion 1 %</i>	Aquanil HC	QLL (120 GM per 30 days); OTC
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide cream 0.05 % external</i>		
<i>fluocinonide cream 0.1 % external</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>gnp hydrocortisone external cream 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>gnp hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>gnp hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>gnp hydrocortisone/aloe external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>halobetasol propionate external cream 0.05 %</i>		
<i>halobetasol propionate external ointment 0.05 %</i>		
<i>hydrocortisone acetate external cream 1 %</i>		QLL (90 GM per 30 days); OTC
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone max st external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>hydrocortisone max st/12 moist external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>hydrocortisone ointment 0.5 % external</i>		QLL (90 GM per 30 days); OTC
<i>hydrocortisone ointment 1 % external (otc)</i>	Aquaphor Itch Relief Children	
<i>hydrocortisone ointment 1 % external (rx)</i>	Aquaphor Itch Relief Children	QLL (90 GM per 30 days)
<i>hydrocortisone ointment 2.5 % external</i>		QLL (90 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>hydrocortisone/aloë max str external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>qc anti-itch aloë external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>qc hydrocortisone max st external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone external cream 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone external ointment 0.5 %</i>		QLL (90 GM per 30 days); OTC
<i>sm hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>sm hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide ointment 0.025 % external</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide ointment 0.1 % external</i>		
<i>triamcinolone acetonide ointment 0.5 % external</i>		QLL (90 GM per 30 days)
<i>triamcinolone in absorbbase external ointment 0.05 %</i>		
AQUANIL HC EXTERNAL LOTION 1 %	cvs cortisone maximum strength	QLL (120 ML per 30 days); OTC
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	QLL (120 ML per 30 days)
SARNOL-HC EXTERNAL LOTION 1 %	cvs cortisone maximum strength	QLL (120 ML per 30 days); OTC
TRIDERM EXTERNAL CREAM 0.5 %	triamcinolone acetonide	QLL (90 GM per 30 days)
*Diaper Rash Products***		
<i>cvs all-purpose skin protect external ointment</i>	Medi-Paste	OTC
MEDI-PASTE EXTERNAL OINTMENT	cvs all-purpose skin protect	OTC
*Emollient Combinations***		
<i>mineral oil-hydrophil petrolat external ointment</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Emollient/Keratolytic Agents***		
<i>urea 20 intensive hydrating external cream 20 %</i>		OTC
<i>urea external cream 20 %</i>		
<i>ureacin-20 external cream 20 %</i>		OTC
*Emollients***		
<i>a&d external ointment</i>	Medpura Vitamin A & D	OTC
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	Amlactin Daily	
<i>cvs beauty 360 pure glycerin external liquid</i>		OTC
<i>cvs dry skin therapy external cream</i>	Dermabase	OTC
<i>cvs hydrating skin treatment external lotion 12 %</i>	Amlactin Daily	OTC
<i>cvs moisturizing external cream</i>	Dermabase	OTC
<i>cvs skin treatment external lotion 12 %</i>	Amlactin Daily	OTC
<i>cvs vitamin a&d external ointment</i>	Medpura Vitamin A & D	OTC
<i>eq therapeutic dry skin external cream</i>	Dermabase	OTC
<i>eucerin advanced repair external cream</i>	Dermabase	OTC
<i>glycerin external liquid</i>		OTC
<i>qc glycerin external liquid 99.5 %</i>		OTC
<i>sm dry skin therapy external lotion</i>	DML	OTC
<i>thera-derm external lotion</i>	DML	OTC
<i>vitamins a & d external ointment</i>	Medpura Vitamin A & D	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 %	ammonium lactate	OTC
DERMABASE EXTERNAL CREAM	cvs dry skin therapy	OTC
DML EXTERNAL LOTION	sm dry skin therapy	OTC
DML FORTE EXTERNAL CREAM	cvs dry skin therapy	OTC
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	cvs dry skin therapy	OTC
EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM	cvs dry skin therapy	OTC
KERADAN EXTERNAL CREAM	cvs dry skin therapy	OTC
KERI LONG LASTING EXTERNAL CREAM	cvs dry skin therapy	OTC
LACTINOL HX EXTERNAL CREAM	cvs dry skin therapy	OTC
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	cvs dry skin therapy	OTC
MINERIN EXTERNAL LOTION	sm dry skin therapy	OTC

Formulary Drug Name	Reference	Restrictions
NISEKO HYDRATING FACIAL EXTERNAL CREAM	cvs dry skin therapy	OTC
NIVEA EXTERNAL CREAM	cvs dry skin therapy	OTC
NIVEA EXTERNAL LOTION	sm dry skin therapy	OTC
NIVEA VISAGE EXTERNAL CREAM	cvs dry skin therapy	OTC
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	cvs dry skin therapy	OTC
RISABAL-PH EXTERNAL CREAM	cvs dry skin therapy	OTC
VELVACHOL EXTERNAL CREAM	cvs dry skin therapy	OTC
*Imidazole-Related Antifungals - Topical***		
<i>antifungal (clotrimazole) external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>antifungal clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>antifungal external cream 2 %</i>	Micatin	AL (Max 20 Years); OTC
<i>antifungal external powder 2 %</i>	Desenex	QLL (90 GM per 30 days); OTC
<i>athletes foot (clotrimazole) external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	QLL (133 GM per 30 days); OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole athletes foot external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>		
<i>clotrimazole solution 1 % external (rx)</i>		QLL (90 ML per 30 days)
<i>cvs athletes foot external aerosol powder 2 %</i>	Cruex Prescription Strength	QLL (133 GM per 30 days); OTC
<i>cvs clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>cvs itch relief external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>cvs ringworm external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>eq athletes foot external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>gnp athletes foot external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>gnp miconazorb af external powder 2 %</i>	Desenex	QLL (90 GM per 30 days); OTC
<i>ketoconazole external cream 2 %</i>		ST; QLL (120 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Micatin	AL (Max 20 Years)
<i>qc clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>sm antifungal clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days); OTC
<i>sm antifungal miconazole external cream 2 %</i>	Micatin	AL (Max 20 Years); OTC
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 %	athletes foot powder spray	QLL (133 GM per 30 days); OTC

Formulary Drug Name	Reference	Restrictions
DESENEX EXTERNAL CREAM 1 %	antifungal (clotrimazole)	QLL (60 GM per 30 days); OTC
DESENEX EXTERNAL POWDER 2 %	antifungal	QLL (90 GM per 30 days); OTC
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 %	athletes foot powder spray	QLL (133 GM per 30 days); OTC
MICOTRIN AC EXTERNAL CREAM 1 %	antifungal (clotrimazole)	QLL (60 GM per 30 days); OTC
MICOTRIN AP EXTERNAL POWDER 2 %	antifungal	QLL (90 GM per 30 days); OTC
MYCOZYL AC EXTERNAL CREAM 1 %	antifungal (clotrimazole)	QLL (60 GM per 30 days); OTC
MYCOZYL AP EXTERNAL POWDER 2 %	antifungal	QLL (90 GM per 30 days); OTC
ZEASORB-AF EXTERNAL POWDER 2 %	antifungal	QLL (90 GM per 30 days); OTC
*Immunomodulators		
Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>		QLL (60 EA per 30 days); AL (Min 12 Years)
*Keratolytic/Antimitotic Agents***		
<i>corn & callus remover external liquid 17 %</i>	Compound W	OTC
<i>cvs wart remover external liquid 17 %</i>	Compound W	OTC
<i>gnp wart remover external liquid 17 %</i>	Compound W	OTC
<i>podofilox external solution 0.5 %</i>		
<i>wart remover maximum strength external liquid 17 %</i>	Compound W	OTC
*Local Anesthetics - Topical***		
<i>arthritis pain relieving external cream 0.075 %</i>		QLL (114 GM per 30 days); OTC
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>cvs pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>gnp lidocaine pain relieving external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<i>lidocaine external ointment 5 %</i>		QLL (60 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidocan	Auto-PA; QLL (90 EA per 30 days)
<i>lidocaine hcl external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	
<i>lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC

Formulary Drug Name	Reference	Restrictions
<i>lidocaine pain relief max st external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
<i>lidocaine pain relieving external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>qc lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	QLL (1 EA per 1 day); OTC
<i>qc pain relieving + lidocaine external cream 4 %</i>	Aspercreme Lidocaine	QLL (30 GM per 153 days); OTC
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 %	capsaicin	OTC
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	lidocaine hcl urethral/mucosal	
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus ointment 0.03 % external</i>		ST; QLL: Maximum of 1 fill every 30 days
<i>tacrolimus ointment 0.1 % external</i>		ST; AL (Min 16 Years); QLL: Maximum of 1 fill every 30 days
*Misc. Topical Combinations***		
<i>calamine external lotion 8-8 %</i>		OTC
<i>gnp calamine external lotion 8-8 %</i>		OTC
<i>sm calamine external lotion</i>		OTC
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	MetroCream	QLL (90 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	QLL (90 ML per 30 days)
<i>metronidazole gel 0.75 % external</i>		QLL (90 GM per 30 days)
<i>metronidazole gel 1 % external</i>	Metrogel	ST; QLL (60 GM per 30 days)
*Scabicide Combinations***		
<i>cvs lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	QLL (240 ML per 30 days); OTC
*Scabicides & Pediculicides***		
<i>cvs lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>goodsense lice killing external liquid 1 %</i>	Nix Creme Rinse	OTC

Formulary Drug Name	Reference	Restrictions
<i>ivermectin external lotion 0.5 %</i>	Sklice	ST; QLL (117 GM per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (60 ML per 30 days)
<i>permethrin external cream 5 %</i>		QLL (60 GM per 30 days)
<i>sm lice treatment external lotion 1 %</i>		QLL (120 ML per 30 days); OTC
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleansers***		
<i>alcohol wipes external 70 %</i>		OTC
<i>cvs isopropyl alcohol wipes external 70 %</i>		OTC
*Soaps***		
<i>cvs daily facial cleanser external liquid</i>	AcuWash	OTC
ACUWASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUA GLYCOLIC TONER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUANIL SKIN CLEANSER EXTERNAL LOTION	anti-bacterial hand	OTC
BASIS CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID	cvs daily facial cleanser	OTC
EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
NIVEA MOISTURIZING BODY WASH EXTERNAL LOTION	anti-bacterial hand	OTC
NIVEA TOUCH OF SMOOTHNESS EXTERNAL LOTION	anti-bacterial hand	OTC
NIVEA VISAGE EXTERNAL LIQUID	cvs daily facial cleanser	OTC
NIVEA VISAGE GENTLE CLEANSING EXTERNAL LOTION	anti-bacterial hand	OTC
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
REHYLA WASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
*Tar Products***		
<i>cvs therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
<i>sm anti-dandruff coal tar external shampoo 0.5 %</i>	DHS Tar	OTC

Formulary Drug Name	Reference	Restrictions
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		
*Topical Steroid Combinations***		
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ONETOUCH ULTRA STRIP IN VITRO	blood glucose test	OTC
ONETOUCH ULTRA STRIP IN VITRO	blood glucose test	QLL (150 EA per 30 days); OTC
ONETOUCH VERIO STRIP IN VITRO	blood glucose test	OTC
ONETOUCH VERIO STRIP IN VITRO	blood glucose test	QLL (150 EA per 30 days); OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL		Auto-PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL		

Formulary Drug Name	Reference	Restrictions
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		Maintenance drug with max 90 day supply
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		Maintenance drug with max 90 day supply
<i>methazolamide oral tablet 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		Maintenance drug with max 90 day supply
<i>spironolactone-hctz oral tablet 25-25 mg</i>		Maintenance drug with max 90 day supply
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		Maintenance drug with max 90 day supply
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	Maxzide-25	Maintenance drug with max 90 day supply
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	Maintenance drug with max 90 day supply
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	Maintenance drug with max 90 day supply
<i>bumetanide oral tablet 1 mg, 2 mg</i>		Maintenance drug with max 90 day supply
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	Maintenance drug with max 90 day supply
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>		Maintenance drug with max 90 day supply
<i>toremide oral tablet 20 mg</i>	Soanz	Maintenance drug with max 90 day supply
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		Maintenance drug with max 90 day supply
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	Maintenance drug with max 90 day supply
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		Maintenance drug with max 90 day supply
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		Maintenance drug with max 90 day supply
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		Maintenance drug with max 90 day supply
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		Maintenance drug with max 90 day supply
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium tablet 10 mg oral</i>		QLL (1 EA per 1 day)
<i>alendronate sodium tablet 35 mg oral</i>		
<i>alendronate sodium tablet 5 mg oral</i>		QLL (1 EA per 1 day)
<i>alendronate sodium tablet 70 mg oral</i>	Fosamax	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA; AL (Min 18 Years)
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		
*Gnrh/Lhrh Antagonists***		
ORILISSA ORAL TABLET 150 MG, 200 MG		PA
*Growth Hormones***		
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG		PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA; AL (Max 16 Years)

Formulary Drug Name	Reference	Restrictions
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (1 EA per 1 day)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (1 EA per 1 day); AL (Min 18 Years)
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA; AL (Min 6 Years)
*Vasopressin***		
<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)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Amabelz	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

Formulary Drug Name	Reference	Restrictions
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
AMABELZ ORAL TABLET 0.5-0.1 MG	estradiol-norethindrone acet	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
JINTELI ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
MIMVEY ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	QLL (1 EA per 1 day); AL (Min 18 Years); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
*Estrogen-Progestin-Gnrh Antagonist***		
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG		PA; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	Maintenance drug with max 90 day supply; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch twice weekly 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)

Formulary Drug Name	Reference	Restrictions
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 30 days); Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl tablet 250 mg oral</i>	Cipro	AL (Min 12 Years)
<i>ciprofloxacin hcl tablet 500 mg oral</i>	Cipro	AL (Min 12 Years)
<i>ciprofloxacin hcl tablet 750 mg oral</i>		
<i>levofloxacin oral solution 25 mg/ml</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		AL (Min 12 Years)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>cvs gas relief oral tablet chewable 80 mg</i>		OTC
<i>cvs gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>eq gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>eq gas relief oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>gas relief oral tablet chewable 80 mg</i>		OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gnp gas relief oral tablet chewable 80 mg</i>		OTC
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>infants gas relief oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>qc anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>qc gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief oral tablet chewable 80 mg</i>		OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral tablet chewable 80 mg</i>		OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>sm gas relief oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief oral tablet chewable 80 mg</i>		OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	eq gas relief	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	cvs gas relief ultra strength	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>	Urso 250	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>lubiprostone oral capsule 8 mcg</i>		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		QLL: Age 18: maximum 60mg/day
<i>metoclopramide hcl tablet 10 mg oral</i>	Reglan	QLL: Age 18: maximum 6/day
<i>metoclopramide hcl tablet 5 mg oral</i>	Reglan	QLL: Age 18: maximum 12/day
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>		
<i>generlac oral solution 10 gm/15ml</i>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTI^K ORAL TABLET 12.5 MG, 25 MG		Auto-PA; QLL (1 EA per 1 day); AL (Min 18 Years)
SYMPROIC ORAL TABLET 0.2 MG		PA; QLL (1 EA per 1 day)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	ST
CALPHRON ORAL TABLET 667 MG	calcium acetate (phos binder)	OTC
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	QLL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	M; QLL (2 EA per 1 day)
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>cvs urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>gnp urinary pain relief max st oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>gnp urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>hm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>qc azo oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>qc urinary pain relief max st oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>qc urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>sm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC

Formulary Drug Name	Reference	Restrictions
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		Maintenance drug with max 90 day supply
<i>colchicine oral tablet 0.6 mg</i>		QLL (6 EA per 30 days); AL (Min 4 Years)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML		
*C1 Esterase Inhibitors***		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		PA
*Complement C5 Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		Maintenance drug with max 90 day supply
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		Maintenance drug with max 90 day supply
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS		PA; QLL (2 ML per 28 days)
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS		PA; QLL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		Maintenance drug with max 90 day supply
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate tablet 300 mg oral</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate tablet 75 mg oral</i>	Plavix	Maintenance drug with max 90 day supply
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
HEMATOPOIETIC AGENTS		
*Amino Acids***		
ENDARI ORAL PACKET 5 GM		PA; AL (Min 5 Years)
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Dodex	QLL (2 ML per 28 days)
DODEX INJECTION SOLUTION 1000 MCG/ML	cyanocobalamin	QLL (2 ML per 28 days)
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Auto-PA; QLL (90 EA per 27 days)
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
*Iron Combinations***		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
*Iron***		
<i>cvs iron oral tablet 240 (27 fe) mg</i>	Ferate	OTC
<i>cvs iron oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous fumarate oral tablet 324 (106 fe) mg</i>	Ferrocite	OTC
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml</i>	One Vite Ferrous Sulfate	OTC
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>		OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Feosol	OTC
<i>gnp iron oral tablet extended release 142 (45 fe) mg</i>	Slow Fe	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Ferrex 150	OTC
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>sm iron oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		AL (Max 20 Years); OTC
FERATE ORAL TABLET 240 (27 FE) MG	cvs iron	OTC

Formulary Drug Name	Reference	Restrictions
FEROSUL ORAL TABLET 325 (65 FE) MG	cvs iron	OTC
FERREX 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	Auto-PA; OTC
FERRIMIN 150 ORAL TABLET 150 MG		OTC
FERROCITE ORAL TABLET 324 MG	ferrous fumarate	OTC
NU-IRON ORAL CAPSULE 150 MG	polysaccharide iron complex	Auto-PA; OTC
POLY-IRON 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	Auto-PA; OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; AL (Min 1 Years)
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>cvs sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>cvs sleep-aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>cvs ultra sleep oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>gnp sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>night time sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>qc rest simply oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>qc sleep aid max st oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>qc sleep-aid max st oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>sleep tabs oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>sleep-aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
<i>sm nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	Auto-PA; AL (Min 18 Years); OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	Auto-PA; AL (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>zaleplon oral capsule 10 mg, 5 mg</i>		Auto-PA; QLL (60 EA per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate tablet 10 mg oral</i>	Ambien	Auto-PA; AL (Min 18 Years)
<i>zolpidem tartrate tablet 5 mg oral</i>	Ambien	Auto-PA; QLL (3.8 EA per 1 day); AL (Min 18 Years)
*Orexin Receptor Antagonists***		
DAYVIGO ORAL TABLET 10 MG, 5 MG		PA; QLL (1 EA per 1 day)
*Selective Melatonin Receptor Agonists***		
<i>ramelteon oral tablet 8 mg</i>	Rozerem	ST; Auto-PA; QLL (30 EA per 30 days); AL (Min 65 Years)
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		QLL: Maximum of 4000 ml
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL: Maximum of 4000 ml
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		QLL: Maximum of 4000 ml
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	QLL: Maximum of 4000 ml
*Bulk Laxatives***		
<i>cvs daily fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>cvs fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>cvs fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>cvs natural daily fiber oral powder 48.57 %</i>	Reguloid	OTC
<i>cvs natural daily fiber oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	OTC

Formulary Drug Name	Reference	Restrictions
<i>fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber-lax oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>gnp natural fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>konsyl daily fiber oral packet 100 %</i>		OTC
<i>konsyl daily fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>qc fiber laxative oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>qc fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>sm fiber oral powder 28.3 %, 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>sm fiber oral powder 48.57 %</i>	Reguloid	OTC
<i>sm fiber oral tablet 625 mg</i>	FiberCon	OTC
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>		
<i>cvs glycerin adult rectal suppository 2.1 gm</i>		OTC
<i>cvs glycerin child rectal suppository 1 gm</i>		OTC
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<i>glycerin (adult) rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin childrens rectal suppository 1 gm</i>		OTC
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>gnp glycerin child rectal suppository 1.2 gm</i>		OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		
<i>peg 3350 oral packet 17 gm</i>	CVS Purelax	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	CVS Purelax	QLL (1 EA per 1 day); AL (Max 20 Years)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years)
<i>qc natura-lax oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
<i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i>		OTC

Formulary Drug Name	Reference	Restrictions
CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
CVS PURELAX ORAL PACKET 17 GM	peg 3350	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
CVS PURELAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
GNP CLEARLAX ORAL PACKET 17 GM	peg 3350	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
HEALTHYLAX ORAL PACKET 17 GM	peg 3350	QLL (1 EA per 1 day); AL (Max 20 Years); OTC
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	QLL (34 GM per 1 day); AL (Max 20 Years); OTC
*Laxatives & Dss***		
<i>cvs senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>cvs stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>eq senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>qc senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senexon-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC

Formulary Drug Name	Reference	Restrictions
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	cvs senna plus	OTC
*Lubricant Laxatives***		
<i>gnp mineral oil oral oil</i>		OTC
<i>mineral oil oral oil</i>		OTC
<i>qc mineral oil heavy oral oil</i>		OTC
MURI-LUBE OIL	mineral oil light	
*Saline Laxative Mixtures***		
<i>cvs enema disposable rectal enema 19-7 gm/118ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<i>cvs enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<i>enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<i>hm enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<i>qc enema rectal enema 16-6 gm/133ml</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
<i>sm enema rectal enema</i>	Fleet Enema	QLL (133 ML per 1 day); OTC
*Saline Laxatives***		
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Dulcolax	OTC
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	Dulcolax	OTC
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>castor oil oral oil 100 %</i>		OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>cvs castor oil oral oil 100 %</i>		OTC
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>cvs gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>cvs laxative pills max st oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>cvs senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp castor oil oral oil 100 %</i>		OTC
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>gnp gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp senna lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Perdiem Overnight Relief	OTC
<i>qc chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	OneLAX Senna	OTC
<i>senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna syrup 176 mg/5ml oral</i>		OTC
<i>senna syrup 8.8 mg/5ml oral (otc)</i>	OneLAX Senna	

Formulary Drug Name	Reference	Restrictions
<i>senna-lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna-time oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>sm laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>sm senna laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>womans laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>womens laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	cvs laxative pills max st	OTC
EX-LAX ORAL TABLET CHEWABLE 15 MG	chocolated laxative	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	bisacodyl ec	OTC
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG	laxative regular strength	OTC
SENNA SMOOTH ORAL TABLET 15 MG	laxative regular strength	OTC
*Surfactant Laxatives***		
<i>cvs stool softener oral capsule 100 mg</i>	Colace	OTC
<i>cvs stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>cvs stool softener oral capsule 250 mg</i>		OTC
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium capsule 100 mg oral</i>	Colace	OTC
<i>docusate sodium capsule 250 mg oral (otc)</i>		
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	OneLAX Docusate Sodium	OTC
<i>eq stool softener oral capsule 100 mg</i>	Colace	OTC
<i>gnp stool softener oral capsule 100 mg</i>	Colace	OTC
<i>gnp stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>gnp stool softener oral capsule 250 mg</i>		OTC
<i>hm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>qc stool softener oral capsule 100 mg</i>	Colace	OTC
<i>silace oral liquid 150 mg/15ml</i>	OneLAX Docusate Sodium	OTC
<i>sm docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>sm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>sm stool softener oral capsule 250 mg</i>		OTC
<i>sm stool softener oral tablet 100 mg</i>	DOK	OTC

Formulary Drug Name	Reference	Restrictions
<i>stool softener laxative oral capsule 100 mg</i>	Colace	OTC
<i>stool softener oral capsule 100 mg</i>	Colace	OTC
DOK ORAL TABLET 100 MG	sm stool softener	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Zithromax	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	AL (Max 12 Years)
<i>azithromycin oral tablet 250 mg, 500 mg</i>	Zithromax	
<i>azithromycin oral tablet 600 mg</i>		
*Clarithromycin***		
<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>		
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		PA
DIFICID ORAL TABLET 200 MG		PA
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		
<i>alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>alcohol swabs pad</i>	Advocate Alcohol Prep Pads	OTC
<i>gnp alcohol swabs pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>hm sterile alcohol prep pad</i>	Advocate Alcohol Prep Pads	OTC
<i>qc alcohol swabs pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>sm alcohol prep pad</i>	Advocate Alcohol Prep Pads	OTC
*Glucose Monitoring Test Supplies***		
ACCU-CHEK AVIVA IN VITRO SOLUTION	element compact control 2	OTC
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	element compact control 2	OTC
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	element compact control 2	OTC
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION	element compact control 2	OTC

Formulary Drug Name	Reference	Restrictions
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH	diatrue control level 3	OTC
CONTOUR CONTROL IN VITRO LIQUID HIGH	diatrue control level 3	OTC
DEXCOM G6 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G7 SENSOR	guardian sensor 3	QLL (3 EA per 30 days)
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	OTC
FREESTYLE LIBRE 14 DAY READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID	element compact control 2	OTC
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID	element compact control 2	OTC
ONETOUCH DELICA PLUS LANCET30G	acti-lance 28g	OTC
ONETOUCH DELICA PLUS LANCET33G	acti-lance 28g	OTC
ONETOUCH DELICA PLUS LANCING	adjustable lancing device	OTC
ONETOUCH DELICA SAFETY LANCING	adjustable lancing device	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	blood glucose monitor system	QLL (1 EA per 365 days); OTC
ONETOUCH ULTRA IN VITRO LIQUID	element compact control 2	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	blood glucose monitor system	QLL (1 EA per 365 days); OTC
ONETOUCH VERIO IN VITRO LIQUID	element compact control 2	OTC
ONETOUCH VERIO IN VITRO LIQUID HIGH	diatrue control level 3	OTC
ONETOUCH VERIO REFLECT KIT W/DEVICE	blood glucose monitor system	QLL (1 EA per 365 days); OTC
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID	element compact control 2	OTC
TEMPO WELCOME KIT W/DEVICE	blood glucose monitor system	QLL (1 EA per 365 days)

Formulary Drug Name	Reference	Restrictions
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	diatrue control level 3	OTC
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID	element compact control 2	OTC
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID	element compact control 2	OTC
*Needles & Syringes***		
<i>syringe luer slip 25g x 5/8" 1 ml</i>	BD Luer-Lok Syringe	OTC
<i>syringe luer slip 27g x 1/2" 1 ml</i>	BD Eclipse Syringe	OTC
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		OTC
BD INSULIN SYRINGE 27G X 1/2" 1 ML	insulin syringe-needle u-100	OTC
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML	eql insulin syringe	OTC
BD INSULIN SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	OTC
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	global inject ease insulin syr	OTC
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	aq insulin syringe	OTC
BD INSULIN SYRINGE U-100 1 ML	kmart valu insulin syringe 29g	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML	eql insulin syringe	OTC
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD LUER-LOK SYRINGE 20G X 1" 1 ML		OTC
BD LUER-LOK SYRINGE 25G X 5/8" 1 ML	syringe luer slip	OTC

Formulary Drug Name	Reference	Restrictions
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	1st tier unifine pentips	ST
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	sure comfort pen needles	ST; OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	ST; OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	aq insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		OTC
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML		OTC
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML	syringe luer slip	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 25G X 1" 1 ML		
*Peak Flow Meters***		
PERSONAL BEST FULL RANGE DEVICE	breathe ease peak flow meter	QLL (2 EA per 365 days); OTC
*Spacer/Aerosol-Holding Chambers & Supplies***		
<i>eq space chamber anti-static device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)

Formulary Drug Name	Reference	Restrictions
<i>eq space chamber anti-static l device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>eq space chamber anti-static m device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>eq space chamber anti-static s device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days)
<i>procare spacer/adult mask device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days); OTC
<i>procare spacer/child mask device</i>	AeroChamber Plus Flo-Vu	QLL (1 EA per 365 days); OTC
AEROCHAMBER PLUS FLO-VU	eq space chamber anti-static	QLL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	eq space chamber anti-static	QLL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	eq space chamber anti-static	QLL (1 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
EASIVENT	eq space chamber anti-static	QLL (1 EA per 365 days)
EASIVENT MASK LARGE	eq space chamber anti-static	QLL (1 EA per 365 days)
EASIVENT MASK MEDIUM	eq space chamber anti-static	QLL (1 EA per 365 days)
EASIVENT MASK SMALL	eq space chamber anti-static	QLL (1 EA per 365 days)
FLEXICHAMBER DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
INSPIREASE	eq space chamber anti-static	QLL (1 EA per 365 days)
OPTICHAMBER DIAMOND	eq space chamber anti-static	QLL (1 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK	eq space chamber anti-static	QLL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK	eq space chamber anti-static	QLL (1 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE	eq space chamber anti-static	QLL (1 EA per 365 days)
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG		ST; QLL (16 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		ST; QLL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		ST; QLL (1 ML per 28 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QLL (9 EA per 30 days); AL (Min 18 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (12 EA per 30 days); AL (Min 6 Years)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (12 EA per 30 days); AL (Min 6 Years)
<i>sumatriptan solution 20 mg/act nasal</i>		QLL (6 EA per 30 days); AL (Min 18 Years)
<i>sumatriptan solution 5 mg/act nasal</i>		
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days); AL (Min 18 Years)
<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)
MINERALS & ELECTROLYTES		
*Bicarbonates***		
<i>sodium bicarbonate intravenous solution 8.4 %</i>		
*Calcium Combinations***		
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>		OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		Auto-PA; OTC
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>		Auto-PA; OTC
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Auto-PA; OTC

Formulary Drug Name	Reference	Restrictions
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Auto-PA; OTC
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>		OTC
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>		OTC
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>		OTC
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>		OTC
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>		Auto-PA; OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	eq calcium 500+d	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	eq calcium 500+d	OTC
*Calcium***		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>		OTC
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>		OTC
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>		OTC
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
*Magnesium***		
<i>cvs magnesium oral tablet 500 mg</i>		Auto-PA; OTC
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	MAGnesium-Oxide	OTC
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	MAGnesium-Oxide	Auto-PA; OTC
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>		Auto-PA; OTC
<i>sm magnesium oral tablet 250 mg</i>		OTC
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL	magnesium oxide -mg supplement	OTC

Formulary Drug Name	Reference	Restrictions
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL	magnesium oxide -mg supplement	Auto-PA; OTC
*Phosphate***		
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	wes-phos 250 neutral	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	wes-phos 250 neutral	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		
*Potassium***		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride er	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride crys er	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	potassium chloride crys er	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	potassium chloride er	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	Auto-PA; QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Cyclosporine Analogs***		
<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	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	
GENGRAF ORAL SOLUTION 100 MG/ML	cyclosporine modified	
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Revlimid	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
REVLIMID CAPSULE 10 MG ORAL	lenalidomide	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
REVLIMID CAPSULE 10 MG ORAL	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
REVLIMID CAPSULE 15 MG ORAL	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
REVLIMID CAPSULE 2.5 MG ORAL	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
REVLIMID CAPSULE 20 MG ORAL	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
REVLIMID CAPSULE 25 MG ORAL	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
REVLIMID CAPSULE 5 MG ORAL	lenalidomide	PA; QLL (30 EA per 30 days); AL (Min 18 Years)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
<i>water for irrigation, sterile irrigation solution</i>	Argyle Sterile Water	
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	

Formulary Drug Name	Reference	Restrictions
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>		
SPS ORAL SUSPENSION 15 GM/60ML		
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	
<i>cvs sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>gnp sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>phenaseptic mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>sm sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>sore throat mouth/throat liquid</i>	Chloraseptic	OTC
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
*Fluoride Dental Products***		
<i>sf 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sf dental gel 1.1 %</i>	DentaGel	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Clinpro 5000	
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	sf 5000 plus	
DENTAGEL DENTAL GEL 1.1 %	sf	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	

Formulary Drug Name	Reference	Restrictions
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralene	
ORALONE MOUTH/THROAT PASTE 0.1 %	triamcinolone acetonide	
MULTIVITAMINS		
*Multiple Vitamins W/ Iron***		
<i>qc daily multivitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
<i>sm multiple vitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
*Multiple Vitamins W/ Minerals***		
<i>cvs adult 50+ eye health oral capsule</i>	ICaps	OTC
<i>cvs daily gummies adult oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs eye health adult 50+ oral capsule</i>	ICaps	OTC
<i>cvs mens daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs spectravite adult 50+ oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs spectravite women oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>cvs vision health oral capsule</i>	ICaps	OTC
<i>cvs womens daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>dialyvite 800/ultra d oral tablet</i>	Cerovite Senior	OTC
<i>eq multivitamins adult gummy oral tablet chewable</i>	Adek Gummies Plus Zn	AL (Max 20 Years); OTC
<i>eq vision formula 50+ oral capsule</i>	ICaps	OTC
<i>glucoten oral capsule</i>	ICaps	OTC
<i>gnp healthy eyes oral tablet</i>	Cerovite Senior	OTC
<i>gnp mega multi for men oral tablet</i>	Cerovite Senior	OTC
<i>gnp mega multi for women oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily mens/lycopene oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily womens 50+ oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily womens oral tablet</i>	Cerovite Senior	OTC
<i>i-vite oral tablet</i>	Cerovite Senior	OTC
<i>one-daily multi caps oral capsule</i>	ICaps	OTC
<i>qc daily multivit/multimineral oral tablet</i>	Cerovite Senior	OTC
<i>qc mens daily multivitamin oral tablet</i>	Cerovite Senior	OTC
<i>qc multi-vite 50 & over oral tablet</i>	Cerovite Senior	OTC
<i>qc multi-vite oral tablet</i>	Cerovite Senior	OTC
<i>qc therin-m oral tablet</i>	Cerovite Senior	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc womens daily multivitamin oral tablet</i>	Cerovite Senior	OTC
<i>sentry senior oral tablet</i>	Cerovite Senior	OTC
<i>sm complete advanced formula oral tablet</i>	Cerovite Senior	OTC
<i>sm complete oral tablet</i>	Cerovite Senior	OTC
<i>sm complete senior formula oral tablet</i>	Cerovite Senior	OTC
<i>sm daily diet support oral tablet</i>	Cerovite Senior	OTC
<i>sm opti-vitamins oral tablet</i>	Cerovite Senior	OTC
<i>ultra-mega oral tablet extended release</i>	Endur-VM	OTC
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	cvs daily gummies	AL (Max 20 Years); OTC
CEROVITE SENIOR ORAL TABLET	dialyvite 800/ultra d	OTC
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	dialyvite 800/ultra d	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	dialyvite 800/ultra d	OTC
COMPETE ORAL TABLET	dialyvite 800/ultra d	OTC
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE	cvs daily gummies	AL (Max 20 Years); OTC
CVS AIRSHIELD ORAL TABLET CHEWABLE	cvs daily gummies	AL (Max 20 Years); OTC
DERMAVITE ORAL TABLET	dialyvite 800/ultra d	OTC
ICAPS AREDS FORMULA ORAL TABLET	dialyvite 800/ultra d	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	cvs adult 50+ eye health	OTC
ICAPS MV ORAL TABLET	dialyvite 800/ultra d	OTC
ICAPS ORAL CAPSULE	cvs adult 50+ eye health	OTC
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	cvs adult 50+ eye health	Auto-PA; OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	cvs adult 50+ eye health	Auto-PA; OTC
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	cvs adult 50+ eye health	OTC
MVW COMPLETE FORMULATION ORAL CAPSULE	cvs adult 50+ eye health	Auto-PA; OTC
OCUVITE ADULT 50+ ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE ADULT FORMULA ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE EXTRA ORAL TABLET	dialyvite 800/ultra d	OTC
OCUVITE EYE + MULTI ORAL TABLET	dialyvite 800/ultra d	OTC

Formulary Drug Name	Reference	Restrictions
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE	cvs daily gummies	AL (Max 20 Years); OTC
OCUVITE-LUTEIN ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE-LUTEIN ORAL TABLET	dialyvite 800/ultra d	OTC
ONCOVITE ORAL TABLET	dialyvite 800/ultra d	OTC
PRESERVISION AREDS 2 ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	cvs daily gummies	AL (Max 20 Years); OTC
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRESERVISION AREDS ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRESERVISION AREDS ORAL TABLET	dialyvite 800/ultra d	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRORENAL + D ORAL TABLET	dialyvite 800/ultra d	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	cvs adult 50+ eye health	OTC
PROSIGHT ORAL TABLET	dialyvite 800/ultra d	OTC
RENAPLEX ORAL TABLET	dialyvite 800/ultra d	OTC
RENAPLEX-D ORAL TABLET	dialyvite 800/ultra d	OTC
SYSTANE ICAPS AREDS2 ORAL CAPSULE	cvs adult 50+ eye health	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET	dialyvite 800/ultra d	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	cvs daily gummies	AL (Max 20 Years); OTC
*Multivitamins***		
<i>daily-vite oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>gnp essential one daily oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>qc essentials oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>sm multiple vitamins essential oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>stress formula oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
TAB-A-VITE/BETA CAROTENE ORAL TABLET	daily-vite	OTC
THERA ORAL TABLET	daily-vite	OTC

Formulary Drug Name	Reference	Restrictions
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>		OTC
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		
*Ped Multiple Vitamins W/ Minerals***		
<i>cvs gummy dinos oral tablet chewable</i>	MVW Complete Formulation	OTC
<i>cvs gummy multivitamin kids oral tablet chewable</i>	MVW Complete Formulation	OTC
<i>eq multivitamin gummies oral tablet chewable</i>	MVW Complete Formulation	OTC
<i>eq multivitamins gummy child oral tablet chewable</i>	MVW Complete Formulation	OTC
MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL	cvs gummy dinos	OTC
MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL	cvs gummy dinos	Auto-PA; OTC
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	cvs gummy dinos	OTC
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	cvs gummy dinos	Auto-PA; OTC
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	OTC
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	OTC
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML	multi-vitamin/fluoride	
*Ped Mv W/ Iron***		
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>cvs childrens complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	Land Before Time Multivitamin	OTC

Formulary Drug Name	Reference	Restrictions
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Poly-Vi-Sol/Iron	OTC
<i>qc childrens complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	Land Before Time Multivitamin	OTC
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	childrens animal shapes	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution</i>		
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>		
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>		
*Pediatric Multiple Vitamins***		
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>gnp little ones childrens oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>multivitamin infant & toddler oral solution</i>	BProtected Pedia Poly-Vite	OTC
<i>qc childrens vitamins/extra c oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>sm animal shapes kids first oral tablet chewable</i>	Culturelle Kids Complete	OTC
*Pediatric Vitamins A & D W/ C***		
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	Tri-Vi-Sol A/C/D	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>classic prenatal oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>completenate oral tablet chewable 29-1 mg</i>		AL (Min 12 Years)
<i>cvs prenatal oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	QLL (100 EA per 90 days); OTC
<i>gnp prenatal oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>m-natal plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatabs fa oral tablet 29-1 mg</i>	Co-Natal FA	AL (Min 12 Years); OTC
<i>prenatal 19 oral tablet</i>		AL (Min 12 Years); OTC
<i>prenatal 19 oral tablet chewable</i>		AL (Min 12 Years)
<i>prenatal plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)

Formulary Drug Name	Reference	Restrictions
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal tablet 27-0.8 mg oral (otc)</i>	NeoNatal Vitamin	QLL (100 EA per 90 days)
<i>prenatal tablet 27-1 mg oral</i>	Niva-Plus	AL (Min 12 Years)
<i>prenatal tablet 28-0.8 mg oral</i>		QLL (100 EA per 90 days); OTC
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>qc prenatal oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>se-natal 19 oral tablet 29-1 mg</i>		AL (Min 12 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		AL (Min 12 Years)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>		QLL (100 EA per 90 days); OTC
<i>thrivite rx oral tablet 29-1 mg</i>	Prenatabs Rx	AL (Min 12 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	AL (Min 12 Years)
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	
<i>westab plus oral tablet 27-1 mg</i>	Niva-Plus	AL (Min 12 Years)
NIVA-PLUS ORAL TABLET 27-1 MG	m-natal plus	AL (Min 12 Years)
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	AL (Min 12 Years); OTC
PRENATAL-U ORAL CAPSULE 106.5-1 MG		QLL (100 EA per 90 days)
PRENATRIX ORAL TABLET 27-1 MG	m-natal plus	AL (Min 12 Years)
PRENATRYL ORAL TABLET 27-1 MG	m-natal plus	AL (Min 12 Years)
TARON-C DHA ORAL CAPSULE 35-1 MG		
TRINATE ORAL TABLET		QLL (100 EA per 90 days)
VINATE II ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
VINATE ONE ORAL TABLET 60-1 MG	trinatal rx 1	AL (Min 12 Years)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen tablet 10 mg oral</i>		QLL (8 EA per 1 day)
<i>baclofen tablet 20 mg oral</i>		QLL (4 EA per 1 day)
<i>baclofen tablet 5 mg oral</i>		
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (120 EA per 365 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL: Maximum of 6 fills every 365 days

Formulary Drug Name	Reference	Restrictions
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL: Maximum of 6 fills every 365 days
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL: Maximum of 6 fills every 365 days
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL: Maximum of 6 fills every 365 days
<i>tizanidine hcl tablet 2 mg oral</i>		QLL (1 EA per 1 day); QLL: Maximum of 6 fills every 365 days
<i>tizanidine hcl tablet 4 mg oral</i>	Zanaflex	QLL (1 EA per 1 day)
*Direct Muscle Relaxants***		
<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)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Agents - Misc.***		
<i>cvs saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>deep sea nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>eq saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>qc saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline mist spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>sm nasal spray saline nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	cvs saline nasal spray	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	cvs saline nasal spray	OTC
*Nasal Anticholinergics***		
<i>ipratropium bromide solution 0.03 % nasal</i>		QLL (30 ML per 30 days)
<i>ipratropium bromide solution 0.06 % nasal</i>		QLL (15 ML per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>		
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	QLL (52 ML per 30 days); OTC
*Nasal Steroids***		
<i>allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC

Formulary Drug Name	Reference	Restrictions
<i>budesonide nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>cvs budesonide nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>cvs fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>		QLL (8.6 ML per 30 days); OTC
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>hm allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
<i>qc allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>sm allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC
<i>triamcinolone acetone nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	QLL (17 ML per 30 days); OTC
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	allergy relief	OTC
*Systemic Decongestants***		
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>cvs nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>cvs sinus pe decongestant oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>gnp nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC

Formulary Drug Name	Reference	Restrictions
<i>nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	SudoGest	OTC
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	SudoGest	
<i>qc nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus congestion max strength oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant max st oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	cvs nasal decongestant	OTC
SUDOGEST TABLET 30 MG ORAL	cvs nasal decongestant	OTC
SUDOGEST TABLET 60 MG ORAL (OTC)	pseudoephedrine hcl	
*Topical Decongestants***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>12 hour nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>cvs nasal mist nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>cvs nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>gnp nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>long acting nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal decongestant spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal relief nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>nasal spray no drip nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>qc nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sinus nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sm nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	QLL (1 ML per 1 day); OTC
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	12 hour nasal decongestant	QLL (1 ML per 1 day); OTC
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	12 hour nasal decongestant	QLL (1 ML per 1 day); OTC
NEUROMUSCULAR AGENTS		
*Benzothiazoles***		
<i>riluzole oral tablet 50 mg</i>	Rilutek	
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>cvs fish oil capsule 1000 mg oral</i>	Sea-Omega	OTC
<i>cvs fish oil capsule 1000 mg oral</i>	Sea-Omega	Auto-PA; OTC
<i>cvs fish oil capsule 1200 mg oral</i>	Theragran-M Fish Oil Conc	OTC

Formulary Drug Name	Reference	Restrictions
<i>cvs fish oil capsule 1200 mg oral</i>	Theragran-M Fish Oil Conc	Auto-PA; OTC
<i>cvs fish oil half-the-size oral capsule 500 mg</i>	Ovega-3	OTC
<i>cvs fish oil oral capsule delayed release 1200 mg</i>		Auto-PA; OTC
<i>cvs natural fish oil oral capsule 1000 mg</i>	Sea-Omega	Auto-PA; OTC
<i>cvs natural fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	Auto-PA; OTC
<i>fish oil capsule 1000 mg oral (otc)</i>	Sea-Omega	
<i>fish oil capsule 1000 mg oral (otc)</i>	Sea-Omega	Auto-PA
<i>fish oil capsule 500 mg oral</i>	Ovega-3	Auto-PA; OTC
<i>norwegian salmon oil oral capsule 1000 mg</i>	Sea-Omega	OTC
<i>omega-3 oral capsule 1400 mg</i>		Auto-PA; OTC
<i>sm fish oil capsule 1000 mg oral</i>	Sea-Omega	OTC
<i>sm fish oil capsule 1000 mg oral</i>	Sea-Omega	Auto-PA; OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	Auto-PA; OTC
<i>sv fish oil oral capsule 500 mg</i>	Ovega-3	OTC
SEA-OMEGA ORAL CAPSULE 1000 MG	cvs fish oil	OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	OTC
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	GenTeal Tears Night-Time	OTC
<i>cvs eye lubricant ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears Moderate PF	OTC
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	cvs natural tears pf	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	cvs dry-eye relief nighttime	OTC
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	cvs natural tears pf	OTC
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %		OTC
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	cvs dry-eye relief nighttime	OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %		OTC
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %		OTC

Formulary Drug Name	Reference	Restrictions
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %		OTC
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %		OTC
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %, 0.5-1 %		OTC
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	cvs lubricant eye drops (pf)	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	cvs dry-eye relief nighttime	OTC
SYSTANE OPHTHALMIC GEL 0.4-0.3 %		OTC
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	cvs lubricant drops fast act	OTC
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	cvs lubricant eye drops (pf)	OTC
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	cvs lubricant drops fast act	OTC
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	cvs lubricant eye drops (pf)	OTC
*Artificial Tear Solutions***		
<i>sm artificial tears ophthalmic solution</i>	GenTeal Tears	QLL (15 ML per 30 days); OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	sm artificial tears	QLL (15 ML per 30 days); OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION	sm artificial tears	QLL (15 ML per 30 days); OTC
*Artificial Tears And Lubricants***		
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Refresh Celluvisc	OTC
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	OTC
<i>cvs lubricant drops ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	Systane Balance	QLL (15 ML per 30 days); OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>cvs lubricant eye drops solution 0.5 % ophthalmic</i>	Refresh Tears	OTC
<i>cvs lubricant eye drops solution 0.6 % ophthalmic</i>	Systane Balance	QLL (15 ML per 30 days); OTC
<i>eq restore tears ophthalmic solution 0.5 %</i>	Refresh Tears	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
<i>lubricant eye drops solution 0.5 % ophthalmic</i>	Refresh Tears	OTC
<i>lubricant eye drops solution 0.6 % ophthalmic</i>	Systane Balance	QLL (15 ML per 30 days); OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		QLL (15 ML per 30 days)
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Refresh Plus	QLL (15 EA per 30 days); OTC
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %		OTC
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	carboxymethylcellulose sod pf	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	carboxymethylcellulose sodium	OTC
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	cvs lubricant eye drops (pf)	QLL (15 EA per 30 days); OTC
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	carboxymethylcellulose sodium	OTC
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	cvs lubricant drops	QLL (15 ML per 30 days); OTC
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	cvs lubricant drops	QLL (15 ML per 30 days); OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>		
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		ST
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>		QLL (5 mL per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	
<i>phenylephrine hcl solution 10 % ophthalmic</i>	Altafrin	

Formulary Drug Name	Reference	Restrictions
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	Altafrin	QLL (2 EA per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		QLL (15 ML per 30 days)
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	QLL (15 ML per 30 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		QLL (15 ML per 30 days)
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>cvs allergy eye drops ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>cvs eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	
<i>sm eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	cvs allergy eye drops	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	cvs allergy eye drops	OTC
PATADAY OPHTHALMIC SOLUTION 0.7 %		OTC
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		QLL (3.5 GM per 30 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		QLL (3.5 GM per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>		
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %		QLL (15 ML per 30 days)
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	QLL (3.5 GM per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Neo-Polycin	

Formulary Drug Name	Reference	Restrictions
<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>		
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	neomycin-bacitracin zn-polymyx	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	QLL (3.5 GM per 30 days)
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>		
*Ophthalmic Decongestant Combinations***		
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Opcon-A	OTC
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	OTC
*Ophthalmic Decongestants***		
<i>cvs eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>eq eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
<i>sm eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	QLL (15 ML per 30 days); OTC
*Ophthalmic Hyperosmolar Products***		
<i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>cvs sodium chloride ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>cvs sodium chloride ophthalmic solution 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC
*Ophthalmic Immunomodulators***		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	PA
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		

Formulary Drug Name	Reference	Restrictions
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		QLL (5 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
NEO-POLYCYN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	QLL (3.5 GM per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 ML per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 ML per 30 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		QLL (15 ML per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (5 ML per 30 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>cvs ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>cvs ear wax removal system otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>cvs earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC

Formulary Drug Name	Reference	Restrictions
<i>ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>gnp earwax removal drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>gnp earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>qc ear wax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>qc earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>qc earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
<i>sm ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	QLL (15 ML per 30 days); OTC
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetralax	QLL (28 EA per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		QLL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		QLL (15 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (15 ML per 30 days)
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Flac	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
FLAC OTIC OIL 0.01 %	fluocinolone acetonide	QLL (20 ML per 30 days)
OXYTOCICS		
*Oxytocics***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	
METHERGINE ORAL TABLET 0.2 MG	methylergonovine maleate	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR		PA; QLL (1 ML per 23 days)
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR		PA; AL (Max 2 Years); QLL: Maximum of 5 fills every 365 days
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		PA

Formulary Drug Name	Reference	Restrictions
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		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		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)
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
<i>ampicillin sodium injection solution reconstituted 500 mg</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		

Formulary Drug Name	Reference	Restrictions
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	Augmentin	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	Unasyn	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
PHARMACEUTICAL ADJUVANTS		
*Oral Vehicles***		
<i>cherry oral syrup</i>		AL (Max 12 Years)
<i>simple syrup oral syrup</i>	Syrpalta	AL (Max 12 Years)
<i>sorbitol solution 70 %</i>		AL (Max 12 Years)
GOOD START STERILE WATER ORAL LIQUID		AL (Max 12 Years); OTC
MX-SOL BLEND ORAL SUSPENSION	suspension vehicle	AL (Max 12 Years); OTC
MX-SOL BLEND SF ORAL SUSPENSION	suspension vehicle	AL (Max 12 Years); OTC
MX-SOL ORAL SYRUP	flavor sweet	AL (Max 12 Years); OTC
MX-SOL SF ORAL SYRUP	flavor sweet	AL (Max 12 Years); OTC
MX-SOL SUSPEND ORAL SUSPENSION	suspension vehicle	AL (Max 12 Years); OTC
ORA-BLEND ORAL SUSPENSION	suspension vehicle	AL (Max 12 Years)
ORA-BLEND SF ORAL SUSPENSION	suspension vehicle	AL (Max 12 Years)
ORA-PLUS ORAL LIQUID	flavor plus	AL (Max 12 Years)
ORA-SWEET ORAL SYRUP	flavor sweet	AL (Max 12 Years)
ORA-SWEET SF ORAL SYRUP	flavor sweet	AL (Max 12 Years)
SOSWEET ORAL SYRUP	flavor sweet	AL (Max 12 Years); OTC
*Parenteral Vehicles***		
<i>sterile water for injection injection solution</i>		AL (Max 12 Years)

Formulary Drug Name	Reference	Restrictions
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	Maintenance drug with max 90 day supply; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>norethindrone acetate oral tablet 5 mg</i>		ST; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (2 EA per 1 day); Maintenance drug with max 90 day supply; Diagnosis Gender Dysphoria Exclusion, Refer to Florida Senate Bill 254 (SB254)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>disulfiram oral tablet 250 mg, 500 mg</i>		QLL (1 EA per 1 day)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		Auto-PA
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl tablet 10 mg oral</i>	Aricept	AL (Min 18 Years)
<i>donepezil hcl tablet 5 mg oral</i>	Aricept	QLL (3.8 EA per 1 day); AL (Min 18 Years)
<i>donepezil hcl tablet dispersible 10 mg oral</i>		
<i>donepezil hcl tablet dispersible 5 mg oral</i>		QLL (3.8 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)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST; QLL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST; QLL (55 EA per 90 days)
*Movement Disorder Drug Therapy***		
<i>tetrabenazine tablet 12.5 mg oral</i>	Xenazine	PA; QLL (4 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>tetrabenazine tablet 25 mg oral</i>	Xenazine	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
AUSTEDO TABLET 12 MG ORAL		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
AUSTEDO TABLET 6 MG ORAL		PA; QLL (2 EA per 1 day); AL (Min 18 Years)
AUSTEDO TABLET 9 MG ORAL		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG		PA; QLL (42 EA per 84 days)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL		PA; QLL (1 EA per 1 day)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL		PA; QLL (2 EA per 1 day)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL		PA; QLL (1 EA per 1 day)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO TABLET 14 MG ORAL	teriflunomide	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
AUBAGIO TABLET 7 MG ORAL	teriflunomide	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		PA; QLL (15 EA per 28 days); AL (Min 18 Years)
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)

Formulary Drug Name	Reference	Restrictions
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		PA; QLL (0.12 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	QLL (2 EA per 1 day); AL (Min 18 Years)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Glatiramer Acetate	PA; QLL (30 ML per 28 days); AL (Min 18 Years)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	Glatiramer Acetate	PA; QLL (12 ML per 28 days); AL (Min 18 Years)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	glatiramer acetate	PA; QLL (30 ML per 28 days); AL (Min 18 Years)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	glatiramer acetate	PA; QLL (12 ML per 28 days); AL (Min 18 Years)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		Auto-PA
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>cvs nicotine mouth/throat gum 2 mg</i>	Thrive	OTC
<i>cvs nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC

Formulary Drug Name	Reference	Restrictions
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine mouth/throat gum 2 mg</i>	Thrive	OTC
<i>gnp nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>gnp nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>goodsense nicotine mouth/throat gum 2 mg</i>	Thrive	OTC
<i>goodsense nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>goodsense nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>hm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC

Formulary Drug Name	Reference	Restrictions
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	OTC
<i>qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>sm nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine polacrilex mouth/throat gum 2 mg</i>	Thrive	OTC
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>sm nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>		QLL (2 EA per 1 day); AL (Min 17 Years); QLL: Maximum 90 every 730 days
<i>varenicline tartrate oral tablet 1 mg</i>		QLL: Maximum 90 every 730 days
THRIVE MOUTH/THROAT GUM 2 MG	cvs nicotine	OTC
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl capsule 0.5 mg oral</i>	Gilenya	PA; QLL (1 EA per 1 day)
<i>fingolimod hcl capsule 0.5 mg oral</i>	Gilenya	PA; QLL (1 EA per 1 day); AL (Min 10 Years)
GILENYA ORAL CAPSULE 0.25 MG		PA; QLL (1 EA per 1 day)
RESPIRATORY AGENTS - MISC.		
*Cftr Potentiators***		
KALYDECO ORAL TABLET 150 MG		PA; QLL (2 EA per 1 day); AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
KALYDECO PACKET 13.4 MG ORAL		PA
KALYDECO PACKET 25 MG ORAL		PA; QLL (2 EA per 1 day); AL (Max 5 Years)
KALYDECO PACKET 50 MG ORAL		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
KALYDECO PACKET 75 MG ORAL		PA; QLL (2 EA per 1 day); AL (Max 5 Years)
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI PACKET 100-125 MG ORAL		PA; QLL (2 EA per 1 day); AL (Min 2 Years and Max 5 Years)
ORKAMBI PACKET 150-188 MG ORAL		PA; QLL (2 EA per 1 day); AL (Min 2 Years and Max 5 Years)
ORKAMBI PACKET 75-94 MG ORAL		PA
ORKAMBI TABLET 100-125 MG ORAL		PA; QLL (4 EA per 1 day); AL (Min 6 Years)
ORKAMBI TABLET 200-125 MG ORAL		PA; QLL (4 EA per 1 day); AL (Min 12 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		PA; QLL (2 EA per 1 day); AL (Min 6 Years)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		Auto-PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA; AL (Min 18 Years)
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	
<i>doxycycline hyclate oral capsule 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Vibramycin	AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>		Maintenance drug with max 90 day supply
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium tablet 100 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 112 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 125 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 125 mcg oral</i>	Euthyrox	Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 137 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 150 mcg oral</i>	Euthyrox	Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 150 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 175 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 200 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 25 mcg oral</i>	Euthyrox	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
<i>levothyroxine sodium tablet 300 mcg oral</i>	Levo-T	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

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

Formulary Drug Name	Reference	Restrictions
EUTHYROX TABLET 50 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
EUTHYROX TABLET 75 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
EUTHYROX TABLET 88 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 100 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 112 MCG ORAL	levothyroxine sodium	Maintenance drug with max 90 day supply
LEVO-T TABLET 125 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 137 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 150 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 175 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 200 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 25 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 300 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 50 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 75 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
LEVO-T TABLET 88 MCG ORAL	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply

Formulary Drug Name	Reference	Restrictions
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	QLL (1 EA per 1 day)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	QLL (1 EA per 1 day); Maintenance drug with max 90 day supply
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<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>		
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	NuLev	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
<i>oscimin oral tablet 0.125 mg</i>	Levsin	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	hyoscyamine sulfate	
*H-2 Antagonists***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>acid reducer oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>cimetidine tablet 200 mg oral (rx)</i>	Tagamet HB	
<i>cimetidine tablet 300 mg oral</i>		QLL (2 EA per 1 day)
<i>cimetidine tablet 400 mg oral</i>		QLL (2 EA per 1 day)
<i>cimetidine tablet 800 mg oral</i>		QLL (2 EA per 1 day)
<i>cvs acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>cvs acid controller oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC

Formulary Drug Name	Reference	Restrictions
<i>cvs heartburn relief oral tablet 200 mg</i>	Tagamet HB	OTC
<i>famotidine maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 11 Years)
<i>famotidine orig st oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>famotidine tablet 10 mg oral</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>famotidine tablet 20 mg oral (rx)</i>	MM Acid-Pep Maximum Strength	
<i>famotidine tablet 40 mg oral</i>	Pepcid	QLL (2 EA per 1 day)
<i>gnp acid reducer max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>gnp acid reducer oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>heartburn relief max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>heartburn relief oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>kls acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>nizatidine capsule 150 mg oral</i>		QLL (2 EA per 1 day)
<i>nizatidine capsule 300 mg oral</i>		QLL (1 EA per 1 day)
<i>qc acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>qc acid controller oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
<i>sm acid reducer max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>sm acid reducer oral tablet 10 mg</i>	Pepcid AC	QLL (2 EA per 1 day); OTC
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>		OTC
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>		Auto-PA; OTC
<i>cvs esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>cvs omeprazole magnesium oral capsule delayed release 20 mg, 20.6 mg</i>		OTC
<i>cvs omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>cvs omeprazole oral tablet delayed release dispersible 20 mg</i>		QLL (2 EA per 1 day); OTC

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

Formulary Drug Name	Reference	Restrictions
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day); AL (Min 5 Years)
<i>qc esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years); OTC
<i>qc omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>		Auto-PA; OTC
<i>qc omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>		OTC
<i>qc omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day); AL (Min 1 Years)
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day); OTC
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	AL (Min 1 Years); OTC
<i>sm omeprazole oral tablet delayed release 20 mg</i>		QLL (2 EA per 1 day); OTC
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		AL (Max 12 Years)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		AL (Max 12 Years)
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	cvs esomeprazole magnesium	QLL (2 EA per 1 day); OTC
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	ST; QLL (1 EA per 1 day)
<i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>		QLL (1 EA per 1 day); AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		QLL (4 EA per 1 day); Maintenance drug with max 90 day supply
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	QLL (1 EA per 1 day); AL (Min 5 Years)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	QLL (2 EA per 1 day)
<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)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day)
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>clotrimazole vaginal cream 1 %</i>		AL (Max 20 Years); OTC
<i>cvs clotrimazole 3 vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>cvs miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>miconazole 7 vaginal suppository 100 mg</i>		AL (Max 20 Years); OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Restrictions
<i>qc 3 day vaginal cream 4 %</i>	Monistat 3	OTC
<i>qc clotrimazole vaginal cream 1 %</i>		AL (Max 20 Years); OTC
<i>qc miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		AL (Max 20 Years); OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		AL (Max 20 Years); OTC
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	AL (Max 20 Years); OTC
<i>sm miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	AL (Max 20 Years); OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		AL (Max 20 Years); OTC
<i>terconazole cream 0.4 % vaginal</i>		QLL: Maximum of 45 gram
<i>terconazole cream 0.8 % vaginal</i>		
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole gel 0.75 % vaginal</i>	Vandazole	
<i>metronidazole gel 0.75 % vaginal</i>	Vandazole	F
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	QLL (42.5 GM per 30 days)
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<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)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
VITAMINS		
*Vitamin A***		
<i>cvs vitamin a oral capsule 2400 mcg (8000 ut)</i>		OTC
<i>vitamin a oral capsule 3 mg (10000 ut)</i>		Auto-PA; OTC
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg</i>		OTC
<i>niacin er oral tablet extended release 500 mg, 750 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 100 mg, 500 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Vitamin B-6***		
<i>cvs b6 oral tablet 100 mg</i>		OTC
<i>sm vitamin b-6 oral tablet 100 mg</i>		OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>		OTC
*Vitamin C***		
<i>ascorbic acid oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>c-chewable oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
<i>cvs chewable c with rose hips oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>cvs vitamin c oral tablet 1000 mg, 250 mg</i>		Auto-PA; OTC
<i>cvs vitamin c oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>cvs vitamin c-rose hips oral tablet 1000 mg</i>		OTC
<i>cvs vitamin c-rose hips oral tablet 500 mg</i>	PureWay-C	OTC
<i>sm chewable c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
<i>sm vit c/rose hips oral tablet 1000 mg</i>		Auto-PA; OTC
<i>sm vitamin c oral tablet 1000 mg, 250 mg</i>		Auto-PA; OTC
<i>sm vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>vitamin c oral tablet 500 mg</i>	PureWay-C	Auto-PA; OTC
<i>vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	Auto-PA; OTC
*Vitamin D***		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	Auto-PA; OTC
<i>cvs d3 capsule 125 mcg (5000 ut) oral</i>	Dialyvite Vitamin D 5000	Auto-PA; OTC
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	Pronutrients Vitamin D3	OTC
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	Pronutrients Vitamin D3	Auto-PA; OTC
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>		OTC
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	Kids First Vitamin D3 Gummies	OTC
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	Kids First Vitamin D3 Gummies	Auto-PA; OTC
<i>d3 adult oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	OTC
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	Auto-PA; OTC
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>		Auto-PA; OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>ergocalciferol solution 200 mcg/ml oral</i>	Calcidol	OTC
<i>ergocalciferol solution 200 mcg/ml oral</i>	Calcidol	Auto-PA; OTC

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

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	21		
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	124		
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	50		
		<i>praziquantel</i>		
	24		
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	54		
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		KETONE CONTR		
	134		
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	159		
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TAZTIA XT	80	TRIAMINIC FEVER		<i>tusnel diabetic</i>	95
<i>temazepam</i>	127	REDUCER	15	TUSNEL-EX	99

<i>tussin dm</i>	95	<i>vitamin d</i>	179
<i>tussin dm cough + chest</i>	95	<i>vitamin d (ergocalciferol)</i>	179
<i>tussin mucus & chest congest</i>	99	<i>vitamin d3</i>	179
<i>tussin mucus+chest congestion</i> ..	99	<i>vitamin d3 maximum strength</i> ..	179
TYBLUME	87	<i>vitamins a & d</i>	109
TYBOST	74	<i>vitamins acd-fluoride</i>	147
TYMLOS	117	VOLNEA	83
UBRELVY	137	<i>voriconazole</i>	43
<i>ultra lubricating eye drops</i>	154	VORTEX VALVED	
<i>ultra lubricating eye drops pf</i> ..	154	HOLDING CHAMBER	137
<i>ultra-mega</i>	144	VYFEMLA	87
UNITHROID	172	VYLIBRA	87
<i>urea</i>	109	WAL-ITIN	48
<i>urea 20 intensive hydrating</i>	109	<i>warfarin sodium</i>	29
<i>ureacin-20</i>	109	<i>wart remover maximum</i>	
<i>urinary pain relief</i>	122	<i>strength</i>	111
<i>ursodiol</i>	120	<i>water for irrigation, sterile</i>	141
<i>valacyclovir hcl</i>	75	WEEKLY-D	179
<i>valganciclovir hcl</i>	74	WERA	87
<i>valproic acid</i>	32	<i>wescap-c dha</i>	148
<i>valsartan</i>	53	<i>wes-phos 250 neutral</i>	140
<i>valsartan-hydrochlorothiazide</i> ...	52	<i>westab plus</i>	148
VALTOCO 10 MG DOSE	30	WIXELA INHUB	27
VALTOCO 15 MG DOSE	30	<i>womans laxative</i>	132
VALTOCO 20 MG DOSE	30	<i>womens laxative</i>	132
VALTOCO 5 MG DOSE	30	XARELTO	29
VANACOF	100	XARELTO STARTER PACK	29
<i>vancomycin hcl</i>	55	XIFAXAN	55
<i>varenicline tartrate</i>	167	XOLAIR	27
<i>varenicline tartrate (starter)</i>	167	XULANE	87
VELIVET	91	YUVAFEM	177
VELVACHOL	110	ZAFEMY	87
VENCLEXTA	58	<i>zaleplon</i>	127
VENCLEXTA STARTING		ZARXIO	125
PACK	58	ZEASORB-AF	111
<i>venlafaxine hcl</i>	34	ZENATANE	102
<i>venlafaxine hcl er</i>	34	ZENPEP	114
<i>verapamil hcl</i>	79	ZENZEDI	4
<i>verapamil hcl er</i>	79	<i>zidovudine</i>	74
VERZENIO	60	ZIEXTENZO	125
VESTURA	87	<i>zinc oxide</i>	105
VIENVA	87	<i>ziprasidone hcl</i>	64, 65
VINATE II	148	<i>zolpidem tartrate</i>	127
VINATE ONE	148	<i>zonisamide</i>	31
<i>vioele</i>	82	ZOVIA 1/35 (28)	87
VIRACEPT	73	ZUMANDIMINE	87
VIREAD	74		
<i>virtussin a/c</i>	95		
<i>vitamin a</i>	177		
<i>vitamin a/c/d/ infant/toddler</i>	147		
<i>vitamin b-6</i>	178		
<i>vitamin c</i>	178		