



AETNA BETTER HEALTH® OF NEW JERSEY
Formulary

FORMULARY

What is the Aetna Better Health of New Jersey Formulary?

This is a drug list created by Aetna Better Health of New Jersey (“plan”). Aetna Better Health of New Jersey will cover drugs on this list. Some drugs may have coverage rules. If the rules for that drug are met, Aetna Better Health of New Jersey will cover the drug. Drugs must also be filled at an Aetna Better Health of New Jersey network pharmacy.

Can Aetna Better Health of New Jersey’s Drug List change?

The plan may add or remove drugs on the list. All drug removals from the formulary will be sent to the state for review before the change is made. Utilizing members and their providers will be notified at least 60 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 Aetna Better Health of New Jersey’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:** lists the brand name of the drug when a generic is covered
- **Column #3:** 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.

How much will I pay for covered drugs?

Description	1-34 day supply GENERIC	1-34 day supply BRAND	35-102 day supply GENERIC (mail-order only)	35-102 day supply BRAND (mail-order only)
FamilyCare Plan A	No Copay	No Copay	No Copay	No Copay
FamilyCare Plan B	No Copay	No Copay	No Copay	No Copay
FamilyCare Plan C	\$1	\$5	\$1	\$5
FamilyCare Plan D	\$1	\$5	\$1	\$5
FamilyCare Plan MLTSS	No Copay	No Copay	No Copay	No Copay

- American Indians and Alaska Native members will NOT have a copay.

FORMULARY

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.
- **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 Aetna Better Health of New Jersey'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.

What are generic drugs?

Aetna Better Health 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.



¿Qué es el formulario de Aetna Better Health of New Jersey?

Es una lista de medicamentos creada por Aetna Better Health of New Jersey (el “plan”). Aetna Better Health of New Jersey ofrece cobertura para los medicamentos de esta lista. Es posible que para algunos medicamentos se apliquen reglas de cobertura. Si se cumplen las reglas para esos medicamentos, Aetna Better Health of New Jersey los cubrirá. Además, los medicamentos deben adquirirse en una farmacia de la red de Aetna Better Health of New Jersey.

¿Puede cambiar la lista de medicamentos de Aetna Better Health of New Jersey?

El plan puede agregar o quitar medicamentos de la lista. Todas las eliminaciones de medicamentos del formulario se enviarán al estado, donde se revisarán antes de que se realice el cambio. Los miembros y proveedores que utilizan el formulario recibirán un aviso como mínimo 60 días antes de que se elimine un medicamento del formulario. Encontrará todos los cambios del formulario en el sitio en Internet del plan.

¿Cómo utilizo el formulario de Aetna Better Health of New Jersey?

- **Columna Nº 1:** enumera los medicamentos cubiertos. Los medicamentos de marca aparecen en mayúscula (por ejemplo, MEDICAMENTO); los genéricos aparecen en minúscula (por ejemplo, medicamento).
- **Columna Nº 2:** enumera los medicamentos de marca cuando una opción genérica está cubierta.
- **Columna Nº 3:** muestra las reglas de cobertura de los medicamentos.

Los medicamentos también están agrupados según el tipo de condición que tratan. Por ejemplo, los medicamentos que se usan para tratar un dolor de oído figuran en la sección, Ear-Nose-Throat Medications. Si sabe para qué se usa el medicamento que usted toma, busque el nombre de esa sección en la lista de medicamentos y luego busque el medicamento en esa sección.

¿Cuánto pagaré por los medicamentos cubiertos?

Descripción	Suministro para 1-34 días (GENÉRICOS)	Suministro para 1-34 días (DE MARCA)	Suministro para 35-102 días (GENÉRICOS)	Suministro para 35-102 días (DE MARCA)
FamilyCare Plan A	Sin copago	Sin copago	Sin copago	Sin copago
FamilyCare Plan B	Sin copago	Sin copago	Sin copago	Sin copago
FamilyCare Plan C	\$1	\$5	\$1	\$5
FamilyCare Plan D	\$1	\$5	\$1	\$5
FamilyCare Plan MLTSS	Sin copago	Sin copago	Sin copago	Sin copago

- Los miembros que sean indígenas americanos o nativos de Alaska NO tienen copago.

¿Cuáles son algunos de los tipos de reglas de cobertura?

- **Aprobación previa (PA):** significa que su médico primero deberá obtener la aprobación del plan antes de que se pueda adquirir el medicamento en la farmacia. Si no se aprueba, el plan no cubrirá el medicamento.
- **Límites de cantidad (QLL):** significa que el plan cubre hasta una cierta cantidad del medicamento. Por ejemplo, en el caso de algunos medicamentos, el plan cubre 60 píldoras en 30 días.
- **Terapia escalonada (ST):** significa que posiblemente primero deba probar ciertos medicamentos para tratar su condición. Después de probar el primer medicamento, el plan cubrirá el otro medicamento para la misma condición. Por ejemplo, el Medicamento A y el Medicamento B pueden tratar su condición. Es posible que el plan no cubra el Medicamento B a menos que usted primero pruebe el Medicamento A. Si el Medicamento A no funciona en su caso, entonces se cubrirá el Medicamento B.

¿Qué sucede si el medicamento que tomo no está incluido en el formulario de Aetna Better Health of New Jersey?

Primero, llame a su médico y pregúntele si su medicamento está cubierto. Si el plan no lo cubre, usted tiene dos opciones:

- Pida a su médico un medicamento similar que esté cubierto.
- Su médico puede solicitar que el plan cubra el medicamento a través del proceso de aprobación previa.

¿Qué son los medicamentos genéricos?

Aetna Better Health of New Jersey cubre tanto medicamentos de marca como genéricos. Los medicamentos genéricos cuestan menos y están aprobados por la Administración de Drogas y Alimentos (FDA).

¿Los medicamentos de venta libre están cubiertos?

El plan cubrirá los medicamentos de venta libre que figuren en el formulario. Es posible que para algunos medicamentos de venta libre se apliquen reglas de cobertura. Si se cumplen las reglas para esos medicamentos de venta libre, el plan los cubrirá. Al igual que con otros medicamentos, se requiere una receta del médico para que el plan brinde cobertura para los medicamentos de venta libre.

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3
ALTERNATIVE MEDICINES	4
AMINOGLYCOSIDES	4
ANALGESICS - ANTI-INFLAMMATORY	5
ANALGESICS - NONNARCOTIC	7
ANALGESICS - OPIOID	8
ANDROGENS-ANABOLIC	10
ANORECTAL AND RELATED PRODUCTS	10
ANTACIDS	10
ANTHELMINTICS	11
ANTIANGINAL AGENTS	11
ANTIANKXIETY AGENTS	12
ANTIARRHYTHMICS	12
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	13
ANTICOAGULANTS	15
ANTICONSULSANTS	16
ANTIDEPRESSANTS	18
ANTIDIABETICS	19
ANTIDIARRHEAL/PROBIOTIC AGENTS	23
ANTIDOTES AND SPECIFIC ANTAGONISTS	23
ANTIEMETICS	24
ANTIFUNGALS	24
ANTI HISTAMINES	25
ANTIHYPERLIPIDEMICS	26
ANTI HYPERTENSIVES	27
ANTI-INFECTIVE AGENTS - MISC.	29
ANTIMALARIALS	30
ANTIMYASTHENIC/CHOLINERGIC AGENTS	30
ANTIMYCOBACTERIAL AGENTS	30
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	31
ANTIPARKINSON AND RELATED THERAPY AGENTS	34
ANTIPSYCHOTICS/ANTIMANIC AGENTS	35
ANTIVIRALS	39
BETA BLOCKERS	43
CALCIUM CHANNEL BLOCKERS	44
CARDIOTONICS	45
CARDIOVASCULAR AGENTS - MISC.	45
CEPHALOSPORINS	46
CHEMICALS	46
CONTRACEPTIVES	47
CORTICOSTEROIDS	52
COUGH/COLD/ALLERGY	53
DERMATOLOGICALS	54
DIAGNOSTIC PRODUCTS	60
DIGESTIVE AIDS	61
DIURETICS	61
ENDOCRINE AND METABOLIC AGENTS - MISC.	62

ESTROGENS	63
FLUOROQUINOLONES	63
GASTROINTESTINAL AGENTS - MISC.	64
GENITOURINARY AGENTS - MISCELLANEOUS	65
GOUT AGENTS	65
HEMATOLOGICAL AGENTS - MISC.	66
HEMATOPOIETIC AGENTS	66
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	68
LAXATIVES	68
MACROLIDES	69
MEDICAL DEVICES AND SUPPLIES	70
MIGRAINE PRODUCTS	78
MINERALS & ELECTROLYTES	79
MISCELLANEOUS THERAPEUTIC CLASSES	80
MOUTH/THROAT/DENTAL AGENTS	81
MULTIVITAMINS	82
MUSCULOSKELETAL THERAPY AGENTS	83
NASAL AGENTS - SYSTEMIC AND TOPICAL	83
NEUROMUSCULAR AGENTS	84
NUTRIENTS	84
OPHTHALMIC AGENTS	84
OTIC AGENTS	87
PASSIVE IMMUNIZING AND TREATMENT AGENTS	87
PENICILLINS	88
PHARMACEUTICAL ADJUVANTS	89
PROGESTINS	90
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	90
RESPIRATORY AGENTS - MISC.	92
SULFONAMIDES	92
TETRACYCLINES	93
THYROID AGENTS	93
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	94
URINARY ANTISPASMODICS	95
VAGINAL AND RELATED PRODUCTS	96
VASOPRESSORS	96
VITAMINS	97

Restrictions**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

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</i>	Intuniv	QLL (30 EA per 30 days); AL (Min 6 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 4 mg</i>	Intuniv	QLL (30 Tablets per 30 days); AL (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 60 mg</i>	Strattera	QLL (30 EA per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 80 mg</i>		QLL (30 EA per 30 days); AL (Min 6 Years)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Adderall XR	PA; QLL (1 EA per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg</i>	Adderall XR	PA; QLL (30 Capsules per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 30 mg</i>	Adderall XR	PA; QLL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Adderall	PA; QLL (90 Tablets per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Adderall	PA; QLL (60 Tablets per 30 days)
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Dexedrine	PA; QLL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>		PA; QLL (90 EA per 30 days)

Drug Name	Reference	Restrictions
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenzedi	PA; QLL (6 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	dextroamphetamine sulfate	PA; QLL (6 EA per 1 day)
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 17 Years)
<i>armodafinil oral tablet 50 mg</i>	Nuvigil	PA; QLL (2 EA per 1 day); AL (Min 17 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	PA; QLL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	PA; QLL (60 Tablets per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Metadate CD	PA; QLL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Concerta	PA; QLL (30 Tablets per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Concerta	PA; QLL (60 Tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		PA; QLL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>		PA; QLL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		PA; QLL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	PA; QLL (90 Tablets per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		PA; QLL (4 EA per 1 day)
ALTERNATIVE MEDICINES		
*Alternative Medicine - Me's***		
<i>melatonin oral tablet 1 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>		

Drug Name	Reference	Restrictions
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	PA; QLL (280 ML per 56 days)
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	PA
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CeleBREX	
<i>celecoxib oral capsule 400 mg</i>	CeleBREX	QLL (1 EA per 1 day)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	auranofin	
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)

Drug Name	Reference	Restrictions
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>cvs naproxen sodium oral tablet 220 mg</i>	Aleve	OTC
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>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</i>	Lurbipr	
<i>flurbiprofen oral tablet 50 mg</i>		
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 200 mg</i>	Medi-First Ibuprofen	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (20 EA per 30 days)
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	ibuprofen	OTC; QLL (6 EA per 1 day)
<i>meloxicam oral tablet 15 mg</i>		QLL (1 EA per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>		
<i>nabumetone oral tablet 500 mg</i>		QLL (4 EA per 1 day)
<i>nabumetone oral tablet 750 mg</i>		
<i>naproxen oral suspension 125 mg/5ml</i>		ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>		
<i>sulindac oral tablet 150 mg, 200 mg</i>		

Drug Name	Reference	Restrictions
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 20 MG, 30 MG		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		PA
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (1 EA per 1 day)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA
ANALGESICS - NONNARCOTIC		
*Analgesics Other***		
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>		OTC
<i>acetaminophen oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>acetaminophen oral tablet chewable 80 mg</i>	Childrens Medi-Tabs	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>		OTC
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML		OTC
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	QLL (6 Tablets per 1 day)

Drug Name	Reference	Restrictions
*Salicylates***		
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	OTC
<i>cvs aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>		QLL (2700 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>		QLL (1800 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		QLL (120 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (120 Tablets per 30 days); 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>		PA; QLL (10 Patches per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	QLL (120 Tablets per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 Tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (120 EA per 30 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	PA; QLL (3 EA per 1 day)
<i>methadone hcl oral tablet 10 mg</i>		PA; QLL (3 Tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>		PA; QLL (6 Tablets per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	Methadose	PA; QLL (22 Tablets per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		QLL (4 ML per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		PA; QLL (2 Tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS Contin	PA; QLL (3 Tablets per 1 day)

Drug Name	Reference	Restrictions
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		QLL (600 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>		QLL (120 Tablets per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>		QLL (3 Tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>		QLL (120 EA per 30 days)
<i>morphine sulfate rectal suppository 30 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (600 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>		QLL (120 Tablets per 30 days)
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 Tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 Tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 Tablets per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	RoxyBond	QLL (4 Tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	QLL (120 Tablets per 30 days)
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Suboxone	QLL (2.6 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Suboxone	QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Suboxone	QLL (8 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Suboxone	QLL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (1 Bottle per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (120 EA per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		

Drug Name	Reference	Restrictions
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG		QLL (33 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		QLL (16.5 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		QLL (2 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		QLL (8 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		QLL (4 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		QLL (2.5 EA per 1 day); AL (Min 16 Years)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
ANTACIDS		
*Antacid & Simethicone***		
<i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
*Antacid Combinations***		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML		OTC
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	Acid Gone	OTC

Drug Name	Reference	Restrictions
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral powder</i>		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
*Antacids - Calcium Salts***		
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>childrens pepto oral tablet chewable 400 mg</i>	Childrens Soothe	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>		
<i>ivermectin oral tablet 3 mg</i>	Stromectol	QLL (6 EA per 90 days)
<i>praziquantel oral tablet 600 mg</i>	Biltricide	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>		OTC
STROMECTOL ORAL TABLET 3 MG	ivermectin	QLL (6 EA per 90 days)
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>		QLL (2 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (1 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
NITRO-BID TRANSDERMAL OINTMENT 2 %		
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG		

Drug Name	Reference	Restrictions
ANTIANKXIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day); AL (Min 6 Years)
<i>buspirone hcl oral tablet 15 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>buspirone hcl oral tablet 5 mg</i>		QLL (12 EA per 1 day); AL (Min 6 Years)
<i>buspirone hcl oral tablet 7.5 mg</i>		QLL (8 EA per 1 day); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		QLL (4 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	QLL (2 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	Xanax	QLL (4 EA per 1 day)
<i>alprazolam oral tablet 1 mg</i>	Xanax	QLL (6 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	Xanax	QLL (5 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	QLL (2 EA per 1 day); AL (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		QLL (12 EA per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	lorazepam	QLL (2 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg</i>	Ativan	QLL (4 EA per 1 day)
<i>lorazepam oral tablet 1 mg</i>	Ativan	QLL (6 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	Ativan	QLL (5 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
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>		

Drug Name	Reference	Restrictions
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA; QLL (60 EA per 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		QLL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	QLL (10.3 GM per 20 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		ST; QLL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	QLL (10.3 GM per 20 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	QLL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	QLL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	QLL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML 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
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	QLL (6 Fills per 365 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>		QLL (12 ML per 1 day)

Drug Name	Reference	Restrictions
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		QLL (2 ML per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	QLL (4 ML per 1 day)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; QLL (6 Fills per 365 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		QLL (4 GM per 30 days)
*Bronchodilators - Anticholinergics***		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	QLL (60 EA per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	PA; QLL (30 Packets per 30 days); AL (Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (30 Tablets per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (30 Tablets per 30 days)
*Steroid Inhalants***		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		QLL (13 GM per 30 days)

Drug Name	Reference	Restrictions
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (120 ML per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		
*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***		
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	
<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	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		QLL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		QLL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QLL (45 Days Supply per 168 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	Pradaxa	QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
ANTICONVULSANTS		
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	PA; QLL (16 ML per 1 day)
<i>clobazam tablet 10 mg oral</i>	Onfi	PA; QLL (4 EA per 1 day)
<i>clobazam tablet 20 mg oral</i>	Onfi	PA; QLL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		
VALTOCO 10 MG DOSE NASAL LIQUID 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)
*Anticonvulsants - Misc.***		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	QLL (120 Tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGretol-XR	QLL (10 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg</i>	TEGretol-XR	QLL (5 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	TEGretol-XR	QLL (120 Tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	QLL (3600 MG (cumulative) per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	QLL (3600 MG (cumulative) per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	QLL (3600 MG (cumulative) per 1 day)
<i>lamotrigine oral tablet 100 mg, 200 mg</i>	LaMICtal	QLL (2 EA per 1 day)
<i>lamotrigine oral tablet 150 mg</i>	LaMICtal	QLL (3 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	LaMICtal	QLL (6 EA per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	LaMICtal	
<i>lamotrigine oral tablet chewable 5 mg</i>	LaMICtal	QLL (8 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Keppra	
<i>levetiracetam oral tablet 1000 mg</i>	Keppra	QLL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Keppra	

Drug Name	Reference	Restrictions
<i>levetiracetam oral tablet 500 mg</i>	Keppra	QLL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Keppra	QLL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Lyrica	QLL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Lyrica	QLL (2 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	PA; QLL (80 ML per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Banzel	PA; QLL (8 EA per 1 day)
<i>rufinamide tablet 200 mg oral</i>	Banzel	PA; QLL (16 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	QLL (120 Capsules per 30 days)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	Topamax	QLL (120 Tablets per 30 days)
<i>topiramate oral tablet 200 mg</i>	Topamax	QLL (2 EA per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	QLL (180 Capsules per 30 days)
<i>zonisamide oral capsule 50 mg</i>		QLL (180 Capsules per 30 days)
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>		QLL (4 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>		QLL (3 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>		QLL (2 EA per 1 day)
*Hydantoins***		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin-125	
<i>phenytoin oral tablet chewable 50 mg</i>	Phenytoin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	
<i>valproic acid oral capsule 250 mg</i>		
<i>valproic acid oral solution 250 mg/5ml</i>		

Drug Name	Reference	Restrictions
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg</i>	Remeron	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	Remeron	QLL (1 EA per 1 day)
<i>mirtazapine oral tablet 45 mg</i>		QLL (1 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>		QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 45 mg</i>	Remeron SolTab	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet dispersible 30 mg</i>	Remeron SolTab	QLL (1 EA per 1 day)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Wellbutrin SR	QLL (120 Tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Wellbutrin SR	QLL (60 Tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	QLL (90 Tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Wellbutrin XL	QLL (30 Tablets per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>		QLL (3 EA per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>		QLL (180 Tablets per 30 days)
*Monoamine Oxidase Inhibitors (Maois)***		
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	QLL (1 EA per 1 day); AL (Min 12 Years)
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>		QLL (600 ML per 30 days); AL (Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	CeleXA	QLL (2 EA per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	CeleXA	QLL (30 Tablets per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	QLL (30 Tablets per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	PROzac	QLL (30 Capsules per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	QLL (2 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PROzac	QLL (60 Capsules per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		QLL (600 ML per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>		QLL (90 Tablets per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg</i>		QLL (30 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>fluvoxamine maleate oral tablet 50 mg</i>		QLL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Paxil	QLL (30 Tablets per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	Paxil	QLL (60 Tablets per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	Paxil	QLL (45 Tablets per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	QLL (300 ML per 30 days); AL (Max 12 Years)
<i>sertraline hcl oral tablet 100 mg, 25 mg</i>	Zoloft	QLL (2 EA per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	Zoloft	QLL (60 Tablets per 30 days)
*Serotonin Modulators***		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Cymbalta	QLL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Cymbalta	QLL (30 Capsules per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Effexor XR	QLL (1 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>		QLL (2 EA per 1 day); AL (Min 6 Years)
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>doxepin hcl oral concentrate 10 mg/ml</i>		
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		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)
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		QLL (4 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		
*Diabetic Other***		
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
<i>glucose oral tablet chewable 4 gm</i>	Gluco To Go	OTC
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML		QLL (2 ML per 30 days)
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 (2 ML per 30 days)
*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)
<i>saxagliptin hcl oral tablet 2.5 mg</i>		QLL (5 mg Cumulative per 1 day)
<i>saxagliptin hcl oral tablet 5 mg</i>	Onglyza	QLL (5 mg Cumulative per 1 day)
*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)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>		QLL (1 EA per 1 day)
*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)
*Human Insulin***		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	insulin lispro prot & lispro	

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		
<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	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		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		OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML		OTC
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Victoza	ST; DIAGNOSIS REQUIRED; QLL (9 ML per 30 days)

Drug Name	Reference	Restrictions
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML		ST; DIAGNOSIS REQUIRED; QLL (0.1072 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML		ST; DIAGNOSIS REQUIRED; QLL (0.1071 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML		ST; DIAGNOSIS REQUIRED; QLL (0.1071 ML per 1 day)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>		QLL (8 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Farxiga	ST; QLL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	Xigduo XR	ST; QLL (1 EA per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	Xigduo XR	ST; QLL (2 EA per 1 day)
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)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		QLL (2 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg</i>		QLL (3 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (4 EA per 1 day)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		QLL (1 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	QLL (1 EA per 1 day)
<i>glipizide oral tablet 10 mg, 5 mg</i>		

Drug Name	Reference	Restrictions
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (30 Tablets per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus probiotic oral tablet 10 mg</i>	Floranex	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>cvs probiotic (lactobacillus) oral capsule</i>	Culturelle	OTC
<i>lactobacillus extra strength oral capsule</i>	Abatinex	OTC
PEDIA-LAX PROBIOTIC YUMS ORAL TABLET CHEWABLE		OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>pink bismuth oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>probiotic oral capsule 250 mg</i>	Florastor	OTC
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>eq anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>		OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>		QLL (4 ML per 30 days)
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	QLL (2 EA per 1 fill)
<i>naltrexone hcl oral tablet 50 mg</i>		QLL (3 EA per 1 day)
REXTOVY NASAL LIQUID 4 MG/0.25ML		QLL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		QLL (1 EA per 28 days)

Drug Name	Reference	Restrictions
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 oral tablet 24 mg</i>		QLL (1 Tablets per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</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***		
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG	meclizine hcl	OTC
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine Less Drowsy	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>		QLL (6 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend TriPack	QLL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	QLL (6 EA per 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 (1 EA per 1 day)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg</i>	Diflucan	QLL (2 EA per 1 day)
<i>fluconazole oral tablet 150 mg</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole oral tablet 200 mg, 50 mg</i>		QLL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (4 EA per 1 day)
<i>voriconazole oral tablet 200 mg</i>		PA

Drug Name	Reference	Restrictions
<i>voriconazole oral tablet 50 mg</i>	Vfend	PA
ANTI-HISTAMINES		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	OTC; QLL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finat	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML		OTC
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML	triprolidine hcl	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
*Antihistamines - Ethanolamines***		
<i>allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Clemasz	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (20 ML per 1 day)
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days); AL (Min 6 Years)
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	OTC; QLL (1 EA per 1 day)
<i>cetirizine hcl oral tablet 5 mg</i>		OTC; QLL (1 EA per 1 day)
<i>cvs allergy relief oral tablet 180 mg</i>	Allegra Allergy	OTC; QLL (1 EA per 1 day)
<i>cvs allergy relief oral tablet 60 mg</i>	Allegra Allergy	OTC; QLL (2 EA per 1 day)
<i>cvs allergy relief oral tablet dispersible 10 mg</i>	Alavert	OTC; QLL (1 EA per 1 day)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	OTC; QLL (150 ML per 30 days); AL (Min 6 Years)
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC; QLL (2 EA per 1 day)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC; QLL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		QLL (80 ML per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	promethazine hcl	

Drug Name	Reference	Restrictions
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG		PA; QLL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	PA; QLL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
PREVALITE ORAL PACKET 4 GM	cholestyramine light	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (60 Tablets per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 Tablets per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		ST; QLL (30 Capsules per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 Tablets per 30 days)
<i>lovastatin oral tablet 40 mg</i>		QLL (60 Tablets per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (30 Tablets per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	QLL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	QLL (30 Tablets per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>		QLL (30 Tablets per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML		PA
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 oral tablet 10- 25 mg</i>	Vaseretic	QLL (2 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5- 12.5 mg</i>		QLL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10- 12.5 mg</i>	Zestoretic	QLL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20- 25 mg</i>	Zestoretic	QLL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20- 12.5 mg</i>	Accuretic	QLL (1 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20- 25 mg</i>		QLL (1 EA per 1 day)
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	QLL (2 EA per 1 day)
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		QLL (2 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	QLL (2 Tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
<i>ramipril oral capsule 1.25 mg, 5 mg</i>		QLL (2 EA per 1 day)
<i>ramipril oral capsule 10 mg, 2.5 mg</i>	Altace	QLL (2 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day)
<i>trandolapril oral tablet 4 mg</i>		QLL (2 EA per 1 day)
*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 oral tablet 150-12.5 mg</i>	Avalide	
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Avalide	QLL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 Tablets per 30 days)
*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 oral tablet 100 mg</i>	Cozaar	QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Cozaar	QLL (2 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	QLL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (1 EA per 1 day)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	ST
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	ST
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	ST
<i>guanfacine hcl oral tablet 1 mg</i>		QLL (240 EA per 30 days)

Drug Name	Reference	Restrictions
<i>guanfacine hcl oral tablet 2 mg</i>		QLL (120 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Cardura	QLL (30 Tablets per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	Cardura	QLL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg</i>		QLL (30 Capsules per 30 days)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>		QLL (2 EA per 1 day)
<i>terazosin hcl oral capsule 5 mg</i>		QLL (3 EA per 1 day)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		
<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	
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral 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	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	

Drug Name	Reference	Restrictions
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	Zyvox	QLL (2 EA per 1 day)
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Malarone	QLL (12 EA Max Qty Per Fill Retail)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Malarone	QLL (9 EA Max Qty Per Fill Retail)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>mefloquine hcl oral tablet 250 mg</i>		
<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, 400 mg</i>		
<i>isoniazid oral syrup 50 mg/5ml</i>		

Drug Name	Reference	Restrictions
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>		
<i>rifampin oral capsule 150 mg, 300 mg</i>		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Abirtega	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (1 EA per 1 day)
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>	Xeloda	PA; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Xeloda	PA; QLL (154 EA per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>		
<i>methotrexate sodium oral tablet 2.5 mg</i>		
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG		PA
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA

Drug Name	Reference	Restrictions
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Sprycel	PA; QLL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	Sprycel	PA; QLL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (2 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	nilotinib hcl	PA; QLL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		PA; QLL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG		PA; QLL (24 EA per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>		PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
RYDAPT ORAL CAPSULE 25 MG		PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg</i>	Sutent	PA
<i>sunitinib malate oral capsule 37.5 mg</i>	Sutent	PA; QLL (30 EA per 30 days)

Drug Name	Reference	Restrictions
<i>sunitinib malate oral capsule 50 mg</i>	Sutent	PA; QLL (1 EA per 1 day)
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
MATULANE ORAL CAPSULE 50 MG		PA
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (1 EA per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QLL (2 EA per 1 day)
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA
*Lhrh Analogs***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
LEUKERAN ORAL TABLET 2 MG		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ITOVEBI ORAL TABLET 3 MG, 9 MG		PA; QLL (1 EA per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)

Drug Name	Reference	Restrictions
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
<i>mesna oral tablet 400 mg</i>	Mesnex	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral tablet 100 mg</i>		

Drug Name	Reference	Restrictions
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		
<i>selegiline hcl oral tablet 5 mg</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		QLL (9 EA per 1 day)
*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>		
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>		ST; QLL (2 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg</i>		ST; QLL (1 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		ST
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		QLL (3 EA per 1 day)
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>		QLL (4 Tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	QLL (8 EA per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>		QLL (6 EA per 1 day)
<i>lithium carbonate oral capsule 150 mg</i>		QLL (16 EA per 1 day)
<i>lithium carbonate oral capsule 300 mg</i>		QLL (8 EA per 1 day)
<i>lithium carbonate oral capsule 600 mg</i>		QLL (4 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>		QLL (8 EA per 1 day)

Drug Name	Reference	Restrictions
*Antipsychotics - Misc.***		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	QLL (2 EA per 1 day); AL (Min 18 Years)
*Benzisoxazoles***		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		QLL (3.5 ML per 168 days); AL (Min 18 Years)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		QLL (5 ML per 168 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		QLL (0.75 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		QLL (1 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		QLL (1.5 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		QLL (0.25 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		QLL (0.5 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		QLL (0.88 ML per 84 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		QLL (1.32 ML per 84 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		QLL (1.75 ML per 84 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		QLL (2.63 ML per 84 days); AL (Min 18 Years)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RisperDAL Consta	QLL (2 ML per 28 days); AL (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	QLL (16 ML per 1 day); AL (Min 5 Years)

Drug Name	Reference	Restrictions
<i>risperidone oral tablet 0.25 mg</i>		QLL (2 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg</i>	RisperDAL	QLL (2 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 3 mg</i>	RisperDAL	QLL (3 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	RisperDAL	QLL (4 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		QLL (2 EA per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 3 mg</i>		QLL (3 EA per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>		QLL (4 EA per 1 day); AL (Min 5 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Haldol Decanoate	QLL (5 ML per 28 days); AL (Min 18 Years)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>		QLL (9 ML per 28 days); AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>		QLL (4 ML per 1 day); AL (Min 18 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		QLL (50 ML per 1 day); AL (Min 3 Years)
<i>haloperidol oral tablet 0.5 mg, 20 mg, 5 mg</i>		QLL (5 EA per 1 day); AL (Min 3 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (10 EA per 1 day); AL (Min 3 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg</i>	Clozaril	QLL (9 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 200 mg, 50 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 25 mg</i>	Clozaril	QLL (3 EA per 1 day); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROquel XR	QLL (1 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROquel XR	QLL (2 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	SEROquel	QLL (3 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	SEROquel	QLL (2 EA per 1 day); AL (Min 10 Years)

Drug Name	Reference	Restrictions
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate oral capsule 25 mg</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
*Phenothiazines***		
COMPRO RECTAL SUPPOSITORY 25 MG	prochlorperazine	QLL (2 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		QLL (10 ML per 28 days); AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg</i>		QLL (4 EA per 1 day); AL (Min 12 Years)
<i>perphenazine oral tablet 2 mg, 4 mg</i>		QLL (6 EA per 1 day); AL (Min 12 Years)
<i>perphenazine oral tablet 8 mg</i>		QLL (5 EA per 1 day); AL (Min 12 Years)
<i>prochlorperazine maleate oral tablet 10 mg</i>		QLL (4 EA per 1 day)
<i>prochlorperazine maleate oral tablet 5 mg</i>		QLL (8 EA per 1 day)
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	QLL (2 EA per 1 day)
<i>thioridazine hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day); AL (Min 13 Years)
<i>thioridazine hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day); AL (Min 13 Years)
<i>thioridazine hcl oral tablet 25 mg, 50 mg</i>		QLL (3 EA per 1 day); AL (Min 13 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>trifluoperazine hcl oral tablet 5 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		QLL (1 EA per 28 days); AL (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		QLL (1 EA per 28 days); AL (Min 18 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	QLL (1 EA per 1 day); AL (Min 6 Years)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		QLL (2.4 ML per 168 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		QLL (3.9 ML per 56 days); AL (Min 18 Years)

Drug Name	Reference	Restrictions
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		QLL (1.6 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		QLL (2.4 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		QLL (3.2 ML per 28 days); AL (Min 18 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>		QLL (1 EA per 1 day); AL (Min 13 Years)
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i>	ZyPREXA	QLL (1 EA per 1 day); AL (Min 13 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		QLL (1 EA per 1 day); AL (Min 13 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		QLL (6 EA per 1 day); AL (Min 12 Years)
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600- 300 mg</i>		QLL (1 EA per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG		QLL (1 EA per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML		
CIMDUO ORAL TABLET 300-300 MG		
COMPLERA ORAL TABLET 200-25-300 MG	emtricitab- rilpivir-tenofovir df	QLL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofovir df oral tablet 600- 200-300 mg</i>		QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	
ODEFSEY ORAL TABLET 200-25-25 MG		QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		QLL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG		QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		QLL (1 EA per 1 day)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>		QLL (6 EA per 1 day)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET 300 MG		QLL (2 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Selzentry	
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML		
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		QLL (2 EA per 1 day)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		
ISENTRESS HD ORAL TABLET 600 MG		QLL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG		

Drug Name	Reference	Restrictions
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		QLL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		QLL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		
VOCABRIA ORAL TABLET 30 MG		
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg</i>		QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	QLL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Prezista	QLL (2 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>		QLL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG		
<i>ritonavir oral tablet 100 mg</i>	Norvir	QLL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG		QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG		QLL (1 EA per 1 day)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		QLL (6 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>		QLL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Intelence	QLL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Intelence	QLL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		QLL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		QLL (1 EA per 1 day)
<i>nevirapine oral tablet 200 mg</i>		QLL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>		QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	QLL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		QLL (24 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	QLL (30 ML per 1 day)

Drug Name	Reference	Restrictions
<i>lamivudine oral tablet 150 mg</i>	Epivir	QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule 100 mg</i>	Retrovir	QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		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 (30 EA per 30 days)
*Antiviral Combinations***		
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		QLL (11 EA per 5 days); AL (Min 12 Years)
*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</i>	Baraclude	QLL (30 EA per 30 days)
<i>entecavir oral tablet 1 mg</i>	Baraclude	QLL (30 EA per 30 Days)
<i>lamivudine oral tablet 100 mg</i>		QLL (30 EA per 30 Days)
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL PACKET 50-20 MG		PA; QLL (6 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA; QLL (1 EA per 1 day)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA
<i>ribavirin oral capsule 200 mg</i>		
<i>ribavirin oral tablet 200 mg</i>		
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>		
<i>acyclovir oral suspension 200 mg/5ml</i>		QLL (4000 mg per 1 day); AL (Max 12 Years)

Drug Name	Reference	Restrictions
<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>		
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG		PA; QLL (40 EA per 5 days); AL (Min 18 Years)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	QLL (20 EA Max Qty Per Fill Retail); AL (Max 12 Years)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Coreg	QLL (60 Tablets per 30 days)
<i>carvedilol oral tablet 25 mg</i>	Coreg	QLL (4 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 5 mg</i>		QLL (1 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Toprol XL	QLL (1.5 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Toprol XL	QLL (60 Tablets per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Toprol XL	QLL (1 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl oral tablet 20 mg</i>	Bystolic	QLL (2 EA per 1 day)
*Beta Blockers Non-Selective***		
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	Inderal LA	QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 Tablets per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 Tablets per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	diltiazem hcl er coated beads	QLL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	diltiazem hcl er coated beads	QLL (3 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG	diltiazem hcl er coated beads	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg, 420 mg</i>	Tiadyt ER	QLL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tiadyt ER	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tiadyt ER	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Cartia XT	QLL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Cartia XT	QLL (3 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg</i>	Cartia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		QLL (1 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>		QLL (3 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (120 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (120 Tablets per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>		QLL (1 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>		QLL (3 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>		QLL (60 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		QLL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (2 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		QLL (30 Tablets per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	Procardia XL	QLL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	Procardia XL	QLL (30 Tablets per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>		
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Verelan	QLL (30 Tablets per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Verelan	QLL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>		QLL (2 Tablets per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>		QLL (60 Tablets per 30 days)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (120 Tablets per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG		PA; QLL (4 EA per 1 day)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG		PA; QLL (4 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
*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 (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (60 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; 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>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
*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>		
<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 (2 EA per 30 days)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 EA per 1 day)
CHEMICALS		
*Bulk Chemicals - St's***		
<i>stevia extract powder</i>	TruClear Stevia Plus	

Drug Name	Reference	Restrictions
<i>stevia extract powder 90 %</i>		
<i>steviol glycosides powder 95 %</i>		
<i>stevioside fluid extract 15 %</i>		
*Liquids***		
<i>chlorhexidine gluconate solution</i>		
*Solids***		
<i>sorbitol powder</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35 (28)	
APRI ORAL TABLET 0.15-30 MG-MCG		
AVIANE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
DELYLA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
ELINEST ORAL TABLET 0.3-30 MG-MCG		
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		

Drug Name	Reference	Restrictions
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
FALMINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
KURVELO ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
LESSINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Aviane	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
LORYNA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
LUTERA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	

Drug Name	Reference	Restrictions
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
NIKKI ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Junel FE 1/20	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Junel 1/20	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
OCELLA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
PHILITH ORAL TABLET 0.4-35 MG-MCG	briellyn	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		
SOLIA ORAL TABLET 0.15-30 MG-MCG		
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
SRONYX ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
SYEDA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	
VESTURA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	
WERA ORAL TABLET 0.5-35 MG-MCG		

Drug Name	Reference	Restrictions
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	QLL (3 Patches per 28 days)
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	QLL (1 EA per 21 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 EA per 21 days)
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		QLL (1 EA per 10 Years)
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Option 2	OTC
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	OTC
*Extended-Cycle Contraceptives - Oral***		
INTROVALE ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Introvale	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 EA per 3 Years)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (1 Injection per 90 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***		
CAMILA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
DEBLITANE ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
ERRIN ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
HEATHER ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
JENCYCLA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
LYZA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
NORA-BE ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (1 EA per 1 day)
NORLYROC ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
SHAROBEL ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri-Estarylla	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	

Drug Name	Reference	Restrictions
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>		PA; ST; QLL (90 EA per 365 days)
<i>cortisone acetate oral tablet 25 mg</i>		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Solu-CORTEF	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		AL (Max 12 Years)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		

Drug Name	Reference	Restrictions
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>		OTC
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>		OTC; AL (Min 18 Years)
<i>mucus relief dm max oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	OTC
*Decongestant & Antihistamine***		
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC; QLL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC; QLL (60 EA per 30 days); AL (Min 6 Years)
<i>fexofenadine-pseudoephedrine er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC; QLL (30 Tablets per 30 days)
*Decongestant W/ Expectorant***		
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	cvs mucus d extended release	OTC
*Expectorants***		
<i>guaifenesin oral liquid 100 mg/5ml</i>	Buckleys Chest Congestion	OTC
<i>guaifenesin oral tablet 200 mg</i>		OTC
<i>guaifenesin oral tablet 400 mg</i>	Xpect	OTC
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC

Drug Name	Reference	Restrictions
*Misc. Respiratory Inhalants***		
<i>nasal mist inhalation aerosol solution 0.9 %</i>	Simply Saline Baby	OTC
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		AL (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phos (once-daily) external gel 1 %</i>	Clindagel	QLL (1 ML per 1 day)
<i>clindamycin phos (twice-daily) external gel 1 %</i>		QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution 1 %</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day)
<i>ery external pad 2 %</i>		
<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)
*Acne Products***		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne-clear external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC

Drug Name	Reference	Restrictions
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel Max St	
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	OTC
<i>bp wash external liquid 10 %</i>	Medpura Benzoyl Peroxide	OTC
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Accutane	ST; QLL (2 EA per 1 day)
PANOXYL CREAMY WASH EXTERNAL LIQUID 4 %	cvs creamy acne face wash	OTC
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
*Antibiotic Mixtures Topical***		
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	double antibiotic	OTC
<i>triple antibiotic plus 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>gentamicin sulfate external cream 0.1 %</i>		
<i>mupirocin external ointment 2 %</i>		QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	QLL (6.6 ML per 1 day)
<i>ciclopirox olamine external cream 0.77 %</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	QLL (60 GM per 30 days)

Drug Name	Reference	Restrictions
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT Athletes Foot	OTC; QLL (60 GM per 30 days)
<i>tolnaftate external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	OTC; QLL (133 GM per 30 days)
<i>tolnaftate external cream 1 %</i>	Tinactin	OTC; QLL (90 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external gel 1 %</i>	Aspercreme Arthritis Pain	QLL (6.667 GM per 1 day)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>		
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>		
*Antipsoriatics - Systemic***		
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		PA
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>		QLL (4 GM per 1 day)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution 0.005 %</i>		QLL (2 ML per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 %	calcipotriene	PA; QLL (4 GM per 1 day)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
*Antivirals - Topical***		
<i>docosanol external cream 10 %</i>	Abreva	OTC; QLL (1 Tube per 30 days)
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	ST; QLL (15 GM per 30 days)
*Astringents***		
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>zinc oxide external ointment 40 %</i>	Boudreauxs Butt Paste	OTC

Drug Name	Reference	Restrictions
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-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>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (60 GM per 30 days)
<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>		QLL (45 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; QLL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>		QLL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>		ST; QLL (60 ML per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (60 GM per 30 days)

Drug Name	Reference	Restrictions
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>halobetasol propionate external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>		QLL (50 GM per 30 days)
<i>hydrocortisone external cream 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<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 1 %</i>	Aquanil HC	OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>		OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
*Emollients***		
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	AL12	
<i>glycerin external liquid</i>		OTC
LAC-HYDRIN FIVE EXTERNAL LOTION 5 %		OTC
*Imidazole-Related Antifungals - Topical***		
<i>antifungal external powder 2 %</i>	Zeasorb-AF	OTC; QLL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	OTC; QLL (133 GM per 30 days)

Drug Name	Reference	Restrictions
<i>clotrimazole anti-fungal external cream 1 %</i>	Desenex	OTC; QLL (60 GM per 30 days)
<i>clotrimazole athletes foot external cream 1 %</i>	Desenex	OTC; QLL (60 GM per 30 days)
<i>clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>		QLL (30 ML per 30 days)
<i>gnp miconazorb af external powder 2 %</i>	Zeasorb-AF	OTC; QLL (90 GM per 30 days)
<i>ketoconazole external cream 2 %</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Desenex	QLL (90 GM per 30 days)
ZEASORB-AF EXTERNAL POWDER 2 %	antifungal	OTC; QLL (90 GM per 30 days)
*Immunomodulators		
Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>		
*Insect Repellents***		
OFF DEEP WOODS DRY EXTERNAL AEROSOL	cvs insect repellent	OTC; QLL (1 unit per 30 days)
OFF DEEP WOODS EXTERNAL AEROSOL	cvs insect repellent	OTC; QLL (1 unit per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 %	cvs insect repellent	OTC; QLL (1 unit per 30 days)
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 %		OTC; QLL (1 unit per 30 days)
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	cvs insect repellent	OTC; QLL (1 unit per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %		OTC; QLL (1 unit per 30 days)
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 %	cvs insect repellent	OTC; QLL (1 unit per 30 days)
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox external solution 0.5 %</i>		
SCALPICIN EXTERNAL LIQUID 3 %	cvs scalp relief	OTC
*Local Anesthetics - Topical***		
ASPERCREME LIDOCAINE EXTERNAL CREAM 4 %	cvs lidocaine maximum strength	OTC; QLL (2 GM per 1 day)
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external ointment 5 %</i>		QLL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidocan	PA; QLL (90 EA per 30 days)
<i>qc lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		ST
*Misc. Topical Combinations***		
<i>calamine external lotion 8-8 %</i>		OTC
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %		PA; QLL (60 GM per 30 days)
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>		
<i>metronidazole external gel 1 %</i>	Metrogel	ST; QLL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
*Scabicides & Pediculicides***		
<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 (59 ML per 180 days)
<i>permethrin external cream 5 %</i>	Elimite	ST; QLL (60 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleansers***		
<i>isopropyl alcohol wipes external 70 %</i>		OTC
*Tar Products***		
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
CHEMSTRIP K IN VITRO STRIP	ketone test	OTC
DIASTIX IN VITRO STRIP		OTC
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP		OTC
GOJJI BLOOD KETONE TEST IN VITRO STRIP		OTC
<i>ketone test in vitro strip</i>	Chemstrip K	OTC
NOVA MAX PLUS KETONE TEST IN VITRO STRIP		OTC
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)

Drug Name	Reference	Restrictions
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)
DIGESTIVE AIDS		
*Digestive Enzymes***		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>		
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>torsemide oral tablet 20 mg</i>	Soanz	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		

Drug Name	Reference	Restrictions
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		QLL (30 Tablets per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		QLL (4 Tablets per 30 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 Tablets per 30 days)
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*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	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		
*Gnrh/Lhrh Antagonists***		
ORILISSA ORAL TABLET 150 MG, 200 MG		PA
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA
*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 (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide 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 (1.56 ML per 30 days)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)

Drug Name	Reference	Restrictions
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 Tablets per 30 days)
*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 intramuscular kit 10 mg, 20 mg, 30 mg</i>	SandoSTATIN LAR Depot	PA
*Vasopressin***		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 Tablets per 30 days)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		QLL (1 EA per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	QLL (1 EA per 1 day)
JINTELI ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day)
MIMVEY ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	QLL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Jinteli	QLL (1 EA per 1 day)
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	QLL (8 EA per 28 days)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	QLL (8 EA per 28 days)
<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 Patches per 30 days)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	Delestrogen	QLL (4 ML per 30 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		QLL (2 ML per 30 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 Tablets per 30 days)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		QLL (28 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>levofloxacin oral solution 25 mg/ml</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		QLL (14 Tablets per 90 days)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>simethicone liquid</i>		
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>		
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	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>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Inflammatory Bowel Agents***		
<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 (120 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Interleukin Antagonists***		
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		PA
*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>		

Drug Name	Reference	Restrictions
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		PA; QLL (30 EA per 30 days)
SYMPROIC ORAL TABLET 0.2 MG		PA; QLL (1 EA per 1 day)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
CALPHRON ORAL TABLET 667 MG	calcium acetate (phos binder)	OTC
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	QLL (1 EA per 1 day)
*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>		QLL (60 Capsules per 30 days)
*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 5 meq (540 mg)</i>		
<i>potassium citrate monohydrate granules</i>		
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Pyridium	
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		

Drug Name	Reference	Restrictions
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	QLL (9 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>		QLL (9 EA per 30 days)
<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.		
*Complement C5 Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QLL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QLL (4 ML per 28 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*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 oral tablet 300 mg</i>		QLL (30 Tablets per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 Tablets per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	QLL (1 EA per 1 day)
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		
<i>vitamin b-12 oral tablet 1000 mcg</i>		OTC

Drug Name	Reference	Restrictions
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>		OTC
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		
*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/Folates***		
<i>folic acid oral tablet 1 mg</i>		
*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***		
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml</i>	One Vite Ferrous Sulfate	OTC
<i>ferrous sulfate oral tablet 27 mg</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>iron oral tablet 28 mg</i>		OTC
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>		OTC
POLY-IRON 150 ORAL CAPSULE 150 MG	ferric x-150	OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
<i>eltrombopag olamine oral packet 12.5 mg</i>	Promacta	PA; QLL (1 EA per 1 day)
<i>eltrombopag olamine oral packet 25 mg</i>	Promacta	PA; QLL (3 EA per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	Promacta	PA; QLL (1 EA per 1 day)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	Promacta	PA; QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>eql nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</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 (30 Tablets per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	QLL (30 Capsules per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>zaleplon oral capsule 10 mg, 5 mg</i>		QLL (30 Capsules per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	QLL (30 Capsules per 30 days)
*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; QLL (1 EA per 1 day); AL (Min 18 Years)
LAXATIVES		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	QLL (354 ML Max Qty Per Fill Retail)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	
*Bulk Laxatives***		
<i>fiber oral tablet 625 mg</i>	FiberCon	OTC
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>		

Drug Name	Reference	Restrictions
<i>glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>glycerin (infants & children) rectal suppository 1 gm</i>		OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>		OTC
<i>glycerin adult rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		
*Laxatives & Dss***		
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
*Lubricant Laxatives***		
<i>mineral oil heavy oil</i>		
<i>mineral oil heavy oral oil</i>	Fleet Laxative Mineral Oil	
<i>mineral oil oil</i>		
MURI-LUBE OIL	mineral oil light	
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Alophen	
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<i>senna oral syrup 8.8 mg/5ml</i>	OneLAX Senna	
<i>senna oral tablet 8.6 mg</i>	Black-Draught Lax-Senna	OTC
SENNA SMOOTH ORAL TABLET 15 MG	laxative regular strength	OTC
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium oral capsule 100 mg</i>	Colace	OTC
<i>docusate sodium oral capsule 250 mg</i>	Prolaxa	
<i>docusate sodium oral liquid 50 mg/5ml</i>		OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
MACROLIDES		
*Azithromycin***		
<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>		
ZITHROMAX ORAL PACKET 1 GM		

Drug Name	Reference	Restrictions
*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		
*Glucose Monitoring Test Supplies***		
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	PA; QLL (3 EA per 30 days)
<i>lancet device</i>	Advocate Lancing Device	OTC
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	element compact control 2	OTC
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW	easy plus ii control	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL	easy talk control	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	easy plus ii control	OTC
TRUE METRIX METER KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		PA; QLL (1 EA per 999 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		PA; QLL (10 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT		PA; QLL (1 EA per 999 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		PA; QLL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		PA; QLL (1 EA per 999 days)
OMNIPOD DASH PDM (GEN 4) KIT		PA; QLL (1 EA per 999 days)
OMNIPOD DASH PODS (GEN 4)		PA; QLL (10 EA per 30 days)

Drug Name	Reference	Restrictions
TWIIST REFILL KIT KIT		PA; QLL (10 EA per 30 days)
TWIIST REFILL KIT/INFUSION SET KIT		PA; QLL (10 EA per 30 days)
TWIIST STARTER KIT KIT		PA; QLL (1 EA per 999 days)
*Needles & Syringes***		
BD AUTOSHIELD DUO 30G X 5 MM	pen needles	OTC
BD BLUNT FILL NEEDLE 18G X 1-1/2"	carepoint poly hub needle	OTC
BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2"	carepoint poly hub needle	OTC
BD DISP NEEDLE 23G X 1" , 25G X 1"	carepoint poly hub needle	OTC
BD DISP NEEDLES 18G X 1-1/2" , 20G X 1" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
BD ECLIPSE NEEDLE 18G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
BD ECLIPSE NEEDLE 23G X 1"	carepoint poly hub needle	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	carepoint poly hub needle	OTC
BD ECLIPSE SYRINGE 21G X 1" 3 ML	syringe luer lock	OTC
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD HYPODERMIC NEEDLE 18G X 1" , 18G X 1-1/2" , 21G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1"	carepoint poly hub needle	OTC
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
BD INSULIN SYRINGE ULTRAFINE 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 ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	OTC
BD INTEGRA NEEDLE 23G X 1"	carepoint poly hub needle	OTC
BD INTEGRA SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML		OTC

Drug Name	Reference	Restrictions
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML		OTC
BD LUER-LOK SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD LUER-LOK SYRINGE 23G X 1" 3 ML	syringe luer lock	
BD NOKOR ADMIX NEEDLE 18G X 1-1/2"	carepoint poly hub needle	OTC
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	1st tier unifine pentips	OTC
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	syringe luer lock	OTC
BD PLASTIPAK SYRINGE 3 ML	carepoint syringe luer lock	OTC
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2"	carepoint poly hub needle	OTC
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML		OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	global inject ease insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	global inject ease insulin syr	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 NEEDLE 18G X 1-1/2" , 21G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	OTC
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	carepoint poly hub needle	

Drug Name	Reference	Restrictions
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" , 23G X 1"	carepoint poly hub needle	OTC
BD SYRINGE LUER-LOK 1 ML	carepoint syringe luer lock	OTC
BD SYRINGE LUER-LOK 3 ML	carepoint syringe luer lock	
BD SYRINGE SLIP TIP 1 ML	carepoint syringe luer lock	OTC
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	OTC
BD SYRINGE SLIP TIP 3 ML	carepoint syringe luer lock	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD TB SYRINGE 27G X 1/2" 1 ML		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 SYR ULTRAFINE 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
<i>carepoint poly hub needle 18g x 1" , 22g x 1"</i>	BD Hypodermic Needle	
<i>carepoint poly hub needle 18g x 1-1/2"</i>	BD Blunt Fill Needle	
<i>carepoint poly hub needle 20g x 1" , 21g x 1-1/2" , 22g x 1-1/2" , 25g x 5/8" , 27g x 1/2"</i>	BD Disp Needles	
<i>carepoint poly hub needle 21g x 1"</i>	BD Eclipse Needle	
<i>carepoint poly hub needle 23g x 1" , 25g x 1"</i>	BD Disp Needle	
<i>carepoint poly hub needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	
<i>carepoint safety 1st needle 23g x 1" , 25g x 1"</i>	BD Disp Needle	
<i>carepoint safety 1st needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	
<i>carepoint safety 1st needle 25g x 5/8"</i>	BD Disp Needles	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
<i>carepoint syringe luer lock 1 ml</i>	BD Syringe Luer-Lok	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML	syringe luer lock	
<i>carepoint syringe luer lock 3 ml</i>	BD Plastipak Syringe	
<i>carepoint syringe luer slip 1 ml</i>	BD Syringe Luer-Lok	
<i>carepoint tuberculn syr/luer sl 25g x 5/8" 1 ml</i>	BD Syringe Slip Tip	OTC
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 22G X 1" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	OTC
CARETOUCH LUER LOCK 1 ML , 3 ML	carepoint syringe luer lock	OTC
CARETOUCH LUER LOCK 23G X 1" 3 ML	syringe luer lock	OTC

Drug Name	Reference	Restrictions
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
CARETOUCH LUER SLIP 1 ML , 3 ML	carepoint syringe luer lock	OTC
DROPSAFE SICURA 25G X 1"	carepoint poly hub needle	OTC
EASY GLIDE LUER LOCK SYRINGE 1 ML , 3 ML	carepoint syringe luer lock	OTC
<i>easy glide slip lock syringe 1 ml</i>	BD Syringe Luer-Lok	OTC
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML		OTC
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML		OTC
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
EASY TOUCH SYRINGE BARREL 1 ML , 3 ML	carepoint syringe luer lock	OTC
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML		OTC
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML	carepoint tubercln syr/luer sl	OTC
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML		OTC
EASYPPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	carepoint poly hub needle	OTC

Drug Name	Reference	Restrictions
EASYPPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	
EASYPPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML		
EASYPPOINT NEEDLE/SYRINGE 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	pen needles	OTC
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
EMBECTA INSULIN SYR ULTRAFINE 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
EMBECTA INSULIN SYR ULTRAFINE 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
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	OTC
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1st tier unifine pentips	OTC
EMBECTA PEN NEEDLE NANO 32G X 4 MM	1st tier unifine pentips	OTC
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	sure comfort pen needles	OTC
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	1st tier unifine pentips	OTC
<i>hypodermic needle 18g x 1" , 22g x 1"</i>	BD Hypodermic Needle	OTC
<i>hypodermic needle 18g x 1-1/2"</i>	BD Blunt Fill Needle	OTC
<i>hypodermic needle 20g x 1" , 21g x 1-1/2" , 22g x 1-1/2" , 25g x 5/8" , 27g x 1/2"</i>	BD Disp Needles	OTC
<i>hypodermic needle 21g x 1"</i>	BD Eclipse Needle	OTC
<i>hypodermic needle 23g x 1"</i>	BD Disp Needle	OTC
<i>hypodermic needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	OTC
LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
LUER LOCK SAFETY SYRINGES 3 ML	carepoint syringe luer lock	OTC

Drug Name	Reference	Restrictions
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML		
MONOJECT BLUNTIP CANNULA 21G X 1"	carepoint poly hub needle	
MONOJECT BLUNTIP SYR/CANNULA 3 ML	carepoint syringe luer lock	
MONOJECT HYPODERMIC NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
MONOJECT PHARMACY TRAY 1 ML	carepoint syringe luer lock	OTC
MONOJECT PHARMACY TRAY 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
MONOJECT SYRINGE 27G X 1/2" 1 ML		OTC
MONOJECT SYRINGE 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	carepoint syringe luer lock	
MONOJECT SYRINGE REG LUER 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE REGULAR TIP 3 ML	carepoint syringe luer lock	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	
MONOJECT TB SYRINGE 1 ML	carepoint syringe luer lock	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	
MONOJECT TB SYRINGE 27G X 1/2" 1 ML		
NOKOR VENTED NEEDLE 18G X 1"	carepoint poly hub needle	OTC
NORM-JECT LUER SLIP SYRINGE 1 ML	carepoint syringe luer lock	
PERFECT POINT SAFETY NEEDLE 25G X 1"	carepoint poly hub needle	OTC
<i>poly hub needle 18g x 1" , 22g x 1"</i>	BD Hypodermic Needle	OTC

Drug Name	Reference	Restrictions
<i>poly hub needle 18g x 1-1/2"</i>	BD Blunt Fill Needle	OTC
<i>poly hub needle 21g x 1"</i>	BD Eclipse Needle	OTC
<i>poly hub needle 21g x 1-1/2" , 22g x 1-1/2" , 25g x 5/8" , 27g x 1/2"</i>	BD Disp Needles	OTC
<i>poly hub needle 23g x 1" , 25g x 1"</i>	BD Disp Needle	OTC
<i>poly hub needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	OTC
SECURESAFE HYPODERMIC NEEDLE 22G X 1"	carepoint poly hub needle	OTC
SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
<i>syringe luer lock 21g x 1" 3 ml</i>	BD Eclipse Syringe	OTC
<i>syringe luer lock 22g x 1-1/2" 3 ml</i>	BD Integra Syringe	OTC
<i>syringe luer lock 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 5/8" 3 ml</i>	BD Eclipse Syringe/Needle	OTC
<i>syringe luer lock 25g x 1-1/2" 3 ml</i>	BD Luer-Lok Syringe	OTC
<i>syringe luer lock 3 ml</i>	BD Plastipak Syringe	OTC
<i>syringe luer slip 1 ml</i>	BD Syringe Luer-Lok	
<i>syringe luer slip 3 ml</i>	BD Plastipak Syringe	OTC
ULTICARE SYRINGE 22G X 1-1/2" 3 ML	syringe luer lock	OTC
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML		OTC
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	OTC
VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
VANISHPOINT SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 27G X 1/2" 1 ML		OTC
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	OTC
*Peak Flow Meters***		
TRUZONE PEAK FLOW METER DEVICE	breathe ease peak flow meter	QLL (1 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER MINI CHAMBER DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 year)

Drug Name	Reference	Restrictions
COMPACT SPACE CHAMBER/LG MASK DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 year)
EASIVENT	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
EASIVENT MASK LARGE	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
EASIVENT MASK MEDIUM	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
EASIVENT MASK SMALL	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
FLEXICHAMBER ADULT MASK/SMALL		QLL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/LARGE		QLL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/SMALL		QLL (2 EA per 1 year)
INSPIREASE	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
MICROCHAMBER	breathe comfort chamber/adult	QLL (2 EA per 1 year)
MICROSPACER	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
POCKET SPACER DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 year)
RITEFLO DEVICE	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG		ST; QLL (16 EA per 30 days)
*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)

Drug Name	Reference	Restrictions
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg</i>		QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 2.5 mg</i>		QLL (9 EA per 30 Days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (12 Tablets per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (12 Tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		QLL (6 Nasal Sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 Tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 Vials per 30 days)
MINERALS & ELECTROLYTES		
*Calcium Combinations***		
<i>cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg</i>		OTC
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>		OTC
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>		OTC
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600+d oral tablet 600-5 mg-mcg</i>		OTC
<i>calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg</i>		OTC
<i>ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>		OTC
*Calcium***		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>		OTC
<i>calcium oral tablet 500 mg</i>		OTC
<i>cvs calcium oral tablet 600 mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
<i>ra calcium high potency oral tablet 600 mg</i>		OTC
<i>ra calcium oral tablet 500 mg</i>		OTC
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	

Drug Name	Reference	Restrictions
<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>magnesium oral tablet 250 mg</i>		OTC
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	OTC
<i>magnesium oxide -mg supplement oral tablet 500 mg</i>		OTC
*Phosphate***		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ		
<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 8 meq</i>	Klor-Con	
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*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	

Drug Name	Reference	Restrictions
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)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	PA; QLL (30 EA per 30 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>		
<i>sirolimus oral tablet 0.5 mg</i>		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
*Potassium Removing Agents***		
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML		
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*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>	Periogard	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	chlorhexidine gluconate	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	

Drug Name	Reference	Restrictions
*Steroids - Mouth/Throat/Dental***		
ORALONE MOUTH/THROAT PASTE 0.1 %	triamcinolone acetonide	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralene	
MULTIVITAMINS		
*Multiple Vitamins W/ Iron***		
<i>multi-vitamin/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
*Multiple Vitamins W/ Minerals***		
<i>b-plex plus oral tablet</i>	Lysiplex Plus	
<i>cvs daily gummies oral tablet chewable</i>	Adek Gummies Plus Zn	OTC
LYSIPLEX PLUS ORAL TABLET	b-plex plus	
<i>multi-vitamin/minerals oral tablet</i>	Lysiplex Plus	OTC
NICAZEL FORTE ORAL TABLET	b-plex plus	
NICAZEL ORAL TABLET	b-plex plus	
<i>v-c forte oral capsule</i>	ActivNutrients	
*Ped Multiple Vitamins W/ Minerals***		
<i>cvs gummy dinos oral tablet chewable</i>	ActivNutrients	OTC
*Ped Mv W/ Fluoride***		
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	AL (Max 6 Months)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Flotrex	
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	Multi-Vit-Flor	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML		
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	vitamin a-c-d infant	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>classic prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
CO-NATAL FA ORAL TABLET	prenatabs fa	QLL (100 Tablets per 90 days)
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	wescap-c dha	QLL (100 Tablets per 90 days)
FOLIVANE-OB ORAL CAPSULE 85-1 MG		QLL (100 EA per 90 days)

Drug Name	Reference	Restrictions
<i>multi prenatal oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	OTC; QLL (100 Tablets per 90 days)
<i>prenatal oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 Tablets per 90 days)
<i>prenatal plus oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 Tablets per 90 days)
PRENATAL-U ORAL CAPSULE 106.5-1 MG		QLL (100 Tablets per 90 days)
<i>se-natal 19 oral tablet 29-1 mg</i>		QLL (100 Tablets per 90 days)
<i>trinatal rx 1 oral tablet 60-1 mg</i>		QLL (100 Tablets per 90 days)
TRINATE ORAL TABLET		QLL (100 Tablets per 90 days)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral solution 5 mg/5ml</i>		QLL (80 ML per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (120 Tablets per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (4 EA per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	
*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)
*Viscosupplements***		
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML		PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		

Drug Name	Reference	Restrictions
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>		QLL (2 Bottles per 30 days)
*Nasal Steroids***		
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT	allergy spray 24 hour	OTC; QLL (2 Bottles per 30 days)
*Systemic Decongestants***		
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
<i>nasal decongestant oral tablet 30 mg</i>	Sudafed	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
*Topical Decongestants***		
<i>cvs nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>		PA
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>cvs fish oil oral capsule delayed release 1200 mg</i>		OTC
<i>fish oil maximum strength oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil oral capsule 1000 mg</i>	Sea-Omega	OTC
FISH OIL PEARLS ORAL CAPSULE 300 MG	fish oil	OTC
<i>fish oil triple strength oral capsule 1400 mg</i>		OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears	OTC
<i>artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
SYSTANE OPHTHALMIC GEL 0.4-0.3 %		OTC
*Artificial Tears And Lubricants***		
<i>cvs lubricant drops ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Tears	OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		OTC

Drug Name	Reference	Restrictions
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML		OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	ST; 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>		QLL (10 ML per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		ST; QLL (5 ML per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		QLL (10 ML per 30 days)
*Cycloplegic Mydriatics***		
ALTAFRIN OPHTHALMIC SOLUTION 10 %	phenylephrine hcl	
ALTAFRIN OPHTHALMIC SOLUTION 2.5 %	phenylephrine hcl	QLL (2 ML 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 ophthalmic solution 10 %</i>	Altafrin	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Altafrin	QLL (2 ML per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		QLL (6 ML per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>cvs allergy eye drops ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	
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)

Drug Name	Reference	Restrictions
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>		
*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 5-400-10000</i>	Neo-Polycin	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	QLL (3.5 GM per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		
*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 Hyperosmolar Products***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)

Drug Name	Reference	Restrictions
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		
*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	
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>ear drops earwax aid otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	QLL (28 mL per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<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>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Immune Serums***		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML		PA

Drug Name	Reference	Restrictions
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 30 GM/300ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 2.5 GM/25ML, 40 GM/400ML		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, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
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>		
*Natural Penicillins***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250- 125 mg, 500-125 mg, 875-125 mg</i>		

Drug Name	Reference	Restrictions
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
PHARMACEUTICAL ADJUVANTS		
*Flavoring Agents***		
<i>apple flavor liquid</i>	Flavorx	
<i>apricot flavor liquid</i>	Flavorx	
<i>banana concentrate liquid</i>	Flavorx	
<i>banana creme flavor liquid</i>	Flavorx	
<i>banana flavor liquid</i>	Flavorx	
<i>blueberry flavor liquid</i>	Flavorx	
<i>bubble gum concentrate liquid</i>	Flavorx	
<i>bubble gum flavor liquid</i>	Flavorx	
<i>bubble gum os liquid</i>	Flavorx	OTC
<i>cherry flavor liquid</i>	Flavorx	
*Gelatin Capsules (Empty)***		
<i>capsule coni-snap #0 blu/white capsule</i>	DRcaps Size 00	
*Oral Vehicles***		
<i>cherry oral syrup</i>		
FLAVOR BLEND ORAL SUSPENSION	suspension vehicle	
<i>flavor plus oral liquid</i>	Ora-Plus	
<i>flavor sweet oral syrup</i>	PCCA Sweet-SF	
<i>oral suspend oral liquid</i>	Ora-Plus	OTC
PCCA SWEET-SF ORAL SYRUP	flavor sweet	
PCCA SYRUP VEHICLE ORAL SYRUP	flavor sweet	
PCCA-PLUS ORAL SUSPENSION	suspension vehicle	
<i>raspberry syrup oral syrup</i>		
SYRSPEND SF ALKA ORAL SUSPENSION RECONSTITUTED		OTC
VERSAFREE ORAL SYRUP	flavor sweet	
VERSAPLUS ORAL SYRUP	flavor sweet	
*Pharmaceutical Excipients***		
<i>lactose monohydrate powder</i>		
PCCA SORBITOL LOLLIPOP BASE FLAKES		
<i>xanthan gum powder</i>		

Drug Name	Reference	Restrictions
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	ST
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (2 EA per 1 day)
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>		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 Tablets per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (30 Tablets per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		QLL (30 Capsules per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (6 ML per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (60 Tablets per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (60 Capsules per 30 days)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST; QLL (1 EA per 90 days)
*Movement Disorder Drug Therapy***		
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		PA; QLL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		PA; QLL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		PA; QLL (28 EA per 84 days)

Drug Name	Reference	Restrictions
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	PA; QLL (4 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	PA; QLL (2 EA per 1 day)
*Multiple Sclerosis Agents - Combinations***		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML		PA; QLL (23 ML per 168 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
*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 (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	PA; QLL (1 STARTER PACK per 90 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Copaxone	PA; QLL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Copaxone	PA; QLL (12 ML per 28 days)

Drug Name	Reference	Restrictions
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		QLL (2 EA per 1 day)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		AL (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>eq nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		OTC
<i>varenicline tartrate oral tablet 0.5 mg</i>		QLL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	Chantix	QLL (2 EA per 1 day)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.25 MG		PA; QLL (1 EA per 1 day)
RESPIRATORY AGENTS - MISC.		
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		

Drug Name	Reference	Restrictions
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levoxyl	QLL (1 EA per 1 day)
<i>levothyroxine sodium oral tablet 300 mcg</i>	Unithroid	QLL (1 EA per 1 day)
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)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 90 MG	niva thyroid	QLL (1 EA per 1 day)
NP THYROID ORAL TABLET 60 MG	niva thyroid	
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)

Drug Name	Reference	Restrictions
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<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>hyosyne oral elixir 0.125 mg/5ml</i>		
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	hyoscyamine sulfate	
<i>oscimin oral tablet 0.125 mg</i>	Levsin	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
*H-2 Antagonists***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>cimetidine 200 oral tablet 200 mg</i>	Tagamet HB	OTC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		QLL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	OTC; QLL (2 EA per 1 day)
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	
<i>famotidine oral tablet 40 mg</i>	Pepcid	QLL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>		QLL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		QLL (1 EA per 1 day)
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC

Drug Name	Reference	Restrictions
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		AL (Max 12 Years)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		OTC; QLL (120 EA per 30 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	OTC; QLL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		QLL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>		QLL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML		AL (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		
*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 oral tablet extended release 24 hour 10 mg, 15 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		QLL (1 EA per 1 day)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
<i>tolterodine tartrate oral tablet 1 mg</i>		QLL (2 EA per 1 day)
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	QLL (2 EA per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (1 Tablets per 1 day)
<i>tropium chloride oral tablet 20 mg</i>		QLL (2 Tablets 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>7 day vaginal vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>clotrimazole 3 vaginal cream 2 %</i>		OTC
<i>clotrimazole vaginal cream 1 %</i>		
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG		OTC; QLL (24 EA per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI VAGINAL GEL 1.8-1-0.4 %		QLL (50 GM per 30 days)
*Vaginal Estrogens***		
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	Auvi-Q	QLL (2 PENS Max Qty Per Fill Retail)

Drug Name	Reference	Restrictions
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
VITAMINS		
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		OTC
<i>niacin er oral tablet extended release 500 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 100 mg, 500 mg</i>		OTC
*Vitamin B-6***		
<i>vitamin b-6 oral tablet 25 mg</i>		OTC
*Vitamin C***		
<i>c-250 oral tablet chewable 250 mg</i>		OTC
*Vitamin D***		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)</i>		OTC
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	D3-50	OTC
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	OTC
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>		OTC
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Radiance Platinum Vitamin D3	OTC
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	OTC
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>		OTC
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	OTC
<i>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</i>		OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>		

