



# **AETNA BETTER HEALTH<sup>®</sup>**

## **Illinois formulary**

This Formulary is up to date through its date of publication, January 1, 2018. Please notify Aetna Better Health of Illinois at [AetnaBetterHealthIL-MemberServices2@AETNA.com](mailto:AetnaBetterHealthIL-MemberServices2@AETNA.com) or 1-866-212-2851 with any mistakes in the formulary.

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### **What is the Aetna Better Health Illinois Formulary?**

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

### **Can Aetna Better Health’s Drug List change?**

Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan’s website.

### **How do I use Aetna Better Health’s formulary?**

- **Column #1:** lists the covered 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? You do not have to pay for covered drugs. What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug. Call Member Services team at 1-866-212-2851 for more information.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.

- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition.

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

### **What if my drug is not on Aetna Better Health'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. Most 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 para Illinois?**

Es una lista de medicamentos creada por Aetna Better Health (el “plan”). Aetna Better Health 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 los cubrirá. Además, los medicamentos deben adquirirse en una farmacia de la red de Aetna Better Health.

### **¿Puede cambiar la lista de medicamentos de Aetna Better Health?**

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 30 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?**

- **Columna Nº 1:** enumera los medicamentos cubiertos.
- **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?**

Usted no tiene que pagar por los medicamentos cubiertos.

### ¿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?

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 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.

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**Aetna Better Health Illinois**

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	QLL (30 EA per 30 days); AL (Min 6 Years)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	PA; QLL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg</i>	Adderall XR	PA; QLL (30 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 30 mg</i>	Adderall XR	PA; QLL: 1 capsule per day for under age 12 and 2 capsules per day for age 12 and older; AL (Min 6 Years and Max 18 Years)
<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); AL (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Adderall	PA; QLL (60 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Dexedrine	PA; QLL (120 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Dexedrine	PA; QLL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenedi	PA; QLL (180 EA per 30 days); AL (Min 6 Years and Max 18 Years)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ZENZEDI ORAL TABLET 15 MG, 20 MG</b>		QLL (90 EA per 30 days)
<b>ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG</b>		QLL (30 EA per 30 days)
<b>ZENZEDI ORAL TABLET 30 MG</b>		QLL (60 EA per 30 days)
<b>*Analeptics***</b>		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		
<i>caffeine citrated powder</i>		
<b>*Stimulants - Misc.***</b>		
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	QLL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	QLL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>		PA; QLL (30 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	Ritalin LA	QLL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Ritalin LA	QLL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		PA; QLL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		PA; QLL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Metadate ER	PA; QLL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	PA; QLL (900 ML per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	PA; QLL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methylphenidate hcl oral tablet chewable 10 mg</i>		PA; QLL (180 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>		PA; QLL (150 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	PA; QLL (30 EA per 30 days)
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG</b>		QLL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*AMINOGLYCOSIDES*</b>		
<b>*Aminoglycosides***</b>		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>paromomycin sulfate oral capsule 250 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	PA
<b>KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML</b>	Kitabis Pak	PA
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>		PA

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>		PA
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>		PA
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	ST
<b>*Gold Compounds***</b>		
<b>RIDAURA ORAL CAPSULE 3 MG</b>		PA
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***</b>		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>fenoprofen calcium oral tablet 600 mg</i>	ProFeno	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>flurbiprofen powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		
<i>ibuprofen powder</i>		
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>indomethacin powder</i>		
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		
<i>ketoprofen powder</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>		* (Max benefit of 2 Rxs per 90 days); QLL (20 Tablets per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>		
<i>meclofenamate sodium powder</i>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Mobic	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	
<i>naproxen oral tablet 250 mg, 500 mg</i>	Naprosyn	
<i>naproxen oral tablet 375 mg</i>		
<i>naproxen powder</i>		
<i>naproxen sodium oral tablet 275 mg</i>		
<i>naproxen sodium powder</i>		
<i>oxaprozin oral tablet 600 mg</i>	Daypro	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	
<i>piroxicam powder</i>		
<i>sulindac oral tablet 150 mg, 200 mg</i>		
<i>sulindac powder</i>		
<i>tolmetin sodium oral capsule 400 mg</i>		
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>		
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	

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Drug Name	Reference	Restrictions
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*Analgesics-Sedatives***</b>		
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Capacet	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Esgic	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Fiorinal	
<b>*Salicylate Combinations***</b>		
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>		
<b>*Salicylates***</b>		
<i>diflunisal oral tablet 500 mg</i>		
<i>salsalate oral tablet 500 mg, 750 mg</i>		
<b>*ANALGESICS - OPIOID*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tylenol with Codeine #3	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tylenol with Codeine #4	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tylenol with Codeine #4	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	
<b>ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG</b>	Ascomp-Codeine	
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Hycet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	Lorcet HD	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	Lorcet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	Lorcet Plus	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (240 Tablets per 30 days)
<b>*Opioid Agonists***</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (30 Tablets per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Actiq	PA; QLL (120 EA per 30 days)
<i>fentanyl citrate powder</i>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	Duragesic-100	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	Duragesic-12	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	Duragesic-25	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		PA
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	Duragesic-50	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	Duragesic-75	PA; QLL (10 patches per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (120 Tablets per 30 days)
<i>hydromorphone hcl powder</i>		
<i>hydromorphone hcl rectal suppository 3 mg</i>		
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Dolophine	PA; QLL (540 Tablets per 30 days)
<i>methadone hcl oral tablet soluble 40 mg</i>	Methadose	PA; QLL (540 Tablets per 30 days)
<i>methadone hcl powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	MS Contin	PA; QLL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		
<i>morphine sulfate powder</i>		
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	OxyCONTIN	PA; QLL (90 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>		QLL (240 Tablets per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		
<i>oxycodone hcl oral solution 5 mg/5ml</i>		
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	Roxicodone	QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Roxicodone	QLL (240 Tablets per 30 days)
<i>oxycodone hcl powder</i>		
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		PA; QLL (60 EA per 2 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>		PA; * (Requires PA for children under 16yrs of age.); QLL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Ultram	PA; * (Requires PA for children under 16yrs of age.); QLL (240 Tablets per 30 days)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	OxyCONTIN	PA; QLL (90 EA per 30 days)
<b>*Opioid Combinations***</b>		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>		QLL (240 Tablets per 30 days)
<b>ENDOCET ORAL TABLET 5-325 MG</b>	Endocet	
<b>*Opioid Partial Agonists***</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		QLL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QLL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		QLL (90 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (1 bottle per 30 days)
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG</b>		QLL (180 EA per 30 days)
<b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG</b>		QLL (90 EA per 30 days)
<b>BUNAVAIL BUCCAL FILM 6.3-1 MG</b>		QLL (60 EA per 30 days)
<b>PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT 74.2 MG</b>		QLL (4 EA per 6 months); AL (Min 16 Years)
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>		QLL (60 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG</b>		QLL (90 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>		QLL (180 EA per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG</b>		QLL (390 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG</b>		QLL (45 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG</b>		QLL (180 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG</b>		QLL (90 EA per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>		QLL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Tramadol Combinations***</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Ultracet	PA; * (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization); * (Requires PA for children under 16yrs of age.)
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*Androgens***</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>danazol powder</i>		
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	Depo-Testosterone	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; QLL (5 ML per 60 days)
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	Fortesta	PA; QLL (2 canisters per 30 days)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Vogelxo Pump	PA; QLL (4 canisters per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	AndroGel	PA; QLL (60 GM per 30 days)
<b>*ANORECTAL AGENTS*</b>		
<b>*Intrarectal Steroids***</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Colocort	
<b>CORTIFOAM RECTAL FOAM 10 %</b>		
<b>*Nitrate Vasodilating Agents***</b>		
<b>RECTIV RECTAL OINTMENT 0.4 %</b>		PA; QLL (30 GM per 30 days)
<b>*Rectal Anesthetic/Steroids***</b>		
<i>lidocaine-hydrocortisone ace rectal cream 3-0.5 %</i>		
<i>lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %</i>		
<b>PROCTOFOAM HC RECTAL FOAM 1-1 %</b>		

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Drug Name	Reference	Restrictions
<b>*Rectal Steroids***</b>		
PROCTOSOL HC RECTAL CREAM 2.5 %	Hydrocortisone	
<b>*ANTHELMINTICS*</b>		
<b>*Anthelmintics***</b>		
<i>ivermectin oral tablet 3 mg</i>	Stromectol	
<i>mebendazole powder</i>		
<i>reeses pinworm medicine oral suspension 144 mg/ml</i>		OTC
<i>reeses pinworm medicine oral tablet 180 mg</i>		OTC
ALBENZA ORAL TABLET 200 MG		ST
BILTRICIDE ORAL TABLET 600 MG		PA
<b>*ANTIANGINAL AGENTS*</b>		
<b>*Nitrates***</b>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	Nitro-Time	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Minitran	
NITRO-BID TRANSDERMAL OINTMENT 2 %		
<b>*ANTIANSIETY AGENTS*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>		QLL (90 Tablets per 30 days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		
<i>hydroxyzine pamoate oral capsule 100 mg</i>		
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Vistaril	
<i>hydroxyzine pamoate powder</i>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>		
<b>*Benzodiazepines***</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Xanax	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tranxene-T	
<i>diazepam oral solution 1 mg/ml</i>		
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	
<i>lorazepam injection solution 2 mg/ml</i>	Ativan	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</b>		
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	LORazepam Intensol	
<b>*ANTIARRHYTHMICS*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		
<b>*Antiarrhythmics Type I-B***</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		PA
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Rythmol SR	PA
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		PA
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Pacerone	
<b>MULTAQ ORAL TABLET 400 MG</b>		PA; QLL (60 EA per 30 days)
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*Adrenergic Combinations***</b>		
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact</i>	AirDuo RespiClick 113/14	QLL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcglact</i>	AirDuo RespiClick 232/14	QLL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcglact</i>	AirDuo RespiClick 55/14	QLL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH</b>		QLL (1 inhaler per 30 days)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH</b>		QLL (1 EA per 30 days)
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT</b>		QLL (1 inhaler per 30 days)
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>		ST; QLL (1 inhaler per 30 days)
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
<i>cromolyn sodium powder</i>		
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		QLL (390 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		QLL (390 EA per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		ST; QLL (390 ML per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		
<i>albuterol sulfate powder</i>		
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	Xopenex HFA	ST; QLL (2 INH per 30 days)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>		
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>		
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		
<i>terbutaline sulfate powder</i>		
<b>ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG</b>		
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>		
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>		QLL (2 Inhalers per 30 days)
<b>*Bronchodilators - Anticholinergics***</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
<i>ipratropium bromide powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT</b>		
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH</b>		
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	QLL (30 Tablets 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)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	ST; QLL (60 Tablets per 30 days)
<b>*Steroid Inhalants***</b>		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (120 ML per 30 days)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST</b>		
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT</b>		QLL (1 Inhaler per 30 days)
<b>QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT</b>		
<b>*Xanthines***</b>		
<i>aminophylline anhydrous powder</i>		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Theochron	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral solution 80 mg/15ml</i>		

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Drug Name	Reference	Restrictions
<b>*ANTICOAGULANTS*</b>		
<b>*Coumarin Anticoagulants***</b>		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Coumadin	
<i>warfarin sodium powder</i>		
<b>*Direct Factor Xa Inhibitors***</b>		
<b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>		PA; * (Covered for first 45 days without PA)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>		PA; * (Covered for first 45 days without PA)
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 &amp; 20 MG</b>		PA; * (Covered for first 45 days without PA)
<b>*Heparins And Heparinoid-Like Agents***</b>		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	QLL (42 EA per 180 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	QLL (42 EA per 180 days)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML</b>		QLL (21 ML per 180 days)
<b>*Synthetic Heparinoid-Like Agents***</b>		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	PA; QLL (21 ML per 180 days)

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Drug Name	Reference	Restrictions
<b>*ANTICONVULSANTS*</b>		
<b>*Anticonvulsants - Benzodiazepines***</b>		
<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>		
<b>DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG</b>	DiazePAM	PA
<b>DIASTAT PEDIATRIC RECTAL GEL 2.5 MG</b>	DiazePAM	PA
<b>*Anticonvulsants - Misc.***</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGretol-XR	PA; QLL: 10/day for members age 6-15, 12/day for members age 16 and older; QLL (10 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	TEGretol-XR	QLL (120 EA 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</i>		
<i>carbamazepine powder</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	
<i>gabapentin oral tablet 600 mg</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	QLL (4.5 EA per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	QLL (180 EA per 30 days)
<i>zonisamide oral capsule 50 mg</i>		QLL (180 EA per 30 days)
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG</b>	Carbatrol	
<b>EPITOL ORAL TABLET 200 MG</b>	Epitol	
<b>KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG</b>	Keppra	PA
<b>LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	LaMICtal	PA
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	LaMICtal	PA
<b>MYSOLINE ORAL TABLET 250 MG, 50 MG</b>	Mysoline	PA
<b>NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG</b>	Neurontin	PA
<b>NEURONTIN ORAL TABLET 600 MG, 800 MG</b>	Neurontin	PA
<b>ROWEEPRA ORAL TABLET 500 MG</b>	Keppra	PA
<b>TEGRETOL ORAL TABLET 200 MG</b>	Epitol	PA
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG</b>	TEGretol-XR	PA
<b>TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</b>	Topamax	PA
<b>TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG</b>	Topamax Sprinkle	PA
<b>TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG</b>	Trileptal	PA
<b>ZONEGRAN ORAL CAPSULE 100 MG, 25 MG</b>	Zonegran	PA
<b>*Carbamates***</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	Felbatol	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	
<b>*Gaba Modulators***</b>		
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	Gabitril	QLL (60 Tablets per 30 days)
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>		QLL (60 Tablets per 30 days)
<b>GABITRIL ORAL TABLET 2 MG, 4 MG</b>	Gabitril	PA
<b>*Hydantoins***</b>		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG</b>	Dilantin Infatabs	
<b>DILANTIN ORAL CAPSULE 30 MG</b>		
<b>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</b>	Phenytoin Sodium Extended	
<b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG</b>	Dilantin Infatabs	
<b>*Succinimides***</b>		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
<b>CELONTIN ORAL CAPSULE 300 MG</b>		
<b>*Valproic Acid***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	
<i>valproic acid oral capsule 250 mg</i>	Depakene	
<i>valproic acid oral solution 250 mg/5ml</i>	Depakene	
<b>DEPAKENE ORAL CAPSULE 250 MG</b>	Depakene	PA
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG</b>	Depakote ER	
<b>DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG</b>	Depakote	

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Drug Name	Reference	Restrictions
<b>*ANTIDEPRESSANTS*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral tablet 15 mg</i>	Remeron	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	Remeron	QLL (60 Tablets per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	Remeron	QLL (45 Tablets per 30 days)
<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 (60 Tablets per 30 days)
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Wellbutrin SR	QLL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Wellbutrin SR	QLL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	QLL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Wellbutrin XL	QLL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>		QLL (135 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>		QLL (180 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>		
<b>*Modified Cyclics***</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>trazodone hcl powder</i>		
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	
<b>MARPLAN ORAL TABLET 10 MG</b>		
<b>NARDIL ORAL TABLET 15 MG</b>	Nardil	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		QLL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CeleXA	QLL (30 Tablets per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		QLL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	QLL (30 EA 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 (120 EA per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	PROzac	QLL (60 EA 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 EA per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg</i>		QLL (30 EA per 30 days)
<i>fluvoxamine maleate oral tablet 50 mg</i>		QLL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Paxil	QLL (60 Tablets per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	QLL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	QLL (75 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	Zoloft	QLL (30 Tablets per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	Zoloft	QLL (60 EA per 30 days)
<b>PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG</b>		PA
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		QLL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Effexor XR	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 50 mg, 75 mg</i>		
<i>amitriptyline hcl oral tablet 25 mg</i>	Elavil	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		
<i>desipramine hcl powder</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>doxepin hcl powder</i>		
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tofranil	
<i>imipramine hcl powder</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>		
<i>nortriptyline hcl powder</i>		
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Surmontil	
<b>*ANTIDIABETICS*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Precose	
<b>*Biguanides***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Glucophage XR	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Glucophage	
<b>*Diabetic Other***</b>		
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>GLUCAGON EMERGENCY INJECTION KIT 1 MG</b>		
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Nesina	QLL (30 EA per 30 days)
<b>TRADJENTA ORAL TABLET 5 MG</b>		ST; QLL (30 EA per 30 days)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Kazano	QLL (60 EA per 30 days)
<b>JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG</b>		ST; QLL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</b>		ST; QLL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG</b>		ST; QLL (30 EA per 30 days)
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Oseni	QLL (30 EA per 30 days)
<b>*Human Insulin***</b>		
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>		QLL (6 Vials per 30 days)
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>		QLL (6 Vials per 30 days)
<b>HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>		QLL (6 Vials per 30 days)
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>		QLL (6 Vials per 30 days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>		QLL (6 Vials per 30 days)
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>		QLL (6 Vials per 30 days)
<b>NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>		QLL (6 Vials per 30 days)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
<b>TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG</b>		ST
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</b>		ST
<b>*Meglitinide Analogues***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Starlix	
<i>repaglinide oral tablet 0.5 mg</i>		
<i>repaglinide oral tablet 1 mg, 2 mg</i>	Prandin	
<b>*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***</b>		
<b>INVOKANA ORAL TABLET 100 MG, 300 MG</b>		ST; QLL (30 EA per 30 days)
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Glucovance	
<b>*Sulfonylureas***</b>		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Amaryl	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Glucotrol	
<i>glipizide powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		
<i>tolazamide oral tablet 250 mg, 500 mg</i>		
<i>tolbutamide oral tablet 500 mg</i>		
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	QLL (30 Tablets per 30 days)
<b>*Thiazolidinedione-Biguanide Combinations***</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Actoplus Met	QLL (90 Tablets per 30 days)
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (30 Tablets per 30 days)
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>		QLL (30 Tablets per 30 days)
<b>*ANTIDIARRHEALS*</b>		
<b>*Antiperistaltic Agents***</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl powder</i>		
<b>*ANTIDOTES*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<b>CHEMET ORAL CAPSULE 100 MG</b>		
<b>*Opioid Antagonists***</b>		
<i>naltrexone hcl oral tablet 50 mg</i>		
<b>EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML</b>		
<b>NARCAN NASAL LIQUID 4 MG/0.1ML</b>		
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>		QLL (1 EA per 30 days)

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Drug Name	Reference	Restrictions
<b>*ANTIEMETICS*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<i>granisetron hcl oral tablet 1 mg</i>		PA
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Zofran	PA
<i>ondansetron hcl oral tablet 24 mg</i>		
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Zofran	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Zofran ODT	
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
<b>EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG</b>	Aprepitant	QLL (6 EA per 30 days)
<b>*ANTIFUNGALS*</b>		
<b>*Antifungals***</b>		
<i>bio-statin oral powder</i>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		
<i>griseofulvin microsize oral tablet 500 mg</i>		
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Gris-PEG	
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>	LamISIL	QLL (84 Tablets per 365 days)
<b>*Imidazoles***</b>		
<i>ketoconazole oral tablet 200 mg</i>		
<b>*Triazoles***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Diflucan	
<i>itraconazole oral capsule 100 mg</i>	Sporanox	
<b>SPORANOX ORAL SOLUTION 10 MG/ML</b>		ST
<b>*ANTIHISTAMINES*</b>		
<b>*Antihistamines - Alkylamines***</b>		
<i>brompheniramine maleate powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>brompheniramine tannate oral tablet chewable 12 mg</i>		
<i>chlorpheniramine maleate powder</i>		
<b>*Antihistamines - Ethanolamines***</b>		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		
<i>carbinoxamine maleate oral tablet 4 mg</i>		
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>clemastine fumarate powder</i>		
<i>diphenhydramine hcl powder</i>		
<i>pharbedryl oral capsule 50 mg</i>	Banophen	
<b>*Antihistamines - Non-Sedating***</b>		
<i>cetirizine hcl oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days)
<i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days)
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Phenadoz	
<i>promethazine hcl rectal suppository 50 mg</i>	Phenergan	
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral granules 5 gm</i>	Colestid	
<i>colestipol hcl oral packet 5 gm</i>	Colestid	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	Lofibra	
<i>fenofibrate micronized oral capsule 200 mg</i>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg</i>	Triglide	
<i>fenofibrate oral tablet 54 mg</i>	Lofibra	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Trilipix	
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (60 EA per 30 days)
<i>gemfibrozil powder</i>		
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	QLL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg</i>	Lescol	QLL (30 Tablets per 30 days)
<i>fluvastatin sodium oral capsule 40 mg</i>		QLL (30 Tablets per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Mevacor	QLL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg</i>		QLL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 20 mg, 40 mg, 80 mg</i>	Pravachol	QLL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	PA; QLL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Zocor	QLL (30 EA per 30 days)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	ST
<b>*ANTHYPERTENSIVES*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>amlodipine besy-benazepril hcl oral capsule</i> 2.5-10 mg, 5-40 mg		
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	Lotensin HCT	
<i>benazepril-hydrochlorothiazide oral tablet</i> 5-6.25 mg		
<i>captopril-hydrochlorothiazide oral tablet</i> 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		
<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg	Vaseretic	
<i>enalapril-hydrochlorothiazide oral tablet</i> 5-12.5 mg		
<i>fosinopril sodium-hctz oral tablet</i> 10-12.5 mg, 20-12.5 mg		
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	Zestoretic	
<i>moexipril-hydrochlorothiazide oral tablet</i> 15-12.5 mg, 15-25 mg, 7.5-12.5 mg		
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	Accuretic	
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral tablet</i> 10 mg, 20 mg, 40 mg	Lotensin	
<i>benazepril hcl oral tablet</i> 5 mg		
<i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg		
<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	
<i>fosinopril sodium oral tablet</i> 10 mg, 20 mg, 40 mg		
<i>lisinopril oral tablet</i> 10 mg, 20 mg, 5 mg	Prinivil	QLL (30 EA per 30 days)
<i>lisinopril oral tablet</i> 2.5 mg, 30 mg	Zestril	QLL (30 EA per 30 days)
<i>lisinopril oral tablet</i> 40 mg	Zestril	QLL (60 EA per 30 days)
<i>moexipril hcl oral tablet</i> 15 mg, 7.5 mg		
<i>perindopril erbumine oral tablet</i> 2 mg		
<i>perindopril erbumine oral tablet</i> 4 mg, 8 mg	Aceon	

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Brand name reference drugs are listed only if available commercially.

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

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Catapres	
<i>clonidine hcl powder</i>		
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	
<i>clonidine hcl transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	
<i>clonidine hcl transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	
<i>guanfacine hcl oral tablet 1 mg</i>		QLL (240 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>		QLL (120 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
<b>*Antiadrenergics - Peripherally Acting***</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	QLL (30 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>terazosin hcl oral capsule 10 mg</i>		QLL (60 EA per 30 days)
<b>*Beta Blocker &amp; Diuretic Combinations***</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Ziac	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg</i>		
<i>metoprolol-hydrochlorothiazide oral tablet 50-25 mg</i>	Lopressor HCT	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		
<b>*Reserpine***</b>		
<i>reserpine powder</i>		

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Drug Name	Reference	Restrictions
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
<i>metronidazole oral capsule 375 mg</i>	Flagyl	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Flagyl	
<i>trimethoprim oral tablet 100 mg</i>		
<i>trimethoprim powder</i>		
<b>FIRST-VANCOMYCIN 25 ORAL SOLUTION 25 MG/ML</b>		
<b>FIRST-VANCOMYCIN 50 ORAL SOLUTION 50 MG/ML</b>		
<b>*Anti-Infective Misc. - Combinations***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<b>SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML</b>	Sulfatrim Pediatric	
<b>*Leprostatics***</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
<b>*Lincosamides***</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
<b>*ANTIMALARIALS*</b>		
<b>*Antimalarials***</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>chloroquine phosphate powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<b>DARAPRIM ORAL TABLET 25 MG</b>		
<b>*ANTIMYASTHENIC AGENTS*</b>		
<b>*Antimyasthenic Agents***</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Myambutol	
<i>ethambutol hcl powder</i>		
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>isoniazid powder</i>		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Rifadin	
<i>rifampin powder</i>		
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*Alkylating Agents***</b>		
<b>HEXALEN ORAL CAPSULE 50 MG</b>		
<b>*Antiadrenals***</b>		
<b>LYSODREN ORAL TABLET 500 MG</b>		
<b>*Antiandrogens***</b>		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	
<i>flutamide oral capsule 125 mg</i>		
<i>nilutamide oral tablet 150 mg</i>	Nilandron	QLL (60 EA per 30 days)
<b>*Antiestrogens***</b>		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<b>FARESTON ORAL TABLET 60 MG</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antimetabolites***</b>		
<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 oral tablet 2.5 mg</i>		
<b>TABLOID ORAL TABLET 40 MG</b>		
<b>*Antineoplastic - Monoclonal Antibodies***</b>		
<b>RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML</b>		PA
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
<b>NEXAVAR ORAL TABLET 200 MG</b>		PA; QLL (120 EA per 30 days)
<b>SUTENT ORAL CAPSULE 12.5 MG, 25 MG</b>		PA
<b>SUTENT ORAL CAPSULE 37.5 MG</b>		PA; QLL (30 EA per 30 days)
<b>SUTENT ORAL CAPSULE 50 MG</b>		PA; QLL (28 EA per 42 Days)
<b>*Antineoplastic - Tyrosine Kinase Inhibitors***</b>		
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Gleevec	PA
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>		PA; QLL (30 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>		PA; QLL (120 EA per 30 days)
<b>TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG</b>		PA
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG</b>		PA; QLL (60 EA per 30 days)
<b>TYKERB ORAL TABLET 250 MG</b>		PA; QLL (180 EA per 30 Days)
<b>VOTRIENT ORAL TABLET 200 MG</b>		PA; QLL (120 EA per 30 Days)
<b>*Antineoplastics Misc.***</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MATULANE ORAL CAPSULE 50 MG</b>		
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	
<i>exemestane oral tablet 25 mg</i>	Aromasin	
<i>letrozole oral tablet 2.5 mg</i>	Femara	
<b>*Estrogens-Antineoplastic***</b>		
<b>EMCYT ORAL CAPSULE 140 MG</b>		
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
<b>*Lhrh Analogs***</b>		
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>		
<b>ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG, 7.5 MG</b>		PA
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG</b>		PA
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG</b>		PA
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG</b>		PA
<b>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG</b>		PA
<b>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG</b>		PA
<b>VANTAS SUBCUTANEOUS KIT 50 MG</b>		PA
<b>ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG</b>		PA
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral capsule 50 mg</i>		
<b>*Nitrogen Mustards***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		

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Drug Name	Reference	Restrictions
<b>LEUKERAN ORAL TABLET 2 MG</b>		
<b>*Nitrosoureas***</b>		
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>		
<b>*Progestins-Antineoplastic***</b>		
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
<i>megestrol acetate powder</i>		
<b>*Retinoids***</b>		
<i>tretinoin oral capsule 10 mg</i>		
<b>*Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene oral capsule 75 mg</i>	Targretin	
<b>*Urinary Tract Protective Agents***</b>		
<b>MESNEX ORAL TABLET 400 MG</b>		
<b>*ANTIPARKINSON AGENTS*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate injection solution 1 mg/ml</i>	Cogentin	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>		
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral syrup 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	
<i>bromocriptine mesylate powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>selegiline hcl oral capsule 5 mg</i>	Eldepryl	
<i>selegiline hcl oral tablet 5 mg</i>		
<i>selegiline hcl powder</i>		
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Sinemet CR	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Sinemet	
<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</i>	Stalevo 50	PA; QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	Stalevo 75	PA; QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	Stalevo 100	PA; QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	Stalevo 125	PA; QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	PA; QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Stalevo 200	PA; QLL (270 EA per 30 days)
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Mirapex	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Requip	QLL (90 EA per 30 days)
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone oral tablet 200 mg</i>	Comtan	PA; QLL (120 EA per 30 days)

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Drug Name	Reference	Restrictions
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	
<i>lithium carbonate er oral tablet extended release 450 mg</i>		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		
<i>lithium carbonate oral tablet 300 mg</i>		
<i>lithium carbonate powder</i>		
<i>lithium oral solution 8 meq/5ml</i>		
<b>*Antipsychotics - Misc.***</b>		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	ST
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>		PA
<b>*Benzisoxazoles***</b>		
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>		ST; QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 3 mg, 4 mg</i>	RisperDAL M-TAB	ST; QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible 2 mg</i>	RisperiDONE M-TAB	ST; QLL (60 Tablets per 30 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML</b>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML</b>		PA

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (1 EA per 14 days)
<b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG</b>	RisperDAL M-TAB	ST; QLL (60 Tablets per 30 days)
<b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 2 MG</b>	RisperiDONE M-TAB	ST; QLL (60 Tablets per 30 days)
<b>*Butyrophenones***</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Haldol Decanoate	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Haldol	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet 100 mg, 25 mg</i>	Clozaril	
<i>clozapine oral tablet 200 mg, 50 mg</i>		
<b>*Dibenzo-Oxepino Pyrroles***</b>		
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG</b>		PA
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 400 mg, 50 mg</i>	SEROquel	QLL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	SEROquel	QLL (60 EA per 30 days)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		
<b>*Phenothiazines***</b>		
<i>chlorpromazine hcl injection solution 25 mg/ml</i>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 Ampules per 34 days)
<i>chlorpromazine hcl powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		PA; QLL (1 Vial per 34 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		* (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		
<i>prochlorperazine maleate powder</i>		
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZyPREXA	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZyPREXA Zydys	PA
<b>*Thioxanthenes***</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*Chlorine Antiseptics***</b>		
<i>chlorhexidine gluconate solution 20 %</i>		
<b>*ANTIVIRALS*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	QLL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Trizivir	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Combivir	

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<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	
<b>ATRIPLA ORAL TABLET 600-200-300 MG</b>		
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>		
<b>DESCOVY ORAL TABLET 200-25 MG</b>		QLL (30 EA per 30 days)
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>		QLL (30 EA per 30 days)
<b>KALETRA ORAL TABLET 100-25 MG, 200-50 MG</b>		
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>		QLL (30 EA per 30 days)
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>		
<b>TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</b>		QLL (30 EA per 30 days)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
<b>SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG</b>		
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG</b>		
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
<b>ISENTRESS HD ORAL TABLET 600 MG</b>		QLL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET 400 MG</b>		QLL (120 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>		QLL (180 EA per 30 days)
<b>TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG</b>		QLL (60 EA per 30 days)
<b>*Antiretrovirals - Protease Inhibitors***</b>		
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	
<b>APTIVUS ORAL CAPSULE 250 MG</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>APTIVUS ORAL SOLUTION 100 MG/ML</b>		
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>		
<b>INVIRASE ORAL CAPSULE 200 MG</b>		
<b>INVIRASE ORAL TABLET 500 MG</b>		
<b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>		
<b>NORVIR ORAL CAPSULE 100 MG</b>		
<b>NORVIR ORAL SOLUTION 80 MG/ML</b>		
<b>NORVIR ORAL TABLET 100 MG</b>		
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>		
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>		
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>		
<b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>		
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Viramune XR	
<i>nevirapine oral tablet 200 mg</i>	Viramune	
<b>EDURANT ORAL TABLET 25 MG</b>		
<b>INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG</b>		
<b>RESCRIPTOR ORAL TABLET 100 MG, 200 MG</b>		
<b>SUSTIVA ORAL CAPSULE 200 MG, 50 MG</b>		
<b>SUSTIVA ORAL TABLET 600 MG</b>		
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	
<i>abacavir sulfate oral tablet 300 mg</i>	Ziagen	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	Videx EC	
<b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM</b>		
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Epivir	
<b>EMTRIVA ORAL CAPSULE 200 MG</b>		
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>		
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Zerit	
<i>zidovudine oral capsule 100 mg</i>	Retrovir	
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	
<i>zidovudine oral tablet 300 mg</i>		
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
<b>VIREAD ORAL POWDER 40 MG/GM</b>		
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG</b>		QLL (30 EA per 30 days)
<b>*Hepatitis B Agents***</b>		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	QLL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Epivir HBV	PA; QLL (30 EA per 30 days)
<b>BARACLUDGE ORAL SOLUTION 0.05 MG/ML</b>		
<b>EPIVIR HBV ORAL SOLUTION 5 MG/ML</b>		QLL (300 ML per 30 days)
<b>*Hepatitis C Agents***</b>		
<b>PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML</b>		PA
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML</b>		PA

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>		PA
<b>REBETOL ORAL SOLUTION 40 MG/ML</b>		ST
<b>RIBASPHERE ORAL CAPSULE 200 MG</b>	Ribavirin	ST
<b>RIBASPHERE ORAL TABLET 200 MG</b>	Ribavirin	ST
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral capsule 200 mg</i>	Zovirax	QLL (90 EA per 30 days)
<i>acyclovir oral suspension 200 mg/5ml</i>	Zovirax	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Zovirax	QLL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	QLL (30 Tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	QLL (60 Tablets per 30 days)
<b>*Herpes Agents - Thymidine Analogues***</b>		
<i>famciclovir oral tablet 125 mg, 250 mg</i>		
<i>famciclovir oral tablet 500 mg</i>	Famvir	
<b>*Influenza Agents***</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	Flumadine	QLL (7 Tablets per 30 days)
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	QLL (20 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER</b>		QLL (20 Inhalations Max Qty Per Fill Retail)
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	Oseltamivir Phosphate	QLL (180 ML per 30 days)
<b>*ASSORTED CLASSES*</b>		
<b>*Antileptotics***</b>		
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>		PA; QLL (30 EA per 30 Days)
<b>THALOMID ORAL CAPSULE 150 MG, 200 MG</b>		PA; QLL (60 EA per 30 Days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Chelating Agents***</b>		
<i>penicillamine powder</i>		
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>		
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Gengraf	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	Gengraf	
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	Gengraf	
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>		PA; QLL (30 EA per 30 days)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
<b>*Macrolide Immunosuppressants***</b>		
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
<b>RAPAMUNE ORAL SOLUTION 1 MG/ML</b>		
<b>*Potassium Removing Resins***</b>		
<i>sodium polystyrene sulfonate oral powder</i>	Kionex	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Kionex	
<b>KIONEX ORAL POWDER</b>	Kionex	
<b>KIONEX ORAL SUSPENSION 15 GM/60ML</b>	Kionex	
<b>SPS ORAL SUSPENSION 15 GM/60ML</b>	Kionex	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Purine Analogs***</b>		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
<i>azathioprine powder</i>		
<b>*BETA BLOCKERS*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>acebutolol hcl powder</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>atenolol powder</i>		
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
<i>metoprolol tartrate powder</i>		
<b>*Beta Blockers Non-Selective***</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Corgard	
<i>nadolol powder</i>		
<i>pindolol oral tablet 10 mg, 5 mg</i>		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	
<i>propranolol hcl oral solution 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>propranolol hcl powder</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	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sotalol hcl oral tablet 240 mg</i>	Sorine	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
<i>timolol maleate powder</i>		
<b>*BULK CHEMICALS - NY***</b>		
<b>*Bulk Chemicals - Ny***</b>		
<i>nystatin powder</i>		
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg</i>	Norvasc	QLL (120 EA per 30 days)
<i>amlodipine besylate oral tablet 5 mg</i>	Norvasc	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Taztia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tiazac	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	Cartia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (120 EA per 30 days)
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (120 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Adalat CC	QLL (90 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Procardia XL	QLL (90 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Nifedical XL	QLL (90 EA per 30 days)
<i>nifedipine oral capsule 10 mg</i>	Procardia	
<i>nifedipine oral capsule 20 mg</i>		
<i>nifedipine powder</i>		
<i>nimodipine oral capsule 30 mg</i>		
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg</i>		QLL (60 Tablets per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	QLL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Calan SR	QLL (60 EA per 30 days)
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	Calan	QLL (120 EA per 30 days)
<i>verapamil hcl oral tablet 40 mg</i>		QLL (120 EA per 30 days)
<i>verapamil hcl powder</i>		
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG</b>	Cardizem CD	QLL (60 EA per 30 days)
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG</b>	Cardizem CD	QLL (60 EA per 30 days)
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG</b>	Cartia XT	QLL (60 EA per 30 days)
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG</b>	Nifedical XL	QLL (90 EA per 30 days)
<b>*CARDIOTONICS*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digitek	
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG</b>	Digitek	

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Drug Name	Reference	Restrictions
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*Prostaglandin Vasodilators***</b>		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<b>LETAIRIS ORAL TABLET 10 MG, 5 MG</b>		PA; QLL (30 EA per 30 days)
<b>TRACLEER ORAL TABLET 125 MG, 62.5 MG</b>		PA; QLL (60 EA per 30 days)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (90 EA per 30 days)
<b>ADCIRCA ORAL TABLET 20 MG</b>		ST; QLL (60 EA per 30 days)
<b>*CEPHALOSPORINS*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		
<i>cefadroxil oral tablet 1 gm</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Keflex	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cephalexin oral tablet 250 mg, 500 mg</i>		
<b>*Cephalosporins - 2Nd Generation***</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Ceftin	
<b>*Cephalosporins - 3Rd Generation***</b>		
<i>cefdinir oral capsule 300 mg</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Suprax	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	Rocephin	QLL (2 Grams Max Qty Per Fill Retail)
<i>ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i>		QLL (2 Grams Max Qty Per Fill Retail)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>		QLL (2 Grams Max Qty Per Fill Retail)
<b>*CHEMICALS*</b>		
<b>*Bulk Chemicals - Es's***</b>		
<i>estradiol powder</i>		
<b>*Bulk Chemicals - Pr's***</b>		
<i>progesterone micronized powder</i>		
<b>*CONTRACEPTIVES*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
<b>AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	Azurette	
<b>KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	Azurette	
<b>PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	Azurette	
<b>*Combination Contraceptives - Oral***</b>		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Cyclafem 1/35	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	

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<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Aubra	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Blisovi 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	
<b>ALTAVERA ORAL TABLET 0.15-30 MG-MCG</b>	Altavera	
<b>APRI ORAL TABLET 0.15-30 MG-MCG</b>	Desogestrel-Ethinyl Estradiol	
<b>AUBRA ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	
<b>AVIANE ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	
<b>BALZIVA ORAL TABLET 0.4-35 MG-MCG</b>	Balziva	
<b>CHATEAL ORAL TABLET 0.15-30 MG-MCG</b>	Altavera	
<b>CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>		
<b>CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG</b>	Cyclafem 1/35	
<b>DASETTA 1/35 ORAL TABLET 1-35 MG-MCG</b>	Cyclafem 1/35	
<b>DELYLA ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>		
<b>EMOQUETTE ORAL TABLET 0.15-30 MG-MCG</b>	Desogestrel-Ethinyl Estradiol	
<b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>	Desogestrel-Ethinyl Estradiol	
<b>ESTARYLLA ORAL TABLET 0.25-35 MG-MCG</b>	Estarylla	
<b>FALMINA ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	

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<b>GIANVI ORAL TABLET 3-0.02 MG</b>	Drospirenone-Ethinyl Estradiol	
<b>GILDAGIA ORAL TABLET 0.4-35 MG-MCG</b>	Balziva	
<b>GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	Blisovi FE 1/20	
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>	Junel 1/20	
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	Blisovi FE 1/20	
<b>KELNOR 1/35 ORAL TABLET 1-35 MG-MCG</b>	Ethinodiol Diac-Eth Estradiol	
<b>KURVELO ORAL TABLET 0.15-30 MG-MCG</b>	Altavera	
<b>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>LARIN 1/20 ORAL TABLET 1-20 MG-MCG</b>	Junel 1/20	
<b>LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	Blisovi FE 1/20	
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	
<b>LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG</b>	Altavera	
<b>LORYNA ORAL TABLET 3-0.02 MG</b>	Drospirenone-Ethinyl Estradiol	
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>		
<b>LUTERA ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG</b>	Junel 1/20	
<b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>		
<b>MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	Blisovi FE 1/20	
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	Estarylla	
<b>MONONESSA ORAL TABLET 0.25-35 MG-MCG</b>	Estarylla	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		
<b>NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	Cyclafem 1/35	
<b>NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG</b>		
<b>NIKKI ORAL TABLET 3-0.02 MG</b>	Drospirenone-Ethinyl Estradiol	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG</b>	Cyclafem 1/35	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	Cyclafem 1/35	
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	Ocella	
<b>OGESTREL ORAL TABLET 0.5-50 MG-MCG</b>		
<b>ORSYTHIA ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	
<b>PHILITH ORAL TABLET 0.4-35 MG-MCG</b>	Balziva	
<b>PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG</b>	Cyclafem 1/35	
<b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>	Altavera	
<b>PREVIFEM ORAL TABLET 0.25-35 MG-MCG</b>	Estarylla	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RECLIPSEN ORAL TABLET 0.15-30 MG-MCG</b>	Desogestrel-Ethinyl Estradiol	
<b>SOLIA ORAL TABLET 0.15-30 MG-MCG</b>	Desogestrel-Ethinyl Estradiol	
<b>SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG</b>	Estarylla	
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	Aubra	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	Ocella	
<b>TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	Blisovi FE 1/20	
<b>VESTURA ORAL TABLET 3-0.02 MG</b>	Drospirenone-Ethinyl Estradiol	
<b>VYFEMLA ORAL TABLET 0.4-35 MG-MCG</b>	Balziva	
<b>WERA ORAL TABLET 0.5-35 MG-MCG</b>		
<b>ZARAH ORAL TABLET 3-0.03 MG</b>	Ocella	
<b>ZENCHENT ORAL TABLET 0.4-35 MG-MCG</b>	Balziva	
<b>ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG</b>	Ethinodiol Diac-Eth Estradiol	
<b>ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG</b>	Ethinodiol Diac-Eth Estradiol	
<b>*Combination Contraceptives - Transdermal***</b>		
<b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>		QLL (3 patches per 28 days)
<b>*Combination Contraceptives - Vaginal***</b>		
<b>NUVARING VAGINAL RING 0.12-0.015 MG/24HR</b>		QLL (1 ring per 30 days)
<b>*Copper Contraceptives - Iud*** (New)</b>		
<b>PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE</b>		QLL (1 EA per 999 1/999 dayss)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Emergency Contraceptives***</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Aftera	* (QL; 3 packs per year on all brand and generic emergency contraceptives); QLL (2 EA per 30 days)
<b>ELLA ORAL TABLET 30 MG</b>		
<b>MY WAY ORAL TABLET 1.5 MG</b>	Aftera	* (QL; 3 packs per year on all brand and generic emergency contraceptives); QLL (2 EA per 30 days)
<b>NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG</b>	Aftera	* (QL; 3 packs per year on all brand and generic emergency contraceptives); QLL (2 EA per 30 days)
<b>OPCICON ONE-STEP ORAL TABLET 1.5 MG</b>	Aftera	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>REACT ORAL TABLET 1.5 MG</b>	Aftera	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
<b>*Extended-Cycle Contraceptives - Oral***</b>		
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Introvale	QLL (91 EA per 91 days)
<b>INTROVALE ORAL TABLET 0.15-0.03 MG</b>	Introvale	
<b>JOLESSA ORAL TABLET 0.15-0.03 MG</b>	Introvale	
<b>QUASENSE ORAL TABLET 0.15-0.03 MG</b>	Introvale	
<b>*Progestin Contraceptives - Implants***</b>		
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>		QLL (1 Implant per 3 Yearss)
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (1 Injection per 90 days)

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Drug Name	Reference	Restrictions
<b>*Progestin Contraceptives - Iud***</b>		
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR		QLL (1 EA per 5 Years)
<b>**Progestin Contraceptives - Oral***</b>		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	
<b>CAMILA ORAL TABLET 0.35 MG</b>	Camila	
<b>DEBLITANE ORAL TABLET 0.35 MG</b>	Camila	
<b>ERRIN ORAL TABLET 0.35 MG</b>	Camila	
<b>HEATHER ORAL TABLET 0.35 MG</b>	Camila	
<b>JENCYCLA ORAL TABLET 0.35 MG</b>	Camila	
<b>JOLIVETTE ORAL TABLET 0.35 MG</b>	Camila	
<b>LYZA ORAL TABLET 0.35 MG</b>	Camila	
<b>NORA-BE ORAL TABLET 0.35 MG</b>	Camila	
<b>NORLYROC ORAL TABLET 0.35 MG</b>	Camila	
<b>SHAROBEL ORAL TABLET 0.35 MG</b>	Camila	
<b>*Triphasic Contraceptives - Oral***</b>		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Ortho Tri-Cyclen (28)	
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>		
<b>CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>		
<b>CESIA ORAL TABLET 0.1/0.125/0.15 - 0.025 MG</b>		
<b>CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cyclafem 7/7/7	
<b>DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cyclafem 7/7/7	
<b>ENPRESSE-28 ORAL TABLET</b>	Levonorg-Eth Estrad Triphasic	
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>		
<b>LEVONEST ORAL TABLET</b>	Levonorg-Eth Estrad Triphasic	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MYZILRA ORAL TABLET</b>	Levonorg-Eth Estrad Triphasic	
<b>NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cyclafem 7/7/7	
<b>NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cyclafem 7/7/7	
<b>PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cyclafem 7/7/7	
<b>TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>		
<b>TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Ortho Tri-Cyclen (28)	
<b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>		
<b>TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Ortho Tri-Cyclen (28)	
<b>TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Ortho Tri-Cyclen (28)	
<b>TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Ortho Tri-Cyclen (28)	
<b>TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Ortho Tri-Cyclen (28)	
<b>TRIVORA (28) ORAL TABLET</b>	Levonorg-Eth Estrad Triphasic	
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG</b>		
<b>*CORTICOSTEROIDS*</b>		
<b>*Glucocorticosteroids***</b>		
<i>cortisone acetate oral tablet 25 mg</i>		
<i>cortisone acetate powder</i>		
<i>dexamethasone base powder</i>		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone powder</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone powder</i>		
<i>prednisolone anhydrous powder</i>		
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone oral syrup 15 mg/5ml</i>		
<i>prednisolone powder</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Orapred ODT	
<i>prednisolone sodium phosphate powder</i>		
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet 20 mg</i>	Deltasone	
<i>prednisone powder</i>		
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
<i>fludrocortisone acetate powder</i>		
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg</i>	Tessalon Perles	
<i>benzonatate oral capsule 200 mg</i>		
<i>dextromethorphan hbr monohyd powder</i>		
<i>dextromethorphan hbr powder</i>		
<b>*Expectorants***</b>		
<i>guaifenesin powder</i>		
<b>*Misc. Respiratory Inhalants***</b>		
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Non-Narc Antitussive-Antihistamine***</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		
<b>*Opioid Antitussive-Antihistamine***</b>		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>		
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>		
<b>*DERMATOLOGICALS*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindamycin phosphate external gel 1 %</i>	Cleocin-T	
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	
<i>clindamycin phosphate external solution 1 %</i>	Cleocin-T	
<i>clindamycin phosphate external swab 1 %</i>	Cleocin-T	
<i>erythromycin external gel 2 %</i>	Erygel	
<i>erythromycin external solution 2 %</i>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	
<i>sulfacetamide sodium external suspension 10 %</i>	Klaron	
<b>*Acne Products***</b>		
<i>adapalene external cream 0.1 %</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	Differin	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>adapalene external lotion 0.1 %</i>	Differin	QLL (45 ML per 30 days); AL (Max 35 Years)
<i>tretinoin external cream 0.025 %</i>	Avita	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Retin-A	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.01 %</i>	Retin-A	ST; QLL (45 GM per 30 days); AL (Max 35 Years)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>tretinoin external gel 0.025 %</i>	Avita	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.05 %</i>	Atralin	QLL (45 GM per 30 days); AL (Max 35 Years)
<b>DIFFERIN EXTERNAL GEL 0.1 %</b>	Differin	QLL (45 GM per 30 days); AL (Max 35 Years)
<b>MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>		ST; QLL (60 EA per 30 days)
<b>MYORISAN ORAL CAPSULE 40 MG</b>		ST
<b>TRETIN-X EXTERNAL CREAM 0.075 %</b>		
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>		ST; QLL (60 EA per 30 days)
<b>ZENATANE ORAL CAPSULE 40 MG</b>		ST
<b>*Antibiotics - Topical***</b>		
<i>bacitracin powder</i>		
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>gentamicin sulfate powder</i>		
<i>mupirocin external ointment 2 %</i>	Centany	QLL (110 GM per 30 days)
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Lotrisone	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		
<b>*Antifungals - Topical***</b>		
<i>ciclopirox external gel 0.77 %</i>		
<i>ciclopirox external shampoo 1 %</i>	Loprox	
<i>ciclopirox external solution 8 %</i>	Ciclodan	
<i>ciclopirox olamine external cream 0.77 %</i>	Ciclodan	
<i>ciclopirox olamine external suspension 0.77 %</i>	Loprox	
<i>ciclopirox olamine powder</i>		
<i>nystatin external cream 100000 unit/gm</i>		
<i>nystatin external ointment 100000 unit/gm</i>		
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>NYAMYC EXTERNAL POWDER 100000 UNIT/GM</b>	Nyamyc	
<b>NYSTOP EXTERNAL POWDER 100000 UNIT/GM</b>	Nyamyc	
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
<b>*Antipsoriatics - Systemic***</b>		
<b>OXSORALEN ULTRA ORAL CAPSULE 10 MG</b>	Methoxsalen Rapid	
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream 0.005 %</i>	Dovonex	
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	
<i>calcipotriene external solution 0.005 %</i>		
<b>*Antiseborrheic Combinations***</b>		
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>		
<i>sodium sulfacetamide wash external liquid 10 %</i>		
<b>*Antiseborrheic Products***</b>		
<i>selenium sulfide external lotion 2.5 %</i>		
<i>sulfacetamide sodium external liquid 10 %</i>	Ovace Plus Wash	
<b>SEB-PREV WASH EXTERNAL LIQUID 10 %</b>	Ovace Plus Wash	
<b>*Antivirals - Topical***</b>		
<i>acyclovir external ointment 5 %</i>	Zovirax	ST; QLL (15 GM per 30 days)
<b>ABREVA EXTERNAL CREAM 10 %</b>		OTC; QLL (2 GM per 30 days)
<b>*Burn Products***</b>		
<i>silver sulfadiazine external cream 1 %</i>	Silvadene	
<b>SSD EXTERNAL CREAM 1 %</b>	Silvadene	
<b>*Corticosteroids - Topical***</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>alclometasone dipropionate external ointment 0.05 %</i>		
<i>amcinonide external cream 0.1 %</i>		
<i>amcinonide external lotion 0.1 %</i>		
<i>amcinonide external ointment 0.1 %</i>		
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Diprolene AF	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Diprolene	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	
<i>betamethasone dipropionate external cream 0.05 %</i>		
<i>betamethasone dipropionate external lotion 0.05 %</i>		
<i>betamethasone dipropionate external ointment 0.05 %</i>		
<i>betamethasone valerate external cream 0.1 %</i>		
<i>betamethasone valerate external lotion 0.1 %</i>		
<i>betamethasone valerate external ointment 0.1 %</i>		
<i>clobetasol 17 propionate powder , 0.5 %</i>		
<i>clobetasol propionate e external cream 0.05 %</i>		
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Olux-E	
<i>clobetasol propionate external cream 0.05 %</i>	Temovate	
<i>clobetasol propionate external foam 0.05 %</i>	Olux	
<i>clobetasol propionate external gel 0.05 %</i>	Temovate	
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	
<i>clobetasol propionate external ointment 0.05 %</i>	Temovate	
<i>clobetasol propionate external shampoo 0.05 %</i>	Clobex	
<i>clobetasol propionate external solution 0.05 %</i>	Cormax Scalp Application	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>clobetasol propionate powder</i>		
<i>desonide external cream 0.05 %</i>	DesOwen	
<i>desonide external lotion 0.05 %</i>	DesOwen	
<i>desonide external ointment 0.05 %</i>		
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Topicort	
<i>desoximetasone external gel 0.05 %</i>	Topicort	
<i>desoximetasone external ointment 0.25 %</i>	Topicort	
<i>diflorasone diacetate external cream 0.05 %</i>		
<i>diflorasone diacetate external ointment 0.05 %</i>		
<i>fluocinolone acetonide external cream 0.01 %</i>		
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	
<i>fluocinolone acetonide external solution 0.01 %</i>	Synalar	
<i>fluocinonide external cream 0.05 %</i>		
<i>fluocinonide external gel 0.05 %</i>		
<i>fluocinonide external ointment 0.05 %</i>		
<i>fluocinonide external solution 0.05 %</i>		
<i>fluticasone propionate external cream 0.05 %</i>	Cutivate	
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>halobetasol propionate external cream 0.05 %</i>	Ultravate	
<i>halobetasol propionate external ointment 0.05 %</i>	Ultravate	
<i>hydrocortisone butyrate external solution 0.1 %</i>	Locoid	
<i>hydrocortisone external cream 2.5 %</i>		
<i>hydrocortisone external lotion 2.5 %</i>		
<i>hydrocortisone external ointment 2.5 %</i>		
<i>hydrocortisone valerate external cream 0.2 %</i>		
<i>hydrocortisone valerate external ointment 0.2 %</i>	Westcort	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>mometasone furoate external cream 0.1 %</i>	Elocon	
<i>mometasone furoate external ointment 0.1 %</i>	Elocon	
<i>mometasone furoate external solution 0.1 %</i>		
<i>prednicarbate external cream 0.1 %</i>	Dermatop	
<i>prednicarbate external ointment 0.1 %</i>	Dermatop	
<i>triamcinolone acetonide external cream 0.025 %</i>		
<i>triamcinolone acetonide external cream 0.1 %, 0.5 %</i>	Triderm	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		
<b>LOCOID EXTERNAL CREAM 0.1 %</b>	Hydrocortisone Butyrate	
<b>LOCOID EXTERNAL LOTION 0.1 %</b>		
<b>LOCOID EXTERNAL OINTMENT 0.1 %</b>	Hydrocortisone Butyrate	
<b>LOCOID EXTERNAL SOLUTION 0.1 %</b>	Locoid	
<b>LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %</b>	Hydrocortisone Butyr Lipo Base	
<b>TRIANEX EXTERNAL OINTMENT 0.05 %</b>		
<b>TRIDERM EXTERNAL CREAM 0.1 %</b>	Triderm	
<b>*Enzymes - Topical***</b>		
<b>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</b>		
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>ketoconazole external cream 2 %</i>		
<i>ketoconazole external shampoo 2 %</i>	Nizoral	
<i>kp clotrimazole external cream 1 %</i>	Clotrimazole GRx	OTC
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 5 %</i>	Aldara	
<b>*Insect Repellents***</b>		
<b>OFF DEEP WOODS DRY EXTERNAL AEROSOL</b>	CVS Total Home Insect Repel	OTC; QLL (1 bottle per 30 days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>OFF DEEP WOODS EXTERNAL AEROSOL</b>	CVS Total Home Insect Repel	OTC; QLL (1 bottle per 30 days)
<b>OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 %</b>	CVS Total Home Insect Repel	OTC; QLL (1 bottle per 30 days)
<b>OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 %</b>		OTC; QLL (1 bottle per 30 days)
<b>OFF SMOOTH &amp; DRY EXTERNAL AEROSOL 15 %</b>	CVS Total Home Insect Repel	OTC; QLL (1 bottle per 30 days)
<b>SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %</b>		OTC; QLL (1 bottle per 30 days)
<b>ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 %</b>	CVS Total Home Insect Repel	OTC; QLL (1 bottle per 30 days)
<b>*Keratolytic/Antimitotic Agents***</b>		
<i>podofilox external solution 0.5 %</i>		
<b>CONDYLOX EXTERNAL GEL 0.5 %</b>		
<b>*Local Anesthetics - Topical***</b>		
<i>lidocaine external cream 4 %</i>	AneCream	OTC
<i>lidocaine external ointment 5 %</i>		QLL (90 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidoderm	PA; QLL (90 EA per 30 days)
<i>lidocaine hcl external cream 3 %</i>		
<i>lidocaine hcl external gel 2 %</i>	Glydo	
<i>lidocaine hcl external solution 4 %</i>	Xylocaine	
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Protopic	ST
<b>ELIDEL EXTERNAL CREAM 1 %</b>		ST; QLL (30 GM per 30 days)
<b>*Rosacea Agents***</b>		
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>	Rosadan	
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
<b>ROSADAN EXTERNAL CREAM 0.75 %</b>	MetroCream	
<b>ROSADAN EXTERNAL GEL 0.75 %</b>	Rosadan	
<b>*Scabicides &amp; Pediculicides***</b>		
<i>malathion external lotion 0.5 %</i>	Ovide	ST
<i>permethrin external cream 5 %</i>	Elimite	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
<b>*Topical Anesthetic Combinations***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (240 GM per 30 days)
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	DermacinRx Empricaine	
<b>*Topical Selective Retinoid X Receptor Agonists***</b>		
TARGRETIN EXTERNAL GEL 1 %		
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*Diagnostic Drugs***</b>		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG		
<b>*Diagnostic Tests***</b>		
ONETOUCH ULTRA BLUE IN VITRO STRIP	Liberty Test	All One Touch brands are covered.; Quantity Limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	Liberty Test	All One Touch brands are covered.; Quantity Limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)
<b>*DIGESTIVE AIDS*</b>		
<b>*Digestive Enzymes***</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000 UNIT		
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT		

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

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methyclothiazide oral tablet 5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*Bisphosphonates***</b>		
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>		QLL (30 EA 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)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>		
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	Boniva	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>		
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	Miacalcin	
<b>*Carnitine Replenisher - Agents***</b>		
<i>levocarnitine oral solution 1 gml/10ml</i>	Carnitor	PA
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	PA
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline oral tablet 0.5 mg</i>		PA
<b>*Growth Hormones***</b>		
<b>OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML</b>		PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG</b>		PA
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol intravenous solution 1 mcg/ml</i>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>paricalcitol oral capsule 4 mcg</i>		ST
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>		
<b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG</b>		PA
<b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)</b>		PA
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 Tablets per 30 days)
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG</b>		PA
<b>*Vasopressin***</b>		
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	DDAVP Rhinal Tube	QLL (1 Bottle per 30 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		QLL (1 Bottle per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 Tablets per 30 days)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	DDAVP	QLL (1 Bottle per 30 days)
<b>*ESTROGENS*</b>		
<b>*Estrogen &amp; Progestin***</b>		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Activella	
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY</b>		
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG</b>	Jevantique Lo	
<b>JINTELI ORAL TABLET 1-5 MG-MCG</b>	Norethindrone-Eth Estradiol	
<b>MIMVEY LO ORAL TABLET 0.5-0.1 MG</b>	Activella	
<b>MIMVEY ORAL TABLET 1-0.5 MG</b>	Activella	
<b>PREFEST ORAL TABLET 1/1-0.09 MG (15/15)</b>		
<b>PREMPHASE ORAL TABLET 0.625-5 MG</b>		
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>		
<b>*Estrogens***</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>	Climara	QLL (4 EA per 30 days)
<i>estradiol transdermal patch weekly 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>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>		
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>		
<b>*FLUOROQUINOLONES*</b>		
<b>*Fluoroquinolones***</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		QLL (28 Tablets per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 Tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Cipro XR	QLL (3 Grams Max Qty Per Fill Retail)
<i>levofloxacin oral solution 25 mg/ml</i>		
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Levaquin	QLL (14 Tablets per 90 days)
<i>ofloxacin oral tablet 400 mg</i>		
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*Gallstone Solubilizing Agents***</b>		
<i>ursodiol oral capsule 300 mg</i>	Actigall	
<i>ursodiol oral tablet 250 mg</i>	Urso 250	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
<i>metoclopramide hcl powder</i>		
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>		
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>		QLL (30 EA per 30 days)
<b>*Inflammatory Bowel Agents***</b>		
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	Asacol HD	
<i>mesalamine powder</i>		
<i>mesalamine rectal enema 4 gm</i>		
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
<i>sulfasalazine powder</i>		
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM</b>		
<b>CANASA RECTAL SUPPOSITORY 1000 MG</b>		
<b>SFROWASA RECTAL ENEMA 4 GM/60ML</b>		
<b>SULFAZINE ORAL TABLET 500 MG</b>	Azulfidine	
<b>*Intestinal Acidifiers***</b>		
<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>		

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Drug Name	Reference	Restrictions
<b>*Peripheral Opioid Receptor Antagonists***</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		PA; QLL (30 EA per 30 days)
<b>*Phosphate Binder Agents***</b>		
<i>calcium acetate oral capsule 667 mg</i>	PhosLo	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)		ST
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>finasteride oral tablet 5 mg</i>	Proscar	
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	QLL (60 Capsules per 30 days)
<b>*Citrates***</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	Taron-Crystals	
<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>	Urocit-K 5	
<i>potassium citrate powder</i>		
<i>potassium citrate-citric acid oral packet 3300-1002 mg</i>	Taron-Crystals	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>		
TARON-CRYSTALS ORAL PACKET 3300-1002 MG	Taron-Crystals	
<b>*Interstitial Cystitis Agents***</b>		
ELMIRON ORAL CAPSULE 100 MG		

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Drug Name	Reference	Restrictions
<b>*Phosphates***</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
<b>*Urinary Analgesics***</b>		
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>phenazopyridine hcl powder</i>		
PHENAZO ORAL TABLET 200 MG	Phenazo	
<b>*GOUT AGENTS*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Zyloprim	
<i>colchicine oral tablet 0.6 mg</i>	Colcrys	QLL (9 EA per 30 days)
<i>colchicine powder</i>		
ULORIC ORAL TABLET 40 MG, 80 MG		ST
<b>*Uricosurics***</b>		
<i>probenecid oral tablet 500 mg</i>		
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Plavix	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 Tablets per 30 days)

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Drug Name	Reference	Restrictions
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*Cytotoxic Agents***</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		PA
<b>*Erythropoietins***</b>		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		PA
<b>*Folic Acid/Folates***</b>		
<i>folic acid oral tablet 1 mg</i>		
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
<b>*Iron Combinations***</b>		
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	Iron 100 Plus	
<b>*HEMOSTATICS*</b>		
<b>*Hemostatics - Systemic***</b>		
AMICAR ORAL SOLUTION 0.25 GM/ML		
AMICAR ORAL TABLET 1000 MG, 500 MG		
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<b>*Hepatitis C Agent - Combinations***</b>		
MAVYRET ORAL TABLET 100-40 MG		PA

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<b>*HYPNOTICS*</b>		
<b>*Antihistamine Hypnotics***</b>		
<i>cvs sleep-aid nighttime oral tablet 25 mg</i>	Unisom	OTC
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral solution 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
<i>phenobarbital powder</i>		
<b>*Benzodiazepine Hypnotics***</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>		QLL (30 Tablets per 30 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		QLL (30 Tablets per 30 days)
<i>temazepam oral capsule 15 mg</i>	Restoril	QLL (1 EA per 1 day)
<i>temazepam oral capsule 30 mg</i>	Restoril	QLL (30 Tablets per 30 days)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Sonata	QLL (30 Tablets per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	QLL (30 Tablets per 30 days)
<b>*Selective Melatonin Receptor Agonists***</b>		
<b>ROZEREM ORAL TABLET 8 MG</b>		ST; QLL (30 Tablets per 30 days)
<b>*LAXATIVES*</b>		
<b>*Bowel Evacuant Combinations***</b>		
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Colyte with Flavor Packs	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</b>	Colyte with Flavor Packs	
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM</b>	GaviLyte-G	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM</b>	GaviLyte-N with Flavor Pack	
<b>TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM</b>	GaviLyte-N with Flavor Pack	
<b>*Laxatives - Miscellaneous***</b>		
<i>constulose oral solution 10 gm/15ml</i>		
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		
<i>polyethylene glycol 3350 oral packet</i>	CVS Purelax	
<i>polyethylene glycol 3350 oral powder</i>	ClearLax	QLL (527 GM per 30 days)
<b>PEGYLAX ORAL POWDER</b>	ClearLax	QLL (527 GM per 30 days)
<b>*Lubricant Laxatives***</b>		
<i>mineral oil heavy oral oil</i>		
<b>MURI-LUBE OIL</b>	Mineral Oil Light	
<b>*Stimulant Laxatives***</b>		
<i>cascara sagrada oral fluid extract 1 gm/ml</i>		
<b>*MACROLIDES*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral packet 1 gm</i>	Zithromax	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	
<i>azithromycin oral tablet 250 mg</i>	Zithromax	QLL (12 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Zithromax	
<i>azithromycin oral tablet 600 mg</i>	Zithromax	QLL (8 Tablets per 30 days)
<b>*Clarithromycin***</b>		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Biaxin XL	QLL (28 Tablets per 30 days)
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Biaxin	QLL (28 Tablets per 30 days)
<b>*Erythromycins***</b>		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. Granules	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>erythromycin ethylsuccinate powder</i>		
<i>erythromycin powder</i>		
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML</b>		
<b>*MEDICAL DEVICES*</b>		
<b>*Needles &amp; Syringes***</b>		
<i>1st tier unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>1st tier unifine pentips 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>1st tier unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>1st tier unifine pentips plus 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>1st tier unifine pentips plus 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>aurora pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>aurora pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>aurora unifine pentips 31g x 5 mm</i>	Advocate Insulin Pen Needles	OTC
<i>aurora unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>careone unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>careone unifine pentips 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>careone unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>careone unifine pentips plus 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>careone unifine pentips plus 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>careone unifine pentips plus 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>clickfine pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>clickfine pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>clickfine pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>drug mart unifine pentips 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>drug mart unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>drug mart unifine pentips plus 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>easy comfort pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>easy comfort pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>easy comfort pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>global ease inject pen needles 29g x 12mm</i>	CareFine Pen Needles	OTC
<i>global ease inject pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>global ease inject pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>global easy glide pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>gnp clickfine pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>gnp clickfine pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>healthwise mini pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>healthwise pen needles 29g x 12mm</i>	CareFine Pen Needles	OTC
<i>healthwise short pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>healthwise unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>healthy accents unifine pentip 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>healthy accents unifine pentip 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>healthy accents unifine pentip 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>h-e-b incontrol pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>h-e-b incontrol pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>insupen pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>insupen pen needles 33g x 4 mm</i>	Advocate Insulin Pen Needles	OTC
<i>kroger pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>kroger pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>medicine shoppe pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>meijer pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>meijer pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>pc unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>pc unifine pentips 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>pen needles 1/2" 29g x 12mm</i>	CareFine Pen Needles	OTC
<i>pen needles 29g x 12mm , 30g x 8 mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>pen needles 3/16" 31g x 5 mm</i>	Advocate Insulin Pen Needles	OTC
<i>pen needles 30g x 5 mm</i>	BD AutoShield Duo	OTC
<i>pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>pen needles 5/16" 30g x 8 mm</i>	CareFine Pen Needles	OTC
<i>pen needles 5/16" 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>preferred plus unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>preferred plus unifine pentips 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>preferred plus unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>pro comfort pen needles 31g x 8 mm 31g x 8 mm</i>	Advocate Insulin Pen Needles	
<i>pro comfort pen needles 32g x 4 mm 32g x 4 mm</i>	BD Pen Needle Nano U/F	
<i>pro comfort pen needles 32g x 5 mm 32g x 5 mm</i>	CareFine Pen Needles	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>pro comfort pen needles 32g x 6 mm 32g x 6 mm</i>	BD Ultra-Fine Micro Pen Needle	OTC
<i>px extra short pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>px mini pen needles 31g x 5 mm</i>	Advocate Insulin Pen Needles	OTC
<i>px pen needle 29g x 12mm</i>	CareFine Pen Needles	OTC
<i>px pen needle 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>px shortlength pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>qc pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>qc pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>qc unifine pentips 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>sure comfort pen needles 30g x 8 mm</i>	CareFine Pen Needles	OTC
<i>sure comfort pen needles 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>sure comfort pen needles 32g x 6 mm</i>	BD Ultra-Fine Micro Pen Needle	OTC
<i>today's health mini pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>today's health pen needles 29g x 12mm</i>	CareFine Pen Needles	OTC
<i>today's health short pen needle 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>topcare clickfine pen needles 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>topcare clickfine pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>unifine pentips plus 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>unifine pentips plus 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>unifine pentips plus 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<i>valumark pen needles 29g x 12mm , 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>valumark pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	OTC
<i>wegmans unifine pentips plus 31g x 6 mm</i>	CareFine Pen Needles	OTC
<i>wegmans unifine pentips plus 32g x 4 mm</i>	BD Pen Needle Nano U/F	OTC
<b>ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM</b>	Advocate Insulin Pen Needles	OTC
<b>ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	
<b>BD AUTOSHIELD 29G X 5MM , 29G X 8MM</b>		OTC
<b>BD AUTOSHIELD DUO 30G X 5 MM</b>	BD AutoShield Duo	OTC
<b>BD ECLIPSE SYRINGE 25G X 5/8" 1 ML</b>	Safety Syringe/Needle	OTC
<b>BD PEN NEEDLE MINI U/F 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>BD PEN NEEDLE NANO U/F 32G X 4 MM</b>	BD Pen Needle Nano U/F	
<b>BD PEN NEEDLE SHORT U/F 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>BD PEN NEEDLE ULTRAFINE 29G X 12.7MM</b>	Advocate Insulin Pen Needles	OTC
<b>CAREFINE PEN NEEDLES 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>CAREFINE PEN NEEDLES 30G X 8 MM</b>	CareFine Pen Needles	OTC
<b>CAREFINE PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>CAREFINE PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>CAREFINE PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>CAREFINE PEN NEEDLES 32G X 5 MM</b>	CareFine Pen Needles	OTC
<b>CAREFINE PEN NEEDLES 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>CARETOUCH PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CARETOUCH PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>CARETOUCH PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>CARETOUCH PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>CARETOUCH PEN NEEDLES 32G X 5 MM</b>	CareFine Pen Needles	OTC
<b>CLEVER CHOICE COMFORT EZ 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>CLEVER CHOICE COMFORT EZ 33G X 4 MM</b>	Advocate Insulin Pen Needles	OTC
<b>COMFORT EZ PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>COMFORT EZ PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>COMFORT EZ PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>COMFORT EZ PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>COMFORT EZ PEN NEEDLES 32G X 5 MM</b>	CareFine Pen Needles	OTC
<b>COMFORT EZ PEN NEEDLES 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>COMFORT EZ PEN NEEDLES 32G X 8 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM</b>		OTC
<b>COMFORT EZ PEN NEEDLES 33G X 4 MM</b>	Advocate Insulin Pen Needles	OTC
<b>DROPLET PEN NEEDLES 29G X 10MM , 32G X 8 MM</b>		OTC
<b>DROPLET PEN NEEDLES 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>DROPLET PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>DROPLET PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>DROPLET PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>DROPLET PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>DROPLET PEN NEEDLES 32G X 5 MM</b>	CareFine Pen Needles	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DROPLET PEN NEEDLES 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>EASY TOUCH PEN NEEDLES 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>EASY TOUCH PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>EASY TOUCH PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>EASY TOUCH PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>EASY TOUCH PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>EASY TOUCH PEN NEEDLES 32G X 5 MM</b>	CareFine Pen Needles	OTC
<b>EASY TOUCH PEN NEEDLES 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>EXEL COMFORT POINT PEN NEEDLE 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM</b>		OTC
<b>EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>FIFTY50 PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>FIFTY50 PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>FIFTY50 PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>FIFTY50 PEN NEEDLES 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>INSUPEN SENSITIVE 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>INSUPEN SENSITIVE 32G X 8 MM</b>		OTC
<b>INSUPEN ULTRAFIN 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>INSUPEN ULTRAFIN 30G X 8 MM</b>	CareFine Pen Needles	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>INSUPEN ULTRAFIN 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>INSUPEN ULTRAFIN 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>LEADER UNIFINE PENTIPS 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>LEADER UNIFINE PENTIPS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>LEADER UNIFINE PENTIPS PLUS 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>LEADER UNIFINE PENTIPS PLUS 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>LEADER UNIFINE PENTIPS PLUS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>LITE TOUCH PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>LITETOUCH PEN NEEDLES 29G X 12.7MM</b>	Advocate Insulin Pen Needles	OTC
<b>LITETOUCH PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>LITETOUCH PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	
<b>MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML</b>	Elite-Thin Insulin Syringe	
<b>MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML</b>	Sure Comfort Insulin Syringe	
<b>MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	
<b>MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML</b>	Allergy Syringe	
<b>MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML</b>		
<b>MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML</b>	Safety Insulin Syringes	
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML</b>	Insulin Syringe/Needle	
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML</b>	Elite-Thin Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML</b>	Sure Comfort Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE U-100 1 ML</b>	Kmart Valu Insulin Syringe 30G	
<b>MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML</b>	Anti-Stick Immun Syringe	
<b>MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML</b>		
<b>MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML</b>	Safety Syringe/Needle	
<b>MONOJECT SYRINGE PHARMACY TRAY 1 ML</b>	Syringe Luer Slip	
<b>MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML</b>	Tuberculin Syringe	
<b>MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML</b>		
<b>MONOJECT TB SYRINGE 1 ML</b>	Syringe Luer Slip	
<b>MONOJECT TB SYRINGE 27G X 1/2" 1 ML</b>	Allergy Syringe	
<b>MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML</b>		
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML</b>	Insulin Syringe/Needle	
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML</b>	Sure Comfort Insulin Syringe	
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML</b>	Elite-Thin Insulin Syringe	
<b>NOVOFINE 30G X 8 MM</b>	CareFine Pen Needles	OTC
<b>NOVOFINE 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>NOVOFINE AUTOCOVER 30G X 8 MM</b>	CareFine Pen Needles	OTC

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<b>NOVOFINE PLUS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>NOVOPEN ECHO DEVICE</b>	Autopen	
<b>NOVOTWIST 32G X 5 MM</b>	CareFine Pen Needles	
<b>PENTIPS 29G X 12MM (OTC) 29G X 12MM</b>	CareFine Pen Needles	
<b>PENTIPS 31G X 5 MM (OTC) 31G X 5 MM</b>	Advocate Insulin Pen Needles	
<b>PENTIPS 31G X 6 MM 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>PENTIPS 31G X 8 MM (OTC) 31G X 8 MM</b>	Advocate Insulin Pen Needles	
<b>PENTIPS 32G X 4 MM (OTC) 32G X 4 MM</b>	BD Pen Needle Nano U/F	
<b>RELION MINI PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>RELION PEN NEEDLES 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>RELION PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>RELION PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>RELION PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>RELION SHORT PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SURE-FINE PEN NEEDLES 29G X 12.7MM</b>	Advocate Insulin Pen Needles	OTC
<b>SURE-FINE PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>SURE-FINE PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>TECHLITE PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>TECHLITE PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>TECHLITE PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>TECHLITE PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>TECHLITE PEN NEEDLES 32G X 6 MM</b>	BD Ultra-Fine Micro Pen Needle	OTC
<b>TECHLITE PEN NEEDLES 32G X 8 MM</b>		OTC
<b>TRUEPLUS PEN NEEDLES 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>TRUEPLUS PEN NEEDLES 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>TRUEPLUS PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>TRUEPLUS PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>TRUEPLUS PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML</b>	Elite-Thin Insulin Syringe	
<b>ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	
<b>ULTICARE MICRO PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTICARE MICRO PEN NEEDLES 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>ULTICARE MINI PEN NEEDLES 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>ULTICARE PEN NEEDLES 29G X 12.7MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTICARE PEN NEEDLES 29G X 12MM</b>	CareFine Pen Needles	OTC

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ULTICARE SHORT PEN NEEDLES 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTILET PEN NEEDLE 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTILET PEN NEEDLE 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTILET PEN NEEDLE 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>ULTRA-THIN II PEN NEEDLES 29G X 12.7MM</b>	Advocate Insulin Pen Needles	OTC
<b>UNIFINE PENTIPS 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>UNIFINE PENTIPS 31G X 5 MM</b>	Advocate Insulin Pen Needles	OTC
<b>UNIFINE PENTIPS 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>UNIFINE PENTIPS 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>UNIFINE PENTIPS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>VIDA MIA UNIFINE PENTIPS 29G X 12MM</b>	CareFine Pen Needles	OTC
<b>VIDA MIA UNIFINE PENTIPS 31G X 6 MM</b>	CareFine Pen Needles	OTC
<b>VIDA MIA UNIFINE PENTIPS 31G X 8 MM</b>	Advocate Insulin Pen Needles	OTC
<b>VIDA MIA UNIFINE PENTIPS 32G X 4 MM</b>	BD Pen Needle Nano U/F	OTC
<b>*MIGRAINE PRODUCTS*</b>		
<b>*Ergot Combinations***</b>		
<b>CAFERGOT ORAL TABLET 1-100 MG</b>	Ergotamine-Caffeine	
<b>*Migraine Products***</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Migranal	QLL (8 units per 30 days)
<i>dihydroergotamine mesylate powder</i>		
<i>ergotamine tartrate powder</i>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>naratriptan hcl oral tablet 1 mg</i>	Amerge	QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 2.5 mg</i>	Amerge	QLL (9 EA per 30 Days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Maxalt	QLL (12 EA per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (12 EA per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	Maxalt-MLT	QLL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	Imitrex	QLL (6 EA 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, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Imitrex	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (2 ML per 30 days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*Fluoride Combinations***</b>		
<b>FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 1 (F)-236.79 MG</b>		
<b>*Fluoride***</b>		
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	Fluor-a-day	
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Ludent	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Ludent	
<b>FLUOR-A-DAY ORAL SOLUTION 0.275 (0.125 F) MG/DROP</b>	Fluor-a-day	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FLURA-DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP</b>	Fluor-a-day	
<b>FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP</b>		
<b>LUDENT ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 2.2 (1 F) MG</b>	Ludent	
<b>LUDENT ORAL TABLET CHEWABLE 1.1 (0.5 F) MG</b>	Ludent	
<b>NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP</b>	Fluor-a-day	
<b>NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG</b>	Ludent	
<b>*Phosphate***</b>		
<b>K-PHOS ORAL TABLET 500 MG</b>		
<b>*Potassium Combinations***</b>		
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>		
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>		
<b>*Potassium***</b>		
<i>k-effervescent oral tablet effervescent 25 meq</i>	Effer-K	
<i>k-vescent oral tablet effervescent 25 meq</i>	Effer-K	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	Effer-K	
<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>	Klor-Con Sprinkle	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	K-Tab	
<i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/50ml, 20 meq/50ml</i>		
<b>EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ</b>	Effer-K	
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	K-Tab	

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Drug Name	Reference	Restrictions
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	Klor-Con M10	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ</b>		
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ</b>	Klor-Con M20	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	K-Tab	
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ</b>	Effer-K	
<b>K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ</b>	Effer-K	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine hcl mouth/throat solution 4 %</i>		
<i>lidocaine viscous mouth/throat solution 2 %</i>		
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat lozenge 10 mg</i>		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Paroex	
<b>PAROEX MOUTH/THROAT SOLUTION 0.12 %</b>	Paroex	
<b>PERIOGARD MOUTH/THROAT SOLUTION 0.12 %</b>	Paroex	
<b>*Fluoride Dental Products***</b>		
<i>neutral sodium fluoride mouth/throat solution 0.2 %</i>	PreviDent	
<b>NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %</b>		
<b>PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %</b>	SF	

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<b>*Saliva Stimulants***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
<b>*Steroids - Mouth/Throat***</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	
<b>ORALONE MOUTH/THROAT PASTE 0.1 %</b>	Oralone	
<b>*MULTIVITAMINS*</b>		
<b>*B-Complex W/ C &amp; Folic Acid***</b>		
<i>b-plex oral tablet</i>	Milco-B-Forte	
<i>mynephrocaps oral capsule 1 mg</i>	Mynephron	
<i>rena-vite rx oral tablet 1 mg</i>	Dialyvite	
<i>reno caps oral capsule 1 mg</i>	Mynephron	
<i>triphrocaps oral capsule 1 mg</i>	Mynephron	
<i>virt-caps oral capsule 1 mg</i>	Mynephron	
<i>vol-care rx oral tablet 1 mg</i>	Dialyvite	
<b>DIALYVITE ORAL TABLET</b>	Dialyvite	
<b>NEPHROCAPS ORAL CAPSULE 1 MG</b>	Mynephron	
<b>NEPHRONEX ORAL TABLET</b>	Dialyvite	
<b>RENAL ORAL CAPSULE 1 MG</b>	Mynephron	
<b>*Multiple Vitamins W/ Minerals***</b>		
<i>ap-zel oral tablet</i>	ABC Plus Senior	
<i>biocel oral tablet</i>	ABC Plus Senior	
<i>b-plex plus oral tablet</i>	ABC Plus Senior	
<i>vp-zel oral tablet</i>	ABC Plus Senior	
<b>AQUADEKS ORAL TABLET CHEWABLE</b>	EQ Multivitamins Adult Gummy	OTC
<b>BACMIN ORAL TABLET</b>	ABC Plus Senior	
<b>CORVITE FREE ORAL TABLET</b>	ABC Plus Senior	
<b>LYSIPLEX PLUS ORAL TABLET</b>	ABC Plus Senior	
<b>NICAZEL ORAL TABLET</b>	ABC Plus Senior	
<b>NUTRICAP ORAL TABLET</b>	ABC Plus Senior	
<b>NUTRIFAC ZX ORAL TABLET</b>	ABC Plus Senior	
<b>REQ 49+ ORAL TABLET</b>	ABC Plus Senior	
<b>SIDEROL ORAL TABLET</b>	ABC Plus Senior	

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<b>STROVITE ONE ORAL TABLET</b>	ABC Plus Senior	
<b>VITA S FORTE ORAL TABLET</b>	ABC Plus Senior	
<b>VITACEL ORAL TABLET</b>	ABC Plus Senior	
<b>*Ped Multiple Vitamins W/ Minerals &amp; C***</b>		
<b>AQUADEKS ORAL LIQUID</b>	Multivitamins Plus Zinc	OTC
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
<i>bp multinatal plus oral tablet 30-1 mg</i>		F; QLL (100 EA per 90 days)
<i>bp multinatal plus oral tablet chewable 40-1 mg</i>		F; QLL (100 EA per 90 days)
<i>completenate oral tablet chewable 29-1 mg</i>		F; QLL (100 EA per 90 days)
<i>mynatal plus oral tablet</i>	Vitafol-OB	F; QLL (100 EA per 90 days)
<i>mynatal-z oral tablet</i>	Vitafol-OB	F; QLL (100 EA per 90 days)
<i>mynate 90 plus oral tablet extended release</i>		F; QLL (100 EA per 90 days)
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>		F; QLL (100 EA per 90 days)
<i>pnv-total oral capsule 35-5-1.2 mg</i>		F; QLL (100 EA per 90 days)
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	Prenatal-U	F; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet , 29-1 mg</i>		F; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>		F; QLL (100 EA per 90 days)
<i>prenatal low iron oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<i>prenatal oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<i>prenatal plus oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<i>preplus oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<i>pretab oral tablet 29-1 mg</i>	Co-Natal FA	F; QLL (100 EA per 90 days)
<i>purefe ob plus oral capsule 162-115.2-1 mg</i>		F; QLL (100 EA per 90 days)
<i>se-natal 19 oral tablet 29-1 mg</i>		F; QLL (100 EA per 90 days)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		F; QLL (100 EA per 90 days)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	F; QLL (100 EA per 90 days)
<i>ultimatecare one oral capsule 27-1 mg</i>	Folcaps Omega 3	F; QLL (100 EA per 90 days)
<i>virt nate oral tablet 28-1 mg</i>	Trinate	F; QLL (100 EA per 90 days)
<i>virt-advance oral tablet 90-1 mg</i>	iNatal Advance	F; QLL (100 EA per 90 days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 EA per 90 days)
<i>virt-pn oral tablet 27-0.6-0.4 mg</i>		F; QLL (100 EA per 90 days)
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>virt-vite gt oral tablet 90-1 mg</i>	iNatal Advance	F; QLL (100 EA per 90 days)
<i>vol-nate oral tablet 28-1 mg</i>	Trinate	F; QLL (100 EA per 90 days)
<i>vol-plus oral tablet 27-1 mg</i>	M-Vit	F; QLL (100 EA per 90 days)
<b>CITRANATAL RX ORAL TABLET 27-1 MG</b>		F; QLL (100 EA per 90 days)
<b>CO-NATAL FA ORAL TABLET</b>	Co-Natal FA	F; QLL (100 EA per 90 days)
<b>CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG</b>	Concept DHA	F; QLL (100 EA per 90 days)
<b>CONCEPT OB ORAL CAPSULE 130-92.4-1 MG</b>		F; QLL (100 EA per 90 days)
<b>ELITE-OB ORAL TABLET 50-1.25 MG</b>		F; QLL (100 EA per 90 days)
<b>FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG</b>	Folcaps Omega 3	F; QLL (100 EA per 90 days)
<b>FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG</b>		F; QLL (100 EA per 90 days)
<b>INATAL ADVANCE ORAL TABLET</b>	iNatal Advance	F; QLL (100 EA per 90 days)
<b>INATAL GT ORAL TABLET</b>	iNatal Advance	F; QLL (100 EA per 90 days)
<b>INATAL ULTRA ORAL TABLET</b>	iNatal Advance	F; QLL (100 EA per 90 days)
<b>M-VIT ORAL TABLET</b>	M-Vit	F; QLL (100 EA per 90 days)
<b>MYNATAL ADVANCE ORAL TABLET</b>	iNatal Advance	F; QLL (100 EA per 90 days)
<b>MYNATAL ORAL CAPSULE</b>		F; QLL (100 EA per 90 days)
<b>MYNATAL ORAL TABLET 90-1 MG</b>	iNatal Advance	F; QLL (100 EA per 90 days)
<b>OB COMPLETE ORAL TABLET 50-1.25 MG</b>		F; QLL (100 EA per 90 days)
<b>O-CAL FA ORAL TABLET 27-1 MG</b>	M-Vit	F; QLL (100 EA per 90 days)
<b>PRENATABS RX ORAL TABLET 29-1 MG</b>	Vol-Tab Rx	F; QLL (100 EA per 90 days)
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b>	Prenatal-U	F; QLL (100 EA per 90 days)
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>		F; QLL (100 EA per 90 days)
<b>TARON-BC ORAL 20-1 &amp; 25 (2) MG</b>		F; QLL (100 EA per 90 days)
<b>TARON-C DHA ORAL CAPSULE 53.5-38-1 MG</b>	Concept DHA	F; QLL (100 EA per 90 days)

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<b>TRICARE ORAL TABLET</b>	M-Vit	F; QLL (100 EA per 90 days)
<b>TRINATE ORAL TABLET</b>	Trinate	F; QLL (100 EA per 90 days)
<b>VINATE II ORAL TABLET 29-1 MG</b>		F; QLL (100 EA per 90 days)
<b>VINATE M ORAL TABLET 27-1 MG</b>		F; QLL (100 EA per 90 days)
<b>VINATE ONE ORAL TABLET 60-1 MG</b>	Vinate One	F; QLL (100 EA per 90 days)
<b>VITAFOL-OB ORAL TABLET</b>	Vitafol-OB	F; QLL (100 EA per 90 days)
<b>ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG</b>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>		
<i>complete natal dha oral 29-1-200 &amp; 250 mg</i>		F; QLL (100 EA per 90 days)
<b>PR NATAL 400 EC ORAL 29-1-200 &amp; 400 MG (DR)</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 400 ORAL 29-1-200 &amp; 400 MG</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 430 EC ORAL 29-1-200 &amp; 430 MG (DR)</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 430 ORAL 29-1-200 &amp; 430 MG</b>		F; QLL (100 EA per 90 days)
<b>TRIVEEN-DUO DHA ORAL 29-1-200 &amp; 400 MG</b>		F; QLL (100 EA per 90 days)
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>		
<i>folcal dha oral capsule 27-1.25-300 mg</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>virtprex oral capsule 26-1.2-300 mg</i>		F; QLL (100 EA per 90 days)
<b>TARON-PREX ORAL CAPSULE 30-1.2-265 MG</b>		F; QLL (100 EA per 90 days)
<b>VEMAVITE-PRX 2 ORAL CAPSULE 27-1.25-300 MG</b>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<b>ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG</b>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<b>*Prenatal Vitamins***</b>		
<i>bp folinatal plus b oral tablet 1 mg</i>		F; QLL (100 EA per 90 days)

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<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>		
<i>baclofen powder</i>		
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (240 Tablets per 365 days)
<i>carisoprodol powder</i>		
<i>chlorzoxazone oral tablet 500 mg</i>	Parafon Forte DSC	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (120 Tablets per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	Robaxin	QLL (120 Tablets per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	Robaxin-750	QLL (120 Tablets per 30 days)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		
<i>tizanidine hcl oral tablet 2 mg</i>		
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	
<b>*Direct Muscle Relaxants***</b>		
<i>dantrolene sodium oral capsule 100 mg</i>		
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	Dantrium	
<b>*Viscosupplements***</b>		
<b>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML</b>		PA
<b>HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML</b>		PA
<b>HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML</b>		PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*Nasal Antibiotics***</b>		
<b>BACTROBAN NASAL NASAL OINTMENT 2 %</b>		PA
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		

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Drug Name	Reference	Restrictions
<b>*Nasal Antihistamines***</b>		
<i>azelastine hcl nasal solution 0.1 %</i>		QLL (30 ML per 25 days)
<b>*Nasal Steroids***</b>		
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>		ST
<i>fluticasone propionate nasal suspension 50 mcglact</i>	ClariSpray	ST
<b>FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT</b>	ClariSpray	OTC; QLL (1 bottle per 30 days)
<b>NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT</b>	GoodSense Nasal Allergy Spray	OTC; QLL (1 bottle per 30 days)
<b>RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT</b>	RA Budesonide	OTC; QLL (1 bottle per 30 days)
<b>*Systemic Decongestants***</b>		
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Shopko Nasal Decongestant Max	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	
<i>pseudoephedrine hcl powder</i>		
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>		
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>		PA; QLL (60 EA per 30 days)
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*Benzathiazoles***</b>		
<i>riluzole oral tablet 50 mg</i>	Rilutek	PA
<b>*OPHTHALMIC AGENTS*</b>		
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Cosopt	
<b>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		
<i>carteolol hcl ophthalmic solution 1 %</i>		
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Betagan	
<i>metipranolol ophthalmic solution 0.3 %</i>		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Timoptic-XE	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Timoptic	
<b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>		
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic ointment 1 %</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>		
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	
<i>homatropine hbr ophthalmic solution 5 %</i>	Homatropaire	
<i>tropicamide ophthalmic solution 0.5 %</i>		
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	
<i>tropicamide powder</i>		
<b>HOMATROPAIRE OPHTHALMIC SOLUTION 5 %</b>	Homatropaire	
<b>*Miotics - Cholinesterase Inhibitors***</b>		
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>		
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Isopto Carpine	
<b>*Ophthalmic Antiallergic***</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Patanol	ST; QLL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	ST; QLL (2.5 ML per 25 days)

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Ophthalmic Antibiotics***</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Ciloxan	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>levofloxacin ophthalmic solution 0.5 %</i>		
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tobrex	
<b>CILOXAN OPHTHALMIC OINTMENT 0.3 %</b>		
<b>TOBREX OPHTHALMIC OINTMENT 0.3 %</b>		
<b>ZYMAXID OPHTHALMIC SOLUTION 0.5 %</b>	Gatifloxacin	
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Neosporin	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Polytrim	
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic solution 1 %</i>	Viroptic	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Trusopt	
<b>AZOPT OPHTHALMIC SUSPENSION 1 %</b>		ST; QLL (1 EA per 30 days)
<b>*Ophthalmic Decongestants***</b>		
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Altafrin	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %</b>	Altafrin	
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Alphagan P	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>		
<b>*Ophthalmic Steroid Combinations***</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	TobraDex	
<b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>		
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Omnipred	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		
<b>FML FORTE OPHTHALMIC SUSPENSION 0.25 %</b>		
<b>PRED MILD OPHTHALMIC SUSPENSION 0.12 %</b>		
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Bleph-10	
<b>*Prostaglandins - Ophthalmic***</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	
<b>TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %</b>		ST
<b>*OTIC AGENTS*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic solution 2 %</i>		
<b>*Otic Anti-Infectives***</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	
<i>ofloxacin otic solution 0.3 %</i>	Floxin Otic	
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		
<b>*Otic Steroids***</b>		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Acetasol HC	

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Drug Name	Reference	Restrictions
<b>*PASSIVE IMMUNIZING AGENTS*</b>		
<b>*Immune Serums***</b>		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		
<b>*PENICILLINS*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule 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>amoxicillin trihydrate powder</i>		
<i>ampicillin oral capsule 500 mg</i>		
<b>*Natural Penicillins***</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Augmentin XR	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	Augmentin	

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	Augmentin	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		QLL (28 EA per 30 days)
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*Oral Vehicles***</b>		
<i>sorbitol solution</i>		
<b>*POTASSIUM REMOVING AGENTS***</b>		
<b>*Potassium Removing Agents***</b>		
<i>sodium polystyrene sulfonate oral powder</i>	Kionex	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Kionex	
<b>KIONEX ORAL POWDER</b>	Kionex	
<b>KIONEX ORAL SUSPENSION 15 GM/60ML</b>	Kionex	
<b>SPS ORAL SUSPENSION 15 GM/60ML</b>	Kionex	
<b>*PROGESTINS*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>	Aygestin	
<i>norethindrone acetate powder</i>		
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Prometrium	

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Drug Name	Reference	Restrictions
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Antabuse	
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<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>	Razadyne ER	QLL (30 Capsules per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Razadyne	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)
<b>*Fibromyalgia Agent - Snris***</b>		
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>		ST; QLL (60 EA per 30 days)
<b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>		ST; QLL (1 EA per 90 days)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<b>AUBAGIO ORAL TABLET 14 MG, 7 MG</b>		PA; QLL (30 EA per 30 days)
<b>*Multiple Sclerosis Agents - Interferons***</b>		
<b>EXTAVIA SUBCUTANEOUS KIT 0.3 MG</b>		PA
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML</b>		PA

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG</b>		PA
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML</b>		PA
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 &amp; 6X22 MCG</b>		PA
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		
<b>TECFIDERA ORAL 120 &amp; 240 MG</b>		PA; QLL (1 STARTER PACK per 90 days)
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG</b>		PA; QLL (60 EA per 30 days)
<b>*Multiple Sclerosis Agents***</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Copaxone	PA
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	Glatiramer Acetate	PA; QLL (30 ML per 30 days)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Namenda	
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	Namenda Titration Pak	
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs***</b>		
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>		
<b>*Smoking Deterrents***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Zyban	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG</b>		PA

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Drug Name	Reference	Restrictions
CHANTIX ORAL TABLET 0.5 MG, 1 MG		PA
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42		PA
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
GILENYA ORAL CAPSULE 0.5 MG		PA; QLL (30 EA per 30 days)
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*Hydrolytic Enzymes***</b>		
PULMOZYME INHALATION SOLUTION 1 MG/ML		PA; QLL (5 ML per 1 day)
<b>*SINUS NODE INHIBITORS**</b>		
<b>*Sinus Node Inhibitors**</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA; QLL (60 EA per 30 days)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		ST; QLL (30 EA per 30 days)
<b>*SULFONAMIDES*</b>		
<b>*Sulfonamides***</b>		
<i>sulfadiazine oral tablet 500 mg</i>		
<i>sulfadiazine powder</i>		
<b>*TETRACYCLINES*</b>		
<b>*Tetracyclines***</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		
<i>doxycycline hyclate oral tablet 20 mg</i>		
<i>doxycycline hyclate powder</i>		

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<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Minocin	
<i>minocycline hcl oral capsule 75 mg</i>		
<i>minocycline hcl powder</i>		
<b>*THYROID AGENTS*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tapazole	
<i>methimazole powder</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
<b>*Thyroid Hormones***</b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levo-T	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	
<i>liothyronine sodium powder</i>	PCCA T3 Sodium	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	
<i>thyroid powder</i>		
<i>triiodo-l-thyronine sodium powder</i>	PCCA T3 Sodium	
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>		
<b>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</b>	Levo-T	
<b>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</b>	Levo-T	
<b>*ULCER DRUGS*</b>		
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	Bentyl	

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<i>dicyclomine hcl oral solution 10 mg/5ml</i>		
<i>dicyclomine hcl oral tablet 20 mg</i>	Bentyl	
<b>*Belladonna Alkaloids***</b>		
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	Anaspaz	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Anaspaz	
<i>hyoscyamine sulfate powder</i>		
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
<b>*H-2 Antagonists***</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		
<i>cimetidine powder</i>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Pepcid	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Pepcid	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		
<i>nizatidine oral solution 15 mg/ml</i>		
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>		
<i>ranitidine hcl oral tablet 300 mg</i>	Zantac	
<b>*Misc. Anti-Ulcer***</b>		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
<i>sucralfate powder</i>		
<b>*Proton Pump Inhibitors***</b>		
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid	QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (30 EA per 30 days)

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<i>omeprazole oral capsule delayed release 20 mg</i>	PriLOSEC	QLL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>		QLL (30 EA per 30 days)
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (30 Tablets per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (30 EA per 30 days)
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>		
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>		
<b>NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG</b>	SM Esomeprazole Magnesium	OTC; QLL (60 EA per 30 days)
<b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG</b>		PA
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
<i>propantheline bromide oral tablet 15 mg</i>		
<i>propantheline bromide powder</i>		
<b>*Ulcer Drugs - Prostaglandins***</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
<b>*URINARY ANTI-INFECTIVES*</b>		
<b>*Urinary Anti-Infectives***</b>		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin macrocrystal powder</i>		
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Furadantin	

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Drug Name	Reference	Restrictions
<b>*URINARY ANTISPASMODICS*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	ST
<b>*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Ditropan XL	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		ST
<i>trospium chloride oral tablet 20 mg</i>		ST; QLL (60 EA per 30 days)
<b>*Urinary Antispasmodics - Cholinergic Agonists*** (New)</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Urecholine	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)</b>		
<i>flavoxate hcl oral tablet 100 mg</i>		
<b>*VAGINAL PRODUCTS*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<i>miconazole 3 vaginal suppository 200 mg</i>		
<i>terconazole vaginal cream 0.4 %</i>	Terazol 7	
<i>terconazole vaginal cream 0.8 %</i>		
<i>terconazole vaginal suppository 80 mg</i>		
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	MetroGel-Vaginal	
<b>*Vaginal Estrogens***</b>		
<b>ESTRACE VAGINAL CREAM 0.1 MG/GM</b>		
<b>ESTRING VAGINAL RING 2 MG</b>		

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<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR</b>		
<b>PREMARIN VAGINAL CREAM 0.625 MG/GM</b>		
<b>YUVAFEM VAGINAL TABLET 10 MCG</b>	Estradiol	
<b>*VASOPRESSORS*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Auvi-Q	QLL (4 EA per 365 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (4 EA per 365 days)
<b>*Vasopressors***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
<b>*VITAMINS*</b>		
<b>*Vitamin D***</b>		
<i>ergocal oral capsule 2500 unit</i>		QLL (30 EA per 30 days)
<i>ergocalciferol oral capsule 50000 unit</i>	Drisdol	
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	Drisdol	
<i>vitamin d3 oral tablet dispersible 5000 unit</i>		OTC
<b>*Vitamin K***</b>		
<b>MEPHYTON ORAL TABLET 5 MG</b>		

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