AETNA BETTER HEALTH®
Illinois formulary

This Formulary is up to date through its date of publication, b2ØŜYõŜℕ 1, 2016. Please notify Aetna Better Health of Illinois at AetnaBetterHealthIL-MemberServices2@AETNA.com or 1-866-212-2851 with any mistakes in the formulary.

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.

Aetna Better Health Illinois

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Drug Name	Reference	Restrictions
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
STRATTERA		PA; QLL (60 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
Amphetamine Mixtures**		
amphetamine-dextroamphet er	Adderall XR	PA; QLL (30 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
amphetamine-dextroamphetamine	Adderall	PA; QLL (90 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
Amphetamines**		
dextroamphetamine sulfate er	Dexedrine	PA; AL (Min 6 Years and Max 18 Years)
dextroamphetamine sulfate oral tablet	Zenzedi	PA; AL (Min 6 Years and Max 18 Years)
Analeptics**		
caffeine citrate oral	Cafcit	
caffeine citrated		
Stimulants - Misc.**		
dexmethylphenidate hcl	Focalin	AL (Min 6 Years and Max 18 Years)
methylphenidate hcl er (cd)	Metadate CD	PA; QLL (60 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl er (la)	Ritalin LA	QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
methylphenidate hcl er oral tablet extendedrelease 10 mg*		PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extendedrelease 20 mg*	Metadate ER	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 10 mg/5ml	Methylin	PA; QLL (600 ML per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 5 mg/5ml	Methylin	PA; QLL (300 ML per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet	Ritalin	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
modafinil	Provigil	PA; QLL (30 GM per 30 days)
METHYLIN ORAL TABLET CHEWABLE	Methylphenidate HCl	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
AMINOGLYCOSIDES		
Aminoglycosides**		
neomycin sulfate oral		
paromomycin sulfate oral		
ANALGESICS - ANTI-INFLAMMATORY		
Anti-Tnf-Alpha - Monoclonal Antibodies**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML		PA
HUMIRA PEN SUBCUTANEOUS*		PA
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*		PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*		PA
HUMIRA SUBCUTANEOUS*		PA
Anti-Tnf-Alpha - Monoclonoal Antibodies**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML		PA
HUMIRA PEN SUBCUTANEOUS*		PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy
AL = Age Limit, OTC = Over The Counter
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Drug Name	Reference	Restrictions
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*		PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*		PA
HUMIRA SUBCUTANEOUS*		PA
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral	CeleBREX	ST
Gold Compounds**		
RIDAURA		PA
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
diclofenac potassium	Cataflam	
diclofenac sodium er	Voltaren-XR	
diclofenac sodium oral		
etodolac er		
etodolac oral		
fenoprofen calcium oral tablet		
flurbiprofen		
ibuprofen		
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		
indomethacin er		
indomethacin oral		
indomethacin powder		
ketoprofen er		
ketoprofen oral		
ketoprofen powder		
ketorolac tromethamine oral		* (Max benefit of 2 Rxs per 90 days); QLL (20 Tablets per 30 days)
meclofenamate sodium		
meloxicam oral tablet	Mobic	
nabumetone oral		
naproxen	Naprosyn	
naproxen dr	EC-Naprosyn	
naproxen sodium		
naproxen sodium oral tablet 275 mg	Anaprox	

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Drug Name	Reference	Restrictions
naproxen sodium oral tablet 550 mg	Anaprox DS	
oxaprozin	Daypro	
piroxicam	Feldene	
sulindac		
tolmetin sodium		
Pyrimidine Synthesis Inhibitors**		
leflunomide oral	Arava	
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL SUBCUTANEOUS*		PA
ENBREL SURECLICK SUBCUTANEOUS*		PA
ANALGESICS - NONNARCOTIC		
Analgesics-Sedatives**		
butalbital-apap-caffeine oral capsule 50-325-40 mg	Esgic	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Fioricet	
butalbital-aspirin-caffeine oral capsule	Fiorinal	
Salicylate Combinations**		
choline & mag trisalicylate oral tablet 1000 mg		
choline-mag trisalicylate		
Salicylates**		
diflunisal oral		
salsalate oral	Disalcid	
ANALGESICS - OPIOID		
Codeine Combinations**		
acetaminophen-codeine		* (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)
acetaminophen-codeine #2		* (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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Drug Name	Reference	Restrictions
acetaminophen-codeine #3	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)
acetaminophen-codeine #4	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)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Fioricet/Codeine	
butalbital-asa-caff-codeine	Ascomp-Codeine	
ASCOMP-CODEINE	Butalbital Compound/Codeine	
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	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)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Norco	* (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)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Vicoprofen	QLL (240 Tablets per 30 days)
Opioid Agonists**		
codeine sulfate oral tablet		QLL (30 Tablets per 30 days)
fentanyl citrate		
fentanyl citrate buccal	Actiq	QLL (90 lozenges per 30 days)
fentanyl transdermal patch 72 hr 100 mcg/hr	Duragesic-100	PA; QLL (10 patches per 30 days)
fentanyl transdermal patch 72 hr 12 mcg/hr	Duragesic-12	PA; QLL (10 patches per 30 days)
fentanyl transdermal patch 72 hr 25 mcg/hr	Duragesic-25	PA; QLL (10 patches per 30 days)
fentanyl transdermal patch 72 hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr		PA
fentanyl transdermal patch 72 hr 50 mcg/hr	Duragesic-50	PA; QLL (10 patches per 30 days)

Drug Name	Reference	Restrictions
fentanyl transdermal patch 72 hr 75 mcg/hr	Duragesic-75	PA; QLL (10 patches per 30 days)
hydromorphone hcl		
hydromorphone hcl oral tablet 2 mg, 4 mg	Dilaudid	
hydromorphone hcl oral tablet 8 mg	Dilaudid	QLL (120 Tablets per 30 days)
methadone hcl		
methadone hcl oral concentrate	Methadose	
methadone hcl oral solution		
methadone hcl oral tablet	Dolophine	PA; QLL (540 Tablets per 30 days)
methadone hcl oral tablet soluble	Methadose	PA; QLL (540 Tablets per 30 days)
morphine sulfate		
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml		
*morphine sulfate er oral tablet extendedrelease**	MS Contin	PA; QLL (90 EA per 30 days)
morphine sulfate oral		
oxycodone hcl		
oxycodone hcl er oral 10 mg, 20 mg, 40 mg, 80 mg	OxyCONTIN	QLL (90 EA per 30 days)
oxycodone hcl oral capsule		QLL (240 Tablets per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml		
oxycodone hcl oral solution		
oxycodone hcl oral tablet 10 mg, 20 mg		QLL (150 EA per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg	Roxicodone	QLL (150 EA per 30 days)
oxycodone hcl oral tablet 5 mg	Roxicodone	QLL (240 Tablets per 30 days)
oxymorphone hcl er		PA; QLL (60 EA per 2 days)
tramadol hcl er oral tablet extended release 24 hr 100 mg, 200 mg*	Ultram ER	PA; * (Requires PA for children under 16yrs of age.); QLL (30 EA per 30 days)
tramadol hcl oral	Ultram	PA; * (Requires PA for children under 16yrs of age.); QLL (240 Tablets per 30 days)
OXYCONTIN ORAL	OxyCODONE HCl ER	PA; QLL (90 EA per 30 days)

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Drug Name	Reference	Restrictions
Opioid Combinations**		
oxycodone-acetaminophen oral tablet 10-325 mg	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)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg	Percocet	* (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)
oxycodone-aspirin oral tablet 4.8355-325 mg	Percodan	QLL (240 Tablets per 30 days)
ENDOCET ORAL TABLET 5-325 MG	Oxycodone-Acetaminophen	
Opioid Partial Agonists**		
buprenorphine hcl sublingual tablet sublingual 2 mg		QLL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		QLL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl	Suboxone	QLL (90 EA per 30 days)
butorphanol tartrate nasal		QLL (1 bottle per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG		QLL (180 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG		QLL (90 EA per 30 days)
BUNAVAIL BUCCAL FILM 6.3-1 MG		QLL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG		QLL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG		QLL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG		QLL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		QLL (390 EA per 30 Days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		QLL (45 EA per 30 Days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		QLL (180 EA per 30 Days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		QLL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
Tramadol Combinations**		
tramadol-acetaminophen	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.)
ANDROGENS-ANABOLIC		
Androgens**		
danazol		
testosterone cypionate intramuscular solution 200 mg/ml*	Depo-Testosterone	PA
testosterone enanthate intramuscular solution*		PA; QLL (5 ML per 60 days)
testosterone transdermal gel 10 mg/act (2%)	Fortesta	PA; QLL (2 canisters per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	AndroGel Pump	PA; QLL (4 canisters per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	Testim	PA; QLL (60 GM per 30 days)
ANORECTAL AGENTS		
Intrarectal Steroids**		
hydrocortisone enema	Cortenema	
CORTIFOAM		
Nitrate Vasodilating Agents**		
RECTIV		PA; QLL (30 GM per 30 days)
Rectal Anesthetic/Steroids**		
lidocaine-hydrocortisone ace cream	LidaZone HC	
lidocaine-hydrocortisone ace kit 3-0.5 %, 3-1 %		
LIDAZONE HC CREAM	Lidocaine-Hydrocortisone Ace	
PROCTOFOAM HC		
Rectal Steroids**		
PROCTOSOL HC	Hemorrhoidal-HC	
ANTHELMINTICS		
Anthelmintics**		
ivermectin oral	Stromectol	

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Drug Name	Reference	Restrictions
mebendazole		
ALBENZA		
ANTIANGINAL AGENTS		
Nitrates**		
isosorbide dinitrate er		
isosorbide dinitrate oral	Isordil Titradose	
isosorbide mononitrate		
isosorbide mononitrate er	Imdur	
nitroglycerin er	Nitro-Time	
nitroglycerin transdermal patch 24 hr	Nitro-Dur	
NITRO-BID		
NITROSTAT	Nitroglycerin	
ANTIANXIETY AGENTS		
Antianxiety Agents - Misc.**		
buspirone hcl oral		QLL (90 Tablets per 30 days)
hydroxyzine hcl oral syrup		
hydroxyzine hcl oral tablet		
hydroxyzine pamoate	Vistaril	
meprobamate		
Benzodiazepines**		
alprazolam er	Xanax XR	
alprazolam oral	Xanax	
chlordiazepoxide hcl		
clorazepate dipotassium	Tranxene-T	
diazepam oral solution 1 mg/ml		
diazepam oral tablet	Valium	
lorazepam injection solution 2 mg/ml	Ativan	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
lorazepam oral	Ativan	
oxazepam		
ALPRAZOLAM INTENSOL		
LORAZEPAM INTENSOL	LORazepam	

Drug Name	Reference	Restrictions
ANTIARRHYTHMICS		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral	Norpace	
quinidine gluconate er		
quinidine sulfate oral		
Antiarrhythmics Type I-B**		
mexiletine hcl oral		PA
Antiarrhythmics Type I-C**		
flecainide acetate	Tambocor	
propafenone hcl	Rythmol	PA
propafenone hcl er	Rythmol SR	PA
Antiarrhythmics Type Iii**		
amiodarone hcl oral	Cordarone	
MULTAQ		PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
Adrenergic Combinations**		
ipratropium-albuterol	DuoNeb	
ADVAIR DISKUS		PA; ST; * (Covered for ages 4-11 years, PA required otherwise)
ADVAIR HFA		PA; ST; * (Covered for ages 4-11 years, PA required otherwise)
ANORO ELLIPTA		QLL (1 inhaler per 30 days)
COMBIVENT RESPIMAT		
STIOLTO RESPIMAT		ST; QLL (1 inhaler per 30 days)
SYMBICORT		
Anti-Inflammatory Agents**		
cromolyn sodium		
cromolyn sodium inhalation		
Beta Adrenergics**		
albuterol sulfate		
albuterol sulfate inhalation		QLL (390 ML per 30 days)
albuterol sulfate oral		
metaproterenol sulfate oral		

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Drug Name	Reference	Restrictions
terbutaline sulfate		
terbutaline sulfate oral		
ARCAPTA NEOHALER		
STRIVERDI RESPIMAT		
VENTOLIN HFA		QLL (2 Inhalers per 30 days)
Bronchodilators - Anticholinergics**		
ipratropium bromide		
ipratropium bromide inhalation		
ATROVENT HFA		
INCRUSE ELLIPTA		
SPIRIVA HANDIHALER		ST; QLL (30 Tablets per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT		
Leukotriene Receptor Antagonists**		
montelukast sodium oral	Singulair	QLL (30 Tablets per 30 days)
zafirlukast	Accolate	ST; QLL (60 Tablets per 30 days)
Steroid Inhalants**		
budesonide inhalation	Pulmicort	QLL (120 ML per 30 days)
FLOVENT DISKUS		
PULMICORT FLEXHALER		QLL (1 Inhaler per 30 days)
QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT, 80 MCG/ACT		
Xanthines**		
aminophylline anhydrous		
theophylline er	Theochron	
theophylline oral solution		
ANTICOAGULANTS		
Coumarin Anticoagulants**		
warfarin sodium	Coumadin	
Direct Factor Xa Inhibitors**		
ELIQUIS		PA; * (Covered for first 45 days without PA)

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Drug Name	Reference	Restrictions
XARELTO		PA; * (Covered for first 45 days without PA)
XARELTO STARTER PACK		PA; * (Covered for first 45 days without PA)
Heparins And Heparinoid-Like Agents**		
heparin sodium (porcine) injection		
heparin sodium (porcine) intravenous solution*		
heparin sodium (porcine) pf		
Low Molecular Weight Heparins**		
enoxaparin sodium	Lovenox	QLL (42 EA per 180 days)
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		QLL (21 ML per 180 days)
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium	Arixtra	PA; QLL (21 ML per 180 days)
ANTICONVULSANTS		
Anticonvulsants - Benzodiazepines**		
clonazepam oral	KlonoPIN	
diazepam gel	Diastat Pediatric	QLL (2 Packages per 30 days)
Anticonvulsants - Misc.**		
carbamazepine	TEGretol	
carbamazepine er oral capsule extended release 12 hour	Carbatrol	
carbamazepine er oral tablet extended release 12 hr 100 mg*	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)
carbamazepine er oral tablet extended release 12 hr 200 mg, 400 mg*	TEGretol XR	QLL (120 EA per 30 days)
gabapentin oral capsule	Neurontin	QLL (6 EA per 1 day)
gabapentin oral solution 250 mg/5ml	Neurontin	
gabapentin oral tablet 600 mg	Neurontin	QLL (6 EA per 1 day)

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Drug Name	Reference	Restrictions
gabapentin oral tablet 800 mg	Neurontin	QLL (4.5 EA per 1 day)
lamotrigine oral tablet	LaMICtal	
lamotrigine oral tablet chewable	LaMICtal	
levetiracetam oral	Keppra	
oxcarbazepine	Trileptal	
primidone oral	Mysoline	
topiramate oral	Topiragen	
zonisamide oral	Zonegran	QLL (180 units per 30 days)
CARBATROL	CarBAMazepine ER	
EPITOL	CarBAMazepine	
Carbamates**		
felbamate	Felbatol	
Gaba Modulators**		
tiagabine hcl	Gabitril	QLL (60 Tablets per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG		QLL (60 Tablets per 30 days)
Hydantoins**		
phenytoin oral suspension 125 mg/5ml	Dilantin	
phenytoin oral tablet chewable	Dilantin Infatabs	
phenytoin sodium extended oral capsule 100 mg	Dilantin	
DILANTIN INFATABS	Phenytoin	
DILANTIN ORAL CAPSULE 30 MG		
PHENYTEK	Phenytoin Sodium Extended	
PHENYTOIN INFATABS	Phenytoin	
Succinimides**		
ethosuximide oral	Zarontin	
CELONTIN		
Valproic Acid**		
*divalproex sodium er oral tablet extended release 24 hr**	Depakote ER	
divalproex sodium oral tablet delayed release	Depakote	
valproic acid oral	Depakene	
DEPAKOTE	Divalproex Sodium	
DEPAKOTE ER	Divalproex Sodium ER	

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Drug Name	Reference	Restrictions
ANTIDEPRESSANTS		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg	Remeron	QLL (30 Tablets per 30 days)
mirtazapine oral tablet 30 mg	Remeron	QLL (60 Tablets per 30 days)
mirtazapine oral tablet 45 mg	Remeron	QLL (45 Tablets per 30 days)
mirtazapine oral tablet 7.5 mg		QLL (30 Tablets per 30 days)
mirtazapine oral tablet dispersible 15 mg, 45 mg	Remeron SolTab	QLL (30 Tablets per 30 days)
mirtazapine oral tablet dispersible 30 mg	Remeron SolTab	QLL (60 Tablets per 30 days)
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hr 100 mg*	Budeprion SR	QLL (120 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hr 150 mg*	Budeprion SR	QLL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hr 200 mg*	Wellbutrin SR	QLL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hr 150 mg*	Wellbutrin XL	QLL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hr 300 mg*	Wellbutrin XL	QLL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg	Wellbutrin	QLL (135 EA per 30 days)
bupropion hcl oral tablet 75 mg	Wellbutrin	QLL (180 EA per 30 days)
maprotiline hcl		
Modified Cyclics**		
trazodone hcl		
Monoamine Oxidase Inhibitors (Maois)**		
phenelzine sulfate oral	Nardil	
tranylcypromine sulfate	Parnate	
MARPLAN		
NARDIL	Phenelzine Sulfate	
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution		QLL (600 ML per 30 days)
citalopram hydrobromide oral tablet	CeleXA	QLL (30 Tablets per 30 days)
escitalopram oxalate oral solution	Lexapro	QLL (600 ML per 30 days)

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Drug Name	Reference	Restrictions
escitalopram oxalate oral tablet	Lexapro	QLL (30 EA per 30 days)
fluoxetine hcl oral capsule 10 mg	PROzac	QLL (30 Capsules per 30 days)
fluoxetine hcl oral capsule 20 mg	PROzac	QLL (120 EA per 30 days)
fluoxetine hcl oral capsule 40 mg	PROzac	QLL (60 EA per 30 days)
fluoxetine hcl oral solution		QLL (600 ML per 30 days)
fluoxetine hcl oral tablet 10 mg		QLL (30 EA per 30 days)
fluoxetine hcl oral tablet 20 mg		QLL (60 EA per 30 days)
fluvoxamine maleate oral tablet 100 mg		QLL (90 EA per 30 days)
fluvoxamine maleate oral tablet 25 mg		QLL (30 EA per 30 days)
fluvoxamine maleate oral tablet 50 mg		QLL (60 EA per 30 days)
paroxetine hcl oral suspension	Paxil	QLL (900 ml per 30 days)
paroxetine hcl oral tablet	Paxil	QLL (60 Tablets per 30 days)
sertraline hcl oral concentrate	Zoloft	QLL (300 ML per 30 days)
sertraline hcl oral tablet 100 mg	Zoloft	QLL (75 EA per 30 days)
sertraline hcl oral tablet 25 mg	Zoloft	QLL (30 Tablets per 30 days)
sertraline hcl oral tablet 50 mg	Zoloft	QLL (60 EA per 30 days)
PEXEVA		PA
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	
venlafaxine hcl		
venlafaxine hcl er	Effexor XR	
PRISTIQ		PA
Tricyclic Agents**		
amitriptyline hcl oral		
amoxapine		
clomipramine hcl oral	Anafranil	
desipramine hcl	Norpramin	
doxepin hcl		
doxepin hcl oral		
imipramine hcl	Tofranil	
imipramine pamoate	Tofranil-PM	PA
nortriptyline hcl	Pamelor	
protriptyline hcl	Vivactil	
trimipramine maleate oral	Surmontil	

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Drug Name	Reference	Restrictions
ANTIDIABETICS		
Alpha-Glucosidase Inhibitors**		
acarbose	Precose	
Biguanides**		
metformin hcl er	Glucophage XR	
metformin hcl oral	Glucophage	
Diabetic Other**		
GLUCAGEN HYPOKIT		
GLUCAGON EMERGENCY		
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate	Nesina	QLL (30 EA per 30 days)
TRADJENTA		ST; QLL (30 EA per 30 days)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl	Kazano	QLL (60 EA per 30 days)
JENTADUETO		ST; QLL (60 EA per 30 days)
Dpp-4 Inhibitor-Thiazolidinedione Combinations**		
alogliptin-pioglitazone	Oseni	QLL (30 EA per 30 days)
Human Insulin**		
HUMALOG		QLL (6 Vials per 30 days)
HUMALOG MIX 50/50		QLL (6 Vials per 30 days)
HUMALOG MIX 75/25		QLL (6 Vials per 30 days)
HUMULIN R U-500 (CONCENTRATED)		QLL (6 Vials per 30 days)
LANTUS		QLL (6 Vials per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS*		
LEVEMIR		QLL (6 Vials per 30 days)
LEVEMIR FLEXTOUCH		
NOVOLOG		QLL (6 Vials per 30 days)
NOVOLOG MIX 70/30		QLL (6 Vials per 30 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
TANZEUM		ST

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Drug Name	Reference	Restrictions
TRULICITY		ST
Meglitinide Analogues**		
nateglinide	Starlix	
repaglinide	Prandin	
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
FARXIGA		ST; QLL (30 EA per 30 days)
INVOKANA		ST; QLL (30 EA per 30 days)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl	Metaglip	
glyburide-metformin	Glucovance	
Sulfonylureas**		
chlorpropamide		
glimepiride	Amaryl	
glipizide	Glucotrol	
glipizide er	GlipiZIDE XL	
glipizide xl	GlipiZIDE XL	
glyburide oral	Diabeta	
tolazamide		
tolbutamide		
Sulfonylurea-Thiazolidinedione Combinations**		
pioglitazone hcl-glimepiride	Duetact	QLL (30 Tablets per 30 days)
Thiazolidinedione-Biguanide Combinations**		
pioglitazone hcl-metformin hcl	Actoplus Met	QLL (90 Tablets per 30 days)
Thiazolidinediones**		
pioglitazone hcl	Actos	QLL (30 Tablets per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG		QLL (30 Tablets per 30 days)
ANTIDIARRHEALS		
Antiperistaltic Agents**		
diphenoxylate-atropine	Lonox	
loperamide hcl		
loperamide hcl oral capsule	Imodium A-D	

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Drug Name	Reference	Restrictions
ANTIDOTES		
Antidotes - Chelating Agents**		
CHEMET		
Opioid Antagonists**		
naltrexone hcl oral	Depade	
EVZIO		
NARCAN		
VIVITROL		QLL (1 EA per 30 days)
ANTIEMETICS		
5-Ht3 Receptor Antagonists**		
granisetron hcl oral		PA
ondansetron	Zofran ODT	
ondansetron hcl oral solution	Zofran	PA
ondansetron hcl oral tablet	Zofran	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
EMEND ORAL CAPSULE		QLL (6 EA per 30 days)
ANTIFUNGALS		
Antifungals**		
bio-statin oral powder		
griseofulvin microsize oral	Grifulvin V	
griseofulvin ultramicrosize	Gris-PEG	
nystatin oral		
terbinafine hcl oral	LamISIL	QLL (84 Tablets per 365 days)
Imidazoles**		
ketoconazole oral		
Triazoles**		
fluconazole oral	Diflucan	
itraconazole oral	Sporanox Pulsepak	
SPORANOX ORAL SOLUTION		ST
ANTIHISTAMINES		
Antihistamines - Alkylamines**		
brompheniramine maleate		
brompheniramine tannate oral tablet chewable		

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Drug Name	Reference	Restrictions
chlorpheniramine maleate		
Antihistamines - Ethanolamines**		
carbinoxamine maleate oral solution	Palgic	
carbinoxamine maleate oral tablet	Arbinoxa	
clemastine fumarate		
clemastine fumarate oral tablet 2.68 mg		
diphenhydramine hcl		
pharbedryl oral capsule 50 mg	Banophen	OTC
Antihistamines - Non-Sedating**		
cetirizine hcl oral solution	Wal-Zyr Childrens	QLL (150 ML per 30 days)
cetirizine hcl oral syrup	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
Antihistamines - Phenothiazines**		
promethazine hcl oral		
promethazine hcl suppository	Phenadoz	
Antihistamines - Piperidines**		
cyproheptadine hcl oral		
ANTIHYPERLIPIDEMICS		
Bile Acid Sequestrants**		
cholestyramine light	Questran Light	
cholestyramine oral	Questran	
colestipol hcl	Colestid	
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Lofibra	
fenofibrate oral tablet 145 mg, 48 mg	Tricor	
fenofibrate oral tablet 160 mg, 54 mg	Lofibra	
fenofibric acid oral capsule delayed release	Trilipix	
gemfibrozil		
gemfibrozil oral	Lopid	QLL (60 EA per 30 days)
Hmg Coa Reductase Inhibitors**		
atorvastatin calcium oral	Lipitor	QLL (30 EA per 30 days)
fluvastatin sodium	Lescol	QLL (30 Tablets per 30 days)
fluvastatin sodium er	Lescol XL	QLL (30 EA per 30 days)
lovastatin oral tablet 10 mg		QLL (30 EA per 30 days)

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Drug Name	Reference	Restrictions
lovastatin oral tablet 20 mg	Mevacor	QLL (30 EA per 30 days)
lovastatin oral tablet 40 mg	Mevacor	QLL (60 EA per 30 days)
pravastatin sodium		QLL (30 EA per 30 days)
rosuvastatin calcium	Crestor	PA; QLL (30 EA per 30 days)
simvastatin oral	Zocor	QLL (30 EA per 30 days)
Intestinal Cholesterol Absorption Inhibitors**		
ZETIA		ST
ANTIHYPERTENSIVES		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl	Lotrel	
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide		
captopril-hydrochlorothiazide		
enalapril-hydrochlorothiazide		
fosinopril sodium-hctz		
lisinopril-hydrochlorothiazide	Zestoretic	
moexipril-hydrochlorothiazide	Uniretic	
quinapril-hydrochlorothiazide	Accuretic	
Ace Inhibitors**		
benazepril hcl oral		
captopril oral		
enalapril maleate oral	Vasotec	
fosinopril sodium		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg	Zestril	QLL (30 EA per 30 days)
lisinopril oral tablet 40 mg	Zestril	QLL (60 EA per 30 days)
moexipril hcl	Univasc	
perindopril erbumine		
quinapril hcl	Accupril	
ramipril	Altace	
trandolapril	Mavik	

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Drug Name	Reference	Restrictions
Adrenolytics-Central & Thiazide/Thiazide-Like Comb**		
methyldopa-hydrochlorothiazide		
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan	Exforge	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
candesartan cilexetil-hctz	Atacand HCT	
losartan potassium-hctz	Hyzaar	
valsartan-hydrochlorothiazide	Diovan HCT	QLL (60 EA per 30 days)
Angiotensin Ii Receptor Antagonists**		
candesartan cilexetil	Atacand	
losartan potassium	Cozaar	
valsartan	Diovan	QLL (60 EA per 30 days)
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz	Exforge HCT	
Antiadrenergics - Centrally Acting**		
clonidine hcl	Catapres	
guanfacine hcl oral	Tenex	
methyldopa oral		
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate	Cardura	QLL (30 EA per 30 days)
prazosin hcl oral	Minipress	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg		QLL (30 EA per 30 days)
terazosin hcl oral capsule 10 mg		QLL (60 EA per 30 days)
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone	Tenoretic 50	
bisoprolol-hydrochlorothiazide	Ziac	
metoprolol-hydrochlorothiazide	Lopressor HCT	
propranolol-hctz		

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Drug Name	Reference	Restrictions
Reserpine**		
reserpine		
Vasodilators**		
hydralazine hcl oral		
minoxidil oral		
ANTI-INFECTIVE AGENTS - MISC.		
Anti-Infective Agents - Misc.**		
metronidazole oral	Flagyl	
trimethoprim		
FIRST-VANCOMYCIN 25		
FIRST-VANCOMYCIN 50		
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	Bactrim	
SULFATRIM PEDIATRIC	Sulfamethoxazole-Trimethoprim	
Leprostatics**		
dapsone oral		
Lincosamides**		
clindamycin hcl oral	Cleocin	
clindamycin palmitate hcl	Cleocin	
ANTIMALARIALS		
Antimalarials**		
chloroquine phosphate		
hydroxychloroquine sulfate oral	Plaquenil	
mefloquine hcl		
DARAPRIM		
ANTIMYASTHENIC AGENTS		
Antimyasthenic Agents**		
pyridostigmine bromide oral	Mestinon	

Drug Name	Reference	Restrictions
ANTIMYCOBACTERIAL AGENTS		
Antimycobacterial Agents**		
ethambutol hcl	Myambutol	
isoniazid		
isoniazid oral		
pyrazinamide oral		
rifabutin	Mycobutin	
rifampin		
rifampin oral	Rifadin	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
Alkylating Agents**		
HEXALEN		
Antiadrenals**		
LYSODREN		
Antiandrogens**		
bicalutamide	Casodex	
flutamide		
NILANDRON	Nilutamide	
Antiestrogens**		
tamoxifen citrate oral		
FARESTON		
Antimetabolites**		
capecitabine oral tablet 150 mg	Xeloda	PA; QLL (140 EA per 21 days)
capecitabine oral tablet 500 mg	Xeloda	PA; QLL (154 EA per 21 days)
mercaptopurine oral	Purinethol	
methotrexate oral		
TABLOID		
Antineoplastic - Monoclonal Antibodies**		
RITUXAN INTRAVENOUS* SOLUTION		PA
Antineoplastic - Multikinase Inhibitors**		
NEXAVAR		PA; QLL (120 EA per 30 days)

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Drug Name	Reference	Restrictions
SUTENT ORAL CAPSULE 12.5 MG, 25 MG		PA
SUTENT ORAL CAPSULE 37.5 MG		PA; QLL (30 EA per 30 days)
SUTENT ORAL CAPSULE 50 MG		PA; QLL (28 EA per 42 Days)
Antineoplastic - Tyrosine Kinase Inhibitors**		
imatinib mesylate	Gleevec	PA
CABOMETYX		PA; QLL (30 EA per 30 days)
TARCEVA		PA
TASIGNA		PA; QLL (60 EA per 30 days)
TYKERB		PA; QLL (180 EA per 30 Days)
VOTRIENT		PA; QLL (120 EA per 30 Days)
Antineoplastics Misc.**		
hydroxyurea oral	Hydrea	
MATULANE		
Aromatase Inhibitors**		
anastrozole oral	Arimidex	
exemestane	Aromasin	
letrozole oral	Femara	
Estrogens-Antineoplastic**		
EMCYT		
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral		
Lhrh Analogs**		
ELIGARD SUBCUTANEOUS* KIT 22.5 MG		
ELIGARD SUBCUTANEOUS* KIT 30 MG, 45 MG, 7.5 MG		PA
LUPRON DEPOT		PA
TRELSTAR		PA
TRELSTAR MIXJECT		PA
VANTAS		PA
ZOLADEX		PA
Mitotic Inhibitors**		
etoposide oral		

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Drug Name	Reference	Restrictions
Nitrogen Mustards**		
cyclophosphamide oral capsule		
LEUKERAN		
Nitrosoureas**		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Lomustine	
Progestins-Antineoplastic**		
megestrol acetate		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Megace Oral	
megestrol acetate oral tablet		
Retinoids**		
tretinoin oral		
Selective Retinoid X Receptor Agonists**		
bexarotene	Targretin	
Urinary Tract Protective Agents**		
MESNEX ORAL		
ANTIPARKINSON AGENTS		
Antiparkinson Anticholinergics**		
benztropine mesylate injection	Cogentin	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
benztropine mesylate oral		
trihexyphenidyl hcl		
Antiparkinson Dopaminergics**		
amantadine hcl oral		
bromocriptine mesylate	Parlodel	
Antiparkinson Monoamine Oxidase Inhibitors**		
selegiline hcl	Eldepryl	
Levodopa Combinations**		
carbidopa-levodopa	Sinemet	
carbidopa-levodopa er oral tablet extendedrelease 25-100 mg, 50-200 mg*	Sinemet CR	

Drug Name	Reference	Restrictions
carbidopa-levodopa-entacapone	Stalevo 50	PA; QLL (270 EA per 30 days)
Nonergoline Dopamine Receptor Agonists**		
pramipexole dihydrochloride	Mirapex	
ropinirole hcl	Requip	QLL (90 EA per 30 days)
Peripheral Comt Inhibitors**		
entacapone	Comtan	PA; QLL (120 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Antimanic Agents**		
lithium		
lithium carbonate		
lithium carbonate er	Lithobid	
Antipsychotics - Misc.**		
ziprasidone hcl	Geodon	ST
LATUDA		PA
Benzisoxazoles**		
risperidone oral solution	RisperDAL	
risperidone oral tablet	RisperDAL	QLL (60 Tablets per 30 days)
risperidone oral tablet dispersible		ST; QLL (60 Tablets per 30 days)
INVEGA SUSTENNA		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
INVEGA TRINZA		PA
RISPERDAL CONSTA		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (1 EA per 14 days)
RISPERIDONE M-TAB	RisperiDONE	ST; QLL (60 Tablets per 30 days)
Butyrophenones**		
*haloperidol decanoate intramuscular**	Haldol Decanoate	
haloperidol lactate injection	Haldol	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
haloperidol oral		

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Drug Name	Reference	Restrictions
Dibenzodiazepines**		
clozapine oral tablet	Clozaril	
Dibenzo-Oxepino Pyrroles**		
SAPHRIS		PA
Dibenzothiazepines**		
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 400 mg, 50 mg	SEROquel	QLL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg	SEROquel	QLL (60 EA per 30 days)
Dibenzoxazepines**		
loxapine succinate oral	Loxitane	
Phenothiazines**		
chlorpromazine hcl		
chlorpromazine hcl injection solution 25 mg/ml		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 Ampules per 34 days)
chlorpromazine hcl oral		
fluphenazine decanoate injection		
fluphenazine hcl injection		PA; QLL (1 Vial per 34 days)
fluphenazine hcl oral concentrate		* (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
fluphenazine hcl oral elixir		
fluphenazine hcl oral tablet		
perphenazine oral		
prochlorperazine	Compro	
prochlorperazine maleate	Compazine	
thioridazine hcl oral		
trifluoperazine hcl oral		
Thienbenzodiazepines**		
olanzapine oral tablet	ZyPREXA	
olanzapine oral tablet dispersible	ZyPREXA Zydis	PA
Thioxanthenes**		
thiothixene oral		

Drug Name	Reference	Restrictions
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics**		
chlorhexidine gluconate solution 20 %		
ANTIVIRALS		
Antiretroviral Combinations**		
abacavir-lamivudine-zidovudine	Trizivir	
lamivudine-zidovudine	Combivir	
ATRIPLA		
COMPLERA		
DESCOVY		QLL (30 EA per 30 days)
EPZICOM	Abacavir Sulfate-Lamivudine	
GENVOYA		QLL (30 EA per 30 days)
KALETRA ORAL SOLUTION		
KALETRA ORAL TABLET		
STRIBILD		QLL (30 EA per 30 days)
TRIUMEQ		
TRUVADA		QLL (30 EA per 30 days)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY		
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED		
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS ORAL TABLET		QLL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE		QLL (180 EA per 30 days)
TIVICAY		QLL (60 EA per 30 days)
VITEKTA		
Antiretrovirals - Protease Inhibitors**		
APTIVUS		

Drug Name	Reference	Restrictions
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		
INVIRASE		
LEXIVA		
NORVIR		
PREZISTA ORAL SUSPENSION		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG		
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG		
VIRACEPT ORAL TABLET		
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
nevirapine	Viramune	
nevirapine er oral tablet extended release 24 hr 400 mg*	Viramune XR	
EDURANT		
INTELENCE		
RESCRIPTOR		
SUSTIVA		
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate	Ziagen	
didanosine	Videx EC	
VIDEX		
ZIAGEN ORAL SOLUTION		
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
lamivudine oral solution	Epivir	
lamivudine oral tablet 150 mg, 300 mg	Epivir	
EMTRIVA		
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
stavudine	Zerit	
zidovudine	Retrovir	

Drug Name	Reference	Restrictions
Antiretrovirals - Rti-Nucleotide Analogues**		
VIREAD ORAL POWDER		
VIREAD ORAL TABLET		QLL (30 EA per 30 days)
Hepatitis B Agents**		
entecavir	Baraclude	QLL (30 EA per 30 days)
lamivudine oral tablet 100 mg	Epivir HBV	QLL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION		
EPIVIR HBV ORAL SOLUTION		QLL (300 ML per 30 days)
TYZEKA		PA
Hepatitis C Agents**		
ribavirin oral capsule	Rebetol	ST
ribavirin oral tablet 200 mg	Copegus	ST
MODERIBA	Ribavirin	ST
MODERIBA 1200 DOSE PACK		ST
MODERIBA 800 DOSE PACK		ST
PEGASYS PROCLICK		PA
PEGASYS SUBCUTANEOUS* SOLUTION		PA
PEGINTRON		PA
PEG-INTRON REDIPEN		PA
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML		PA
REBETOL ORAL SOLUTION		ST
RIBASPHERE	Ribavirin	ST
RIBASPHERE RIBAPAK		ST
SOVALDI		PA; QLL (14 EA per 14 days)
Herpes Agents - Purine Analogues**		
acyclovir oral capsule	Zovirax	QLL (90 EA per 30 days)
acyclovir oral suspension	Zovirax	
acyclovir oral tablet	Zovirax	QLL (90 EA per 30 days)
valacyclovir hcl oral tablet 1 gm	Valtrex	QLL (30 Tablets per 30 days)
valacyclovir hcl oral tablet 500 mg	Valtrex	QLL (60 Tablets per 30 days)

Drug Name	Reference	Restrictions
Herpes Agents - Thymidine Analogues**		
famciclovir oral	Famvir	
Influenza Agents**		
rimantadine hcl	Flumadine	QLL (7 Tablets per 30 days)
Neuraminidase Inhibitors**		
RELENZA DISKHALER		QLL (20 Inhalations Max Qty Per Fill Retail)
TAMIFLU ORAL CAPSULE 30 MG		QLL (20 EA Max Qty Per Fill Retail)
TAMIFLU ORAL CAPSULE 45 MG		QLL (10 EA Max Qty Per Fill Retail)
TAMIFLU ORAL CAPSULE 75 MG		QLL (10 Capsules Max Qty Per Fill Retail)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML		QLL (180 ML per 30 days)
ASSORTED CLASSES		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG		PA; QLL (30 EA per 30 Days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		PA; QLL (60 EA per 30 Days)
Chelating Agents**		
penicillamine		
CUPRIMINE ORAL CAPSULE 250 MG		
Cyclosporine Analogs**		
cyclosporine modified	Gengraf	
cyclosporine oral capsule	SandIMMUNE	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	CycloSPORINE Modified	
GENGRAF ORAL SOLUTION	CycloSPORINE Modified	
Immunomodulators For Myelodysplastic Syndromes**		
REVLIMID		PA; QLL (30 EA per 30 days)
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate mofetil	CellCept	

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Drug Name	Reference	Restrictions
mycophenolic acid	Myfortic	
Macrolide Immunosuppressants**		
sirolimus oral	Rapamune	
tacrolimus oral	Hecoria	
RAPAMUNE ORAL SOLUTION		
Potassium Removing Resins**		
sodium polystyrene sulfonate oral	SPS	
KIONEX	Sodium Polystyrene Sulfonate	
SPS	Sodium Polystyrene Sulfonate	
Purine Analogs**		
azathioprine	Imuran	
BETA BLOCKERS		
Alpha-Beta Blockers**		
carvedilol	Coreg	
labetalol hcl oral	Trandate	
Beta Blockers Cardio-Selective**		
acebutolol hcl	Sectral	
atenolol	Tenormin	
betaxolol hcl oral	Kerlone	
bisoprolol fumarate	Zebeta	
metoprolol succinate er	Toprol XL	
metoprolol tartrate		
metoprolol tartrate oral tablet 100 mg, 50 mg	Lopressor	
metoprolol tartrate oral tablet 25 mg		
Beta Blockers Non-Selective**		
nadolol		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Corgard	
pindolol		
propranolol hcl		
propranolol hcl er	Inderal LA	
propranolol hcl oral solution 40 mg/5ml		
propranolol hcl oral tablet		
sotalol hcl (af)	Betapace AF	
sotalol hcl oral	Sorine	
timolol maleate		

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Drug Name	Reference	Restrictions
timolol maleate oral		
CALCIUM CHANNEL BLOCKERS		
Calcium Channel Blockers**		
amlodipine besylate oral tablet 10 mg	Norvasc	QLL (30 EA per 30 days)
amlodipine besylate oral tablet 2.5 mg	Norvasc	QLL (120 EA per 30 days)
amlodipine besylate oral tablet 5 mg	Norvasc	QLL (60 EA per 30 days)
diltiazem hcl er beads	Tiazac	QLL (60 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Cardizem CD	QLL (60 EA per 30 days)
*diltiazem hcl er coated beads oral tablet extended release 24 hr**	Cardizem LA	
diltiazem hcl er oral capsule extended release 12 hour		QLL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg		QLL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 24 hour 240 mg	Dilacor XR	QLL (60 EA per 30 days)
diltiazem hcl oral	Cardizem	QLL (120 EA per 30 days)
dilt-xr		QLL (60 EA per 30 days)
felodipine er		
isradipine		
nicardipine hcl oral		
nifedipine	Procardia	
nifedipine er	Nifediac CC	QLL (90 EA per 30 days)
nifedipine er osmotic release	Nifedical XL	QLL (90 EA per 30 days)
nimodipine oral	Nimotop	
nisoldipine er oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg*		QLL (60 Tablets per 30 days)
verapamil hcl		
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Verelan	QLL (60 EA per 30 days)
verapamil hcl er oral tablet extendedrelease 120 mg, 180 mg, 240 mg*	Calan SR	QLL (60 EA per 30 days)
verapamil hcl oral		QLL (120 EA per 30 days)
CARTIA XT	Diltiazem HCl ER Coated Beads	QLL (60 EA per 30 days)

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Drug Name	Reference	Restrictions
NIFEDICAL XL	NIFEdipine ER Osmotic	QLL (90 EA per 30 days)
CARDIOTONICS		
Cardiac Glycosides**		
digoxin oral	Lanoxin	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Digoxin	
CARDIOVASCULAR AGENTS - MISC.		
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
sildenafil citrate oral	Revatio	PA; QLL (90 EA per 30 days)
ADCIRCA		PA; QLL (60 EA per 30 days)
CEPHALOSPORINS		
Cephalosporins - 1St Generation**		
cefadroxil		
cephalexin oral capsule 250 mg, 500 mg	Keflex	
cephalexin oral suspension reconstituted		
cephalexin oral tablet		
Cephalosporins - 2Nd Generation**		
cefaclor er		
cefaclor oral capsule		
cefprozil		
cefuroxime axetil oral tablet	Ceftin	
Cephalosporins - 3Rd Generation**		
cefdinir		
cefixime	Suprax	
cefpodoxime proxetil		
ceftriaxone sodium injection solution reconstituted 1 gm, 500 mg	Rocephin	QLL (2 Grams Max Qty Per Fill Retail)
ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg		QLL (2 Grams Max Qty Per Fill Retail)
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm*		QLL (2 Grams Max Qty Per Fill Retail)

Drug Name	Reference	Restrictions
CONTRACEPTIVES		
Biphasic Contraceptives - Oral**		
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Kariva	
viorele	Kariva	
AZURETTE	Viorele	
KARIVA	Viorele	
NECON 10/11 (28)		
PIMTREA	Viorele	
Combination Contraceptives - Oral**		
alyacen 1/35	Necon 1/35 (28)	
briellyn	Philith	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Reclipsen	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	Ocella	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	Lessina-28	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	Kurvelo	
marlissa	Kurvelo	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	Microgestin FE 1/20	
norethindrone acet-ethinyl est	Gildess 1/20	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Mono-Linyah	
ALTAVERA	Marlissa	
APRI	Desogestrel-Ethinyl Estradiol	
AUBRA	Levonorgestrel-Ethinyl Estrad	
AVIANE	Levonorgestrel-Ethinyl Estrad	
BALZIVA	Briellyn	
CHATEAL	Marlissa	
CRYSELLE-28		
CYCLAFEM 1/35	Alyacen 1/35	
DASETTA 1/35	Alyacen 1/35	
DELYLA	Levonorgestrel-Ethinyl Estrad	

Drug Name	Reference	Restrictions
ELINEST		
EMOQUETTE	Desogestrel-Ethinyl Estradiol	
ENSKYCE	Desogestrel-Ethinyl Estradiol	
ESTARYLLA	Norgestimate-Eth Estradiol	
FALMINA	Levonorgestrel-Ethinyl Estrad	
GIANVI	Drospirenone-Ethinyl Estradiol	
GILDAGIA	Briellyn	
GILDESS 1.5/30		
GILDESS 1/20	Norethindrone Acet-Ethinyl Est	
GILDESS FE 1.5/30		
GILDESS FE 1/20	Norethin Ace-Eth Estrad-FE	
JUNEL 1.5/30		
JUNEL 1/20	Norethindrone Acet-Ethinyl Est	
JUNEL FE 1.5/30		
JUNEL FE 1/20	Norethin Ace-Eth Estrad-FE	
KELNOR 1/35		
KURVELO	Marlissa	
LARIN 1.5/30		
LARIN 1/20	Norethindrone Acet-Ethinyl Est	
LARIN FE 1.5/30		
LARIN FE 1/20	Norethin Ace-Eth Estrad-FE	
LESSINA	Levonorgestrel-Ethinyl Estrad	
LEVORA 0.15/30 (28)	Marlissa	
LORYNA	Drospirenone-Ethinyl Estradiol	
LOW-OGESTREL		
LUTERA	Levonorgestrel-Ethinyl Estrad	
MICROGESTIN 1.5/30		
MICROGESTIN 1/20	Norethindrone Acet-Ethinyl Est	
MICROGESTIN FE 1.5/30		
MICROGESTIN FE 1/20	Norethin Ace-Eth Estrad-FE	
MONO-LINYAH	Norgestimate-Eth Estradiol	
MONONESSA	Norgestimate-Eth Estradiol	
NECON 0.5/35 (28)		

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Drug Name	Reference	Restrictions
NECON 1/35 (28)	Alyacen 1/35	
NECON 1/50 (28)		
NIKKI	Drospirenone-Ethinyl Estradiol	
NORTREL 0.5/35 (28)		
NORTREL 1/35 (21)	Alyacen 1/35	
NORTREL 1/35 (28)	Alyacen 1/35	
OCELLA	Drospirenone-Ethinyl Estradiol	
OGESTREL		
ORSYTHIA	Levonorgestrel-Ethinyl Estrad	
PHILITH	Briellyn	
PIRMELLA 1/35	Alyacen 1/35	
PORTIA-28	Marlissa	
PREVIFEM	Norgestimate-Eth Estradiol	
RECLIPSEN	Desogestrel-Ethinyl Estradiol	
SOLIA	Desogestrel-Ethinyl Estradiol	
SPRINTEC 28	Norgestimate-Eth Estradiol	
SRONYX	Levonorgestrel-Ethinyl Estrad	
SYEDA	Drospirenone-Ethinyl Estradiol	
TARINA FE 1/20	Norethin Ace-Eth Estrad-FE	
VESTURA	Drospirenone-Ethinyl Estradiol	
VYFEMLA	Briellyn	
WERA		
ZARAH	Drospirenone-Ethinyl Estradiol	
ZENCHENT	Briellyn	
ZOVIA 1/35E (28)		
ZOVIA 1/50E (28)		
Combination Contraceptives - Transdermal**		
XULANE		QLL (3 patches per 28 days)
Combination Contraceptives - Vaginal**		
NUVARING		QLL (1 ring per 30 days)
Copper Contraceptives - Iud (New)**		
PARAGARD INTRAUTERINE COPPER		QLL (1 EA per 999 1/999 dayss)

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Drug Name	Reference	Restrictions
Emergency Contraceptives**		
levonorgestrel oral tablet 1.5 mg	Next Choice One Dose	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
ELLA		
MY WAY	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
NEXT CHOICE ONE DOSE	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
OPCICON ONE-STEP	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
PLAN B ONE-STEP	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
REACT	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
Extended-Cycle Contraceptives - Oral**		
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	Introvale	
INTROVALE	Levonorgest-Eth Estrad 91-Day	
JOLESSA	Levonorgest-Eth Estrad 91-Day	
QUASENSE	Levonorgest-Eth Estrad 91-Day	
Progestin Contraceptives - Implants**		
NEXPLANON		QLL (1 Implant per 3 Yearss)

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Drug Name	Reference	Restrictions
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension*	Depo-Provera	QLL (1 Injection per 90 days)
Progestin Contraceptives - Iud**		
MIRENA (52 MG)		QLL (1 EA per 5 Years)
Progestin Contraceptives - Oral**		
norethindrone oral	Jolivette	
CAMILA	Norethindrone	
DEBLITANE	Norethindrone	
ERRIN	Norethindrone	
HEATHER	Norethindrone	
JENCYCLA	Norethindrone	
JOLIVETTE	Norethindrone	
LYZA	Norethindrone	
NORA-BE	Norethindrone	
NORLYROC	Norethindrone	
SHAROBEL	Norethindrone	
Triphasic Contraceptives - Oral**		
alyacen 7/7/7	Nortrel 7/7/7	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	Tri-Linyah	
ARANELLE		
CAZIANT		
CESIA		
CYCLAFEM 7/7/7	Alyacen 7/7/7	
DASETTA 7/7/7	Alyacen 7/7/7	
ENPRESSE-28	Levonorg-Eth Estrad Triphasic	
LEENA		
LEVONEST	Levonorg-Eth Estrad Triphasic	
MYZILRA	Levonorg-Eth Estrad Triphasic	
NECON 7/7/7	Alyacen 7/7/7	
NORTREL 7/7/7	Alyacen 7/7/7	
PIRMELLA 7/7/7	Alyacen 7/7/7	
TILIA FE		

Drug Name	Reference	Restrictions
TRI-ESTARYLLA	Norgestim-Eth Estrad Triphasic	
TRI-LEGEST FE		
TRI-LINYAH	Norgestim-Eth Estrad Triphasic	
TRINESSA (28)	Norgestim-Eth Estrad Triphasic	
TRI-PREVIFEM	Norgestim-Eth Estrad Triphasic	
TRI-SPRINTEC	Norgestim-Eth Estrad Triphasic	
TRIVORA (28)	Levonorg-Eth Estrad Triphasic	
VELIVET		
CORTICOSTEROIDS		
Glucocorticosteroids**		
cortisone acetate		
dexamethasone		
dexamethasone base		
hydrocortisone oral	Cortef	
methylprednisolone		
methylprednisolone oral tablet	Medrol	
prednisolone		
prednisolone anhydrous		
prednisolone oral solution	Prelone	
prednisolone oral syrup 15 mg/5ml	Prelone	
prednisolone sodium phosphate		
prednisolone sodium phosphate oral solution 15 mg/5ml	Orapred	
prednisolone sodium phosphate oral solution 25 mg/5ml		
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	Pediapred	
prednisolone sodium phosphate oral tablet dispersible	Orapred ODT	
prednisone		
prednisone oral solution		
prednisone oral tablet		

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Drug Name	Reference	Restrictions
Mineralocorticoids**		
fludrocortisone acetate		
COUGH/COLD/ALLERGY		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg	Tessalon Perles	
benzonatate oral capsule 200 mg	Tessalon	
dextromethorphan hbr		
dextromethorphan hbr monohyd powder		
Decongestant & Antihistamine**		
promethazine vc plain		
Expectorants**		
guaifenesin		
Misc. Respiratory Inhalants**		
sodium chloride inhalation nebulization solution 0.9 %		
Mucolytics**		
acetylcysteine inhalation		
Non-Narc Antitussive-Antihistamine**		
promethazine-dm		
Opioid Antitussive-Antihistamine**		
promethazine-codeine		
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine vc/codeine		
DERMATOLOGICALS		
Acne Antibiotics**		
clindamycin phosphate external gel	ClindaMax	
clindamycin phosphate external lotion	ClindaMax	
clindamycin phosphate external solution	Cleocin-T	
clindamycin phosphate external swab	Clindacin-P	
erythromycin external gel	Erygel	
erythromycin external solution		

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Drug Name	Reference	Restrictions
sulfacetamide sodium (acne)	Klaron	
sulfacetamide sodium external suspension	Klaron	
Acne Combinations**		
benzoyl peroxide-erythromycin	Benzamycin	
bp cleansing wash	Claris Clarifying Wash	
clindamycin phos-benzoyl perox external gel 1-5 %	BenzaClin	
sulfacetamide sodium-sulfur external emulsion	Rosanil Cleanser	
sulfacetamide sodium-sulfur external lotion 10-5 %		
sulfacetamide-sulfur in urea external emulsion		
AVAR CLEANSER	Sulfacetamide Sodium-Sulfur	
PRASCION	Sulfacetamide Sodium-Sulfur	
ROSANIL CLEANSER	Sulfacetamide Sodium-Sulfur	
Acne Products**		
adapalene external cream	Differin	
adapalene external gel 0.1 %	Differin	
tretinoin external cream	Retin-A	QLL (20 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	Retin-A	QLL (20 GM per 30 days)
CLARAVIS		
TRETIN-X EXTERNAL CREAM 0.075 %		
TRETIN-X EXTERNAL KIT 0.05 % CREAM		
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG		
Agents For Facial Wrinkles - Retinoids**		
tretinoin (emollient)	Refissa	
REFISSA	Tretinoin (Emollient)	
Antibiotics - Topical**		
bacitracin		
gentamicin sulfate		
gentamicin sulfate external		
mupirocin calcium	Bactroban	
mupirocin external	Bactroban	

Drug Name	Reference	Restrictions
Antifungals - Topical Combinations**		
clotrimazole-betamethasone	Lotrisone	
nystatin-triamcinolone		
Antifungals - Topical**		
ciclopirox	Ciclodan	
ciclopirox olamine		
nystatin		
nystatin external	Nyamyc	
NYAMYC	Nystatin	
NYSTOP	Nystatin	
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	Efudex	
fluorouracil external solution		
Antipsoriatics - Systemic**		
OXSORALEN ULTRA	Methoxsalen Rapid	
Antipsoriatics**		
calcipotriene external		
Antiseborrheic Combinations**		
selenium sulf-pyrithione-urea		
sodium sulfacetamide wash		
Antiseborrheic Products**		
selenium sulfide external lotion	Selsun	
sulfacetamide sodium external liquid†	Seb-Prev Wash	
SEB-PREV WASH	Sulfacetamide Sodium	
Antivirals - Topical**		
acyclovir external	Zovirax	ST; QLL (1 tube per 30 days)
ABREVA		OTC; QLL (2 GM per 30 days)
Burn Products**		
silver sulfadiazine external	Thermazene	
SSD	Silver Sulfadiazine	
Corticosteroids - Topical**		
alclometasone dipropionate	Aclovate	
alphatrex		

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Drug Name	Reference	Restrictions
amcinonide		
betamethasone dipropionate aug	Diprolene AF	
betamethasone dipropionate external		
betamethasone valerate external cream		
betamethasone valerate external lotion		
betamethasone valerate external ointment		
clobetasol 17 propionate		
clobetasol propionate		
clobetasol propionate e	Temovate E	
clobetasol propionate emulsion	Olux-E	
clobetasol propionate external cream	Temovate	
clobetasol propionate external foam	Olux	
clobetasol propionate external gel	Temovate	
clobetasol propionate external lotion	Clobex	
clobetasol propionate external ointment	Temovate	
clobetasol propionate external shampoo	Clobex	
clobetasol propionate external solution	Cormax Scalp Application	
desonide external	DesOwen	
desoximetasone external cream	Topicort	
desoximetasone external gel	Topicort	
desoximetasone external ointment 0.25 %	Topicort	
diflorasone diacetate external		
fluocinolone acetonide external	Synalar	
fluocinonide external cream 0.05 %		
fluocinonide external gel		
fluocinonide external ointment		
fluocinonide external solution		
fluocinonide-e		
fluticasone propionate external cream	Cutivate	
fluticasone propionate external ointment	Cutivate	
halobetasol propionate	Ultravate	
hydrocortisone butyrate external solution	Locoid	
hydrocortisone external cream 2.5 %	Proctozone-HC	
hydrocortisone external lotion 2.5 %		
hydrocortisone external ointment 2.5 %		
hydrocortisone valerate		

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Drug Name	Reference	Restrictions
mometasone furoate external	Elocon	
prednicarbate	Dermatop	
triamcinolone acetonide external cream		
triamcinolone acetonide external lotion		
triamcinolone acetonide external ointment		
LOCOID	Hydrocortisone Butyrate	
LOCOID LIPOCREAM	Hydrocortisone Butyr Lipo Base	
LOKARA	Desonide	
TRIANEX		
TRIDERM EXTERNAL CREAM	Triamcinolone Acetonide	
Enzymes - Topical**		
SANTYL		
Imidazole-Related Antifungals - Topical**		
econazole nitrate external		
ketoconazole external cream		
ketoconazole external shampoo	Nizoral	
kp clotrimazole	Desenex	OTC
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external	Aldara	
Insect Repellents**		
OFF DEEP WOODS DRY	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
OFF DEEP WOODS EXTERNAL AEROSOL†	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL†	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
OFF FAMILYCARE CLEAN FEEL		OTC; QLL (1 bottle per 30 days)
OFF SMOOTH & DRY	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID†		OTC; QLL (1 bottle per 30 days)
ULTRATHON INSECT REPELLENT 8	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)

Drug Name	Reference	Restrictions
Keratolytic/Antimitotic Agents**		
podofilox external	Condylox	
CONDYLOX EXTERNAL GEL		
Local Anesthetics - Topical**		
lidocaine external ointment		
lidocaine hcl external cream	Lidopin	
lidocaine hcl external gel 2 %	Regenecare HA	
lidocaine hcl external lotion		
lidocaine hcl external solution	Xylocaine	
Macrolide Immunosuppressants - Topical**		
tacrolimus external	Protopic	
ELIDEL		ST; QLL (30 GM per 30 days)
Rosacea Agents**		
metronidazole external	Rosadan	
ROSADAN EXTERNAL CREAM	MetroNIDAZOLE	
ROSADAN EXTERNAL GEL	MetroNIDAZOLE	
Scabicides & Pediculicides**		
malathion external	Ovide	
permethrin external cream	Elimite	
ULESFIA		
Topical Anesthetic Combinations**		
lidocaine-prilocaine	EMLA	
Topical Selective Retinoid X Receptor Agonists**		
TARGRETIN EXTERNAL		
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs**		
GLUCAGEN DIAGNOSTIC		
Diagnostic Tests**		
ONETOUCH ULTRA BLUE	Blood Glucose Test	All One Touch brands are covered.; Quantity Limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)

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Drug Name	Reference	Restrictions
ONETOUCH VERIO IN VITRO STRIP	Blood Glucose Test	All One Touch brands are covered.; Quantity Limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)
DIGESTIVE AIDS		
Digestive Enzymes**		
pancrelipase (lip-prot-amyl)	Zenpep	* (*)
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 6000 UNIT		
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-25000 UNIT, 16800-40000 UNIT, 21000-37000 UNIT, 4200-10000 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT		
DIURETICS		
Carbonic Anhydrase Inhibitors**		
acetazolamide er	Diamox Sequels	
acetazolamide oral		
methazolamide	Neptazane	
Diuretic Combinations**		
amiloride-hydrochlorothiazide		
spironolactone-hctz	Aldactazide	
triamterene-hctz oral capsule 37.5-25 mg	Dyazide	
triamterene-hctz oral tablet	Maxzide-25	
Loop Diuretics**		
bumetanide oral	Bumex	
furosemide		
furosemide oral solution 10 mg/ml, 8 mg/ml		
furosemide oral tablet	Lasix	
torsemide oral	Demadex	
Potassium Sparing Diuretics**		
amiloride hcl oral		
spironolactone	Aldactone	

Drug Name	Reference	Restrictions
DYRENIUM		
Thiazides And Thiazide-Like Diuretics**		
chlorothiazide oral		
chlorthalidone		
hydrochlorothiazide	Microzide	
indapamide oral		
methyclothiazide oral		
metolazone	Zaroxolyn	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Bisphosphonates**		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	Fosamax	QLL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	Fosamax	QLL (4 Tablets per 30 days)
etidronate disodium		
ibandronate sodium intravenous solution 3 mg/3ml*	Boniva	
pamidronate disodium		
Calcitonins**		
calcitonin (salmon)	Fortical	
FORTICAL	Calcitonin (Salmon)	
Carnitine Replenisher - Agents**		
*levocarnitine intravenous**	Carnitor	
levocarnitine oral solution	Carnitor SF	PA; OTC
levocarnitine oral tablet	Carnitor	PA; OTC
Dopamine Receptor Agonists**		
cabergoline		PA
Growth Hormones**		
OMNITROPE SUBCUTANEOUS* SOLUTION		PA
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol intravenous solution 1 mcg/ml*	Calcijex	
calcitriol oral	Rocaltrol	
paricalcitol oral	Zemplar	ST

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Drug Name	Reference	Restrictions
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
LUPRON DEPOT-PED		PA
Selective Estrogen Receptor Modulators (Serms)**		
raloxifene hcl	Evista	QLL (30 Tablets per 30 days)
Somatostatic Agents**		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	PA
SANDOSTATIN LAR DEPOT		PA
Vasopressin**		
desmopressin ace rhinal tube	DDAVP Rhinal Tube	QLL (1 Bottle per 30 days)
desmopressin ace spray refrig	Minirin	QLL (1 Bottle per 30 days)
desmopressin acetate oral	DDAVP	QLL (90 Tablets per 30 days)
desmopressin acetate spray	DDAVP	QLL (1 Bottle per 30 days)
ESTROGENS		
Estrogen & Progestin**		
estradiol-norethindrone acet	Activella	
CLIMARA PRO		
COMBIPATCH		
FEMHRT LOW DOSE	Norethindrone-Eth Estradiol	
JINTELI	Norethindrone-Eth Estradiol	
LOPREEZA	Estradiol-Norethindrone Acet	
MIMVEY	Estradiol-Norethindrone Acet	
MIMVEY LO	Estradiol-Norethindrone Acet	
PREFEST		
PREMPHASE		
PREMPRO		
Estrogens**		
estradiol		
estradiol oral	Estrace	
estradiol transdermal patch weekly	Climara	QLL (4 EA per 30 days)
estropipate oral	Ortho-Est 0.625	
MENEST		

Drug Name	Reference	Restrictions
FLUOROQUINOLONES		
Fluoroquinolones**		
ciprofloxacin hcl oral		QLL (28 Tablets per 30 days)
ciprofloxacin-ciproflox hcl er	Cipro XR	QLL (3 Grams Max Qty Per Fill Retail)
levofloxacin oral solution	Levaquin	
levofloxacin oral tablet	Levaquin	QLL (14 Tablets per 90 days)
ofloxacin oral tablet 400 mg		
GASTROINTESTINAL AGENTS - MISC.		
Gallstone Solubilizing Agents**		
ursodiol oral	Actigall	
Gastrointestinal Chloride Channel Activators**		
AMITIZA		ST; QLL (60 Capsules per 30 days)
Gastrointestinal Stimulants**		
metoclopramide hcl		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml		
metoclopramide hcl oral tablet	Reglan	
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS		ST; QLL (30 EA per 30 days)
Inflammatory Bowel Agents**		
mesalamine		
sulfasalazine	Azulfidine	
ASACOL HD	Mesalamine	
CANASA		
DELZICOL		
DIPENTUM		
PENTASA		
SFROWASA		
SULFAZINE	SulfaSALAzine	
Intestinal Acidifiers**		
enulose		

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Drug Name	Reference	Restrictions
generlac		
lactulose encephalopathy		
Peripheral Opioid Receptor Antagonists**		
MOVANTIK		PA; QLL (30 EA per 30 days)
Phosphate Binder Agents**		
RENVELA	Sevelamer Carbonate	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-Alpha Reductase Inhibitors**		
finasteride oral tablet 5 mg	Proscar	
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er	Uroxatral	
tamsulosin hcl	Flomax	QLL (60 Capsules per 30 days)
Citrates**		
citric acid-sodium citrate	Shohls Modified	
cytra k crystals	Polycitra-K	
cytra-2	Shohls Modified	
cytra-k		
pot & sod cit-cit ac		
potassium citrate er oral tablet extendedrelease 10 meq (1080 mg)*	Urocit-K 10	
potassium citrate er oral tablet extendedrelease 5 meq (540 mg)*	Urocit-K 5	
potassium citrate powder		
potassium citrate-citric acid		
sod citrate-citric acid	Shohls Modified	
tricitrates		
virtrate-3		
CYTRA-3		
TARON-CRYSTALS	Cytra K Crystals	
Interstitial Cystitis Agents**		
ELMIRON		
Phosphates**		
K-PHOS NO 2		

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Drug Name	Reference	Restrictions
Urinary Analgesics**		
phenazopyridine hcl		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Pyridium	
PHENAZO ORAL TABLET 200 MG	Phenazopyridine HCl	
GOUT AGENTS		
Gout Agent Combinations**		
colchicine-probenecid		
Gout Agents**		
allopurinol oral	Zyloprim	
colchicine		
ULORIC		ST
Uricosurics**		
probenecid oral		
HEMATOLOGICAL AGENTS - MISC.		
Complement Inhibitors**		
SOLIRIS		PA
Hematorheologic Agents**		
pentoxifylline er	TRENtal	
Phosphodiesterase Iii Inhibitors**		
cilostazol	Pletal	
Platelet Aggregation Inhibitors**		
dipyridamole oral	Persantine	
Quinazoline Agents**		
anagrelide hcl	Agrylin	
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg	Plavix	
clopidogrel bisulfate oral tablet 75 mg	Plavix	QLL (30 Tablets per 30 days)
HEMATOPOIETIC AGENTS		
Cytotoxic Agents**		
DROXIA		
Folic Acid/Folates**		
folic acid oral tablet 1 mg		OTC

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Drug Name	Reference	Restrictions
Granulocyte Colony-Stimulating Factors (G-Csf)**		
NEUPOGEN INJECTION		PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		PA
Iron Combinations**		
ICAR-C PLUS	Iron 100 Plus	
HEMOSTATICS		
Hemostatics - Systemic**		
AMICAR ORAL SOLUTION		
AMICAR ORAL TABLET	Aminocaproic Acid	
HYPNOTICS		
Barbiturate Hypnotics**		
phenobarbital		
Benzodiazepine Hypnotics**		
estazolam		QLL (30 Tablets per 30 days)
flurazepam hcl		QLL (30 Tablets per 30 days)
temazepam oral capsule 15 mg	Restoril	QLL (1 EA per 1 day)
temazepam oral capsule 30 mg	Restoril	QLL (30 Tablets per 30 days)
Non-Benzodiazepine - Gaba-Receptor Modulators**		
zaleplon	Sonata	QLL (30 Tablets per 30 days)
zolpidem tartrate oral	Ambien	QLL (30 Tablets per 30 days)
Selective Melatonin Receptor Agonists**		
ROZEREM		ST; QLL (30 Tablets per 30 days)
LAXATIVES		
Bowel Evacuant Combinations**		
peg 3350/electrolytes	Colyte with Flavor Packs	
peg 3350-kcl-na bicarb-nacl	Nulytely with Flavor Packs	
peg-3350/electrolytes	Golytely	
GAVILYTE-C	PEG 3350/Electrolytes	
GAVILYTE-G	PEG-3350/Electrolytes	
GAVILYTE-N WITH FLAVOR PACK	PEG 3350-KCl-Na Bicarb-NaCl	

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Drug Name	Reference	Restrictions
TRILYTE	PEG 3350-KCl-Na Bicarb-NaCl	
Laxatives - Miscellaneous**		
constulose		
lactulose oral		
polyethylene glycol 3350 oral packet	CVS Purelax	OTC
polyethylene glycol 3350 oral powder	MiraLax	OTC; QLL (527 GM per 30 days)
PEGYLAX	Polyethylene Glycol 3350	QLL (527 GM per 30 days)
Lubricant Laxatives**		
mineral oil heavy oral		
MURI-LUBE	Mineral Oil Light	
Stimulant Laxatives**		
cascara sagrada oral fluid extract		
MACROLIDES		
Azithromycin**		
azithromycin oral packet	Zithromax	
azithromycin oral suspension reconstituted	Zithromax	
azithromycin oral tablet 250 mg	Zithromax Z-Pak	QLL (12 EA per 30 days)
azithromycin oral tablet 500 mg	Zithromax Tri-Pak	
azithromycin oral tablet 600 mg	Zithromax	QLL (8 Tablets per 30 days)
Clarithromycin**		
clarithromycin er	Biaxin XL Pac	QLL (28 Tablets per 30 days)
clarithromycin oral suspension reconstituted		
clarithromycin oral tablet	Biaxin	QLL (28 Tablets per 30 days)
Erythromycins**		
erythromycin		
erythromycin base oral capsule delayed release particles		
erythromycin base oral tablet		
erythromycin ethylsuccinate		
erythromycin ethylsuccinate oral tablet	E.E.S. 400	
E.E.S. 400 ORAL TABLET	Erythromycin Ethylsuccinate	
E.E.S. GRANULES	Erythromycin Ethylsuccinate	
ERYPED 200	Erythromycin Ethylsuccinate	
ERYPED 400		

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Drug Name	Reference	Restrictions
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Erythromycin Stearate	
MEDICAL DEVICES		
Needles & Syringes**		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Hy-Vee Insulin Syringe	
BD ECLIPSE SYRINGE 25G X 5/8" 1 ML	Anti-Stick Immun Syringe	
MAGELLAN INSULIN SAFETY SYR	Kroger Insulin Syringe	
MAGELLAN TUBERCULIN SYRINGE	Tuberculin Syringe	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML		OTC
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Elite-Thin Insulin Syringe	OTC
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML	Leader Insulin Syringe	OTC
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	Kroger Insulin Syringe	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Hy-Vee Insulin Syringe	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	Drug Mart Ultra Comfort Syr	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML	Ultra-Comfort Insulin Syringe	OTC
MONOJECT INSULIN SYRINGE U-100 1 ML	Kmart Valu Insulin Syringe 30G	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 1 ML		
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML, 25G X 5/8" 1 ML	Anti-Stick Immun Syringe	
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML		
MONOJECT SYRINGE PHARMACY TRAY	Tuberculin Syringe	
MONOJECT TB SAFETY SYRINGE	Tuberculin Syringe	
MONOJECT TB SYRINGE 1 ML	Tuberculin Syringe	OTC
MONOJECT TB SYRINGE 27G X 1/2" 1 ML	Tuberculin Syringe	
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML		

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Drug Name	Reference	Restrictions
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML	Elite-Thin Insulin Syringe	OTC
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML	Leader Insulin Syringe	OTC
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	Drug Mart Ultra Comfort Syr	OTC
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 1 ML	Ultra-Comfort Insulin Syringe	
NOVOPEN ECHO	Autopen	
ULTICARE INSULIN SAFETY SYR	Hy-Vee Insulin Syringe	
MIGRAINE PRODUCTS		
Ergot Combinations**		
CAFERGOT		
Migraine Products**		
dihydroergotamine mesylate nasal	Migranal	QLL (8 units per 30 days)
dihydroergotamine mesylate powder		
ergotamine tartrate		
ERGOMAR		
Selective Serotonin Agonists 5-Ht(1)**		
naratriptan hcl	Amerge	QLL (9 EA per 30 days)
rizatriptan benzoate	Maxalt-MLT	QLL (12 EA per 30 days)
sumatriptan nasal	Imitrex	QLL (6 EA per 30 days)
sumatriptan succinate oral	Imitrex	QLL (9 Tablets per 30 days)
*sumatriptan succinate refill subcutaneous**	Imitrex STATdose Refill	QLL (2 ML per 30 days)
sumatriptan succinate subcutaneous 4 mg/0.5ml, 6 mg/0.5ml*	Imitrex STATdose System	QLL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml*	Alsuma	QLL (2 ML per 30 days)
ALSUMA SUBCUTANEOUS*	SUMAtriptan Succinate	QLL (2 ML per 30 days)
MINERALS & ELECTROLYTES		
Fluoride Combinations**		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 1 (F)-236.79 MG		

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Drug Name	Reference	Restrictions
Fluoride**		
fluoritab	Luride	
sodium fluoride oral		
FLUOR-A-DAY ORAL SOLUTION	Fluoritab	
FLURA-DROPS	Fluoritab	
KARIDIUM	Fluoritab	
LUDENT	Fluoritab	
NAFRINSE	Fluoritab	
NAFRINSE DROPS	Fluoritab	
Phosphate**		
K-PHOS		
Potassium Combinations**		
effervescent pot chloride		
pot bicarb-pot chloride		
Potassium**		
k-effervescent	Klor-Con/EF	
k-vescent oral tablet effervescent	Klor-Con/EF	
potassium bicarbonate oral	Klor-Con/EF	
potassium chloride crys er	Klor-Con M10	
*potassium chloride er oral capsule extended release**	Micro-K	
potassium chloride er oral tablet extendedrelease 10 meq*	K-Tabs	
potassium chloride er oral tablet extendedrelease 8 meq*	Klor-Con	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/50ml, 20 meq/50ml*		
potassium chloride oral packet	Klor-Con	
potassium chloride oral solution 20 meq/15ml (10%)	K-Sol	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	K-Vescent	
KLOR-CON		
KLOR-CON 10	Potassium Chloride ER	
KLOR-CON M10	Potassium Chloride Crys ER	
KLOR-CON M15		
KLOR-CON M20	Potassium Chloride Crys ER	

Drug Name	Reference	Restrictions
KLOR-CON/EF	K-Vescent	
K-PRIME	K-Vescent	
K-SOL	Potassium Chloride	
Sodium**		
sodium chloride flush	BD PosiFlush	
sodium chloride injection solution 0.9 %	Monoject Sodium Chloride Flush	
MONOJECT FLUSH SYRINGE INTRAVENOUS*	Saline Flush	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS*	Saline Flush	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral**		
lidocaine hcl mouth/throat	LTA 360 Kit	
lidocaine viscous		
Anti-Infectives - Throat**		
clotrimazole mouth/throat		
nystatin mouth/throat		
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat	Periogard	
PAROEX	Chlorhexidine Gluconate	
PERIOGARD	Chlorhexidine Gluconate	
Fluoride Dental Products**		
neutral sodium fluoride	CaviRinse	OTC
CAVIRINSE	Neutral Sodium Fluoride	
NAFRINSE WEEKLY		
PREVIDENT 5000 DRY MOUTH DENTAL GEL	SF	
Saliva Stimulants**		
pilocarpine hcl oral	Salagen	
Steroids - Mouth/Throat**		
triamcinolone acetonide mouth/throat	Oralone	
ORALONE	Triamcinolone Acetonide	

Drug Name	Reference	Restrictions
MULTIVITAMINS		
B-Complex W/ C & Folic Acid**		
b-plex	Milco-B-Forte	
mynephrocaps	Nephrocaps	
rena-vite rx	Dialyvite	
reno caps	Nephrocaps	
triphrocaps	Nephrocaps	
virt-caps	Nephrocaps	
vol-care rx	Dialyvite	
DIALYVITE	Rena-Vite Rx	
NEPHROCAPS	Mynephrocaps	
NEPHRONEX ORAL TABLET	Rena-Vite Rx	
RENAL ORAL CAPSULE	Mynephrocaps	
B-Complex W/ C-Biotin-D & Folic Acid**		
NEPHROCAPS QT		
Multiple Vitamins W/ Minerals**		
ap-zel	Orthovite	
biocel	Orthovite	
b-plex plus	Orthovite	
vp-zel	Orthovite	
AQUADEKS ORAL CAPSULE	Antioxidant Formula	OTC
AQUADEKS ORAL TABLET CHEWABLE	RA One Daily Gummy Vites	OTC
BACMIN	One Daily Calcium/Iron/Zinc	
CORVITE FREE	One Daily Calcium/Iron/Zinc	
LYSIPLEX PLUS ORAL TABLET	One Daily Calcium/Iron/Zinc	
NICAZEL	One Daily Calcium/Iron/Zinc	
NUTRICAP	One Daily Calcium/Iron/Zinc	
NUTRIFAC ZX	One Daily Calcium/Iron/Zinc	
REQ 49+	One Daily Calcium/Iron/Zinc	
SIDEROL ORAL TABLET	One Daily Calcium/Iron/Zinc	
STROVITE ONE	One Daily Calcium/Iron/Zinc	
VITA S FORTE	One Daily Calcium/Iron/Zinc	
VITACEL	One Daily Calcium/Iron/Zinc	

Drug Name	Reference	Restrictions
Ped Multiple Vitamins W/ Minerals & C**		
AQUADEKS ORAL LIQUID†	Multivitamins Pediatric	OTC
Prenatal Mv & Min W/Fe-Fa**		
bp multinatal plus	Vinate C	F; QLL (100 EA per 90 days)
completenate	Prenatal 19	F; QLL (100 EA per 90 days)
mynatal plus	Vitafol-OB	F; QLL (100 EA per 90 days)
mynatal-z	Vitafol-OB	F; QLL (100 EA per 90 days)
mynate 90 plus		F; QLL (100 EA per 90 days)
pnv fe fum/docusate/folic acid	Prenatal 19	F; QLL (100 EA per 90 days)
pnv folic acid + iron	M-Vit	F; QLL (100 EA per 90 days)
pnv prenatal plus multivitamin	M-Vit	F; OTC; QLL (100 EA per 90 days)
pnv-omega	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
pnv-select	Zatean-Pn	F; QLL (100 EA per 90 days)
pnv-total	Elite-OB 400	F; QLL (100 EA per 90 days)
pnv-vp-u	Prenatal-U	F; QLL (100 EA per 90 days)
prenatabs fa	Co-Natal FA	F; QLL (100 EA per 90 days)
prenatal 19	Prenatal 19	F; QLL (100 EA per 90 days)
prenatal low iron oral tablet 27-1 mg	M-Vit	F; QLL (100 EA per 90 days)
prenatal oral tablet 27-1 mg	M-Vit	F; QLL (100 EA per 90 days)
prenatal plus	M-Vit	F; QLL (100 EA per 90 days)
preplus	M-Vit	F; QLL (100 EA per 90 days)
pretab	Co-Natal FA	F; QLL (100 EA per 90 days)
purefe ob plus	Tandem OB	F; QLL (100 EA per 90 days)
se-natal 19	Prenatal 19	F; QLL (100 EA per 90 days)
se-tan dha	Tandem DHA	F; QLL (100 EA per 90 days)
triadvance	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
trinatal gt	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
trinatal rx 1	Vinate One	F; QLL (100 EA per 90 days)
ultimatecare one	Folcaps Omega 3	F; QLL (100 EA per 90 days)
ultimatecare one nf	OB-Natal One	F; QLL (100 EA per 90 days)
virt nate	Trinate	F; QLL (100 EA per 90 days)
virt-advance	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
virt-c dha	Taron-C DHA	QLL (100 EA per 90 days)
virt-care one	Folcaps Omega 3	F; QLL (100 EA per 90 days)

Drug Name	Reference	Restrictions
virt-pn	Zatean-Pn	F; QLL (100 EA per 90 days)
virt-pn plus	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
virt-vite gt	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
vol-nate	Trinate	F; QLL (100 EA per 90 days)
vol-plus	M-Vit	F; QLL (100 EA per 90 days)
CITRANATAL RX		F; QLL (100 EA per 90 days)
CO-NATAL FA	Prenatabs FA	F; QLL (100 EA per 90 days)
CONCEPT DHA	Virt-C DHA	F; QLL (100 EA per 90 days)
CONCEPT OB		F; QLL (100 EA per 90 days)
ELITE-OB		F; QLL (100 EA per 90 days)
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG	UltimateCare ONE	F; QLL (100 EA per 90 days)
FOLIVANE-OB		F; QLL (100 EA per 90 days)
INATAL ADVANCE	Trinatal GT	F; QLL (100 EA per 90 days)
INATAL GT	Trinatal GT	F; QLL (100 EA per 90 days)
INATAL ULTRA ORAL TABLET	Trinatal GT	F; QLL (100 EA per 90 days)
M-VIT	Prenatal Plus	F; QLL (100 EA per 90 days)
MYNATAL		F; QLL (100 EA per 90 days)
MYNATAL ADVANCE	Trinatal GT	F; QLL (100 EA per 90 days)
OB COMPLETE ORAL TABLET		F; QLL (100 EA per 90 days)
O-CAL FA	Prenatal Plus	F; QLL (100 EA per 90 days)
PRENATABS RX	Prenatal Plus Iron	F; QLL (100 EA per 90 days)
PRENATAL-U	PNV-VP-U	F; QLL (100 EA per 90 days)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG		F; QLL (100 EA per 90 days)
TARON-BC		F; QLL (100 EA per 90 days)
TARON-C DHA	Virt-C DHA	F; QLL (100 EA per 90 days)
TRICARE	Prenatal Plus	F; QLL (100 EA per 90 days)
TRINATE	Vol-Nate	F; QLL (100 EA per 90 days)
VINATE AZ EXTRA		F; QLL (100 EA per 90 days)
VINATE C	BP MultiNatal Plus	F; QLL (100 EA per 90 days)
VINATE CALCIUM		F; QLL (100 EA per 90 days)
VINATE CARE	BP MultiNatal Plus	F; QLL (100 EA per 90 days)
VINATE IC	PureFe OB Plus	F; QLL (100 EA per 90 days)
VINATE II		F; QLL (100 EA per 90 days)
VINATE M		F; QLL (100 EA per 90 days)

Drug Name	Reference	Restrictions
VINATE ONE	Se-Natal ONE	F; QLL (100 EA per 90 days)
VITAFOL-OB	Mynatal-Z	F; QLL (100 EA per 90 days)
ZATEAN-PN PLUS	PNV-Omega	F; QLL (100 EA per 90 days)
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
complete natal dha		F; QLL (100 EA per 90 days)
PR NATAL 400		F; QLL (100 EA per 90 days)
PR NATAL 400 EC		F; QLL (100 EA per 90 days)
PR NATAL 430	SetonET	F; QLL (100 EA per 90 days)
PR NATAL 430 EC	SetonET-EC	F; QLL (100 EA per 90 days)
TRIVEEN-DUO DHA		F; QLL (100 EA per 90 days)
Prenatal Mv & Min W/Fe-Fa-Dha**		
folcal dha oral capsule 27-1.25-300 mg	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
pnv-dha	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
pnv-dha+docusate	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
virt-pn dha	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
virtprex	Triveen-PRx RNF	F; QLL (100 EA per 90 days)
TARON-PREX		F; QLL (100 EA per 90 days)
TRIVEEN-PRX RNF	VirtPrex	F; QLL (100 EA per 90 days)
VEMAVITE-PRX 2	Folcal DHA	F; QLL (100 EA per 90 days)
ZATEAN-CH		F; QLL (100 EA per 90 days)
ZATEAN-PN DHA	Virt-PN DHA	F; QLL (100 EA per 90 days)
Prenatal Vitamins**		
bp folinatal plus b	Folbecal	F; QLL (100 EA per 90 days)
MUSCULOSKELETAL THERAPY AGENTS		
Central Muscle Relaxants**		
baclofen		
baclofen oral		
carisoprodol		
carisoprodol oral	Soma	QLL (240 Tablets per 365 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Flexeril	QLL (120 Tablets per 30 days)
metaxalone oral tablet 800 mg	Skelaxin	QLL (120 Tablets per 30 days)
methocarbamol oral	Robaxin	QLL (120 Tablets per 30 days)
tizanidine hcl oral tablet		

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Drug Name	Reference	Restrictions
Direct Muscle Relaxants**		
dantrolene sodium oral	Dantrium	
Viscosupplements**		
GEL-ONE INTRA-ARTICULAR*		PA
HYALGAN		PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Nasal Antibiotics**		
BACTROBAN NASAL		PA
Nasal Anticholinergics**		
ipratropium bromide nasal	Atrovent	
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %	Astelin	QLL (2 bottles per 30 days)
Nasal Steroids**		
flunisolide nasal solution 25 mcg/act (0.025%)		ST
fluticasone propionate nasal	Flonase	ST; OTC
FLONASE ALLERGY RELIEF	Fluticasone Propionate	OTC; QLL (1 bottle per 30 days)
NASACORT ALLERGY 24HR CHILDREN	Triamcinolone Acetonide	OTC; QLL (1 bottle per 30 days)
RHINOCORT ALLERGY	Budesonide	OTC; QLL (1 bottle per 30 days)
Systemic Decongestants**		
pseudoephedrine hcl oral tablet	Wal-phed	OTC
pseudoephedrine hcl powder		
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB**		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO		PA; QLL (60 EA per 30 days)
NEUROMUSCULAR AGENTS		
Benzathiazoles**		
riluzole	Rilutek	PA

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Drug Name	Reference	Restrictions
OPHTHALMIC AGENTS		
Beta-Blockers - Ophthalmic Combinations**		
dorzolamide hcl-timolol mal	Cosopt	
COMBIGAN		
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic		
carteolol hcl		
levobunolol hcl ophthalmic solution 0.5 %	Betagan	
metipranolol	Optipranolol	
timolol maleate ophthalmic	Timoptic	
BETOPTIC-S		
Cycloplegic Mydriatics**		
atropine sulfate ophthalmic	Isopto Atropine	
cyclopentolate hcl ophthalmic solution 1 %	Cyclogyl	
homatropine hbr ophthalmic	Homatropaire	
tropicamide		
HOMATROPAIRE	Homatropine HBr	
Miotics - Cholinesterase Inhibitors**		
PHOSPHOLINE IODIDE		
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Isopto Carpine	
Ophthalmic Antiallergic**		
azelastine hcl ophthalmic	Optivar	
cromolyn sodium ophthalmic		
Ophthalmic Antibiotics**		
bacitracin ophthalmic		
ciprofloxacin hcl ophthalmic	Ciloxan	
erythromycin ophthalmic	Ilotycin	
gentamicin sulfate ophthalmic	Gentak	
levofloxacin ophthalmic		
ofloxacin ophthalmic	Ocuflox	
tobramycin ophthalmic	Tobrex	

Drug Name	Reference	Restrictions
CILOXAN OPHTHALMIC OINTMENT		
TOBREX OPHTHALMIC OINTMENT		
VIGAMOX		
ZYMAXID	Gatifloxacin	
Ophthalmic Anti-Infective Combinations**		
ak-poly-bac	Polycin	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Polycin	
neomycin-bacitracin zn-polymyx	Neo-Polycin	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Neosporin	
polymyxin b-trimethoprim	Polytrim	
Ophthalmic Antivirals**		
trifluridine ophthalmic	Viroptic	
Ophthalmic Carbonic Anhydrase Inhibitors**		
dorzolamide hcl	Trusopt	
AZOPT		ST; QLL (1 EA per 30 days)
Ophthalmic Decongestants**		
phenylephrine hcl ophthalmic solution 10 %	Altafrin	
phenylephrine hcl ophthalmic solution 2.5 %	Mydfrin	
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Phenylephrine HCl	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
diclofenac sodium ophthalmic	Voltaren	
flurbiprofen sodium	Ocufen	
ketorolac tromethamine ophthalmic	Acular LS	
Ophthalmic Selective Alpha Adrenergic Agonists**		
brimonidine tartrate ophthalmic	Alphagan P	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		

Drug Name	Reference	Restrictions
Ophthalmic Steroid Combinations**		
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		
sulfacetamide-prednisolone ophthalmic solution		
tobramycin-dexamethasone	TobraDex	
TOBRADEX OPHTHALMIC OINTMENT		
Ophthalmic Steroids**		
dexamethasone sodium phosphate ophthalmic		
fluorometholone ophthalmic	Fluor-Op	
prednisolone acetate ophthalmic	Pred Forte	
prednisolone sodium phosphate ophthalmic		
FML FORTE		
PRED MILD		
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic	Bleph-10	
Prostaglandins - Ophthalmic**		
latanoprost ophthalmic	Xalatan	
travoprost		ST
TRAVATAN Z		ST
OTIC AGENTS		
Otic Agents - Miscellaneous**		
acetic acid otic	VoSol	
acetic acid-aluminum acetate		
Otic Analgesic Combinations**		
antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml	Auroguard	
Otic Anti-Infectives**		
ciprofloxacin hcl otic	Cetraxal	
ofloxacin otic	Floxin Otic	

Drug Name	Reference	Restrictions
Otic Steroid-Anti-Infective Combinations**		
neomycin-polymyxin-hc otic		
CIPRO HC		
CIPRODEX		
Otic Steroids**		
hydrocortisone-acetic acid	VoSoL HC	
OXYTOCICS		
Oxytocics**		
methylergonovine maleate oral	Methergine	
PASSIVE IMMUNIZING AGENTS		
Immune Serums**		
HYPERRHO S/D INTRAMUSCULAR*		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR*		
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR*		
RHOPHYLAC INJECTION		
PENICILLINS		
Aminopenicillins**		
amoxicillin oral capsule 500 mg		
amoxicillin oral suspension reconstituted		
amoxicillin oral tablet		
amoxicillin oral tablet chewable 125 mg, 250 mg		
amoxicillin trihydrate		
ampicillin oral capsule 500 mg		
ampicillin oral suspension reconstituted		
Natural Penicillins**		
penicillin v potassium		
Penicillin Combinations**		
amoxicillin-pot clavulanate er	Augmentin XR	
amoxicillin-pot clavulanate oral suspension reconstituted		
amoxicillin-pot clavulanate oral tablet		QLL (28 EA per 30 days)

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Drug Name	Reference	Restrictions
amoxicillin-pot clavulanate oral tablet chewable	Augmentin	QLL (28 EA per 30 days)
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium		
PHARMACEUTICAL ADJUVANTS		
Oral Vehicles**		
sorbitol solution		
POTASSIUM REMOVING AGENTS**		
Potassium Removing Agents**		
sodium polystyrene sulfonate oral	Kayexalate	
KIONEX	Kalexate	
SPS	Sodium Polystyrene Sulfonate	
PROGESTINS		
Progestins**		
medroxyprogesterone acetate oral	Provera	
norethindrone acetate	Aygestin	
progesterone micronized		
progesterone micronized oral	Prometrium	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Alcohol Deterrents**		
disulfiram oral	Antabuse	
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline		
Cholinomimetics - Ache Inhibitors**		
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	QLL (30 Tablets per 30 days)
donepezil hcl oral tablet dispersible	Aricept ODT	QLL (30 Tablets per 30 days)
galantamine hydrobromide er	Razadyne ER	QLL (30 Capsules per 30 days)
galantamine hydrobromide oral tablet	Razadyne	QLL (60 Tablets per 30 days)
rivastigmine tartrate	Exelon	QLL (60 Capsules per 30 days)

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Drug Name	Reference	Restrictions
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO		PA; QLL (30 EA per 30 days)
Multiple Sclerosis Agents - Interferons**		
EXTAVIA SUBCUTANEOUS* KIT		PA
REBIF REBIDOSE SUBCUTANEOUS*		PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS*		PA
REBIF SUBCUTANEOUS*		PA
REBIF TITRATION PACK SUBCUTANEOUS*		PA
Multiple Sclerosis Agents**		
COPAXONE SUBCUTANEOUS*		PA
GLATIRAMER ACETATE		PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl oral tablet	Namenda	
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris**		
fluoxetine hcl (pmdd)		
Smoking Deterrents**		
bupropion hcl er (smoking det)	Buproban	
nicotine transdermal patch 24 hr	Nicoderm CQ	OTC
CHANTIX		PA
CHANTIX CONTINUING MONTH PAK		PA
CHANTIX STARTING MONTH PAK		PA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**		
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
INVOKAMET		ST; QLL (30 EA per 30 days)

Drug Name	Reference	Restrictions
SULFONAMIDES		
Sulfonamides**		
sulfadiazine		
TETRACYCLINES		
Tetracyclines**		
demeclocycline hcl oral		
doxycycline hyclate		
doxycycline hyclate oral capsule	Morgidox	
doxycycline hyclate oral tablet 100 mg, 20 mg		
doxycycline hyclate oral tablet delayed release 100 mg, 75 mg		
doxycycline hyclate oral tablet delayed release 150 mg	Doryx	
doxycycline monohydrate oral capsule	Mondoxyne NL	
doxycycline monohydrate oral tablet	Adoxa	
minocycline hcl		
minocycline hcl oral capsule	Minocin	
tetracycline hcl oral		
THYROID AGENTS		
Antithyroid Agents**		
methimazole	Tapazole	
propylthiouracil oral		
Thyroid Hormones**		
levothyroxine sodium oral	Synthroid	
liothyronine sodium	PCCA T3 Sodium	
liothyronine sodium oral	Cytomel	
np thyroid oral tablet 30 mg, 60 mg, 90 mg	Armour Thyroid	
thyroid powder		
triiodo-l-thyronine sodium	PCCA T3 Sodium	
ARMOUR THYROID	NP Thyroid	
LEVOXYL	Levothyroxine Sodium	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG		
NATURE-THROID ORAL TABLET 65 MG	Thyroid	

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Drug Name	Reference	Restrictions
UNITHROID	Levothyroxine Sodium	
ULCER DRUGS		
Antispasmodics**		
dicyclomine hcl oral	Bentyl	
Belladonna Alkaloids**		
ed-spaz	NuLev	
hyoscyamine sulfate	Levsin	
H-2 Antagonists**		
cimetidine		
cimetidine hcl oral		
cimetidine oral tablet 300 mg, 400 mg, 800 mg		
famotidine oral suspension reconstituted	Pepcid	
famotidine oral tablet 20 mg, 40 mg	Pepcid	
nizatidine	Axid	
ranitidine hcl oral capsule		
ranitidine hcl oral syrup	Zantac	
ranitidine hcl oral tablet 300 mg	Zantac	
Misc. Anti-Ulcer**		
sucralfate		
sucralfate oral tablet	Carafate	
Proton Pump Inhibitors**		
lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
lansoprazole oral capsule delayed release 30 mg	Prevacid	QLL (30 EA per 30 days)
omeprazole oral capsule delayed release 20 mg	PriLOSEC	QLL (60 EA per 30 days)
omeprazole oral capsule delayed release 40 mg	PriLOSEC	QLL (30 EA per 30 days)
pantoprazole sodium oral	Protonix	QLL (30 Tablets per 30 days)
rabeprazole sodium	Aciphex	QLL (30 EA per 30 days)
FIRST-OMEPRAZOLE		
PREVACID SOLUTAB		PA
Quaternary Anticholinergics**		
glycopyrrolate oral	Robinul	
propantheline bromide		

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Drug Name	Reference	Restrictions
Ulcer Drugs - Prostaglandins**		
misoprostol oral	Cytotec	
URINARY ANTI-INFECTIVES		
Urinary Anti-Infectives**		
methenamine hippurate	Urex	
nitrofurantoin macrocrystal		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Macrodantin	
nitrofurantoin monohyd macro	Macrobid	
nitrofurantoin oral suspension	Furadantin	
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
tolterodine tartrate oral tablet 2 mg	Detrol	ST
Urinary Antispasmodic - Antimuscarinics (Antichol)(New)**		
oxybutynin chloride er	Ditropan XL	
oxybutynin chloride oral		
tolterodine tartrate	Detrol	ST
trospium chloride	Sanctura	ST; QLL (60 EA per 30 days)
trospium chloride er		ST
Urinary Antispasmodics - Cholinergic Agonists (New)**		
bethanechol chloride oral	Urecholine	
Urinary Antispasmodics - Direct Muscle Relaxants (New)**		
flavoxate hcl		
VAGINAL PRODUCTS		
Imidazole-Related Antifungals**		
miconazole 3 vaginal suppository		
terconazole	Terazol 7	
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal	Cleocin	
metronidazole vaginal	Vandazole	

Drug Name	Reference	Restrictions
Vaginal Estrogens**		
ESTRACE VAGINAL		
ESTRING		
FEMRING		
PREMARIN VAGINAL		
VAGIFEM VAGINAL TABLET 10 MCG		
VASOPRESSORS		
Anaphylaxis Therapy Agents**		
epinephrine injection 0.15 mg/0.15ml	Adrenaclick	
epinephrine injection 0.3 mg/0.3ml	EpiPen 2-Pak	
EPIPEN 2-PAK INJECTION	EPINEPHrine	
EPIPEN JR 2-PAK INJECTION		
Vasopressors**		
midodrine hcl		
VITAMINS		
Vitamin D**		
ergocalciferol oral capsule	Drisdol	
vitamin d (ergocalciferol)	Drisdol	
Vitamin K**		
MEPHYTON		

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