



AETNA BETTER HEALTH[®] OF NEW JERSEY
Formulary

FORMULARY

What is the Aetna Better Health of New Jersey Formulary?

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

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

The plan may add or remove drugs on the list. All drug removals from the formulary will be sent to the state for review before the change is made. Utilizing members and their providers will be notified at least 60 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan’s website.

How do I use Aetna Better Health of New Jersey’s formulary?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** lists the brand name of the drug when a generic is covered
- **Column #3:** shows coverage rules for the drug

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

How much will I pay for covered drugs?

Description	1-34 day supply GENERIC	1-34 day supply BRAND	35-102 day supply GENERIC (mail-order only)	35-102 day supply BRAND (mail-order only)
FamilyCare Plan A	No Copay	No Copay	No Copay	No Copay
FamilyCare Plan B	No Copay	No Copay	No Copay	No Copay
FamilyCare Plan C	\$1	\$5	\$2	\$10
FamilyCare Plan D	\$5	\$5	\$10	\$10
FamilyCare Plan MLTSS	No Copay	No Copay	No Copay	No Copay

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

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What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

What if my drug is not on Aetna Better Health of New Jersey's formulary?

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

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

What are generic drugs?

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

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

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



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

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

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

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

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

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

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

¿Cuánto pagaré por los medicamentos cubiertos?

Descripción	Suministro para 1-34 días (GENÉRICOS)	Suministro para 1-34 días (DE MARCA)	Suministro para 35-102 días (GENÉRICOS)	Suministro para 35-102 días (DE MARCA)
FamilyCare Plan A	Sin copago	Sin copago	Sin copago	Sin copago
FamilyCare Plan B	Sin copago	Sin copago	Sin copago	Sin copago
FamilyCare Plan C	\$1	\$5	\$2	\$10
FamilyCare Plan D	\$5	\$5	\$10	\$10
FamilyCare Plan MLTSS	Sin copago	Sin copago	Sin copago	Sin copago

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

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

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

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

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

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

¿Qué son los medicamentos genéricos?

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

¿Los medicamentos de venta libre están cubiertos?

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

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Restrictions

= QLL: 1 capsule per day for under age 12 and 2 capsules per day for age 12 and older
 = Maximum qty of 360 tablets per 365 days (6 months of therapy per year)

= QLL

F = Female Only

M = Male Only

OTC = Over the Counter

PA = Prior Authorization Required

QLL = Quantity Level Limit Applies

ST = Step Therapy Required

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Name	Reference	Restrictions
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	Intuniv	QLL (30 EA per 30 days); AL (Min 6 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 4 mg</i>	Intuniv	QLL (30 Tablets per 30 days); AL (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	ST; Smart Edit Conditions Apply; QLL (30 EA per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg</i>	Adderall XR	PA; QLL (30 Capsules per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 30 mg</i>	Adderall XR	PA; QLL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Adderall	PA; QLL (90 Tablets per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Adderall	PA; QLL (60 Tablets per 30 days)

Drug Name	Reference	Restrictions
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Dexedrine	PA; QLL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Dexedrine	PA; QLL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenedi	PA; QLL (180 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	Dextroamphetamine Sulfate	PA; QLL (180 EA per 30 days)
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Nuvigil	PA; QLL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	Nuvigil	PA; QLL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	PA; QLL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	PA; QLL (60 Tablets per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Methylphenidate HCl ER	PA; QLL (90 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>		PA; QLL (30 Capsules per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg</i>	Ritalin LA	PA; QLL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Ritalin LA	PA; QLL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		PA; QLL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		PA; QLL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Concerta	PA; QLL (30 Tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Metadate ER	PA; QLL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>		PA; QLL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		PA; QLL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Concerta	PA; QLL (60 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	PA; QLL (900 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	PA; QLL (90 Tablets per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>		PA; QLL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>		PA; QLL (150 EA per 30 days)
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>paromomycin sulfate oral capsule 250 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	PA
ANALGESICS - ANTI-INFLAMMATORY		
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		PA; QLL (3 EA per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		PA; QLL (2 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML		PA; QLL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		PA; QLL (3 EA per 180 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML		PA; QLL (2 EA per 28 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	ST; Smart Edit Conditions Apply

Drug Name	Reference	Restrictions
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		PA; Smart Edit Conditions Apply
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>cvs naproxen sodium oral tablet 220 mg</i>	Aleve	OTC
<i>diclofenac potassium oral tablet 50 mg</i>	Cataflam	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Mobic	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Relafen	
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	

Drug Name	Reference	Restrictions
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA
ANALGESICS - NONNARCOTIC		
*Analgesics Other***		
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC
<i>acetaminophen oral solution 160 mg/5ml</i>		OTC
<i>acetaminophen oral suspension 160 mg/5ml</i>	Panadol Childrens	OTC
<i>acetaminophen oral tablet 325 mg</i>	Aphen	OTC
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC
<i>acetaminophen oral tablet chewable 80 mg</i>	Childrens Medi-Tabs	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>childrens acetaminophen oral tablet dispersible 80 mg</i>		OTC
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML		OTC
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	QLL (6 Tablets per 1 day)

Drug Name	Reference	Restrictions
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		QLL (6 EA per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>		QLL (6 EA per 1 day)
*Salicylates***		
<i>aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>aspirin maximum strength oral tablet 500 mg</i>	Bayer Advanced Aspirin Ex St	OTC
<i>diflunisal oral tablet 500 mg</i>		
<i>salsalate oral tablet 500 mg, 750 mg</i>		
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (2700 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Butalbital-ASA-Caff-Codeine	QLL (4 EA per 1 day); AL (Min 18 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Fioricet/Codeine	QLL (4 EA per 1 day); AL (Min 18 Years)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		QLL (4 Capsules per 1 day); AL (Min 18 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	QLL (4 EA per 1 day); AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>		QLL (1800 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		QLL (120 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)

Drug Name	Reference	Restrictions
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Actiq	PA; QLL (4 Lozenges per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	Duragesic-100	PA; QLL (10 Patches per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	Duragesic-12	PA; QLL (10 Patches per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	Duragesic-25	PA; QLL (10 Patches per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	Duragesic-50	PA; QLL (10 Patches per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	Duragesic-75	PA; QLL (10 Patches per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	QLL (120 Tablets per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 Tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (120 EA per 30 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	PA; QLL (3 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>		PA; QLL (15 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>		PA; QLL (30 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>		PA; QLL (3 Tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>		PA; QLL (6 Tablets per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	Methadose	PA; QLL (22 Tablets per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		QLL (4 ML per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	MS Contin	PA; QLL (2 Tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS Contin	PA; QLL (3 Tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		QLL (600 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>		QLL (120 Tablets per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>		QLL (3 Tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>		QLL (120 EA per 30 days)
<i>morphine sulfate rectal suppository 30 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (600 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg</i>		QLL (120 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 Tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 Tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 Tablets per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	Oxaydo	QLL (120 Tablets per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		PA; QLL (2 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>	Ultram	QLL (120 Tablets per 30 days); AL (Min 18 Years)
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	QLL (120 Tablets per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>		QLL (120 Tablets per 30 days)
*Opioid Partial Agonists***		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG		ST; QLL (12 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG		ST; QLL (5.5 EA per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG		ST; QLL (3.5 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Suboxone	QLL (2.6 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Suboxone	QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Suboxone	QLL (8 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Suboxone	QLL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (1 Bottle per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (120 EA per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		

Drug Name	Reference	Restrictions
SUBOXONE SUBLINGUAL FILM 12-3 MG	Buprenorphine HCl-Naloxone HCl	QLL (2.6 EA per 1 day); AL (Min 16 Years)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	Buprenorphine HCl-Naloxone HCl	QLL (16 EA per 1 day); AL (Min 16 Years)
SUBOXONE SUBLINGUAL FILM 4-1 MG	Buprenorphine HCl-Naloxone HCl	QLL (8 EA per 1 day); AL (Min 16 Years)
SUBOXONE SUBLINGUAL FILM 8-2 MG	Buprenorphine HCl-Naloxone HCl	QLL (4 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG		ST; QLL (33 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		ST; QLL (16.5 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		ST; QLL (2 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		ST; QLL (8 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		ST; QLL (4 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		ST; QLL (2.5 EA per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Ultracet	QLL (120 Tablets per 30 days); AL (Min 18 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA
<i>testosterone transdermal gel 10 mg/act (2%)</i>	Fortesta	PA; QLL (2 canisters per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	PA; QLL (4 canisters per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	AndroGel	PA
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day)

Drug Name	Reference	Restrictions
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %		PA; QLL (30 GM per 30 days)
ANTACIDS		
*Antacid & Simethicone***		
<i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>	Mi-Acid	OTC
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>cvs antacid & anti-gas oral tablet chewable 1000-60 mg</i>	Maalox Advanced Max St	OTC
DI-GEL ORAL SUSPENSION 282-87-25 MG/5ML		OTC
*Antacid Combinations***		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	GNP Foaming Antacid	OTC
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
*Antacids - Calcium Salts***		
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>childrens pepto oral tablet chewable 400 mg</i>	Childrens Soothe	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 250 mg, 400 mg</i>		OTC
<i>magnesium oxide oral tablet 420 mg</i>	Maox	OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	Albenza	ST; Smart Edit Conditions Apply
<i>ivermectin oral tablet 3 mg</i>	Stromectol	
<i>praziquantel oral tablet 600 mg</i>	Biltricide	PA; Smart Edit Conditions Apply
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>		OTC

Drug Name	Reference	Restrictions
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradoso	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Nitroglycerin	
NITRO-BID TRANSDERMAL OINTMENT 2 %		
<i>nitroglycerin er oral capsule extended release 2.5 mg</i>	Nitro-Time	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Minitran	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG	Nitroglycerin ER	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG		
ANTIANSIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>		QLL (90 Tablets per 30 days); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>		QLL (4 EA per 1 Year)
<i>hydroxyzine hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Vistaril	QLL (4 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	Xanax	QLL (4 EA per 1 Year)
<i>alprazolam oral tablet 1 mg</i>	Xanax	QLL (6 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	Xanax	QLL (5 EA per 1 day)

Drug Name	Reference	Restrictions
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	AL (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		QLL (4 EA per 1 Year)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		QLL (12 EA per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</i>	Ativan	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	LORazepam	QLL (2 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg</i>	Ativan	QLL (4 EA per 1 day)
<i>lorazepam oral tablet 1 mg</i>	Ativan	QLL (6 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	Ativan	QLL (5 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		QLL (4 EA per 1 Year)
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Rythmol SR	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA; QLL (60 EA per 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		QLL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Symbicort	QLL (10.2 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	QLL (1 EA per 30 days)

Drug Name	Reference	Restrictions
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	QLL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	QLL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		ST; QLL (1 ea per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH		ST; QLL (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	ProAir HFA	QLL (6 Fills per 365 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		QLL (375 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		QLL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		ST; QLL (375 ML per 30 days); AL (Max 18 Years)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; QLL (90 GM per 365 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		
*Bronchodilators - Anticholinergics***		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		
<i>ipratropium bromide inhalation solution 0.02 %</i>		

Drug Name	Reference	Restrictions
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	PA; QLL (30 Packets per 30 days); AL (Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (30 Tablets per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (30 Tablets per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	ST; QLL (60 Tablets per 30 days)
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		QLL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Pulmicort	PA; QLL (120 mL per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT		QLL (0.4 GM per 1 day); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT		QLL (0.3533 GM per 1 day); AL (Max 12 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT		QLL (10.6 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT		QLL (21.2 GM per 30 days)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral solution 80 mg/15ml</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Warfarin Sodium	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	

Drug Name	Reference	Restrictions
*Direct Factor Xa Inhibitors***		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		Smart Edit Conditions Apply; QLL (45 Days Supply per 168 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		Smart Edit Conditions Apply; QLL (45 Days Supply per 168 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QLL (45 Days Supply per 168 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	QLL (42 syringes per 180 days)
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		PA
ANTICONVULSANTS		
*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		QLL (2 EA Max Qty Per Fill Retail)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML		QLL (2 EA Max Qty Per Fill Retail)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML		QLL (2 EA Max Qty Per Fill Retail)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		QLL (2 EA Max Qty Per Fill Retail)
*Anticonvulsants - Misc.***		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	QLL (120 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGretol-XR	PA; QLL: 300ea per 30 days for ages 6 -15, 360ea per 30 days for age 16 and older
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	TEGretol-XR	QLL (120 Tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	
<i>carbamazepine oral tablet chewable 100 mg</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	Smart Edit Conditions Apply; QLL (3600 MG (cumulative) per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	QLL (3600 MG (cumulative) per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	Smart Edit Conditions Apply; QLL (3600 MG (cumulative) per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	QLL (120 Capsules per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	QLL (120 Tablets per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	QLL (180 Capsules per 30 days)
<i>zonisamide oral capsule 50 mg</i>		QLL (180 Capsules per 30 days)
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	Felbatol	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG, 16 MG	TiaGABine HCl	QLL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	Gabitril	QLL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	Gabitril	QLL (60 Tablets per 30 days)

Drug Name	Reference	Restrictions
*Hydantoins***		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Phenytoin	
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Phenytoin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	PA; Smart Edit Conditions Apply
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	
<i>valproic acid oral capsule 250 mg</i>		
<i>valproic acid oral solution 250 mg/5ml</i>		
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg</i>	Remeron	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	Remeron	QLL (60 Tablets per 30 days)
<i>mirtazapine oral tablet 45 mg</i>		QLL (45 Tablets per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>		QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 45 mg</i>	Remeron SolTab	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet dispersible 30 mg</i>	Remeron SolTab	QLL (60 Tablets per 30 days)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Wellbutrin SR	QLL (120 Tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Wellbutrin SR	QLL (60 Tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	QLL (90 Tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Wellbutrin XL	QLL (30 Tablets per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>		QLL (135 Tablets per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>		QLL (180 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>		
*Monoamine Oxidase Inhibitors (Maois)***		
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		QLL (600 ML per 30 days); AL (Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CeleXA	QLL (30 Tablets per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		QLL (30 Tablets per 30 days); AL (Max 12 Years)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	QLL (30 Tablets per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	PROzac	QLL (30 Capsules per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	QLL (120 Capsules per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	PROzac	QLL (60 Capsules per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		QLL (600 ML per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>		QLL (90 Tablets per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg</i>		QLL (30 Tablets per 30 days)
<i>fluvoxamine maleate oral tablet 50 mg</i>		QLL (60 Tablets per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Paxil	QLL (30 Tablets per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	Paxil	QLL (60 Tablets per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	Paxil	QLL (45 Tablets per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	QLL (300 ML per 30 days); AL (Max 12 Years)
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	QLL (75 Tablets per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	Zoloft	QLL (30 Tablets per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	Zoloft	QLL (60 Tablets per 30 days)
*Serotonin Modulators***		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		
*Serotonin-Norepinephrine Reuptake Inhibitors (Snrri)***		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	QLL (30 Capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		QLL (30 Capsules per 30 days)

Drug Name	Reference	Restrictions
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Effexor XR	QLL (60 Capsules per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Effexor XR	QLL (30 Capsules per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>doxepin hcl oral concentrate 10 mg/ml</i>		
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Precose	
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>		
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		
*Diabetic Other***		
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM		OTC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		
<i>glucagon emergency injection kit 1 mg</i>		QLL (2 EA Max Qty Per Fill Retail)
<i>glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML		QLL (0.2 ML Max Qty Per Fill Retail)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Nesina	

Drug Name	Reference	Restrictions
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Kazano	
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Oseni	
*Human Insulin***		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Insulin Lispro (1 Unit Dial)	AL (Max 18 Years)
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Insulin Lispro	
APIDRA INJECTION SOLUTION 100 UNIT/ML		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		AL (Max 18 Years)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Insulin Lispro Prot & Lispro	AL (Max 18 Years)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NovoLOG Mix 70/30	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		OTC

Drug Name	Reference	Restrictions
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML		OTC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML	Insulin Asp Prot & Asp FlexPen	AL (Max 18 Years)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Insulin Aspart Prot & Aspart	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML		ST; QLL (0.05 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML		ST; QLL (0.1071 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		ST
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg</i>	Starlix	
<i>nateglinide oral tablet 60 mg</i>		
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
JARDIANCE ORAL TABLET 10 MG, 25 MG		PA; QLL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		ST; QLL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Amaryl	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	
<i>glipizide oral tablet 10 mg</i>	Glucotrol	
<i>glipizide oral tablet 5 mg</i>		
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		
*Thiazolidinediones***		
AVANDIA ORAL TABLET 2 MG, 4 MG		ST; QLL (30 Tablets per 30 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (30 Tablets per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus probiotic oral tablet 10 mg</i>	Floranex	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>cvs probiotic (lactobacillus) oral capsule</i>	Culturelle	OTC
<i>lactobacillus extra strength oral capsule</i>	Abatinex	OTC
PEDIA-LAX PROBIOTIC YUMS ORAL TABLET CHEWABLE		OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>pink bismuth oral suspension 262 mg/15ml</i>	Kaopectate	OTC

Drug Name	Reference	Restrictions
*Antiperistaltic Agents***		
<i>anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral liquid 1 mg/5ml</i>		OTC
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
*Antidotes And Specific Antagonists***		
<i>sm ipecac syrup oral syrup</i>		OTC
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml</i>		
<i>naltrexone hcl oral tablet 50 mg</i>		QLL (3 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML		QLL (2 EA per 1 fill)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		QLL (1 EA per 28 days)
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		ST
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (8 Tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Zofran	QLL (3 EA per 1 day)
<i>ondansetron hcl oral tablet 8 mg</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 8 mg</i>		QLL (21 EA per 30 Days)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Travel-Ease	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>		QLL (6 EA per 30 days)

Drug Name	Reference	Restrictions
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend Tri-Pack	QLL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Emend	QLL (6 EA per 30 days)
EMEND ORAL CAPSULE 80 MG	Aprepitant	QLL (6 EA per 30 days)
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG	Aprepitant	QLL (6 EA per 30 days)
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST; Smart Edit Conditions Apply
<i>griseofulvin microsize oral tablet 500 mg</i>		ST; Smart Edit Conditions Apply
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST; Smart Edit Conditions Apply
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>	LamSIL	QLL (84 Tablets per 1 Year)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Diflucan	
<i>itraconazole oral capsule 100 mg</i>	Sporanox	
<i>itraconazole oral solution 10 mg/ml</i>	Sporanox	
ANTIHISTAMINES		
*Antihistamines - Alkylamines***		
ALA-HIST IR ORAL TABLET 2 MG		OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Chlor-Trimeton	OTC
*Antihistamines - Ethanolamines***		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Wal-Dryl Allergy Rel Childrens	OTC
<i>allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		
<i>carbinoxamine maleate oral tablet 4 mg</i>		
<i>clemastine fumarate oral tablet 1.34 mg</i>	Dayhist Allergy 12 Hour Relief	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>		

Drug Name	Reference	Restrictions
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days); AL (Min 6 Years)
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>cetirizine hcl oral tablet 5 mg</i>		OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC; QLL (2 EA per 1 day)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Promethazine HCl	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	PA; QLL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	ST; QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
PREVALITE ORAL PACKET 4 GM	Cholestyramine Light	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (60 Tablets per 30 days)

Drug Name	Reference	Restrictions
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 Tablets per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	QLL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		ST; QLL (30 Capsules per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 Tablets per 30 days)
<i>lovastatin oral tablet 40 mg</i>		QLL (60 Tablets per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 80 mg</i>		QLL (30 Tablets per 30 days)
<i>pravastatin sodium oral tablet 20 mg, 40 mg</i>	Pravachol	QLL (30 Tablets per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	ST; QLL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Zocor	QLL (30 Tablets per 30 days)
<i>simvastatin oral tablet 5 mg</i>		QLL (30 Tablets per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	ST
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	

Drug Name	Reference	Restrictions
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Accuretic	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	
<i>benazepril hcl oral tablet 5 mg</i>		
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	QLL (2 Tablets per 1 day)
<i>lisinopril oral tablet 20 mg</i>	Prinivil	QLL (2 Tablets per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Altace	
<i>trandolapril oral tablet 1 mg, 2 mg</i>		
<i>trandolapril oral tablet 4 mg</i>	Mavik	
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>		
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (1 EA per 1 day)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilxetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST

Drug Name	Reference	Restrictions
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	ST; QLL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 Tablets per 30 days)
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Avapro	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Micardis	QLL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (60 Tablets per 30 days)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	ST
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	ST
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	ST
<i>guanfacine hcl oral tablet 1 mg</i>		QLL (240 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>		QLL (120 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	QLL (30 Tablets per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		QLL (30 Capsules per 30 days)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	

Drug Name	Reference	Restrictions
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Ziac	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral capsule 375 mg</i>	Flagyl	
<i>metronidazole oral tablet 250 mg</i>		
<i>metronidazole oral tablet 500 mg</i>	Flagyl	
<i>trimethoprim oral tablet 100 mg</i>		
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Sulfamethoxazole-Trimethoprim	
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	PA; ST
*Glycopeptides***		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML		
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	Vancomycin HCl	
<i>vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 750 mg/150ml</i>		
*Leprostics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	

Drug Name	Reference	Restrictions
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	Zyvox	PA
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Macrodantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Malarone	QLL (12 EA Max Qty Per Fill Retail)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Malarone	QLL (9 EA Max Qty Per Fill Retail)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 mg</i>		QLL (28 EA Max Qty Per Fill Retail)
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg</i>		
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
<i>pyrazinamide oral tablet 500 mg</i>		

Drug Name	Reference	Restrictions
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	
<i>flutamide oral capsule 125 mg</i>		
<i>nilutamide oral tablet 150 mg</i>	Nilandron	QLL (60 EA per 30 days)
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>	Xeloda	PA; Smart Edit Conditions Apply; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Xeloda	PA; Smart Edit Conditions Apply; QLL (154 EA per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>		
<i>methotrexate oral tablet 2.5 mg</i>		
TABLOID ORAL TABLET 40 MG		
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA

Drug Name	Reference	Restrictions
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG		PA; QLL (120 tablets per 30 days)
RYDAPT ORAL CAPSULE 25 MG		PA
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***		
ALECENSA ORAL CAPSULE 150 MG		PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Gleevec	PA
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG		PA; QLL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA

Drug Name	Reference	Restrictions
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		PA; QLL (30 EA per 30 days)
TARCEVA ORAL TABLET 100 MG, 25 MG	Erlotinib HCl	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG		PA; QLL (2 EA per 1 day)
TASIGNA ORAL CAPSULE 50 MG		PA; QLL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG		PA
TYKERB ORAL TABLET 250 MG	Lapatinib Ditosylate	PA; QLL (6 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG		PA; QLL (4 EA per 1 day)
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
MATULANE ORAL CAPSULE 50 MG		PA
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	
<i>exemestane oral tablet 25 mg</i>	Aromasin	
<i>letrozole oral tablet 2.5 mg</i>	Femara	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		PA; QLL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA; QLL (1 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG		
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA

Drug Name	Reference	Restrictions
*Lhrh Analogs***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		PA; Smart Edit Conditions Apply
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		PA; Smart Edit Conditions Apply
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
LEUKERAN ORAL TABLET 2 MG		
<i>melphalan oral tablet 2 mg</i>	Alkeran	
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate injection solution 1 mg/ml</i>	Cogentin	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		

Drug Name	Reference	Restrictions
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral syrup 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		PA; Smart Edit Conditions Apply
<i>selegiline hcl oral tablet 5 mg</i>		PA; Smart Edit Conditions Apply
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	Stalevo 50	PA; Smart Edit Conditions Apply; QLL (9 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	Stalevo 75	PA; Smart Edit Conditions Apply; QLL (9 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	Stalevo 100	PA; Smart Edit Conditions Apply; QLL (9 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	Stalevo 125	PA; Smart Edit Conditions Apply; QLL (9 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	PA; Smart Edit Conditions Apply; QLL (9 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Stalevo 200	PA; Smart Edit Conditions Apply; QLL (9 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Mirapex	PA; Smart Edit Conditions Apply
<i>pramipexole dihydrochloride oral tablet 0.25 mg, 1.5 mg</i>		PA; Smart Edit Conditions Apply
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		ST
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		PA; Smart Edit Conditions Apply; QLL (3 EA per 1 day)

Drug Name	Reference	Restrictions
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Comtan	PA; Smart Edit Conditions Apply; QLL (4 Tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	QLL (8 EA per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>		QLL (6 EA per 1 day)
<i>lithium carbonate oral capsule 150 mg</i>		QLL (16 EA per 1 day)
<i>lithium carbonate oral capsule 300 mg</i>		QLL (8 EA per 1 day)
<i>lithium carbonate oral capsule 600 mg</i>		QLL (4 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>		QLL (8 EA per 1 day)
<i>lithium oral solution 8 meq/5ml</i>		QLL (40 ML per 1 day)
*Antipsychotics - Misc.***		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	Smart Edit Conditions Apply; QLL (2 EA per 1 day); AL (Min 18 Years)
*Benzisoxazoles***		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		PA; QLL (0.75 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		PA; QLL (1 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		PA; QLL (1.5 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		PA; QLL (0.25 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		PA; QLL (0.5 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML		PA; QLL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML		PA; QLL (1.315 ML per 84 days)

Drug Name	Reference	Restrictions
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		PA; QLL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML		PA; QLL (2.625 ML per 84 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	Smart Edit Conditions Apply; QLL (16 ML per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet 0.25 mg</i>		Smart Edit Conditions Apply; QLL (2 Tablets per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg</i>	RisperDAL	Smart Edit Conditions Apply; QLL (2 Tablets per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet 3 mg</i>	RisperDAL	Smart Edit Conditions Apply; QLL (3 Tablets per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet 4 mg</i>	RisperDAL	Smart Edit Conditions Apply; QLL (4 Tablets per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>		Smart Edit Conditions Apply; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet dispersible 0.5 mg</i>		Smart Edit Conditions Apply; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet dispersible 3 mg</i>		Smart Edit Conditions Apply; QLL (3 EA per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet dispersible 4 mg</i>		Smart Edit Conditions Apply; QLL (4 EA per 1 day); AL (Min 18 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Haldol Decanoate	QLL (5 ML per 28 days); AL (Min 18 Years)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	Haldol Decanoate	QLL (9 ML per 28 days); AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	Haldol	QLL (4 ML per 1 day); AL (Min 18 Years)

Drug Name	Reference	Restrictions
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		QLL (50 ML per 1 day); AL (Min 18 Years)
<i>haloperidol oral tablet 0.5 mg, 20 mg, 5 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg</i>	Clozaril	Smart Edit Conditions Apply; QLL (9 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 200 mg, 50 mg</i>	Clozaril	Smart Edit Conditions Apply; QLL (4 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 25 mg</i>	Clozaril	Smart Edit Conditions Apply; QLL (3 EA per 1 day); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	SEROquel	Smart Edit Conditions Apply; QLL (3 EA per 1 day); AL (Min 18 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	SEROquel	Smart Edit Conditions Apply; QLL (2 EA per 1 day); AL (Min 18 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate oral capsule 25 mg</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate oral capsule 50 mg</i>		QLL (5 EA per 1 day)
*Phenothiazines***		
<i>chlorpromazine hcl injection solution 25 mg/ml</i>		
COMPRO RECTAL SUPPOSITORY 25 MG	Prochlorperazine	QLL (2 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		QLL (10 ML per 28 days); AL (Min 18 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		QLL (8 ML per 1 day); AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>perphenazine oral tablet 2 mg, 4 mg</i>		QLL (6 EA per 1 day); AL (Min 18 Years)

Drug Name	Reference	Restrictions
<i>perphenazine oral tablet 8 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
<i>prochlorperazine maleate oral tablet 10 mg</i>		QLL (4 EA per 1 day)
<i>prochlorperazine maleate oral tablet 5 mg</i>		QLL (8 EA per 1 day)
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	QLL (2 EA per 1 day)
<i>thioridazine hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day); AL (Min 18 Years)
<i>thioridazine hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day); AL (Min 18 Years)
<i>thioridazine hcl oral tablet 25 mg, 50 mg</i>		QLL (3 EA per 1 day); AL (Min 18 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>trifluoperazine hcl oral tablet 5 mg</i>		QLL (3 EA per 1 day); AL (Min 18 Years)
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		PA; QLL (1 EA per 28 days); AL (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		PA; QLL (1 EA per 28 days); AL (Min 18 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	Smart Edit Conditions Apply; QLL (1 EA per 1 day); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		PA; QLL (3.9 ML per 56 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		PA; QLL (1.6 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		PA; QLL (2.4 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		PA; QLL (3.2 ML per 28 days); AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZyPREXA	Smart Edit Conditions Apply; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZyPREXA Zydys	Smart Edit Conditions Apply; QLL (1 EA per 1 day); AL (Min 18 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		QLL (6 EA per 1 day); AL (Min 18 Years)

Drug Name	Reference	Restrictions
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	PA; QLL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Trizivir	PA; QLL (2 EA per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG	Efavirenz-Emtricitab-Tenofovir	PA; QLL (1 EA per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG		PA; QLL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		PA; QLL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		PA; QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		PA; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	PA; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	PA; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	PA; QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		PA; QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		PA; QLL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG		PA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Combivir	PA; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	PA
ODEFSEY ORAL TABLET 200-25-25 MG		PA; QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		PA; QLL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG		PA; QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		PA; QLL (1 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG		PA

Drug Name	Reference	Restrictions
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		PA; QLL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG		PA; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		PA; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		PA; QLL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		PA; QLL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		PA; AL (Max 12 Years)
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG		PA
APTIVUS ORAL SOLUTION 100 MG/ML		PA
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	Reyataz	PA; QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	PA; QLL (2 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG		PA; QLL (12 EA per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG		PA; QLL (6 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	PA; QLL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG		PA
LEXIVA ORAL SUSPENSION 50 MG/ML		PA; QLL (56 ML per 1 day)
NORVIR ORAL PACKET 100 MG		PA
NORVIR ORAL SOLUTION 80 MG/ML		PA; QLL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		PA
PREZISTA ORAL TABLET 150 MG		PA; QLL (3 EA per 1 day)
PREZISTA ORAL TABLET 600 MG		PA; QLL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG, 800 MG		PA; QLL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	PA; QLL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG		PA; QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		PA; QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG		PA; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
<i>efavirenz oral capsule 200 mg</i>	Sustiva	PA; QLL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Sustiva	PA; QLL (2 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	PA; QLL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG		PA; QLL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG		PA; QLL (2 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		PA; QLL (1 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Viramune XR	PA; QLL (1 EA per 1 day)
<i>nevirapine oral tablet 200 mg</i>		PA; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	PA; QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Ziagen	PA; QLL (2 EA per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>		PA; QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	PA; QLL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		PA; QLL (24 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	PA; QLL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Epivir	PA; QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	PA; QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg</i>		PA; QLL (1 EA per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	Zerit	PA; QLL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Retrovir	PA; QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	PA; QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		PA; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	PA; QLL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM		PA; QLL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		PA; QLL (30 EA per 30 days)

Drug Name	Reference	Restrictions
*Cmv Agents***		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg</i>	Baraclude	QLL (30 EA per 30 days)
<i>entecavir oral tablet 1 mg</i>	Baraclude	QLL (30 EA per 30 Days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML		
<i>lamivudine oral tablet 100 mg</i>	Epivir HBV	QLL (30 EA per 30 Days)
VEMLIDY ORAL TABLET 25 MG		QLL (1 EA per 1 day)
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG		PA
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML		PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML		PA
<i>ribavirin oral capsule 200 mg</i>		ST
<i>ribavirin oral tablet 200 mg</i>		ST
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>		QLL (4000 mg per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Zovirax	QLL (4000 mg per 1 day); AL (Max 12 Years)
<i>acyclovir oral tablet 400 mg, 800 mg</i>		QLL (4000 mg per 1 day)
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	QLL (30 Tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	QLL (60 Tablets per 30 days)
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>		QLL (14 Tablets Max Qty Per Fill Retail)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail); AL (Max 12 Years)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail)

Drug Name	Reference	Restrictions
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	QLL (60 Tablets per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	QLL (60 Tablets per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
*Beta Blockers Non-Selective***		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	Inderal LA	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Inderal LA	QLL (1 EA per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Sotalol HCl	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Sorine	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 Tablets per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 Tablets per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Diltiazem HCl ER Coated Beads	QLL (60 EA per 30 days)

Drug Name	Reference	Restrictions
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	DilTIAZem HCl ER Coated Beads	QLL (3 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG	DilTIAZem HCl ER Coated Beads	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg</i>	Taztia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Taztia XT	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tiadytl ER	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Cartia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Cartia XT	QLL (3 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>		QLL (3 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (120 Tablets per 30 days)
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (120 Tablets per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>		QLL (3 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Afeditab CR	QLL (30 Tablets per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		QLL (30 Tablets per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	QLL (30 Tablets per 30 days)
<i>nifedipine oral capsule 10 mg</i>	Procardia	
<i>nifedipine oral capsule 20 mg</i>		

Drug Name	Reference	Restrictions
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG	Diltiazem HCl ER Beads	QLL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	DilTIAZem HCl ER Beads	QLL (3 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	QLL (30 Tablets per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	Calan SR	QLL (2 Tablets per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	Calan SR	QLL (60 Tablets per 30 days)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (120 Tablets per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digitek	
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (60 EA per 30 days)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; QLL (30 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (60 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; Smart Edit Conditions Apply; QLL (90 Tablets per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA; QLL (60 EA per 30 days)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		AL (Max 12 Years)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 Grams Max Qty Per Fill Retail)
CHEMICALS		
*Liquids***		
<i>chlorhexidine gluconate solution</i>		
<i>glycerine liquid</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Desogestrel-Ethinyl Estradiol	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	

Drug Name	Reference	Restrictions
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Desogestrel-Ethinyl Estradiol	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Desogestrel-Ethinyl Estradiol	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Marlissa	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Cyclafem 1/35	
APRI ORAL TABLET 0.15-30 MG-MCG	Desogestrel-Ethinyl Estradiol	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Briellyn	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Marlissa	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
ELINEST ORAL TABLET 0.3-30 MG-MCG		
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Desogestrel-Ethinyl Estradiol	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Desogestrel-Ethinyl Estradiol	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
FALMINA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
GIANVI ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Norethindrone Acet-Ethinyl Est	

Drug Name	Reference	Restrictions
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Norethindrone Acet-Ethinyl Est	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Norethin Ace-Eth Estrad-FE	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Ethinodiol Diac-Eth Estradiol	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Marlissa	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Norethindrone Acet-Ethinyl Est	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Norethindrone Acet-Ethinyl Est	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Norethin Ace-Eth Estrad-FE	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Aubra	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Marlissa	
LORYNA ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
LUTERA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Norethindrone Acet-Ethinyl Est	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Norethindrone Acet-Ethinyl Est	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Norethin Ace-Eth Estrad-FE	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	

Drug Name	Reference	Restrictions
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
NIKKI ORAL TABLET 3-0.02 MG	Drospirenone-Ethinyl Estradiol	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Junel FE 1/20	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Junel 1/20	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
OCELLA ORAL TABLET 3-0.03 MG	Drospirenone-Ethinyl Estradiol	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Briellyn	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Alyacen 1/35	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Marlissa	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Desogestrel-Ethinyl Estradiol	
SOLIA ORAL TABLET 0.15-30 MG-MCG	Desogestrel-Ethinyl Estradiol	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Norgestimate-Eth Estradiol	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Levonorgestrel-Ethinyl Estrad	
SYEDA ORAL TABLET 3-0.03 MG	Drospirenone-Ethinyl Estradiol	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Norethin Ace-Eth Estrad-FE	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Briellyn	
WERA ORAL TABLET 0.5-35 MG-MCG		
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Norethin-Eth Estradiol-Fe	

Drug Name	Reference	Restrictions
ZARAH ORAL TABLET 3-0.03 MG	Drospirenone-Ethinyl Estradiol	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Ethinodiol Diac-Eth Estradiol	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR		QLL (3 Patches per 28 days)
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Etonogestrel-Ethinyl Estradiol	QLL (1 Ring per 30 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 Ring per 30 days)
*Emergency Contraceptives***		
ELLA ORAL TABLET 30 MG		
<i>levonorgestrel oral tablet 1.5 mg</i>	Option 2	OTC; QLL (3 packs per 1 Year)
OPTION 2 ORAL TABLET 1.5 MG	Levonorgestrel	OTC; QLL (3 packs per 1 Year)
*Extended-Cycle Contraceptives - Oral***		
INTROVALE ORAL TABLET 0.15-0.03 MG	Levonorgest-Eth Estrad 91-Day	
JOLESSA ORAL TABLET 0.15-0.03 MG	Levonorgest-Eth Estrad 91-Day	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Introvale	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 Implant per 3 Yearss)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (1 Injection per 90 days)
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	Norethindrone	
DEBLITANE ORAL TABLET 0.35 MG	Norethindrone	
ERRIN ORAL TABLET 0.35 MG	Norethindrone	
HEATHER ORAL TABLET 0.35 MG	Norethindrone	
JENCYCLA ORAL TABLET 0.35 MG	Norethindrone	
LYZA ORAL TABLET 0.35 MG	Norethindrone	

Drug Name	Reference	Restrictions
NORA-BE ORAL TABLET 0.35 MG	Norethindrone	
<i>norethindrone oral tablet 0.35 mg</i>	Camila	
NORLYROC ORAL TABLET 0.35 MG	Norethindrone	
SHAROBEL ORAL TABLET 0.35 MG	Norethindrone	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CESIA ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	Levonorg-Eth Estrad Triphasic	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Levonorg-Eth Estrad Triphasic	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri-Estarylla	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Alyacen 7/7/7	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Norgestim-Eth Estrad Triphasic	

Drug Name	Reference	Restrictions
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	Levonorg-Eth Estrad Triphasic	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Entocort EC	PA; ST; QLL (90 EA per 365 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	Decadron	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>		
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone oral syrup 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Orapred ODT	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML		
<i>prednisone oral solution 5 mg/5ml</i>		AL (Max 12 Years)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		

Drug Name	Reference	Restrictions
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>	Tessalon Perles	QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 200 mg</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>		QLL (6 EA per 1 day); AL (Min 18 Years)
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	OTC
<i>guaifenesin oral syrup 100-10 mg/5ml</i>		OTC; AL (Min 18 Years)
<i>intense cough reliever oral liquid 30-200 mg/5ml</i>		OTC
<i>mucus relief dm max oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	OTC
<i>trymine cg oral liquid 225-7.5 mg/5ml</i>	Mar-Cof CG Expectorant	OTC; AL (Min 18 Years)
*Antitussive-Expectorants-Decongestant***		
<i>bionel oral liquid 30-15-200 mg/5ml</i>	Actinel	OTC
*Decongestant & Antihistamine***		
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	OTC; QLL (30 Tablets per 30 days)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	OTC; QLL (60 EA per 30 days); AL (Min 6 Years)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC
LOHIST-D ORAL LIQUID 2-30 MG/5ML		OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC; QLL (30 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>sm cold & allergy childrens oral elixir 1-15 mg/5ml</i>		OTC
<i>sm sinus & allergy max st oral tablet 4-60 mg</i>	SudoGest Sinus/Allergy	OTC
*Decongestant W/ Expectorant***		
<i>altarussin-pe oral syrup 100-30 mg/5ml</i>		OTC
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	HM Mucus Relief D	OTC
<i>mucus relief d oral tablet 40-400 mg</i>		OTC
*Expectorants***		
<i>guaifenesin oral solution 100 mg/5ml</i>	Buckleys Chest Congestion	OTC
<i>guaifenesin oral syrup 100 mg/5ml</i>	Diabetic Tussin EX	OTC
<i>guaifenesin oral tablet 200 mg</i>		OTC
<i>guaifenesin oral tablet 400 mg</i>	Xpect	OTC
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	Mucus Relief ER	OTC
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		AL (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		AL (Min 18 Years)

Drug Name	Reference	Restrictions
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>		AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution 1 %</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution 2 %</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days)
*Acne Products***		
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>adapalene external cream 0.1 %</i>	Differin	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)
AVITA EXTERNAL CREAM 0.025 %	Tretinoin	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)
AVITA EXTERNAL GEL 0.025 %	Tretinoin	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)
BENZEPRO EXTERNAL FOAM 5.3 %		
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	OTC
<i>bp gel external gel 5 %</i>		OTC
<i>bp wash external liquid 10 %</i>	PanOxyl Foaming Wash	OTC
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	ISotretinoin	ST; QLL (2 EA per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Claravis	ST; QLL (2 EA per 1 day)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	ISotretinoin	ST; Smart Edit Conditions Apply; QLL (2 EA per 1 day)
<i>tretinoin external cream 0.025 %</i>	Avita	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)

Drug Name	Reference	Restrictions
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Retin-A	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.01 %</i>	Retin-A	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.025 %</i>	Avita	ST; Smart Edit Conditions Apply; QLL (45 GM per 30 days); AL (Max 35 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	ISOtretinoin	ST; Smart Edit Conditions Apply; QLL (2 EA per 1 day)
*Antibiotic Mixtures Topical***		
<i>triple antibiotic plus external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>mupirocin external ointment 2 %</i>	Centany	QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		
*Antifungals - Topical***		
<i>athletes foot spray external aerosol 1 %</i>	Tinactin	OTC; QLL (133 GM per 30 days)
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>	Loprox	ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	QLL (6.6 ML per 1 day)
<i>ciclopirox olamine external cream 0.77 %</i>	Loprox	ST; QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	Loprox	ST; QLL (30 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	QLL (60 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT	OTC; QLL (60 GM per 30 days)

Drug Name	Reference	Restrictions
<i>tolnaftate external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	OTC; QLL (133 GM per 30 days)
<i>tolnaftate external cream 1 %</i>	Tinactin	OTC; QLL (90 GM per 30 days)
*Antihistamines - Topical***		
<i>cvs itch relief external gel 2 %</i>	Benadryl Itch Stopping	OTC
<i>itch relief external cream 2 %</i>		OTC
*Antihistamine-Topical Combinations***		
<i>cvs instant itch relief external liquid 2-0.1 %</i>	Benadryl Extra Strength	OTC
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	Dovonex	PA; Smart Edit Conditions Apply; QLL (4 GM per 1 day)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; Smart Edit Conditions Apply; QLL (4 GM per 1 day)
<i>calcipotriene external solution 0.005 %</i>		PA; Smart Edit Conditions Apply; QLL (2 ML per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 %	Calcipotriene	PA; Smart Edit Conditions Apply; QLL (4 GM per 1 day)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
OVACE PLUS EXTERNAL CREAM 10 %		
<i>selenium sulfide external lotion 2.5 %</i>		
<i>sulfacetamide sodium external liquid 10 %</i>	Ovace Plus Wash	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Zovirax	ST; QLL (15 GM per 30 days)
<i>docosanol external cream 10 %</i>	Abreva	OTC; QLL (1 Tube per 30 days)
*Astringents***		
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 16 %		OTC
TRIPLE PASTE EXTERNAL OINTMENT 12.8 %		OTC
<i>zinc oxide external ointment 20 %</i>		OTC
<i>zinc oxide external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	SSD	

Drug Name	Reference	Restrictions
SSD EXTERNAL CREAM 1 %	Silver Sulfadiazine	
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>		
<i>alclometasone dipropionate external ointment 0.05 %</i>		
<i>amcinonide external ointment 0.1 %</i>		
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Diprolene AF	QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (60 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Temovate	ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Temovate	ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>		
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	QLL (2 GM per 1 day)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (2 GM per 1 day)
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		

Drug Name	Reference	Restrictions
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>halobetasol propionate external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>		QLL (50 GM per 30 days)
<i>hydrocortisone external cream 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 1 %</i>	Aquanil HC	OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>		OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Cortizone-10	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>prednicarbate external ointment 0.1 %</i>		QLL (60 GM per 30 days)
<i>scalp relief maximum strength external solution 1 %</i>	Scalpicin Maximum Strength	OTC; QLL (75 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.1 %, 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
*Emollients***		
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	AL12	
<i>glycerin external liquid</i>		OTC
LAC-HYDRIN FIVE EXTERNAL LOTION 5 %		OTC
<i>lactic acid external lotion 10 %</i>		
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		QLL (90 GM per 30 days)

Drug Name	Reference	Restrictions
*Imidazole-Related Antifungals - Topical***		
<i>antifungal external powder 2 %</i>	Zeasorb-AF	OTC; QLL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	OTC; QLL (133 GM per 30 days)
<i>clotrimazole anti-fungal external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole athletes foot external cream 1 %</i>	Desenex	OTC; QLL (60 GM per 30 days)
<i>clotrimazole external cream 1 %</i>	Desenex	ST; QLL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	FungiCure Intensive/NailGuard	QLL (30 ML per 30 days)
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %		OTC
<i>gnp miconazorb af external powder 2 %</i>	Zeasorb-AF	OTC; QLL (90 GM per 30 days)
<i>ketoconazole external cream 2 %</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Carrington Antifungal	QLL (90 GM per 30 days)
ZEASORB-AF EXTERNAL POWDER 2 %	Antifungal	OTC; QLL (90 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	Aldara	
*Insect Repellents***		
OFF DEEP WOODS DRY EXTERNAL AEROSOL	CVS Insect Repellent	OTC; QLL (1 unit per 30 days)
OFF DEEP WOODS EXTERNAL AEROSOL	CVS Insect Repellent	OTC; QLL (1 unit per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 %	CVS Insect Repellent	OTC; QLL (1 unit per 30 days)
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 %		OTC; QLL (1 unit per 30 days)
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	CVS Insect Repellent	OTC; QLL (1 unit per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %		OTC; QLL (1 unit per 30 days)
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 %	CVS Insect Repellent	OTC; QLL (1 unit per 30 days)
*Keratolytic/Antimitotic Agents***		
<i>podofilox external solution 0.5 %</i>		
SCALPICIN EXTERNAL LIQUID 3 %	EQL Scalp Relief Max Strength	OTC

Drug Name	Reference	Restrictions
*Local Anesthetics - Topical***		
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>capsaicin external cream 0.1 %</i>	Capzasin-HP	OTC
CAPZASIN-P EXTERNAL CREAM 0.035 %		OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external cream 4 %</i>	AneCream	OTC; QLL (60 GM per 30 days)
<i>lidocaine external ointment 5 %</i>		PA; QLL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidoderm	PA; QLL (90 EA per 30 days)
<i>lidocaine hcl external cream 3 %</i>		
<i>lidocaine hcl external solution 4 %</i>		
<i>qc lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Protopic	PA; ST
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	Rosadan	
<i>metronidazole external gel 0.75 %</i>	Rosadan	
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
ROSDAN EXTERNAL CREAM 0.75 %	MetroNIDAZOLE	
ROSDAN EXTERNAL GEL 0.75 %	MetroNIDAZOLE	
*Scabicide Combinations***		
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>lice killing external shampoo 0.33-4 %, 4-0.33 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
*Scabicides & Pediculicides***		
<i>lice treatment external lotion 1 %</i>		OTC; QLL (120 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (59 ML per 180 days)
<i>permethrin external cream 5 %</i>	Elimite	QLL (60 GM per 30 days)
<i>sm lice treatment external lotion 1 %</i>		OTC; QLL (120 ML per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleansers***		
<i>isopropyl alcohol wipes external 70 %</i>		OTC

Drug Name	Reference	Restrictions
*Skin Protectants***		
A+D FIRST AID EXTERNAL OINTMENT	Lip Balm	OTC
*Tar Products***		
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
X-SEB T PLUS EXTERNAL SHAMPOO 10 %		OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe external cream 0.5 %</i>		OTC
<i>hydrocortisone-aloe external cream 1 %</i>	Cortizone-10 Intensive Healing	OTC
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
CHEMSTRIP K IN VITRO STRIP	Ketone Test	OTC
KETOSTIX IN VITRO STRIP	Ketone Test	OTC
ONETOUCH VERIO IN VITRO STRIP	Premium Blood Glucose Test	Smart Edit Conditions Apply; OTC; QLL (150 EA per 30 days)
RELION KETONE IN VITRO STRIP	Ketone Test	OTC
<i>universal ph in vitro strip</i>	Chemstrip 2	OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000 UNIT		
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 5000-24000 UNIT		
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		

Drug Name	Reference	Restrictions
<i>methazolamide oral tablet 25 mg, 50 mg</i>		ST
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Aldactazide	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	Maxzide-25	
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>		
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		QLL (30 Tablets per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		QLL (4 Tablets per 30 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 Tablets per 30 days)
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Miacalcin	

Drug Name	Reference	Restrictions
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	PA; Smart Edit Conditions Apply
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	PA; Smart Edit Conditions Apply
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		PA; Smart Edit Conditions Apply
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol intravenous solution 1 mcg/ml</i>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; Smart Edit Conditions Apply; QLL (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; Smart Edit Conditions Apply; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 Tablets per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA
*Vasopressin***		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		QLL (1 Bottle per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (1 Bottle per 30 days)
ESTROGENS		
*Estrogen & Progestin***		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Amabelz	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	
JINTELI ORAL TABLET 1-5 MG-MCG	Norethindrone-Eth Estradiol	
MIMVEY ORAL TABLET 1-0.5 MG	Estradiol-Norethindrone Acet	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Femhrt Low Dose	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Jinteli	
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	QLL (8 EA per 28 days)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr</i>	Dotti	QLL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 Patches per 30 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		QLL (28 Tablets per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 Tablets per 30 days)
<i>levofloxacin oral solution 25 mg/ml</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Levaquin	QLL (14 Tablets per 90 days)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>gas relief oral liquid 40 mg/0.6ml</i>	Gas-X Infant Drops	OTC
<i>simethicone liquid</i>		

Drug Name	Reference	Restrictions
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>	Urso 250	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg</i>	Amitiza	PA; Smart Edit Conditions Apply; QLL (2 EA per 1 day); AL (Min 18 Years)
<i>lubiprostone oral capsule 8 mcg</i>	Amitiza	PA; Smart Edit Conditions Apply; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		PA; QLL (1 EA per 1 day)
*Inflammatory Bowel Agents***		
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	Asacol HD	
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	
SFROWASA RECTAL ENEMA 4 GM/60ML		
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>		
<i>generlac oral solution 10 gm/15ml</i>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		

Drug Name	Reference	Restrictions
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		PA; QLL (30 EA per 30 days)
SYMPROIC ORAL TABLET 0.2 MG		PA; QLL (1 EA per 1 day)
*Phosphate Binder Agents***		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)		ST
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
CALPHRON ORAL TABLET 667 MG	Calcium Acetate	OTC
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	ST
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	QLL (60 Capsules per 30 days)
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>		
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate monohydrate granules</i>		
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG		PA; Smart Edit Conditions Apply
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		

Drug Name	Reference	Restrictions
*Urinary Analgesics***		
PHENAZO ORAL TABLET 200 MG	Phenazopyridine HCl	
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>phenazopyridine hcl oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Zyloprim	
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	QLL (9 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	Colcrys	QLL (9 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*Complement Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA; Smart Edit Conditions Apply
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (30 Tablets per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 Tablets per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		
<i>vitamin b-12 oral tablet 1000 mcg</i>		OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>		OTC
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
*Folic Acid/Folate Combinations***		
AIRAVITE ORAL TABLET 2.5-25-1 MG	WesTab One	
<i>folbee oral tablet 2.5-25-1 mg</i>	Airavite	
NUFOL ORAL TABLET 2.5-25-1 MG	WesTab One	
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
*Iron Combinations***		
CENTRATEX ORAL CAPSULE 106-1 MG		
<i>ferocon oral capsule</i>	Tricon	
<i>ferotrinsic oral capsule</i>	Tricon	
FERROCITE PLUS ORAL TABLET 106-1 MG	Hematinic Plus Vit/Minerals	
<i>foltrin oral capsule</i>	Tricon	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	Ferrocite Plus	

Drug Name	Reference	Restrictions
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG		
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Polysaccharide Iron Forte	
INTEGRA PLUS ORAL CAPSULE	Virt-FeFA Plus	
MULTIGEN ORAL TABLET 70 MG		
MULTIGEN PLUS ORAL TABLET 50- 101-1 MG		
<i>myferon 150 forte oral capsule 150-25-1 mg- mcg-mg</i>	iFerex 150 Forte	
<i>poly-iron 150 forte oral capsule 150-25-1 mg- mcg-mg</i>	iFerex 150 Forte	
<i>polysaccharide iron forte oral capsule 150-25- 1 mg-mcg-mg</i>	iFerex 150 Forte	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	K-Tan Plus	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	K-Tan Plus	
TRICON ORAL CAPSULE	Ferocon	
*Iron***		
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral tablet 27 mg</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>iron oral tablet 28 mg</i>		OTC
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
POLY-IRON 150 ORAL CAPSULE 150 MG	Polysaccharide Iron Complex	OTC
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Amicar	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Amicar	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotic Combinations***		
<i>ibuprofen pm oral tablet 200-38 mg</i>	Advil PM	OTC
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>		OTC
<i>eql nighttime sleep aid oral tablet 25 mg</i>	Simply Sleep	OTC

Drug Name	Reference	Restrictions
<i>ra sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>wal-som oral tablet 25 mg</i>	Unisom SleepTabs	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>		QLL (30 Tablets per 30 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		QLL (30 Capsules per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	QLL (30 Capsules per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>zaleplon oral capsule 10 mg, 5 mg</i>		QLL (30 Capsules per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	QLL (30 Capsules per 30 days)
*Selective Melatonin Receptor Agonists***		
<i>ramelteon oral tablet 8 mg</i>	Rozerem	ST; QLL (30 EA per 30 days)
LAXATIVES		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	PEG-3350/Electrolytes	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	PEG 3350-KCl-Na Bicarb-NaCl	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	PEG 3350-KCl-Na Bicarb-NaCl	
*Bulk Laxatives***		
<i>fiber oral tablet 625 mg</i>	FiberCon	OTC
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>		
<i>cvs glycerin adult rectal suppository 2.1 gm</i>		OTC
<i>glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>glycerin (infants & children) rectal suppository 1 gm</i>	Pedia-Lax	OTC

Drug Name	Reference	Restrictions
<i>glycerin (pediatric) rectal suppository 1 gm</i>	Pedia-Lax	OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>		OTC
<i>glycerin adult rectal suppository 2 gm</i>		OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		
<i>sm glycerin pediatric rectal suppository 80.7 %</i>		OTC
*Laxatives & Dss***		
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
*Lubricant Laxatives***		
<i>mineral oil heavy oral oil</i>		
MURI-LUBE OIL	Mineral Oil Light	
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>casacara sagrada oral fluid extract 1 gm/ml</i>		
<i>chocolated laxative oral tablet chewable 15 mg</i>		OTC
<i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i>		OTC
<i>senna oral tablet 8.6 mg</i>	Dr Edwards Olive Laxative	OTC
SENNASMOOTH ORAL TABLET 15 MG	Laxative Pills	OTC
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium oral capsule 100 mg</i>	Colace	OTC
<i>docusate sodium oral capsule 250 mg</i>		OTC
<i>docusate sodium oral liquid 50 mg/5ml</i>		OTC
<i>docusate sodium oral syrup 60 mg/15ml</i>		OTC
<i>docusate sodium oral tablet 100 mg</i>	DOK	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Zithromax	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	AL (Max 12 Years)
<i>azithromycin oral tablet 250 mg, 500 mg</i>	Zithromax	
<i>azithromycin oral tablet 600 mg</i>		

Drug Name	Reference	Restrictions
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		
<i>alcohol prep pad</i>	Sure-Prep Alcohol Prep	OTC
SURE-PREP ALCOHOL PREP PAD 70 %	Alcohol Swabs	OTC
*Glucose Monitoring Test Supplies***		
<i>lancet device</i>	Advocate Lancing Device	OTC
<i>lancets</i>	Lancets Ultra Thin	OTC
<i>lancets micro thin 33g</i>	Lancets Ultra Thin	OTC
<i>lancets super thin 28g</i>	Lancets Ultra Thin	OTC
<i>lancets thin</i>	Lancets Ultra Thin	OTC
LANCETS ULTRA THIN	TGT Lancet Micro Thin 33G	OTC
ONETOUCH FINEPOINT LANCETS	TGT Lancet Micro Thin 33G	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	GE100 Blood Glucose System	OTC
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	Element Compact Control 3	OTC
ONETOUCH ULTRA MINI KIT W/DEVICE	GE100 Blood Glucose System	OTC
ONETOUCH ULTRALINK KIT W/DEVICE	GE100 Blood Glucose System	OTC
ONETOUCH ULTRASOFT LANCETS	TGT Lancet Micro Thin 33G	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	GE100 Blood Glucose System	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	GE100 Blood Glucose System	OTC
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	GE100 Blood Glucose System	OTC
*Needles & Syringes***		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Ultra-Comfort Insulin Syringe	QLL (100 Syringes per 30 days)
BD AUTOSHIELD 29G X 5MM , 29G X 8MM		OTC
BD AUTOSHIELD DUO 30G X 5 MM	Pen Needles	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	Sure Comfort Pen Needles	OTC

Drug Name	Reference	Restrictions
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st Tier Unifine Pentips Plus	OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	Wegmans Unifine Pentips Plus	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	Sure Comfort Pen Needles	OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	GNP Clickfine Pen Needles	OTC
J-TIP KIT W/VIAL ADAPTERS KIT		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	Preferred Plus Insulin Syringe	QLL (100 Syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML	GNP Insulin Syringe	QLL (100 Syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	Ultra-Comfort Insulin Syringe	QLL (100 Syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	Insulin Syringe	QLL (100 Syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	Insulin Syringe-Needle U-100	QLL (100 Syringes per 30 days)
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML	Allergy Syringe	
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML		
MONOJECT BLUNTIP SYR/CANNULA 3 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT BLUNTIP SYR/CANNULA 6 ML	Syringe 5-6 ML	QLL (100 Syringes per 30 days)
MONOJECT CONTROL SYRINGE 12 ML	Syringe 10-12 ML	QLL (100 Syringes per 30 days)
MONOJECT CONTROL SYRINGE 20 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT HYPODERMIC NEEDLE 26G X 1/2" , 27G X 1-1/2" , 27G X 1/2"	Hypodermic Needle	
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2"		
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4"	Poly Hub Needle	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Reality Insulin Syringe	QLL (100 Syringes per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML	GNP Insulin Syringe	QLL (100 Syringes per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	Preferred Plus Insulin Syringe	QLL (100 Syringes per 30 days)

Drug Name	Reference	Restrictions
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	Insulin Syringe	QLL (100 Syringes per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML	Insulin Syringe-Needle U-100	QLL (100 Syringes per 30 days)
MONOJECT INSULIN SYRINGE U-100 1 ML	Kmart Valu Insulin Syringe 30G	QLL (100 Syringes per 30 days)
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML	Syringe/Hypodermic Safety	
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML	Syringe/Hypodermic Safety	
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML, 20G X 1-1/2" 6 ML, 23G X 1" 1 ML, 25G X 1" 1 ML		
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML, 21G X 1" 12 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 6 ML, 25G X 5/8" 3 ML	Syringe	
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML	Syringe Luer Slip	
MONOJECT PHARMACY TRAY 12 ML	Syringe 10-12 ML	QLL (100 Syringes per 30 days)
MONOJECT PHARMACY TRAY 20 ML , 3 ML , 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT PHARMACY TRAY 35 ML	Syringe Luer Slip	QLL (100 Syringes per 30 days)
MONOJECT PHARMACY TRAY 6 ML	Syringe 5-6 ML	QLL (100 Syringes per 30 days)
MONOJECT PISTON SYRINGE 140 ML		QLL (100 Syringes per 30 days)
MONOJECT SYRINGE 12 ML	Syringe 10-12 ML	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE 20G X 1-1/2" 6 ML		
MONOJECT SYRINGE 21G X 1" 6 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 6 ML, 25G X 5/8" 3 ML	Syringe	
MONOJECT SYRINGE 3 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE 6 ML	Syringe 5-6 ML	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE CATH TIP 35 ML	Syringe Luer Slip	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE CATH TIP 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE ECC LUER 20 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE ECC LUER 35 ML	Syringe Luer Slip	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)

Drug Name	Reference	Restrictions
MONOJECT SYRINGE LUER LOCK 20 ML , 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE LUER LOCK 35 ML	Syringe Luer Slip	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE LUER LOCK 6 ML	Syringe 5-6 ML	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE LUER-LOCK TIP 140 ML		QLL (100 Syringes per 30 days)
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE PHARMACY TRAY 1 ML	Syringe Luer Slip	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE REG LUER 12 ML	Syringe 10-12 ML	OTC; QLL (100 Syringes per 30 days)
MONOJECT SYRINGE REG LUER 20 ML , 3 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE REG LUER 35 ML	Syringe Luer Slip	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE REG LUER 6 ML	Syringe 5-6 ML	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE REGULAR TIP 6 ML	Syringe 5-6 ML	QLL (100 Syringes per 30 days)
MONOJECT SYRINGE TOOMEY TYPE 60 ML	Syringe Luer Lock	QLL (100 Syringes per 30 days)
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML	Tuberculin Syringe	
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML		
MONOJECT TB SYRINGE 27G X 1/2" 1 ML	Allergy Syringe	
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML	Reality Insulin Syringe	QLL (100 Syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	GNP Insulin Syringe	QLL (100 Syringes per 30 days)
NORDIPEN 5 INJECTION DEVICE	Inject-Ease	
NOVOPEN ECHO DEVICE	Autopen	
OMNITROPE PEN 10 INJ DEVICE	Inject-Ease	PA; OTC
OMNITROPE PEN 5 INJ DEVICE	Inject-Ease	PA
<i>syringe luer lock 30 ml</i>	Easy Glide Luer Lock Syringe	QLL (100 Syringes per 30 days)

Drug Name	Reference	Restrictions
<i>toomey syringe 70 ml</i>		QLL (100 Syringes per 30 days)
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	GNP Insulin Syringe	QLL (100 Syringes per 30 days)
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	Ultra-Comfort Insulin Syringe	QLL (100 Syringes per 30 days)
*Peak Flow Meters***		
TRUZONE PEAK FLOW METER DEVICE	Peak A-I-R Flow Meter	QLL (1 EA per 1 Year)
*Respiratory Therapy Supplies***		
BREATHERITE VALVED MDI CHAMBER DEVICE	Spiro PD	QLL (2 EA per 1 year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER MINI CHAMBER DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER MV	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU LARGE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU MEDIUM	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU SMALL	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU W/MASK	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER PLUS FLOW VU	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER W/FLOWSIGNAL	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)

Drug Name	Reference	Restrictions
COMPACT SPACE CHAMBER/SM MASK DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
EASIVENT	Procure Spacer/Adult Mask	QLL (1 EA per 1 Year)
EASIVENT MASK LARGE	Procure Spacer/Adult Mask	QLL (1 EA per 1 Year)
EASIVENT MASK MEDIUM	Procure Spacer/Adult Mask	QLL (1 EA per 1 Year)
EASIVENT MASK SMALL	Procure Spacer/Adult Mask	QLL (1 EA per 1 Year)
FLEXICHAMBER ADULT MASK/SMALL		QLL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/LARGE		QLL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/SMALL		QLL (2 EA per 1 year)
FLEXICHAMBER DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
INSPIRACHAMBER/LARGE DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
INSPIRACHAMBER/MEDIUM DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
INSPIRACHAMBER/MOUTHPIECE DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
INSPIRACHAMBER/SMALL DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
INSPIREASE	Procure Spacer/Adult Mask	QLL (1 EA per 1 Year)
OPTICHAMBER DIAMOND	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
POCKET CHAMBER DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
POCKET SPACER DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
RITEFLO DEVICE	Procure Spacer/Adult Mask	QLL (1 EA per 1 Year)
VORTEX VALVED HOLDING CHAMBER DEVICE	Procure Spacer/Adult Mask	QLL (2 EA per 1 year)
MIGRAINE PRODUCTS		
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg</i>	Amerge	QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 2.5 mg</i>	Amerge	QLL (9 EA per 30 Days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (12 Tablets per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (12 Tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Imitrex	QLL (6 Nasal Sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 Tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 Vials per 30 days)

Drug Name	Reference	Restrictions
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Imitrex	QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 Vials per 30 days)
MINERALS & ELECTROLYTES		
*Calcium Combinations***		
<i>cal-citrate plus vitamin d oral tablet 250-100 mg-unit</i>		OTC
<i>calcium 600+d oral tablet 600-200 mg-unit</i>		OTC
<i>calcium carbonate-vitamin d oral tablet 600-400 mg-unit</i>		OTC
<i>calcium-vitamin d oral tablet 600-125 mg-unit</i>		OTC
<i>oyster calcium + d oral tablet 500-125 mg-unit</i>		OTC
<i>oyster shell calcium 250+d oral tablet 250-125 mg-unit</i>		OTC
*Calcium***		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>		OTC
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>		OTC
<i>calcium citrate oral tablet 250 mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Oystercal	OTC
*Fluoride***		
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>		
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	NaFrinse	
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Sodium Fluoride	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>		
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	NaFrinse	
*Magnesium***		
<i>magnesium oral tablet 250 mg, 500 mg</i>		OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg</i>		OTC
<i>magnesium oxide oral tablet 400 (240 mg) mg, 500 mg</i>		OTC
<i>magnesium oxide oral tablet 400 (241.3 mg) mg</i>	MAGnesium-Oxide	OTC

Drug Name	Reference	Restrictions
*Phosphate***		
K-PHOS ORAL TABLET 500 MG		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Virt-Phos 250 Neutral	
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ		
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	K-Tab	
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml</i>		
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; Smart Edit Conditions Apply; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	CycloSPORINE Modified	
GENGRAF ORAL SOLUTION 100 MG/ML	CycloSPORINE Modified	

Drug Name	Reference	Restrictions
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		PA; Smart Edit Conditions Apply; QLL (30 EA per 30 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	
<i>sirolimus oral tablet 0.5 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
*Potassium Removing Agents***		
SPS ORAL SUSPENSION 15 GM/60ML		
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine hcl mouth/throat solution 4 %</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Paroex	
PAROEX MOUTH/THROAT SOLUTION 0.12 %	Chlorhexidine Gluconate	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Chlorhexidine Gluconate	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
ORALONE MOUTH/THROAT PASTE 0.1 %	Triamcinolone Acetonide	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	

Drug Name	Reference	Restrictions
MULTIVITAMINS		
*B-Complex W/ C & Folic Acid***		
<i>b-plex oral tablet</i>		
DIALYVITE ORAL TABLET	Tronvite	
<i>mynephrocaps oral capsule 1 mg</i>	Renal	
NEPHRONEX ORAL TABLET	Tronvite	
RENAL ORAL CAPSULE 1 MG	Mynephrocaps	
<i>reno caps oral capsule 1 mg</i>	Renal	
<i>super b-complex/vit c/fa oral tablet</i>		OTC
<i>virt-caps oral capsule 1 mg</i>	Renal	
*Multiple Vitamins W/ Iron***		
<i>multi-vitamin/iron oral tablet</i>		OTC
*Multiple Vitamins W/ Minerals***		
BACMIN ORAL TABLET	GNP Century	
<i>biocel oral tablet</i>	Bacmin	
<i>b-plex plus oral tablet</i>	Bacmin	
LYSIPLEX PLUS ORAL TABLET	GNP Century	
<i>multivitamin oral liquid</i>	Alive Multi-Vitamin	OTC
<i>multi-vitamin/minerals oral tablet</i>	Bacmin	OTC
NICAZEL FORTE ORAL TABLET	GNP Century	
NICAZEL ORAL TABLET	GNP Century	
NUTRICAP ORAL TABLET	GNP Century	
NUTRIFAC ZX ORAL TABLET	GNP Century	
REQ 49+ ORAL TABLET	GNP Century	
SIDEROL ORAL TABLET	GNP Century	
<i>v-c forte oral capsule</i>	VIC-Forte	
VIC-FORTE ORAL CAPSULE	V-C Forte	
VITA S FORTE ORAL TABLET	GNP Century	
VITACEL ORAL TABLET	GNP Century	
*Ped Mv W/ Fluoride***		
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	AL (Max 6 Months)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Quflora Pediatric	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML		

Drug Name	Reference	Restrictions
*Pediatric Multiple Vitamins W/ C***		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML	Poly-Vite Pediatric	OTC
*Pediatric Multiple Vitamins***		
PEDIAVIT ORAL LIQUID	Multi-Delyn	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10		OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>classic prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
CO-NATAL FA ORAL TABLET	Neonatal Complete	QLL (100 Tablets per 90 days)
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Virt-C DHA	QLL (100 Tablets per 90 days)
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG		QLL (100 Tablets per 90 days)
<i>eql prenatal formula oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>gnp prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>goodsense prenatal vitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>hm prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
INATAL GT ORAL TABLET		QLL (100 Tablets per 90 days)
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>multi prenatal oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	Prenatal One Daily	OTC; QLL (100 EA per 90 days)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 Tablets per 90 days)
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>	Prenatabs Rx	QLL (100 Tablets per 90 days)
PRENATABS RX ORAL TABLET 29-1 MG	Thrivite Rx	QLL (100 Tablets per 90 days)
<i>prenatal low iron oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
<i>prenatal one daily oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
<i>prenatal oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	QLL (100 EA per 90 days)

Drug Name	Reference	Restrictions
<i>prenatal oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 Tablets per 90 days)
<i>prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal plus iron oral tablet 29-1 mg</i>	Prenatabs Rx	QLL (100 Tablets per 90 days)
<i>prenatal plus oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 Tablets per 90 days)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal vitamin oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal/iron oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
PRENATAL-U ORAL CAPSULE 106.5-1 MG		QLL (100 Tablets per 90 days)
<i>preplus oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 Tablets per 90 days)
<i>pretab oral tablet 29-1 mg</i>	Co-Natal FA	QLL (100 Tablets per 90 days)
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG		QLL (100 EA per 90 days)
<i>px prenatal multivitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>qc prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>ra prenatal formula oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>ra prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
RIGHT STEP PRENATAL ORAL TABLET 27-0.8 MG	Prenatal One Daily	OTC; QLL (100 EA per 90 days)
<i>se-natal 19 oral tablet 29-1 mg</i>		QLL (100 Tablets per 90 days)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
TRINATE ORAL TABLET		QLL (100 Tablets per 90 days)
VINATE II ORAL TABLET 29-1 MG		QLL (100 Tablets per 90 days)
VINATE ONE ORAL TABLET 60-1 MG		QLL (100 Tablets per 90 days)
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 Tablets per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
TARON-PREX ORAL CAPSULE 30-1.2-265 MG		QLL (100 Tablets per 90 days)

Drug Name	Reference	Restrictions
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>		
<i>baclofen oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (120 Tablets per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (120 Tablets per 30 days)
<i>methocarbamol oral tablet 500 mg</i>		QLL (120 Tablets per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	Robaxin-750	QLL (120 Tablets per 30 days)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		
<i>tizanidine hcl oral tablet 2 mg</i>		
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg</i>		
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	Dantrium	
*Viscosupplements***		
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML		PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>		QLL (2 Bottles per 30 days)
*Nasal Steroids***		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		ST; QLL (1.6667 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	ST
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex	ST; QLL (1.1333 GM per 1 day)
NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT	GNP 24 Hour Nasal Allergy	OTC; QLL (1 bottle per 30 Days)

Drug Name	Reference	Restrictions
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT	GNP 24 Hour Nasal Allergy	OTC; QLL (2 Bottles per 30 days)
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT	Budesonide	OTC; QLL (1 bottle per 30 days)
*Systemic Decongestants***		
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
<i>nasal decongestant oral tablet 30 mg</i>	Sudafed	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed 12 Hour	OTC
*Topical Decongestants***		
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Afrin 12 Hour	OTC
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Rilutek	PA; Smart Edit Conditions Apply
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil extra strength oral capsule 435 mg</i>		OTC
<i>fish oil maximum strength oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil oral capsule 1000 mg</i>	Eskimo PurEFA	OTC
FISH OIL PEARLS ORAL CAPSULE 300 MG	Omega-3	OTC
<i>fish oil triple strength oral capsule 1400 mg</i>		OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears	OTC
<i>artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>artificial tears ophthalmic solution 5-6 mg/ml</i>		OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricating eye drops ophthalmic solution 0.5-0.9 %</i>	Refresh Optive	OTC
*Artificial Tears And Lubricants***		
ISOPTO TEARS OPHTHALMIC SOLUTION 0.5 %		OTC
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Tears	OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		

Drug Name	Reference	Restrictions
PURE & GENTLE LUBRICANT OPTHALMIC SOLUTION 3 MG/ML		OTC
THERATEARS OPTHALMIC SOLUTION 0.25 %	CVS Lubricant Eye Drops	OTC
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPTHALMIC SOLUTION 0.2-0.5 %		ST; QLL (10 ML per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Cosopt	ST; QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>		QLL (10 ML per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Timoptic-XE	ST; QLL (5 ML per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Timoptic	QLL (10 ML per 30 days)
*Cycloplegic Mydriatics***		
ALTAFRIN OPTHALMIC SOLUTION 10 %	Phenylephrine HCl	
ALTAFRIN OPTHALMIC SOLUTION 2.5 %	Phenylephrine HCl	QLL (2 ML per 30 days)
<i>atropine sulfate ophthalmic ointment 1 %</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>	Isopto Atropine	QLL (5 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	
<i>phenylephrine hcl ophthalmic solution 10 %</i>	Altafrin	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Altafrin	QLL (2 ML per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Isopto Carpine	
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		ST; QLL (6 ML per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>eye itch relief ophthalmic solution 0.025 %</i>	Alaway	OTC
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Alaway	

Drug Name	Reference	Restrictions
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	Alaway	OTC
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Pataday	ST; QLL (5 ML per 25 days)
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Ciloxan	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		
GENTAK OPHTHALMIC OINTMENT 0.3 %		
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>levofloxacin ophthalmic solution 0.5 %</i>		QLL (5 ML per 30 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tobrex	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		
POLYGIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	AK-Poly-Bac	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Polytrim	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %		ST; QLL (10 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Trusopt	
*Ophthalmic Hyperosmolar Products***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC

Drug Name	Reference	Restrictions
*Ophthalmic Immunomodulators***		
CEQUA OPHTHALMIC SOLUTION 0.09 %		PA
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Bleph-10	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	

Drug Name	Reference	Restrictions
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>ear drops earwax aid otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>ear wax removal drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>ear wax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>earwax treatment drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>gnp ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>gnp ear systems otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>gnp earwax removal drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>gnp earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>hm earwax removal aid otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>hm earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>qc ear wax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>qc earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>qc earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>sm ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetralax	QLL (28 mL per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		QLL (15 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (15 ML per 30 days)
*Otic Steroids***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Acetasol HC	QLL (10 ML per 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 30 GM/300ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 2.5 GM/25ML, 40 GM/400ML		PA

Drug Name	Reference	Restrictions
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	Augmentin	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	Augmentin	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		

Drug Name	Reference	Restrictions
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
PHARMACEUTICAL ADJUVANTS		
*Oral Vehicles***		
<i>cherry oral syrup</i>		
FLAVOR BLEND ORAL SUSPENSION	Suspension Vehicle	
<i>flavor plus oral liquid</i>	Ora-Plus	
<i>flavor sweet oral syrup</i>	PCCA Sweet-SF	
<i>oral suspend oral liquid</i>	Ora-Plus	OTC
PCCA SWEET-SF ORAL SYRUP	Syrup Vehicle	
PCCA SYRUP VEHICLE ORAL SYRUP	Syrup Vehicle	
PCCA-PLUS ORAL SUSPENSION	Suspension Vehicle	
<i>purified water oral liquid</i>	Nice Distilled Water	
<i>sorbitol solution</i>		
VERSAFREE ORAL SYRUP	Syrup Vehicle	
VERSAPLUS ORAL SYRUP	Syrup Vehicle	
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>	Aygestin	ST
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Prometrium	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>disulfiram oral tablet 250 mg, 500 mg</i>		QLL (1 EA per 1 day)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 Tablets per 30 days)

Drug Name	Reference	Restrictions
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (30 Tablets per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Razadyne ER	QLL (30 Capsules per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (60 Tablets per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (60 Capsules per 30 days)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST; Smart Edit Conditions Apply; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST; Smart Edit Conditions Apply; QLL (1 EA per 90 days)
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG		PA; QLL (30 EA per 30 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; Smart Edit Conditions Apply; QLL (1 kit per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA; Smart Edit Conditions Apply; QLL (1 kit per 28 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		PA; QLL (15 EA per 30 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		PA; Smart Edit Conditions Apply; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		PA; Smart Edit Conditions Apply; QLL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		PA; Smart Edit Conditions Apply; QLL (6 ML per 28 days)

Drug Name	Reference	Restrictions
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; Smart Edit Conditions Apply; QLL (4.2 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		PA; QLL (0.12 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	Tecfidera	PA; QLL (1 STARTER PACK per 90 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Copaxone	PA; QLL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Copaxone	PA; Smart Edit Conditions Apply; QLL (12 ML per 28 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG		QLL (2 EA per 1 day); AL (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		QLL (2 EA per 1 day); AL (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42		AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC; AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC; AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC; AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC; AL (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC; AL (Min 18 Years)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	OTC; AL (Min 18 Years)

Drug Name	Reference	Restrictions
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	OTC; AL (Min 18 Years)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		OTC; AL (Min 18 Years)
NICOTROL INHALATION INHALER 10 MG		AL (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML		AL (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG		PA; QLL (1 EA per 1 day)
RESPIRATORY AGENTS - MISC.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		PA
KALYDECO ORAL TABLET 150 MG		PA
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG		PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML		PA; Smart Edit Conditions Apply; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG		PA
ESBRIET ORAL TABLET 267 MG, 801 MG		PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg</i>	Morgidox	
<i>doxycycline hyclate oral capsule 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	

Drug Name	Reference	Restrictions
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>minocycline hcl oral capsule 100 mg</i>	Minocin	
<i>minocycline hcl oral capsule 50 mg, 75 mg</i>		
MORGIDOX ORAL CAPSULE 100 MG	Doxycycline Hyclate	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tapazole	
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levoxyl	
<i>levothyroxine sodium oral tablet 300 mcg</i>	Unithroid	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Levothyroxine Sodium	
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 90 mg</i>	Armour Thyroid	QLL (1 EA per 1 day)
<i>np thyroid oral tablet 60 mg</i>	Armour Thyroid	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Levothyroxine Sodium	
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		
*Belladonna Alkaloids***		
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	NuLev	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Symax-SR	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	

Drug Name	Reference	Restrictions
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	NuLev	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Symax-SL	
<i>hyosyne oral elixir 0.125 mg/5ml</i>		
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Ed-Spaz	
<i>oscimin oral tablet 0.125 mg</i>	Levsin	
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	Symax-SR	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Symax-SL	
SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Hyoscyamine Sulfate SL	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Hyoscyamine Sulfate ER	
*H-2 Antagonists***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>cimetidine 200 oral tablet 200 mg</i>	Tagamet HB	OTC
<i>cimetidine hcl oral solution 300 mg/5ml</i>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	OTC
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	
<i>famotidine oral tablet 40 mg</i>	Pepcid	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	Carafate	Smart Edit Conditions Apply; AL (Max 12 Years)
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		Smart Edit Conditions Apply; AL (Max 12 Years)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		Smart Edit Conditions Apply; AL (Max 12 Years)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid	Smart Edit Conditions Apply; QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	Smart Edit Conditions Apply; QLL (30 EA per 30 days)

Drug Name	Reference	Restrictions
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Prevacid SoluTab	PA; Smart Edit Conditions Apply
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		Smart Edit Conditions Apply; OTC; QLL (120 EA per 30 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	Smart Edit Conditions Apply; OTC; QLL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>		Smart Edit Conditions Apply; QLL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>		Smart Edit Conditions Apply; QLL (30 EA per 30 days)
<i>omeprazole oral tablet delayed release 20 mg</i>		Smart Edit Conditions Apply; OTC
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		Smart Edit Conditions Apply; OTC; QLL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML		Smart Edit Conditions Apply; AL (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	Smart Edit Conditions Apply; QLL (30 Tablets per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Ditropan XL	
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 5 mg</i>		
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	ST
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (1 Tablets per 1 day)
<i>tropium chloride oral tablet 20 mg</i>		ST; QLL (2 Tablets per 1 day)

Drug Name	Reference	Restrictions
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>clotrimazole 3 vaginal cream 2 %</i>	Gyne-Lotrimin 3	OTC
<i>clotrimazole vaginal cream 1 %</i>	Gyne-Lotrimin	OTC
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	PA; Smart Edit Conditions Apply
ESTRING VAGINAL RING 2 MG		QLL (1 EA per 84 days)
YUVAFEM VAGINAL TABLET 10 MCG	Estradiol	Smart Edit Conditions Apply; QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Auvi-Q	QLL (4 PENS per 365 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (4 PENS per 365 days)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	Auvi-Q	QLL (4 PENS per 365 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		

Drug Name	Reference	Restrictions
VITAMINS		
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		OTC
<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>		OTC
*Vitamin B-6***		
<i>vitamin b-6 oral tablet 25 mg</i>		OTC
*Vitamin D***		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>hm vitamin d3 oral capsule 100 mcg (4000 ut)</i>		OTC
REPLESTA ORAL WAFER 1.25 MG (50000 UT)		OTC
THERA-D 4000 ORAL TABLET 100 MCG (4000 UT)		OTC
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)</i>		OTC
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	D3-50	OTC
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	OTC
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	Decara	OTC
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>		OTC
<i>vitamin d3 oral tablet 1.25 mg (50000 ut)</i>	Dialyvite Vitamin D3 Max	OTC
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Radiance Platinum Vitamin D3	OTC
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	OTC
<i>vitamin d3 oral tablet 75 mcg (3000 ut)</i>		OTC
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	OTC
<i>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</i>		OTC

Drug Name	Reference	Restrictions
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	Mephyton	