



AETNA BETTER HEALTH® OF NEW JERSEY
Formulary

FORMULARY

What is the Aetna Better Health of New Jersey Formulary?

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

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

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

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

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

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

How much will I pay for covered drugs?

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

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

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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	\$1	\$5
FamilyCare Plan D	\$1	\$5	\$1	\$5
FamilyCare Plan MLTSS	Sin copago	Sin copago	Sin copago	Sin copago

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

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

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

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

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

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

¿Qué son los medicamentos genéricos?

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

¿Los medicamentos de venta libre están cubiertos?

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

NJ MAT Drug List

Drug Name	Reference	Restrictions
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		QLL (6 EA per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML		QLL (1.28 ML per 28 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 24 MG/0.48ML		QLL (1.92 ML per 28 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32 MG/0.64ML		QLL (2.56 ML per 28 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.16ML		QLL (0.64 ML per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML		QLL (0.36 ML per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 64 MG/0.18ML		QLL (0.18 ML per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 96 MG/0.27ML		QLL (0.27 ML per 28 days)
<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>disulfiram oral tablet 250 mg, 500 mg</i>		QLL (1 EA per 1 day)
<i>ft naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	OTC; QLL (4 EA per 30 days)
<i>gnp naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	OTC; QLL (4 EA per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		

Drug Name	Reference	Restrictions
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		QLL (4 ML per 30 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>		QLL (4 ML per 30 days)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		QLL (8 ML per 30 days)
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	QLL (4 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>		QLL (3 EA per 1 day)
REXTOVY NASAL LIQUID 4 MG/0.25ML		QLL (4 EA per 30 days)
REZENOPY NASAL LIQUID 10 MG/0.11ML		QLL (4 EA per 30 days)
RIVIVE NASAL LIQUID 3 MG/0.1ML		OTC; QLL (4 EA per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		QLL (1 EA per 28 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG		QLL (33 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		QLL (16.5 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		QLL (2 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		QLL (8 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		QLL (4 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		QLL (2.5 EA per 1 day); AL (Min 16 Years)

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Restrictions**F** = Female Only**M** = Male Only**OTC** = Over the Counter**PA** = Prior Authorization

Required

QLL = Quantity Level Limit

Applies

ST = Step Therapy Required**lowercase italics** = Generic drugs**UPPERCASE BOLD** = Brand name drugs

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

Drug Name	Reference	Restrictions
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>		QLL (90 EA per 30 days); AL (Min 6 Years)
ZENZEDI	dextroamphetamine sulfate	QLL (6 EA per 1 day); AL (Min 3 Years)
*Analeptics***		
<i>caffeine citrate</i>		
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 17 Years)
<i>armodafinil oral tablet 50 mg</i>	Nuvigil	PA; QLL (2 EA per 1 day); AL (Min 17 Years)
<i>dexmethylphenidate hcl</i>	Focalin	QLL (60 Tablets per 30 days); AL (Min 6 Years)
<i>dexmethylphenidate hcl er</i>	Focalin XR	QLL (30 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er (cd)</i>	Metadate CD	QLL (1 EA per 1 day); AL (Min 6 Years and Max 15 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Concerta	QLL (30 Tablets per 30 days); AL (Min 6 Years and Max 65 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Concerta	QLL (60 Tablets per 30 days); AL (Min 6 Years and Max 65 Years)
<i>methylphenidate hcl er oral tablet extended release</i>		QLL (90 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years and Max 65 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years and Max 65 Years)
<i>methylphenidate hcl oral tablet</i>	Ritalin	QLL (90 Tablets per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		QLL (4 EA per 1 day); AL (Min 6 Years and Max 65 Years)
ALTERNATIVE MEDICINES		
*Alternative Medicine - Me's***		
<i>melatonin</i>		OTC
*Alternative Medicine - St's***		
<i>stevia</i>		OTC
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate</i>		

Drug Name	Reference	Restrictions
<i>tobramycin</i>	Kitabis Pak (w/ nebulizer)	PA; QLL (280 ML per 56 days)
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
<i>tofacitinib citrate</i>	Xeljanz	PA
<i>tofacitinib citrate er</i>	Xeljanz XR	PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-adaz</i>	Hyrimoz	PA
<i>adalimumab-fkjp (2 pen)</i>	Hulio (2 Pen)	PA
<i>adalimumab-fkjp (2 syringe)</i>	Hulio (2 Syringe)	PA
HADLIMA	adalimumab-bwwd	PA
HADLIMA PUSHTOUCH	adalimumab-bwwd	PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CeleBREX	
<i>celecoxib oral capsule 400 mg</i>	CeleBREX	QLL (2 EA per 1 day)
*Interleukin-6 Receptor Inhibitors***		
AVTOZMA		PA
KEVZARA		PA; QLL (2.28 ML per 28 days)
TYENNE		PA
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen 100</i>	Childrens Advil	OTC
<i>cvs naproxen sodium</i>	Aleve	OTC
<i>diclofenac potassium</i>		
<i>diclofenac sodium</i>		
<i>diclofenac sodium er</i>		
<i>etodolac</i>	Lodine	
<i>flurbiprofen</i>	Lurbiro	
<i>ibuprofen junior strength</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 200 mg</i>	Medi-First Ibuprofen	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin</i>		
<i>indomethacin er</i>		

Drug Name	Reference	Restrictions
<i>ketorolac tromethamine</i>		QLL (20 EA per 30 days)
MEDI-FIRST IBUPROFEN	ibuprofen	OTC; QLL (6 EA per 1 day)
<i>meloxicam oral tablet 15 mg</i>		QLL (1 EA per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>		
<i>nabumetone oral tablet 500 mg</i>		QLL (4 EA per 1 day)
<i>nabumetone oral tablet 750 mg</i>		
<i>naproxen oral suspension</i>		ST
<i>naproxen oral tablet</i>		
<i>naproxen sodium</i>	Aleve	OTC
<i>piroxicam</i>		
<i>sulindac</i>		
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA		PA
OTEZLA XR		PA; QLL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK		PA; QLL (41 EA per 90 days)
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide</i>	Arava	QLL (1 EA per 1 day)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI		PA
ENBREL SUBCUTANEOUS SOLUTION		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		PA
ENBREL SURECLICK		PA
ANALGESICS - NONNARCOTIC		
*Analgesics Other***		
<i>acetaminophen er</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen oral liquid</i>	Little Remedies for Fever	OTC
<i>acetaminophen oral solution</i>		OTC
<i>acetaminophen oral suspension</i>	Max Relief Jr Child Pain/Fever	OTC
<i>acetaminophen oral tablet</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>acetaminophen oral tablet chewable</i>	Mapap Childrens	OTC
<i>acetaminophen rectal</i>	FeverAll Childrens	OTC
<i>non-aspirin jr strength</i>	Mapap Childrens	OTC

Drug Name	Reference	Restrictions
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine</i>	BAC (Butalbital-Acetamin-Caff)	QLL (6 Tablets per 1 day)
*Salicylates***		
<i>aspirin</i>	Bayer Aspirin EC Low Dose	OTC
<i>cvs aspirin</i>	Bayer Advanced Aspirin Reg St	OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution</i>		QLL (2700 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>		QLL (1800 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		QLL (120 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
<i>hydrocodone-ibuprofen</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
*Opioid Agonists***		
<i>codeine sulfate</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
DISKETTS	methadone hcl	PA; QLL (22 Tablets per 30 days)
<i>fentanyl</i>		PA; QLL (10 Patches per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	QLL (120 Tablets per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 Tablets per 1 day)
<i>hydromorphone hcl rectal</i>		QLL (120 EA per 30 days)
<i>methadone hcl oral concentrate</i>	Methadone HCl Intensol	PA; QLL (3 EA per 1 day)
<i>methadone hcl oral tablet 10 mg</i>		PA; QLL (3 Tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>		PA; QLL (6 Tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Diskets	PA; QLL (22 Tablets per 30 days)
<i>morphine sulfate (concentrate)</i>		
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		PA; QLL (2 Tablets per 1 day)

Drug Name	Reference	Restrictions
<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</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</i>		QLL (600 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>		QLL (120 Tablets per 30 days)
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 Tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 Tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 Tablets per 1 day)
<i>tramadol hcl</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
*Opioid Combinations***		
<i>oxycodone-acetaminophen</i>	Endocet	QLL (120 Tablets per 30 days)
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Suboxone	QLL (2.6 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Suboxone	QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Suboxone	QLL (8 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Suboxone	QLL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		QLL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>butorphanol tartrate</i>		QLL (1 Bottle per 30 days)
SUBLOCADE		
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG		QLL (33 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG		QLL (16.5 EA per 1 day); AL (Min 16 Years)

Drug Name	Reference	Restrictions
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG		QLL (2 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG		QLL (8 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG		QLL (4 EA per 1 day); AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG		QLL (2.5 EA per 1 day); AL (Min 16 Years)
*Tramadol Combinations***		
<i>tramadol-acetaminophen</i>		QLL (120 Tablets per 30 days); AL (Min 18 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol</i>		
<i>testosterone</i>		PA; QLL (6 ML per 1 day)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate</i>		PA
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>budesonide</i>	Uceris	
<i>hydrocortisone</i>	Cortenema	
ANTACIDS		
*Antacid & Simethicone***		
<i>aluminum-magnesium-simethicone</i>	Mintox	OTC
*Antacid Combinations***		
ACID GONE		OTC
<i>heartburn antacid ex st</i>	Acid Gone	OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral powder</i>		
<i>sodium bicarbonate oral tablet</i>		OTC
*Antacids - Calcium Salts***		
<i>calcium carbonate antacid</i>	Tum-Ease	OTC
TUM-EASE	calcium carbonate antacid	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide</i>		OTC

Drug Name	Reference	Restrictions
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole</i>		
<i>ivermectin</i>	Stromectol	QLL (6 EA per 90 days)
<i>praziquantel</i>	Biltricide	
<i>reeses pinworm medicine</i>		OTC
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate</i>		
<i>isosorbide mononitrate</i>		
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>		QLL (2 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (1 EA per 1 day)
NITRO-BID	nitroglycerin	
<i>nitroglycerin</i>	Nitro-Dur	
NITRO-TIME		
ANTIANXIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day); AL (Min 6 Years)
<i>buspirone hcl oral tablet 15 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>buspirone hcl oral tablet 5 mg</i>		QLL (12 EA per 1 day); AL (Min 6 Years)
<i>buspirone hcl oral tablet 7.5 mg</i>		QLL (8 EA per 1 day); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate</i>		QLL (4 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam er</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	Xanax	QLL (4 EA per 1 day)
<i>alprazolam oral tablet 1 mg</i>	Xanax	QLL (6 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	Xanax	QLL (5 EA per 1 day)
<i>alprazolam xr</i>		QLL (2 EA per 1 day); AL (Min 18 Years)

Drug Name	Reference	Restrictions
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		QLL (12 EA per 1 day)
<i>diazepam</i>	Valium	QLL (4 EA per 1 day)
LORAZEPAM INTENSOL	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</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate</i>	Norpace	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>		
<i>propafenone hcl</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl</i>	Pacerone	
MULTAQ		PA; QLL (60 EA per 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
BREYNA	budesonide-formoterol fumarate	QLL (10.3 GM per 20 days)
BREZTRI AEROSPHERE		ST; QLL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate</i>	Breyna	QLL (10.3 GM per 20 days)
<i>fluticasone-salmeterol</i>		QLL (1 EA per 30 days)
<i>ipratropium-albuterol</i>		QLL (18 ML per 1 day)
<i>umeclidinium-vilanterol</i>	Anoro Ellipta	QLL (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR		PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa</i>	Ventolin HFA	QLL (6 Fills per 365 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>		QLL (12 ML per 1 day)

Drug Name	Reference	Restrictions
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		QLL (2 ML per 1 day)
<i>albuterol sulfate oral</i>		
<i>arformoterol tartrate</i>		QLL (4 ML per 1 day)
<i>levalbuterol tartrate</i>	Xopenex HFA	ST; QLL (6 Fills per 365 days)
STRIVERDI RESPIMAT		QLL (4 GM per 30 days)
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide</i>		
<i>tiotropium bromide</i>	Spiriva HandiHaler	QLL (60 EA per 30 days)
<i>umeclidinium ellipta</i>	Incruse Ellipta	
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet</i>	Singulair	PA; QLL (30 Packets per 30 days); AL (Max 2 Years)
<i>montelukast sodium oral tablet</i>	Singulair	QLL (30 Tablets per 30 days)
<i>montelukast sodium oral tablet chewable</i>	Singulair	QLL (30 Tablets per 30 days)
*Steroid Inhalants***		
ASMANEX (120 METERED DOSES)		QLL (1 EA per 30 days)
ASMANEX (14 METERED DOSES)		QLL (1 EA per 30 days)
ASMANEX (30 METERED DOSES)		QLL (1 EA per 30 days)
ASMANEX (60 METERED DOSES)		QLL (1 EA per 30 days)
ASMANEX HFA		QLL (13 GM per 30 days)
<i>budesonide</i>	Pulmicort	QLL (120 ML per 30 days)
<i>fluticasone propionate hfa</i>		
*Xanthines***		
<i>theophylline</i>	Elixophyllin	
<i>theophylline er</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium</i>		
*Direct Factor Xa Inhibitors***		
ELIQUIS (1.5 MG PACK)		
ELIQUIS (2 MG PACK)		
ELIQUIS DVT/PE STARTER PACK		
ELIQUIS ORAL CAPSULE SPRINKLE		
ELIQUIS ORAL TABLET		QLL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE		

Drug Name	Reference	Restrictions
<i>rivaroxaban oral suspension reconstituted</i>	Xarelto	QLL (620 ML per 30 days); AL (Max 17 Years)
<i>rivaroxaban oral tablet</i>	Xarelto	PA; QLL (2 EA per 1 day)
XARELTO		QLL (1 EA per 1 day)
XARELTO STARTER PACK		QLL (45 Days Supply per 168 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine)</i>		
<i>heparin sodium (porcine) pf</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium</i>	Lovenox	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate</i>	Pradaxa	QLL (2 EA per 1 day)
ANTICONVULSANTS		
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension</i>	Onfi	PA; QLL (16 ML per 1 day)
<i>clobazam tablet 10 mg oral</i>	Onfi	PA; QLL (4 EA per 1 day)
<i>clobazam tablet 20 mg oral</i>	Onfi	PA; QLL (2 EA per 1 day)
<i>clonazepam</i>	KlonoPIN	
VALTOCO 10 MG DOSE		QLL (10 EA per 30 days); AL (Min 2 Years)
VALTOCO 5 MG DOSE		QLL (10 EA per 30 days); AL (Min 2 Years)
*Anticonvulsants - Misc.***		
<i>carbamazepine</i>	TEGretol	
<i>carbamazepine er oral capsule extended release 12 hour</i>	Carbatrol	QLL (120 Tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGretol-XR	QLL (10 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg</i>	TEGretol-XR	QLL (5 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	TEGretol-XR	QLL (120 Tablets per 30 days)
<i>gabapentin</i>	Neurontin	QLL (3600 MG (cumulative) per 1 day)
<i>lamotrigine oral tablet 100 mg, 200 mg</i>	LaMICtal	QLL (2 EA per 1 day)
<i>lamotrigine oral tablet 150 mg</i>	LaMICtal	QLL (3 EA per 1 day)

Drug Name	Reference	Restrictions
<i>lamotrigine oral tablet 25 mg</i>	LaMICtal	QLL (6 EA per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	LaMICtal	
<i>lamotrigine oral tablet chewable 5 mg</i>	LaMICtal	QLL (8 EA per 1 day)
<i>levetiracetam oral solution</i>	Keppra	
<i>levetiracetam oral tablet 1000 mg</i>	Keppra	QLL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Keppra	
<i>levetiracetam oral tablet 500 mg</i>	Keppra	QLL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Keppra	QLL (4 EA per 1 day)
<i>oxcarbazepine</i>	Trileptal	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Lyrica	QLL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Lyrica	QLL (2 EA per 1 day)
<i>primidone</i>	Mysoline	
<i>rufinamide oral suspension</i>	Banzel	PA; QLL (80 ML per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Banzel	PA; QLL (8 EA per 1 day)
<i>rufinamide tablet 200 mg oral</i>	Banzel	PA; QLL (16 EA per 1 day)
<i>topiramate oral capsule sprinkle</i>	Topamax Sprinkle	QLL (120 Capsules per 30 days)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	Topamax	QLL (120 Tablets per 30 days)
<i>topiramate oral tablet 200 mg</i>	Topamax	QLL (2 EA per 1 day)
<i>zonisamide</i>	Zonegran	QLL (180 Capsules per 30 days)
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>		QLL (4 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>		QLL (3 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>		QLL (2 EA per 1 day)
*Hydantoins***		
<i>phenytoin</i>	Dilantin-125	
PHENYTOIN INFATABS	phenytoin	
<i>phenytoin sodium extended</i>	Dilantin	
*Succinimides***		
<i>ethosuximide</i>	Zarontin	
*Valproic Acid***		
<i>divalproex sodium</i>	Depakote	
<i>divalproex sodium er</i>	Depakote ER	
<i>valproic acid</i>		
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg</i>	Remeron	QLL (30 Tablets per 30 days)

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

Drug Name	Reference	Restrictions
<i>sertraline hcl oral concentrate</i>	Zoloft	QLL (300 ML per 30 days); AL (Max 12 Years)
<i>sertraline hcl oral tablet 100 mg, 25 mg</i>	Zoloft	QLL (2 EA per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	Zoloft	QLL (60 Tablets per 30 days)
*Serotonin Modulators***		
<i>trazodone hcl</i>		
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		QLL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		QLL (30 Capsules per 30 days)
<i>venlafaxine hcl</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er</i>	Effexor XR	QLL (1 EA per 1 day); AL (Min 6 Years)
*Tricyclic Agents***		
<i>amitriptyline hcl</i>		
<i>doxepin hcl</i>		
<i>imipramine hcl</i>		
<i>nortriptyline hcl oral capsule</i>	Pamelor	
<i>nortriptyline hcl oral solution</i>		AL (Max 12 Years)
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose</i>		QLL (3 EA per 1 day)
*Biguanides***		
<i>metformin hcl</i>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		QLL (4 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		QLL (2 EA per 1 day)
*Diabetic Other***		
BAQSIMI ONE PACK		QLL (2 EA per 30 days)
BAQSIMI TWO PACK		QLL (2 EA per 30 days)
<i>glucose</i>	FT Glucose	OTC
GVOKE HYPOPEN 1-PACK		QLL (0.4 ML per 30 days)
GVOKE KIT		QLL (0.4 ML per 30 days)
GVOKE PFS		QLL (2 ML per 30 days)

Drug Name	Reference	Restrictions
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate</i>		QLL (1 EA per 1 day)
<i>saxagliptin hcl</i>		QLL (5 mg Cumulative per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl</i>		QLL (2 EA per 1 day)
<i>saxagliptin-metformin er</i>		QLL (1 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone</i>		QLL (1 EA per 1 day)
*Human Insulin***		
FIASP		
FIASP FLEXTOUCH		
FIASP PENFILL		
<i>insulin lispro</i>	Admelog	
LANTUS		
LANTUS SOLOSTAR		
NOVOLIN 70/30		OTC
NOVOLIN 70/30 FLEXPEN		OTC
NOVOLIN N		OTC
NOVOLIN N FLEXPEN		OTC
NOVOLIN R		OTC
NOVOLIN R FLEXPEN		OTC
NOVOLOG	insulin aspart	
NOVOLOG 70/30 FLEXPEN RELION	insulin asp prot & asp flexpen	
NOVOLOG FLEXPEN	insulin aspart flexpen	
NOVOLOG MIX 70/30		
NOVOLOG MIX 70/30 FLEXPEN	insulin asp prot & asp flexpen	
NOVOLOG PENFILL		
REZVOGLAR KWIKPEN		
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
<i>liraglutide</i>	Victoza	ST; DIAGNOSIS REQUIRED; QLL (9 ML per 30 days)
OZEMPIC		ST; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
OZEMPIC (0.25 OR 0.5 MG/DOSE)		ST; DIAGNOSIS REQUIRED; QLL (0.1072 ML per 1 day)
OZEMPIC (1 MG/DOSE)		ST; DIAGNOSIS REQUIRED; QLL (0.1071 ML per 1 day)
OZEMPIC (2 MG/DOSE)		ST; DIAGNOSIS REQUIRED; QLL (0.1071 ML per 1 day)
*Meglitinide Analogues***		
<i>nateglinide</i>		QLL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>		QLL (8 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
<i>dapagliflozin</i>	Farxiga	ST; QLL (1 EA per 1 day)
STEGLATRO		ST; QLL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg</i>	Xigduo XR	ST; QLL (1 EA per 1 day)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	Xigduo XR	ST; QLL (2 EA per 1 day)
SEGLUROMET		ST; QLL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		QLL (2 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg</i>		QLL (3 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (4 EA per 1 day)
*Sulfonylureas***		
<i>glimepiride</i>		
<i>glipizide</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>		QLL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		QLL (1 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	QLL (1 EA per 1 day)
*Thiazolidinediones***		
<i>pioglitazone hcl</i>	Actos	QLL (30 Tablets per 30 days)

Drug Name	Reference	Restrictions
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus probiotic</i>	AcidoBalance	OTC
<i>acidophilus-bacillus coagulans</i>	Provella	OTC
<i>bismuth subsalicylate</i>	Kaopectate	OTC
<i>cvs probiotic (lactobacillus)</i>	BioSync	OTC
DIALYVITE PROBIOTIC	acidophilus	OTC
<i>lactobacillus extra strength</i>	Abatinex	OTC
PEDIA-LAX PROBIOTIC YUMS		OTC
<i>pink bismuth</i>	Kaopectate	OTC
<i>probiotic</i>	Florastor	OTC
PROVELLA	acidophilus-bacillus coagulans	OTC
RISA-BID PROBIOTIC	acidophilus-bacillus coagulans	OTC
*Antidiarrheal/Probiotic Combinations***		
<i>acidophilus/citrus pectin</i>	Kala	OTC
<i>probiotic</i>		OTC
<i>probiotic formula</i>		OTC
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine</i>	Lomotil	
<i>eq anti-diarrheal</i>	Imodium A-D	OTC
<i>loperamide hcl</i>	Imodium A-D	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET		
*Opioid Antagonists***		
<i>ft naloxone hcl</i>	Narcan	OTC; QLL (4 EA per 30 days)
<i>gnp naloxone hcl</i>	Narcan	OTC; QLL (4 EA per 30 days)
<i>naloxone hcl injection solution</i>		
<i>naloxone hcl injection solution cartridge</i>		QLL (4 ML per 30 days)
<i>naloxone hcl injection solution prefilled syringe</i>		QLL (4 ML per 30 days)
<i>naloxone hcl nasal</i>	Narcan	QLL (4 EA per 30 days)
<i>naltrexone hcl</i>		QLL (3 EA per 1 day)
REXTOVY		QLL (4 EA per 30 days)

Drug Name	Reference	Restrictions
REZENOPY		QLL (4 EA per 30 days)
RIVIVE		OTC; QLL (4 EA per 30 days)
VIVITROL		QLL (1 EA per 28 days)
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl</i>		ST
<i>ondansetron</i>		QLL (3 EA per 1 day)
<i>ondansetron hcl oral solution</i>		QLL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (1 Tablets per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
DRAMAMINE LESS DROWSY	meclizine hcl	OTC
<i>meclizine hcl</i>	Dramamine Less Drowsy	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant</i>	Emend BiPack	QLL (6 EA per 30 days)
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize</i>		ST
<i>griseofulvin ultramicrosize</i>		ST
<i>nystatin</i>		
<i>terbinafine hcl</i>		QLL (1 EA per 1 day)
*Imidazoles***		
<i>ketoconazole</i>		QLL (2 EA per 1 day)
*Triazoles***		
<i>fluconazole oral suspension reconstituted</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>		QLL (2 EA per 1 day)
<i>fluconazole oral tablet 150 mg</i>		QLL (14 EA per 28 days)
<i>itraconazole</i>	Sporanox	QLL (4 EA per 1 day)
<i>voriconazole</i>		PA
ANTI HISTAMINES		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate</i>	Wal-finate	OTC
<i>chlorpheniramine maleate er</i>	Chlor-Trimeton Allergy	OTC; QLL (2 EA per 1 day)
HISTEX		OTC
HISTEX PD		OTC
PEDIACLEAR PD CHILDRENS		OTC

Drug Name	Reference	Restrictions
<i>triprolidine hcl</i>		OTC
*Antihistamines - Ethanolamines***		
<i>allergy relief</i>	Banophen	OTC
<i>clemastine fumarate</i>	Clemsza	
<i>diphenhydramine hcl injection</i>		
<i>diphenhydramine hcl oral capsule 25 mg</i>	Banophen	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Dimetane Allergy Relief Ex St	OTC
<i>diphenhydramine hcl oral liquid</i>	Banophen	OTC; QLL (20 ML per 1 day)
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days); AL (Min 6 Years)
<i>cetirizine hcl oral tablet</i>	KLS Aller-Tec	OTC; QLL (1 EA per 1 day)
<i>cvs allergy relief</i>	Alavert	OTC; QLL (1 EA per 1 day)
<i>levocetirizine dihydrochloride</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine</i>	Claritin	OTC; QLL (1 EA per 1 day)
<i>loratadine childrens oral solution</i>	Claritin Allergy Childrens	OTC; QLL (150 ML per 30 days); AL (Min 6 Years)
<i>loratadine childrens oral tablet chewable</i>	Claritin	OTC; QLL (2 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution</i>		QLL (80 ML per 1 day)
<i>promethazine hcl oral tablet</i>		
<i>promethazine hcl rectal</i>	Promethegan	
PROMETHEGAN	promethazine hcl	
*Antihistamines - Piperidines***		
<i>cycloheptadine hcl</i>		
ANTIHYPERLIPIDEMICS		
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL		PA; QLL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl</i>	Vascepa	PA; QLL (4 EA per 1 day)
<i>omega-3-acid ethyl esters</i>	Lovaza	QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine</i>	Questran	
<i>cholestyramine light</i>	Prevalite	
<i>colestipol hcl</i>	Colestid	
PREVALITE	cholestyramine light	

Drug Name	Reference	Restrictions
*Fibric Acid Derivatives***		
<i>fenofibrate</i>	Tricor	
<i>fenofibrate micronized</i>		
<i>gemfibrozil</i>	Lopid	QLL (60 Tablets per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium</i>	Lipitor	QLL (30 Tablets per 30 days)
<i>fluvastatin sodium</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</i>		QLL (30 Tablets per 30 days)
<i>rosuvastatin calcium</i>	Crestor	QLL (30 EA per 30 days)
<i>simvastatin</i>	Zocor	QLL (30 Tablets per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe</i>	Zetia	QLL (1 EA per 1 day)
*Pcsk9 Inhibitors***		
REPATHA SURECLICK		PA
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl</i>	Lotrel	QLL (1 EA per 1 day)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	QLL (2 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		QLL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Zestoretic	QLL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Zestoretic	QLL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>		
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>		QLL (1 EA per 1 day)
*Ace Inhibitors***		
<i>benazepril hcl</i>	Lotensin	QLL (2 EA per 1 day)
<i>enalapril maleate</i>	Vasotec	QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
<i>fosinopril sodium</i>		QLL (2 EA per 1 day)
<i>lisinopril</i>	Zestril	QLL (2 Tablets per 1 day)
<i>quinapril hcl</i>		QLL (2 EA per 1 day)
<i>ramipril</i>		QLL (2 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day)
<i>trandolapril oral tablet 4 mg</i>		QLL (2 EA per 1 day)
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	Exforge	QLL (1 EA per 1 day)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz</i>	Atacand HCT	ST; QLL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Avalide	
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Avalide	QLL (1 EA per 1 day)
<i>losartan potassium-hctz</i>	Hyzaar	QLL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide</i>	Diovan HCT	QLL (30 Tablets per 30 days)
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Cozaar	QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Cozaar	QLL (2 EA per 1 day)
<i>olmesartan medoxomil</i>	Benicar	QLL (1 EA per 1 day)
<i>valsartan</i>	Diovan	QLL (1 EA per 1 day)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl</i>		
<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</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Cardura	QLL (30 Tablets per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	Cardura	QLL (2 EA per 1 day)
<i>prazosin hcl</i>		QLL (4 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg</i>		QLL (30 Capsules per 30 days)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>		QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
<i>terazosin hcl oral capsule 5 mg</i>		QLL (3 EA per 1 day)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone</i>		
<i>bisoprolol-hydrochlorothiazide</i>		
<i>metoprolol-hydrochlorothiazide</i>		
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone</i>		
*Vasodilators***		
<i>hydralazine hcl</i>		
<i>minoxidil</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole</i>		
<i>trimethoprim</i>		
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim</i>	Bactrim	
SULFATRIM PEDIATRIC	sulfamethoxazole-trimethoprim	
*Leprostatics***		
<i>dapsone</i>		
*Lincosamides***		
<i>clindamycin hcl</i>	Cleocin	
<i>clindamycin palmitate hcl</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid</i>		QLL (2 EA per 1 day)
*Urinary Anti-Infectives***		
<i>methenamine hippurate</i>		
<i>methenamine mandelate</i>		
<i>nitrofurantoin</i>		AL (Max 12 Years)
<i>nitrofurantoin macrocrystal</i>		
<i>nitrofurantoin monohyd macro</i>	Macrobid	

Drug Name	Reference	Restrictions
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</i>		
<i>mefloquine hcl</i>		
<i>pyrimethamine</i>	Daraprim	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl</i>		
<i>isoniazid</i>		
PRIFTIN	rifapentine	
<i>pyrazinamide</i>		
<i>rifabutin</i>		
<i>rifampin</i>		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate</i>	Abirtega	PA
*Antiadrenals***		
LYSODREN		
*Antiandrogens***		
<i>bicalutamide</i>	Casodex	QLL (1 EA per 1 day)
*Antiestrogens***		
<i>tamoxifen citrate</i>		
<i>toremifene citrate</i>	Fareston	

Drug Name	Reference	Restrictions
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>		PA; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>		PA; QLL (154 EA per 21 days)
<i>mercaptopurine</i>		
<i>methotrexate sodium</i>		
*Antineoplastic - Alk Inhibitors***		
ALECENSA		PA
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA		PA
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA		PA
VENCLEXTA STARTING PACK		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Phyrago	PA; QLL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	Phyrago	PA; QLL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (2 EA per 1 day)
<i>nilotinib hcl</i>	Tasigna	PA; QLL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
OJEMDA ORAL SUSPENSION RECONSTITUTED		PA; QLL (96 ML per 28 days)
OJEMDA ORAL TABLET		PA; QLL (24 EA per 28 days)
TAFINLAR		PA
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl</i>		PA; QLL (1 EA per 1 day)
GILOTRIF		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST		PA

Drug Name	Reference	Restrictions
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX		PA; QLL (1 EA per 1 day)
CAPRELSA		PA
<i>lapatinib ditosylate</i>	Tykerb	PA; QLL (6 EA per 1 day)
RYDAPT		PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg</i>	Sutent	PA
<i>sunitinib malate oral capsule 37.5 mg</i>	Sutent	PA; QLL (30 EA per 30 days)
<i>sunitinib malate oral capsule 50 mg</i>	Sutent	PA; QLL (1 EA per 1 day)
*Antineoplastics Misc.***		
<i>hydroxyurea</i>	Hydrea	
MATULANE		PA
*Aromatase Inhibitors***		
<i>anastrozole</i>	Arimidex	QLL (1 EA per 1 day)
<i>exemestane</i>	Aromasin	QLL (1 EA per 1 day)
<i>letrozole</i>	Femara	QLL (1 EA per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
VERZENIO		PA; QLL (2 EA per 1 day)
*Folic Acid Antagonists Rescue Agents***		
LEDERLE LEUCOVORIN	leucovorin calcium	
<i>leucovorin calcium</i>	Lederle Leucovorin	
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI		PA
*Lhrh Analogs***		
ELIGARD		PA
<i>leuprolide acetate</i>		PA
ZOLADEX		PA
*Mitotic Inhibitors***		
<i>etoposide</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide</i>		
LEUKERAN		

Drug Name	Reference	Restrictions
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ITOVEBI		PA; QLL (1 EA per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>megestrol acetate</i>		
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene</i>	Targretin	PA
*Urinary Tract Protective Agents***		
<i>mesna</i>	Mesnex	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA		PA; QLL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE)		PA
LENVIMA (12 MG DAILY DOSE)		PA
LENVIMA (14 MG DAILY DOSE)		PA
LENVIMA (18 MG DAILY DOSE)		PA
LENVIMA (20 MG DAILY DOSE)		PA
LENVIMA (24 MG DAILY DOSE)		PA
LENVIMA (4 MG DAILY DOSE)		PA
LENVIMA (8 MG DAILY DOSE)		PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate</i>		
<i>trihexyphenidyl hcl</i>		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl</i>		
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa</i>	Dhivy	
<i>carbidopa-levodopa er</i>		

Drug Name	Reference	Restrictions
<i>carbidopa-levodopa-entacapone</i>		QLL (9 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride</i>		
<i>ropinirole hcl</i>		QLL (3 EA per 1 day)
*Peripheral Comt Inhibitors***		
<i>entacapone</i>		QLL (4 Tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	QLL (8 EA per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>		QLL (6 EA per 1 day)
<i>lithium carbonate oral capsule 150 mg</i>		QLL (16 EA per 1 day)
<i>lithium carbonate oral capsule 300 mg</i>		QLL (8 EA per 1 day)
<i>lithium carbonate oral capsule 600 mg</i>		QLL (4 EA per 1 day)
<i>lithium carbonate oral tablet</i>		QLL (8 EA per 1 day)
*Antipsychotics - Misc.***		
VRAYLAR		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>ziprasidone hcl</i>	Geodon	QLL (2 EA per 1 day); AL (Min 18 Years)
*Benzisoxazoles***		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		QLL (3.5 ML per 168 days); AL (Min 18 Years)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		QLL (5 ML per 168 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		QLL (0.75 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		QLL (1 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		QLL (1.5 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		QLL (0.25 ML per 28 days); AL (Min 18 Years)

Drug Name	Reference	Restrictions
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		QLL (0.5 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		QLL (0.88 ML per 84 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		QLL (1.32 ML per 84 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		QLL (1.75 ML per 84 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		QLL (2.63 ML per 84 days); AL (Min 18 Years)
<i>risperidone microspheres er</i>	RisperDAL Consta	QLL (2 ML per 28 days); AL (Min 18 Years)
<i>risperidone oral solution</i>	RisperDAL	QLL (16 ML per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 0.25 mg</i>		QLL (2 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg</i>	RisperDAL	QLL (2 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 3 mg</i>	RisperDAL	QLL (3 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	RisperDAL	QLL (4 Tablets per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		QLL (2 EA per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 3 mg</i>		QLL (3 EA per 1 day); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>		QLL (4 EA per 1 day); AL (Min 5 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>		QLL (5 ML per 28 days); AL (Min 18 Years)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>		QLL (9 ML per 28 days); AL (Min 18 Years)
<i>haloperidol lactate injection</i>		QLL (4 ML per 1 day); AL (Min 18 Years)
<i>haloperidol lactate oral</i>		QLL (50 ML per 1 day); AL (Min 3 Years)
<i>haloperidol oral tablet 0.5 mg, 20 mg, 5 mg</i>		QLL (5 EA per 1 day); AL (Min 3 Years)

Drug Name	Reference	Restrictions
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (10 EA per 1 day); AL (Min 3 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg</i>	Clozaril	QLL (9 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 200 mg, 50 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 25 mg</i>	Clozaril	QLL (3 EA per 1 day); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROquel XR	QLL (1 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROquel XR	QLL (2 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	SEROquel	QLL (3 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	SEROquel	QLL (2 EA per 1 day); AL (Min 10 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
<i>loxapine succinate oral capsule 25 mg</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
*Phenothiazines***		
COMPRO	prochlorperazine	QLL (2 EA per 1 day)
<i>fluphenazine decanoate</i>		QLL (10 ML per 28 days); AL (Min 18 Years)
<i>fluphenazine hcl</i>		QLL (20 (MG (Cumulative dose) per 1 day); AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg</i>		QLL (4 EA per 1 day); AL (Min 12 Years)
<i>perphenazine oral tablet 2 mg, 4 mg</i>		QLL (6 EA per 1 day); AL (Min 12 Years)
<i>perphenazine oral tablet 8 mg</i>		QLL (5 EA per 1 day); AL (Min 12 Years)
<i>prochlorperazine</i>	Compro	QLL (2 EA per 1 day)
<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>thioridazine hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day); AL (Min 13 Years)

Drug Name	Reference	Restrictions
<i>thioridazine hcl oral tablet 100 mg</i>		QLL (8 EA per 1 day); AL (Min 13 Years)
<i>thioridazine hcl oral tablet 25 mg, 50 mg</i>		QLL (3 EA per 1 day); AL (Min 13 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>trifluoperazine hcl oral tablet 5 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
*Quinolinone Derivatives***		
ABILIFY MAINTENA		QLL (1 EA per 28 days); AL (Min 18 Years)
<i>aripiprazole</i>	Abilify	QLL (1 EA per 1 day); AL (Min 6 Years)
ARISTADA INITIO		QLL (2.4 ML per 168 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		QLL (3.9 ML per 56 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		QLL (1.6 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		QLL (2.4 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		QLL (3.2 ML per 28 days); AL (Min 18 Years)
REXULTI		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine</i>	ZyPREXA	QLL (1 EA per 1 day); AL (Min 13 Years)
*Thioxanthenes***		
<i>thiothixene</i>		QLL (6 EA per 1 day); AL (Min 12 Years)
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine</i>		QLL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG		QLL (30 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG		QLL (1 EA per 1 day)
BIXLENVO		QLL (1 EA per 1 day)
CABENUVA		
CIMDUO		

Drug Name	Reference	Restrictions
DELSTRIGO		
DESCOVY		QLL (1 EA per 1 day)
DOVATO		QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df</i>		QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir</i>	Symfi	QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df</i>	Truvada	QLL (1 EA per 1 day)
<i>emtricitab-rilpivir-tenofov df</i>	Complera	QLL (1 EA per 1 day)
EVOTAZ		QLL (30 EA per 30 days)
GENVOYA		QLL (1 EA per 1 day)
IDVYNZO		QLL (1 EA per 1 day)
JULUCA		QLL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>		QLL (2 EA per 1 day)
<i>lopinavir-ritonavir</i>	Kaletra	
ODEFSEY		QLL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG		QLL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG		QLL (30 EA per 30 days)
STRIBILD		QLL (1 EA per 1 day)
SYMTUZA		QLL (1 EA per 1 day)
TRIUMEQ		QLL (1 EA per 1 day)
<i>triumeq pd</i>		QLL (6 EA per 1 day)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET		QLL (2 EA per 1 day)
SUNLENCA ORAL TABLET THERAPY PACK		QLL (5 EA per 28 days)
SUNLENCA SUBCUTANEOUS		QLL (3 ML per 180 days)
YEZTUGO		QLL (3 ML per 180 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	Selzentry	
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***		
TROGARZO		
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA		

Drug Name	Reference	Restrictions
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE		
ISENTRESS HD		QLL (2 EA per 1 day)
ISENTRESS ORAL PACKET		
ISENTRESS ORAL TABLET CHEWABLE		QLL (6 EA per 1 day)
TIVICAY		QLL (2 EA per 1 day)
TIVICAY PD		
VOCABRIA		
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg</i>		QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	QLL (1 EA per 1 day)
<i>darunavir</i>	Prezista	QLL (2 EA per 1 day)
<i>fosamprenavir calcium</i>		QLL (4 EA per 1 day)
NORVIR		
REYATAZ		
<i>ritonavir</i>	Norvir	QLL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG		QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT PED		QLL (6 EA per 1 day)
<i>efavirenz</i>		QLL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Intelence	QLL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Intelence	QLL (2 EA per 1 day)
INTELENCE		QLL (4 EA per 1 day)
<i>nevirapine</i>		QLL (2 EA per 1 day)
<i>nevirapine er</i>		QLL (1 EA per 1 day)
PIFELTRO		
<i>rilpivirine hcl</i>	Edurant	QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution</i>	Ziagen	QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet</i>		QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	Emtriva	QLL (1 EA per 1 day)
EMTRIVA		QLL (24 ML per 1 day)
<i>lamivudine oral solution</i>	Epivir	QLL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Epivir	QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule</i>	Retrovir	QLL (2 EA per 1 day)
<i>zidovudine oral syrup</i>	Retrovir	QLL (60 ML per 1 day)
<i>zidovudine oral tablet</i>		QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	Viread	QLL (1 EA per 1 day)
VIREAD ORAL POWDER		QLL (8 GM per 1 day)
VIREAD ORAL TABLET		QLL (30 EA per 30 days)
*Antiviral Combinations***		
PAXLOVID (300/100 & 150/100)		QLL (11 EA per 5 days); AL (Min 12 Years)
*Cmv Agents***		
<i>valganciclovir hcl</i>		QLL (2 EA per 1 day)
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg</i>	Baraclude	QLL (30 EA per 30 days)
<i>entecavir oral tablet 1 mg</i>	Baraclude	QLL (30 EA per 30 Days)
<i>lamivudine</i>		QLL (30 EA per 30 Days)
*Hepatitis C Agent - Combinations***		
MAVYRET		PA; QLL (6 EA per 1 day)
<i>sofosbuvir-velpatasvir</i>	Epclusa	PA; QLL (1 EA per 1 day)
*Hepatitis C Agents***		
PEGASYS		PA
<i>ribavirin</i>		
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule</i>		
<i>acyclovir oral suspension</i>		QLL (4000 mg per 1 day); AL (Max 12 Years)

Drug Name	Reference	Restrictions
<i>acyclovir oral tablet</i>		
<i>valacyclovir hcl</i>	Valtrex	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir</i>		
*Misc. Antivirals***		
LAGEVRIO		PA; QLL (40 EA per 5 days); AL (Min 18 Years)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>		QLL (20 EA Max Qty Per Fill Retail); AL (Max 12 Years)
<i>oseltamivir phosphate oral capsule 45 mg</i>		QLL (10 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tamiflu	QLL (10 EA Max Qty Per Fill Retail)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Coreg	QLL (60 Tablets per 30 days)
<i>carvedilol oral tablet 25 mg</i>	Coreg	QLL (4 EA per 1 day)
<i>labetalol hcl</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl</i>		
<i>atenolol</i>	Tenormin	
<i>bisoprolol fumarate</i>		QLL (1 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Toprol XL	QLL (1.5 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Toprol XL	QLL (60 Tablets per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Toprol XL	QLL (1 EA per 1 day)
<i>metoprolol tartrate</i>	Lopressor	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl oral tablet 20 mg</i>	Bystolic	QLL (2 EA per 1 day)
*Beta Blockers Non-Selective***		
<i>propranolol hcl</i>		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	Inderal LA	QLL (2 EA per 1 day)

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

Drug Name	Reference	Restrictions
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>		QLL (60 EA per 30 days)
<i>felodipine er</i>		QLL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (2 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		QLL (30 Tablets per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	Procardia XL	QLL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		QLL (30 Tablets per 30 days)
<i>verapamil hcl</i>		QLL (120 Tablets per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>		QLL (30 Tablets per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>		QLL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>		QLL (2 Tablets per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>		QLL (60 Tablets per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin</i>	Digox	
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO		PA; QLL (4 EA per 1 day)
<i>sacubitril-valsartan</i>	Entresto	QLL (60 EA per 30 days)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium</i>	Veletri	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan</i>	Letairis	PA; QLL (30 EA per 30 days)
<i>bosentan</i>	Tracleer	PA; QLL (60 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>tadalafil (pah)</i>	Adcirca	ST; QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule</i>		
<i>cefadroxil oral suspension reconstituted</i>		AL (Max 12 Years)
<i>cephalexin oral capsule</i>		
<i>cephalexin oral suspension reconstituted</i>		AL (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefprozil oral suspension reconstituted</i>		AL (Max 12 Years)
<i>cefprozil oral tablet</i>		
<i>cefuroxime axetil</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule</i>		
<i>cefdinir oral suspension reconstituted</i>		AL (Max 12 Years)
<i>cefixime</i>		QLL (2 EA per 30 days)
<i>cefpodoxime proxetil</i>		
<i>ceftriaxone sodium</i>		QLL (2 EA per 1 day)
CHEMICALS		
*Bulk Chemicals - St's***		
<i>stevia extract</i>	TruClear Stevia Plus	
<i>steviol glycosides</i>		
<i>stevioside</i>		
*Liquids***		
<i>chlorhexidine gluconate</i>		
*Solids***		
<i>sorbitol</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
AZURETTE	desogestrel-ethinyl estradiol	
<i>desogestrel-ethinyl estradiol</i>	Azurette	
KARIVA	desogestrel-ethinyl estradiol	
PIMTREA	desogestrel-ethinyl estradiol	
<i>violele</i>	Azurette	
*Combination Contraceptives - Oral***		
ALTAVERA	levonorgestrel-ethinyl estrad	

Drug Name	Reference	Restrictions
<i>alyacen 1/35</i>	Dasetta 1/35 (28)	
APRI		
AVIANE	levonorgestrel-ethinyl estrad	
BALZIVA	briellyn	
<i>briellyn</i>	Balziva	
CRYSELLE-28		
DASETTA 1/35 (28)	alyacen 1/35	
DELYLA	levonorgestrel-ethinyl estrad	
<i>drospirenone-ethinyl estradiol</i>	Syeda	
ELINEST		
ENSKYCE		
ESTARYLLA	norgestimate-eth estradiol	
FALMINA	levonorgestrel-ethinyl estrad	
JUNEL 1.5/30		
JUNEL 1/20	norethindrone acet-ethinyl est	
JUNEL FE 1.5/30		
JUNEL FE 1/20		
KELNOR 1/35		
KURVELO	levonorgestrel-ethinyl estrad	
LARIN 1.5/30		
LARIN 1/20	norethindrone acet-ethinyl est	
LARIN FE 1.5/30		
LARIN FE 1/20		
LESSINA	levonorgestrel-ethinyl estrad	
<i>levonorgestrel-ethinyl estrad</i>	Altavera	
LEVORA 0.15/30 (28)	levonorgestrel-ethinyl estrad	
LORYNA	drospirenone-ethinyl estradiol	
LOW-OGESTREL		
LUTERA	levonorgestrel-ethinyl estrad	
<i>marlissa</i>	Altavera	
MICROGESTIN 1.5/30		
MICROGESTIN 1/20	norethindrone acet-ethinyl est	
MICROGESTIN FE 1.5/30		
MICROGESTIN FE 1/20		
MONO-LINYAH	norgestimate-eth estradiol	
NECON 0.5/35 (28)		
NECON 1/35 (28)	alyacen 1/35	
NIKKI	drospirenone-ethinyl estradiol	

Drug Name	Reference	Restrictions
<i>norethindrone acet-ethinyl est</i>	Junel 1/20	
<i>norgestimate-eth estradiol</i>	Estarylla	
NORTREL 0.5/35 (28)		
NORTREL 1/35 (21)	alyacen 1/35	
NORTREL 1/35 (28)	alyacen 1/35	
ORSYTHIA	levonorgestrel-ethinyl estrad	
PHILITH	briellyn	
PORTIA-28	levonorgestrel-ethinyl estrad	
RECLIPSEN		
SOLIA		
SPRINTEC 28	norgestimate-eth estradiol	
SRONYX	levonorgestrel-ethinyl estrad	
SYEDA	drospirenone-ethinyl estradiol	
VESTURA	drospirenone-ethinyl estradiol	
VYFEMLA	briellyn	
WERA		
*Combination Contraceptives - Transdermal***		
XULANE	norelgestromin-eth estradiol	QLL (3 Patches per 28 days)
*Combination Contraceptives - Vaginal***		
ELURYNG	etonogestrel-ethinyl estradiol	QLL (1 EA per 21 days)
<i>etonogestrel-ethinyl estradiol</i>	EluRyng	QLL (1 EA per 21 days)
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER		QLL (1 EA per 10 Years)
*Emergency Contraceptives***		
<i>levonorgestrel</i>	Option 2	OTC
OPTION 2	levonorgestrel	OTC
*Extended-Cycle Contraceptives - Oral***		
INTROVALE	levonorgest-eth estrad 91-day	
JOLESSA	levonorgest-eth estrad 91-day	
<i>levonorgest-eth estrad 91-day</i>	Introvale	
*Progestin Contraceptives - Implants***		
NEXPLANON		QLL (1 EA per 3 Years)

Drug Name	Reference	Restrictions
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate</i>	Depo-Provera	QLL (4 ML per 365 days)
*Progestin Contraceptives - Iud***		
LILETTA (52 MG)		QLL (1 EA per 999 days)
*Progestin Contraceptives - Oral***		
CAMILA	norethindrone	QLL (1 EA per 1 day)
DEBLITANE	norethindrone	QLL (1 EA per 1 day)
ERRIN	norethindrone	QLL (1 EA per 1 day)
HEATHER	norethindrone	QLL (1 EA per 1 day)
JENCYCLA	norethindrone	QLL (1 EA per 1 day)
LYZA	norethindrone	QLL (1 EA per 1 day)
NORA-BE	norethindrone	QLL (1 EA per 1 day)
<i>norethindrone</i>	Camila	QLL (1 EA per 1 day)
NORLYROC	norethindrone	QLL (1 EA per 1 day)
SHAROBEL	norethindrone	QLL (1 EA per 1 day)
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	Dasetta 7/7/7	
ARANELLE		
DASETTA 7/7/7	alyacen 7/7/7	
LEVONEST	levonorg-eth estrad triphasic	
<i>norgestim-eth estrad triphasic</i>	Tri-Estarylla	
NORTREL 7/7/7	alyacen 7/7/7	
PIRMELLA 7/7/7	alyacen 7/7/7	
TILIA FE		
TRI-ESTARYLLA	norgestim-eth estrad triphasic	
TRI-LEGEST FE		
TRI-LINYAH	norgestim-eth estrad triphasic	
TRINESSA (28)	norgestim-eth estrad triphasic	
TRI-SPRINTEC	norgestim-eth estrad triphasic	
TRIVORA (28)	levonorg-eth estrad triphasic	
VELIVET		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide</i>		PA; QLL (90 EA per 365 days)
<i>cortisone acetate</i>		
<i>dexamethasone</i>		
DEXAMETHASONE INTENSOL		

Drug Name	Reference	Restrictions
<i>dexamethasone sod phosphate pf</i>		
<i>dexamethasone sodium phosphate</i>		
<i>hydrocortisone</i>	Cortef	
<i>hydrocortisone sod suc (pf)</i>	Solu-CORTEF	
<i>methylprednisolone</i>	Medrol	
<i>prednisolone</i>		
<i>prednisolone sodium phosphate</i>		
<i>prednisone oral solution</i>		AL (Max 12 Years)
<i>prednisone oral tablet</i>		
SOLU-CORTEF		
*Mineralocorticoids***		
<i>fludrocortisone acetate</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr</i>		
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin</i>		OTC
<i>guaifenesin ac</i>		OTC; AL (Min 18 Years)
<i>mucus relief dm max</i>	Delsym Cgh/Chest Cong DM Child	OTC
<i>mucus-dm</i>	Mucinex DM	OTC
<i>mucus-dm max</i>	Contac Cough & Congestion	OTC
*Decongestant & Antihistamine***		
ALAHIST D		OTC
<i>allergy/congestion relief</i>	Alavert D-12 Hour Allergy/Cong	OTC; QLL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er</i>	EQ Allergy Relief Nasal Decong	OTC; QLL (60 EA per 30 days); AL (Min 6 Years)
<i>fexofenadine-pseudoephed er</i>	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)
<i>loratadine-d 24hr</i>	Claritin-D 24 Hour	OTC; QLL (30 Tablets per 30 days)
*Decongestant W/ Expectorant***		
MUCINEX D	cvs mucus d extended release	OTC
*Expectorants***		
<i>guaifenesin</i>	Buckleys Chest Congestion	OTC

Drug Name	Reference	Restrictions
<i>mucus relief er</i>	EQ Mucus ER	OTC
*Misc. Respiratory Inhalants***		
<i>sodium chloride</i>		
*Mucolytics***		
<i>acetylcysteine</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm</i>		
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm</i>		
<i>rynex dm</i>	Dimaphen DM Cold/Cough	OTC
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine</i>		AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phos (twice-daily)</i>		QLL (1 GM per 1 day)
<i>clindamycin phosphate</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>ery</i>		
<i>erythromycin external gel</i>		QLL (1 GM per 1 day)
<i>erythromycin external solution</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne)</i>	Klaron	QLL (118 ML per 30 days)
*Acne Products***		
ACCUTANE	isotretinoin	Limited to 10 months per lifetime; QLL (2 EA per 1 day)
<i>acne-clear</i>	Clean & Clear Persa-Gel 10	OTC
AMNESTEEM	isotretinoin	Limited to 10 months per lifetime; QLL (2 EA per 1 day)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel 10	
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide wash</i>	Benzac AC Wash	OTC
<i>bp wash</i>	Medpura Benzoyl Peroxide	OTC
CLARAVIS	isotretinoin	Limited to 10 months per lifetime; QLL (2 EA per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	Accutane	Limited to 10 months per lifetime; QLL (2 EA per 1 day)
<i>isotretinoin oral capsule 40 mg</i>	Accutane	Limited to 10 months per lifetime

Drug Name	Reference	Restrictions
PANOXYL CREAMY WASH	cvs creamy acne face wash	OTC
<i>tretinoin</i>	Retin-A	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
ZENATANE	isotretinoin	Limited to 10 months per lifetime; QLL (2 EA per 1 day)
*Antibiotic Mixtures Topical***		
<i>double antibiotic</i>	Neosporin	OTC
NEOSPORIN	double antibiotic	OTC
<i>triple antibiotic plus</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc</i>		OTC
<i>gentamicin sulfate</i>		
<i>mupirocin</i>		QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>butenafine hcl</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo</i>		QLL (120 ML per 30 days)
<i>ciclopirox external solution</i>	Ciclodan	QLL (6.6 ML per 1 day)
<i>ciclopirox olamine external cream</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension</i>		ST; QLL (30 ML per 30 days)
<i>nystatin</i>	Klayesta	QLL (60 GM per 30 days)
<i>terbinafine hcl</i>	LamISIL AT Athletes Foot	OTC; QLL (60 GM per 30 days)
<i>tolnaftate</i>	Tinactin	OTC; QLL (90 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external gel</i>	Aspercreme Arthritis Pain	QLL (6.667 GM per 1 day)
<i>diclofenac sodium external solution</i>		ST
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil</i>		
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium</i>		

Drug Name	Reference	Restrictions
*Antipsoriatics - Systemic***		
COSENTYX		PA
COSENTYX (300 MG DOSE)		PA
COSENTYX SENSOREADY (300 MG)		PA
COSENTYX SENSOREADY PEN		PA
COSENTYX UNOREADY		PA
IMULDOSA		PA
STEQEYMA		PA
YESINTEK		PA
*Antipsoriatics***		
<i>calcipotriene external cream</i>		QLL (4 GM per 1 day)
<i>calcipotriene external ointment</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution</i>	Pellix	QLL (2 ML per 1 day)
CALCITRENE	calcipotriene	PA; QLL (4 GM per 1 day)
<i>tazarotene</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>anti-dandruff</i>	Selsun Blue	OTC
<i>selenium sulfide</i>		
*Antivirals - Topical***		
<i>acyclovir</i>	Zovirax	ST; QLL (15 GM per 30 days)
<i>docosanol</i>	Abreva	OTC; QLL (1 Tube per 30 days)
*Astringents***		
<i>zinc oxide</i>	Boudreauxs Butt Paste	OTC
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT		PA
*Burn Products***		
<i>silver sulfadiazine</i>	SSD	
SSD	silver sulfadiazine	
*Corticosteroids - Topical***		
<i>betamethasone dipropionate aug external cream</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>		QLL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Diprolene	QLL (60 GM per 30 days)
<i>betamethasone dipropionate external cream</i>		QLL (60 GM per 30 days)

Drug Name	Reference	Restrictions
<i>betamethasone dipropionate external lotion</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external cream</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment</i>		QLL (45 GM per 30 days)
<i>clobetasol prop emollient base</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate e</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external cream</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>		QLL (100 GM per 30 days)
<i>clobetasol propionate external gel</i>		QLL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>		ST; QLL (60 GM per 30 days)
<i>clobetasol propionate external solution</i>		ST; QLL (60 ML per 30 days)
<i>fluocinolone acetonide</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>		QLL (120 GM per 30 days)
<i>fluocinonide external gel</i>		QLL (60 GM per 30 days)
<i>fluocinonide external solution</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate</i>		
<i>halobetasol propionate</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>	Medpura Hydrocortisone	
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 1 %</i>	Aquanil HC	OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>		OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
MEDPURA HYDROCORTISONE	hydrocortisone	OTC; QLL (90 GM per 30 days)
<i>mometasone furoate external cream</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution</i>		QLL (60 ML per 30 days)
<i>triamcinolone acetonide external cream</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion</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>		

Drug Name	Reference	Restrictions
*Emollients***		
<i>ammonium lactate</i>	AL12	
*Imidazole-Related Antifungals - Topical***		
<i>antifungal</i>	Micotrin AP	OTC; QLL (90 GM per 30 days)
<i>athletes foot powder spray</i>	Cruex Prescription Strength	OTC; QLL (133 GM per 30 days)
<i>clotrimazole anti-fungal</i>	Lotrimin AF	OTC; QLL (60 GM per 30 days)
<i>clotrimazole external cream</i>	Lotrimin AF	QLL (60 GM per 30 days)
<i>clotrimazole external solution</i>	Lasolex	QLL (30 ML per 30 days)
<i>gnp miconazorb af</i>	Micotrin AP	OTC; QLL (90 GM per 30 days)
<i>ketoconazole external cream</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate</i>	DermacinRx Lasolex AC	QLL (90 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod</i>		
*Insect Repellents***		
OFF DEEP WOODS	cvs insect repellent	OTC; QLL (1 unit per 30 days)
OFF DEEP WOODS DRY	cvs insect repellent	OTC; QLL (1 unit per 30 days)
OFF DEEP WOODS SPORTSMEN	cvs insect repellent	OTC; QLL (1 unit per 30 days)
OFF FAMILYCARE CLEAN FEEL		OTC; QLL (1 unit per 30 days)
OFF SMOOTH & DRY	cvs insect repellent	OTC; QLL (1 unit per 30 days)
SAWYER INSECT REPELLENT		OTC; QLL (1 unit per 30 days)
ULTRATHON INSECT REPELLENT 8	cvs insect repellent	OTC; QLL (1 unit per 30 days)
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox</i>		
*Local Anesthetics - Topical***		
ASPERCREME LIDOCAINE	cvs lidocaine maximum strength	OTC; QLL (2 GM per 1 day)
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>capsaicin external cream 0.1 %</i>	Capzasin-HP	OTC; QLL (56.6 GM per 30 days)
<i>capsaicin pain relief</i>	Capzasin-HP	OTC; QLL (56.6 GM per 30 days)
<i>gnp lidocaine pain relief</i>	AnLido 24	OTC; QLL (1 EA per 1 day)
<i>lidocaine external cream</i>	AneCream	OTC; QLL (60 GM per 30 days)
<i>lidocaine external ointment</i>		QLL (50 GM per 30 days)

Drug Name	Reference	Restrictions
<i>lidocaine external patch</i>	Lidocan	PA; QLL (90 EA per 30 days)
<i>qc lidocaine pain relief</i>	AnLido 24	OTC; QLL (1 EA per 1 day)
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %</i>		AL (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		AL (Min 16 Years)
*Misc. Topical Combinations***		
<i>calamine</i>		OTC
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA		PA; QLL (60 GM per 30 days)
*Rosacea Agents***		
<i>metronidazole external cream</i>		
<i>metronidazole external gel 0.75 %</i>		
<i>metronidazole external gel 1 %</i>		ST; QLL (60 GM per 30 days)
<i>metronidazole external lotion</i>		
*Scabicides & Pediculicides***		
<i>ivermectin</i>	RID One & Done	ST; QLL (117 GM per 30 days)
<i>malathion</i>	Ovide	ST; QLL (59 ML per 180 days)
<i>permethrin</i>		ST; QLL (60 GM per 30 days)
<i>spinosad</i>	Natroba	ST
*Skin Cleansers***		
<i>isopropyl alcohol wipes</i>		OTC
*Skin Protectants***		
MINERIN CREME	advanced moisturizing	OTC
*Tar Products***		
<i>therapeutic</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>calamine plus</i>	Caladryl	OTC; QLL (177 ML per 30 days)
<i>lidocaine-prilocaine</i>		QLL (1 GM per 1 day)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS	blood glucose test	OTC; QLL (5 EA per 1 day)
ACCU-CHEK GUIDE TEST	blood glucose test	OTC; QLL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW	blood glucose test	OTC; QLL (5 EA per 1 day)

Drug Name	Reference	Restrictions
CHEMSTRIP K	ketone test	OTC
DIASTIX		OTC
<i>ketone test</i>	Chemstrip K	OTC
RELION TRUE METRIX TEST STRIPS	blood glucose test	OTC; QLL (5 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST	blood glucose test	OTC; QLL (5 EA per 1 day)
DIGESTIVE AIDS		
*Digestive Enzymes***		
ZENPEP		
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide</i>		
<i>acetazolamide er</i>		
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide</i>		
<i>spironolactone-hctz</i>		
<i>triamterene-hctz</i>		
*Loop Diuretics***		
<i>bumetanide</i>	Bumex	
<i>furosemide</i>	Lasix	
<i>torseamide</i>		
*Potassium Sparing Diuretics***		
<i>amiloride hcl</i>		
<i>spironolactone</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone</i>		
<i>hydrochlorothiazide</i>		
<i>indapamide</i>		
<i>metolazone</i>		
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 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)

Drug Name	Reference	Restrictions
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon)</i>		
*Carnitine Replenisher - Agents***		
<i>levocarnitine</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline</i>		
*Gnrh/Lhrh Antagonists***		
ORILISSA		PA
*Growth Hormones***		
NORDITROPIN FLEXPPO		PA
SOGROYA		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol</i>		
<i>paricalcitol</i>	Zemplar	ST; QLL (30 EA per 30 days)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA		PA
*Parathyroid Hormone And Derivatives***		
<i>teriparatide</i>	Bonsity	PA; QLL (2.24 ML per 28 days)
TYMLOS		PA; QLL (1.56 ML per 30 days)
*Rank Ligand (Rankl) Inhibitors***		
ENOBYP		PA
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl</i>	Evista	QLL (30 Tablets per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate</i>	SandoSTATIN	PA
*Vasopressin***		
<i>desmopressin acetate</i>	DDAVP	QLL (90 Tablets per 30 days)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet</i>	Abigale Lo	QLL (1 EA per 1 day)
JINTELI	norethindrone-eth estradiol	QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
MIMVEY	estradiol-norethindrone acet	QLL (1 EA per 1 day)
<i>norethindrone-eth estradiol</i>	Fyavolv	QLL (1 EA per 1 day)
*Estrogens***		
<i>estradiol oral</i>		
<i>estradiol transdermal patch twice weekly</i>	Alora	QLL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Climara	QLL (4 Patches per 30 days)
<i>estradiol valerate</i>	Delestrogen	QLL (5 ML per 30 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl</i>	Cipro	QLL (28 Tablets per 30 days)
<i>levofloxacin oral solution</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet</i>		QLL (14 Tablets per 90 days)
GASTROINTESTINAL AGENTS - MISC.		
*5-Ht4 Receptor Agonists***		
<i>prucalopride succinate</i>	Motegrity	PA; QLL (1 EA per 1 day)
*Antiflatulents***		
<i>simethicone</i>		
*Gallstone Solubilizing Agents***		
<i>ursodiol</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl</i>	Reglan	
*Inflammatory Bowel Agents***		
<i>mesalamine er</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release</i>		QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release</i>	Lialda	QLL (120 EA per 30 days)
<i>mesalamine rectal</i>	Canasa	
<i>sulfasalazine</i>	Azulfidine	
*Interleukin Antagonists***		
IMULDOSA		PA
STEQEYMA		PA
YESINTEK		PA

Drug Name	Reference	Restrictions
*Intestinal Acidifiers***		
<i>enulose</i>		
<i>generlac</i>		
<i>lactulose encephalopathy</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTI ^K		PA; QLL (30 EA per 30 days)
SYMPROIC		PA; QLL (1 EA per 1 day)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder)</i>	Calphron	
CALPHRON	calcium acetate (phos binder)	OTC
<i>lanthanum carbonate</i>	Fosrenol	ST; Cumulative dose (4500mg daily)
<i>sevelamer carbonate</i>	Renvela	
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride</i>	Proscar	QLL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	Uroxatral	QLL (1 EA per 1 day)
<i>tamsulosin hcl</i>		QLL (60 Capsules per 30 days)
*Citrates***		
<i>potassium citrate er</i>	Urocit-K 10	
<i>potassium citrate monohydrate</i>		
<i>potassium citrate-citric acid</i>		
*Phosphates***		
K-PHOS NO 2		
*Urinary Analgesics***		
<i>phenazopyridine hcl</i>	Pyridium	
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>		
*Gout Agents***		
<i>allopurinol</i>		
<i>colchicine</i>	Mitigare	QLL (9 EA per 30 days)
<i>febuxostat</i>	Uloric	ST; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
*Uricosurics***		
<i>probenecid</i>		
HEMATOLOGICAL AGENTS - MISC.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate</i>	Sajazir	PA
SAJAZIR	icatibant acetate	PA
*C1 Esterase Inhibitors***		
BERINERT		PA
*Complement C5 Inhibitors***		
BKEMV		PA
EPYSQLI		PA
*Hematorheologic Agents***		
<i>pentoxifylline er</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol</i>		
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QLL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QLL (4 ML per 28 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole</i>		
*Quinazoline Agents***		
<i>anagrelide hcl</i>	Agrylin	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate</i>	Plavix	QLL (30 Tablets per 30 days)
<i>prasugrel hcl</i>	Effient	QLL (1 EA per 1 day)
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin</i>		
<i>vitamin b-12</i>	Finest Nutrition Vitamin B-12	OTC
*Cytotoxic Agents***		
DROXIA		

Drug Name	Reference	Restrictions
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT		PA
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
<i>folic acid oral tablet 400 mcg</i>		OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO		PA
ZIEXTENZO		PA
*Iron***		
<i>ferrous gluconate</i>		OTC
<i>ferrous sulfate</i>	Feosol	OTC
<i>kp ferrous gluconate</i>		OTC
POLY-IRON 150	ferric x-150	OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
<i>eltrombopag olamine oral packet 12.5 mg</i>	Promacta	PA; QLL (1 EA per 1 day)
<i>eltrombopag olamine oral packet 25 mg</i>	Promacta	PA; QLL (3 EA per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	Promacta	PA; QLL (1 EA per 1 day)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	Promacta	PA; QLL (2 EA per 1 day)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>eq1 nighttime sleep aid</i>	Nytol QuickCaps	OTC
<i>sleep aid (doxylamine)</i>	Unisom SleepTabs	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital</i>		
*Benzodiazepine Hypnotics***		
<i>estazolam</i>		QLL (30 Tablets per 30 days)
<i>temazepam</i>	Restoril	QLL (30 Capsules per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>zaleplon</i>		QLL (30 Capsules per 30 days)
<i>zolpidem tartrate</i>	Ambien	QLL (30 Capsules per 30 days)
*Orexin Receptor Antagonists***		
DAYVIGO		PA; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
*Selective Melatonin Receptor Agonists***		
<i>ramelteon</i>	Rozerem	ST; QLL (1 EA per 1 day); AL (Min 18 Years)
LAXATIVES		
*Bowel Evacuant Combinations***		
GAVILYTE-C		
GAVILYTE-G	peg-3350/electrolytes	
<i>na sulfate-k sulfate-mg sulf</i>	Suprep Bowel Prep Kit	QLL (354 ML Max Qty Per Fill Retail)
<i>peg 3350-kcl-na bicarb-nacl</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes</i>	GaviLyte-G	
*Bulk Laxatives***		
<i>fiber</i>	FiberCon	OTC
*Laxatives - Miscellaneous***		
<i>constulose</i>		
<i>glycerin (adult)</i>		OTC
<i>glycerin (infants & children)</i>		OTC
<i>glycerin (pediatric)</i>	Proctozone-G Childrens	OTC
<i>glycerin adult</i>	Avedana Glycerin (Adult)	OTC
<i>lactulose</i>		
*Laxatives & Dss***		
<i>sennosides-docusate sodium</i>	Colace 2-IN-1	OTC
*Lubricant Laxatives***		
<i>mineral oil</i>		
<i>mineral oil heavy</i>		
MURI-LUBE	mineral oil light	
*Stimulant Laxatives***		
<i>bisacodyl</i>	Dulcolax	OTC
<i>bisacodyl ec</i>	Dulcolax	OTC
<i>chocolated laxative</i>	Ex-Lax	OTC
<i>senna</i>	Black-Draught Lax-Senna	OTC
SENNA SMOOTH	laxative regular strength	OTC
*Surfactant Laxatives***		
<i>docusate calcium</i>		OTC
<i>docusate sodium</i>	Colace	OTC
PEDIA-LAX		OTC

Drug Name	Reference	Restrictions
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted</i>	Zithromax	AL (Max 12 Years)
<i>azithromycin oral tablet</i>	Zithromax	
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted</i>		AL (Max 12 Years)
<i>clarithromycin oral tablet</i>		
*Fidaxomicin***		
DIFICID		PA
<i>fidaxomicin</i>	Dificid	PA
MEDICAL DEVICES AND SUPPLIES		
*Glucose Monitoring Test Supplies***		
ACCU-CHEK GUIDE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ACCU-CHEK GUIDE ME	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
DEXCOM G6 RECEIVER		PA; Requires diagnosis of type 1 diabetes mellitus, gestational diabetes, glycogen storage disease or type 2 diabetes mellitus using glucose lowering drug(s); QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; Requires diagnosis of type 1 diabetes mellitus, gestational diabetes, glycogen storage disease or type 2 diabetes mellitus using glucose lowering drug(s); QLL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; Requires diagnosis of type 1 diabetes mellitus, gestational diabetes, glycogen storage disease or type 2 diabetes mellitus using glucose lowering drug(s); QLL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	guardian sensor 3	PA; Requires diagnosis of type 1 diabetes mellitus, gestational diabetes, glycogen storage disease or type 2 diabetes mellitus using glucose lowering drug(s); QLL (2 EA per 30 days)

Drug Name	Reference	Restrictions
DEXCOM G7 RECEIVER		PA; Requires diagnosis of type 1 diabetes mellitus, gestational diabetes, glycogen storage disease or type 2 diabetes mellitus using glucose lowering drug(s); QLL (1 EA per 365 days)
DEXCOM G7 SENSOR	guardian sensor 3	PA; Requires diagnosis of type 1 diabetes mellitus, gestational diabetes, glycogen storage disease or type 2 diabetes mellitus using glucose lowering drug(s); QLL (3 EA per 30 days)
<i>lancet device</i>	Advocate Lancing Device	OTC
ONETOUCH ULTRA CONTROL	element compact control 2	OTC
RELION TRUE MET AIR GLUC METER	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
TRUE METRIX LEVEL 1	easy plus ii control	OTC
TRUE METRIX LEVEL 2	easy talk control	OTC
TRUE METRIX LEVEL 3	easy plus ii control	OTC
TRUE METRIX METER	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	pivot insulin pump starter kit	PA; QLL (1 EA per 999 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		PA; QLL (10 EA per 30 days)
OMNIPOD 5 LIBRE PODS		PA; QLL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4)	pivot insulin pump starter kit	PA; QLL (1 EA per 999 days)
OMNIPOD DASH PDM (GEN 4)	pivot insulin pump starter kit	PA; QLL (1 EA per 999 days)
OMNIPOD DASH PODS (GEN 4)		PA; QLL (10 EA per 30 days)
TWIST REFILL KIT	pivot supply kit	PA; QLL (10 EA per 30 days)
TWIST REFILL KIT/INFUSION SET		PA; QLL (10 EA per 30 days)
TWIST STARTER KIT	pivot insulin pump starter kit	PA; QLL (1 EA per 999 days)
*Needles & Syringes***		
BD AUTOSHIELD DUO	pen needles	OTC
BD BLUNT FILL NEEDLE W/FILTER	carepoint poly hub needle	OTC
BD DISP NEEDLE	carepoint poly hub needle	OTC
BD DISP NEEDLES	carepoint poly hub needle	OTC
BD ECLIPSE NEEDLE 18G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
BD ECLIPSE NEEDLE 23G X 1"	carepoint poly hub needle	

Drug Name	Reference	Restrictions
BD ECLIPSE SHIELDED NEEDLE	carepoint poly hub needle	OTC
BD ECLIPSE SYRINGE	syringe luer lock	OTC
BD ECLIPSE SYRINGE/NEEDLE	syringe luer lock	OTC
BD HYPODERMIC NEEDLE	carepoint poly hub needle	OTC
BD INS SYR ULTRAFINE 1/2UNIT	careone insulin syringe	OTC
BD INSULIN SYRINGE U-500		
BD INSULIN SYRINGE ULTRAFINE	aq insulin syringe	OTC
BD INTEGRA NEEDLE	carepoint poly hub needle	OTC
BD INTEGRA SYRINGE	syringe luer lock	OTC
BD LUER-LOCK SYRINGE		OTC
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML		OTC
BD LUER-LOK SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD LUER-LOK SYRINGE 23G X 1" 3 ML	syringe luer lock	
BD NOKOR ADMIX NEEDLE	carepoint poly hub needle	OTC
BD PEN NEEDLE MICRO ULTRAFINE	1st tier unifine pentips	OTC
BD PEN NEEDLE MINI ULTRAFINE	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO 2ND GEN	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO ULTRAFINE	1st tier unifine pentips	OTC
BD PEN NEEDLE SHORT ULTRAFINE	1st tier unifine pentips	OTC
BD PLASTIPAK SYRINGE	carepoint syringe luer lock	OTC
BD PRECISIONGLIDE NEEDLE	carepoint poly hub needle	OTC
BD SAFETYGLIDE ALLERGY SYRINGE		OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	global inject ease insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	global inject ease insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	aq insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD SAFETYGLIDE NEEDLE	carepoint poly hub needle	OTC

Drug Name	Reference	Restrictions
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	carepoint poly hub needle	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" , 23G X 1"	carepoint poly hub needle	OTC
BD SYRINGE LUER-LOK 1 ML	carepoint syringe luer slip	OTC
BD SYRINGE LUER-LOK 3 ML	carepoint syringe luer lock	
BD SYRINGE SLIP TIP 1 ML	carepoint syringe luer slip	OTC
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	OTC
BD SYRINGE SLIP TIP 3 ML	carepoint syringe luer lock	
BD SYRINGE/NEEDLE	syringe luer lock	OTC
BD TB SYRINGE		OTC
BD VEO INSULIN SYR U/F 1/2UNIT	global easy glide insulin syr	OTC
BD VEO INSULIN SYR ULTRAFINE	global easy glide insulin syr	OTC
<i>carepoint poly hub needle</i>	BD Blunt Fill Needle w/Filter	
CAREPOINT PRECISION POLY HUB	carepoint poly hub needle	
<i>carepoint safety 1st needle</i>	BD Disp Needle	
CAREPOINT SAFETY1ST SYR/NEEDLE	syringe luer lock	
CAREPOINT SYRINGE LUER LOCK 1 ML	carepoint syringe luer slip	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML	syringe luer lock	
<i>carepoint syringe luer lock 3 ml</i>	BD Plastipak Syringe	
<i>carepoint syringe luer slip</i>	BD Syringe Luer-Lok	
<i>carepoint tuberculn syr/luer sl</i>	BD Syringe Slip Tip	OTC
CARETOUCH HYPODERMIC NEEDLE	carepoint poly hub needle	OTC
CARETOUCH LUER LOCK	carepoint syringe luer lock	OTC
CARETOUCH LUER LOCK SYR/NEEDLE	syringe luer lock	OTC
CARETOUCH LUER SLIP	carepoint syringe luer lock	OTC
DROPSAFE SICURA	carepoint poly hub needle	
EASY GLIDE LUER LOCK SYRINGE	carepoint syringe luer lock	OTC
<i>easy glide slip lock syringe</i>	BD Syringe Luer-Lok	OTC
EASY TOUCH ALLERGY SYRINGE		OTC
EASY TOUCH FLIPLOCK NEEDLES	carepoint poly hub needle	OTC
EASY TOUCH FLIPLOCK SAFETY SYR	syringe luer lock	OTC
EASY TOUCH HYPODERMIC NEEDLE	carepoint poly hub needle	OTC
EASY TOUCH SAFETY SYRINGE	syringe luer lock	OTC
EASY TOUCH SHEATHLOCK SYRINGE	syringe luer lock	OTC
EASY TOUCH SYRINGE BARREL	carepoint syringe luer lock	OTC

Drug Name	Reference	Restrictions
EASY TOUCH TB FLIPLOCK SYRINGE		OTC
EASY TOUCH TB SHEATHLOCK SYR	carepoint tuberculn syr/luer sl	OTC
EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	carepoint poly hub needle	OTC
EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	
EASYPOINT NEEDLE/SYRINGE	syringe luer lock	
EMBECTA AUTOSHIELD DUO	pen needles	OTC
EMBECTA INS SYR U/F 1/2 UNIT	careone insulin syringe	OTC
EMBECTA INSULIN SYR ULTRAFINE	aq insulin syringe	OTC
EMBECTA INSULIN SYRINGE U-500		
EMBECTA PEN NEEDLE NANO	1st tier unifine pentips	OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1st tier unifine pentips	OTC
EMBECTA PEN NEEDLE ULTRAFINE	1st tier unifine pentips	OTC
<i>hypodermic needle</i>	BD Blunt Fill Needle w/Filter	OTC
LUER LOCK SAFETY SYRINGES	carepoint syringe luer lock	OTC
MAGELLAN TUBERCULIN SYRINGE		
MONOJECT BLUNTIP CANNULA	carepoint poly hub needle	
MONOJECT BLUNTIP SYR/CANNULA	carepoint syringe luer lock	
MONOJECT HYPODERMIC NEEDLE	carepoint poly hub needle	
MONOJECT MAGELLAN SAFETY NDL	carepoint poly hub needle	
MONOJECT MAGELLAN SYRINGE	syringe luer lock	
MONOJECT PHARMACY TRAY 1 ML	carepoint syringe luer slip	OTC
MONOJECT PHARMACY TRAY 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
MONOJECT SYRINGE 27G X 1/2" 1 ML		OTC
MONOJECT SYRINGE 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE PHARMACY TRAY	carepoint syringe luer slip	
MONOJECT SYRINGE REG LUER	carepoint syringe luer lock	
MONOJECT SYRINGE REGULAR TIP	carepoint syringe luer lock	
MONOJECT TB SAFETY SYRINGE	carepoint tuberculn syr/luer sl	
MONOJECT TB SYRINGE	carepoint syringe luer slip	
NOKOR VENTED NEEDLE	carepoint poly hub needle	OTC
NORM-JECT LUER SLIP SYRINGE	carepoint syringe luer slip	
PERFECT POINT SAFETY NEEDLE	carepoint poly hub needle	OTC
<i>poly hub needle</i>	BD Blunt Fill Needle w/Filter	OTC

Drug Name	Reference	Restrictions
SECURESAFE HYPODERMIC NEEDLE	carepoint poly hub needle	OTC
SECURESAFE SYRINGE/NEEDLE	syringe luer lock	OTC
<i>syringe luer lock</i>	BD Eclipse Syringe	OTC
<i>syringe luer slip 1 ml</i>	BD Syringe Luer-Lok	
<i>syringe luer slip 3 ml</i>	BD Plastipak Syringe	OTC
ULTICARE SYRINGE	syringe luer lock	OTC
ULTICARE TUBERCULIN SAFETY SYR	carepoint tubercln syr/luer sl	OTC
VANISHPOINT SAFETY SYRINGE	syringe luer lock	OTC
VANISHPOINT SYRINGE	syringe luer lock	OTC
VANISHPOINT TUBERCULIN SYRINGE	carepoint tubercln syr/luer sl	OTC
*Peak Flow Meters***		
TRUZONE PEAK FLOW METER	breathe ease peak flow meter	QLL (1 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER MINI CHAMBER	breathe comfort chamber/adult	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
EASIVENT	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
EASIVENT MASK LARGE	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
EASIVENT MASK MEDIUM	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
EASIVENT MASK SMALL	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
FLEXICHAMBER ADULT MASK/SMALL		QLL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/LARGE		QLL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/SMALL		QLL (2 EA per 1 year)
INSPIREASE	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
MICROCHAMBER	breathe comfort chamber/adult	QLL (2 EA per 1 year)
MICROSPACER	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK	breathe comfort chamber/adult	QLL (2 EA per 1 year)
POCKET SPACER	breathe comfort chamber/adult	QLL (2 EA per 1 year)

Drug Name	Reference	Restrictions
RITEFLO	breathe comfort chamber/adult	QLL (1 EA per 1 Year)
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVI		ST; QLL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
EMGALITY		ST; QLL (1 ML per 28 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg</i>		QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 2.5 mg</i>		QLL (9 EA per 30 Days)
<i>rizatriptan benzoate</i>	Maxalt	QLL (12 Tablets per 30 days)
<i>sumatriptan</i>		QLL (6 Nasal Sprays per 30 days)
<i>sumatriptan succinate oral</i>	Imitrex	QLL (9 Tablets per 30 days)
<i>sumatriptan succinate subcutaneous</i>	Imitrex STATdose System	QLL (4 Vials per 30 days)
MINERALS & ELECTROLYTES		
*Bicarbonates***		
<i>sodium bicarbonate</i>		
*Calcium Combinations***		
<i>cal-citrate plus vitamin d</i>		OTC
<i>calcium carb-cholecalciferol</i>		OTC
<i>cvs calcium 600+d</i>	Caltrate 600+D3	OTC
*Calcium***		
<i>calcium 600</i>	One Vite Calcium	OTC
<i>calcium carbonate</i>		OTC
<i>calcium citrate</i>		OTC
<i>oyster shell calcium</i>		OTC
*Fluoride***		
<i>sodium fluoride</i>		
*Magnesium***		
<i>magnesium</i>		OTC
<i>magnesium oxide -mg supplement</i>	MAGnesium-Oxide	OTC
*Phosphate***		
PHOSPHA 250 NEUTRAL	phosphorous	
PHOSPHO-TRIN K500		

Drug Name	Reference	Restrictions
*Potassium***		
EFFER-K		
KLOR-CON M15	potassium chloride crys er	
<i>potassium chloride crys er</i>	Klor-Con M10	
<i>potassium chloride er</i>	Klor-Con	
*Sodium***		
<i>sodium chloride intravenous</i>		
<i>sodium chloride oral</i>		OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine</i>	SandIMMUNE	
<i>cyclosporine modified</i>	Gengraf	
GENGRAF	cyclosporine modified	
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide</i>	Revlimid	PA; QLL (30 EA per 30 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil</i>	CellCept	
<i>mycophenolic acid</i>	Myfortic	
*Macrolide Immunosuppressants***		
<i>sirolimus</i>		
<i>tacrolimus</i>	Prograf	
*Potassium Removing Agents***		
SPS (SODIUM POLYSTYRENE SULF)	sodium polystyrene sulfonate	
*Purine Analogs***		
<i>azathioprine</i>	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*Anti-Infectives - Throat***		
<i>clotrimazole</i>		
<i>nystatin</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate</i>	Periogard	

Drug Name	Reference	Restrictions
PERIOGARD	chlorhexidine gluconate	
*Fluoride Dental Products***		
<i>sodium fluoride 5000 plus</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm</i>	Clinpro 5000	
*Saliva Stimulants***		
<i>pilocarpine hcl</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
ORALONE	triamcinolone acetonide	
<i>triamcinolone acetonide</i>	Oralene	
MULTIVITAMINS		
*B-Complex W/ C & Folic Acid***		
NEPHRO-VITE	full spectrum b/vitamin c	OTC
*Multiple Vitamins W/ Iron***		
<i>multi-vitamin/iron</i>	DermacinRx Boostervite	OTC
*Multiple Vitamins W/ Minerals***		
<i>b-plex plus</i>	Lysiplex Plus	
<i>cvs daily gummies</i>	Adek Gummies Plus Zn	OTC
LYSIPLEX PLUS	b-plex plus	
<i>multi-vitamin/minerals</i>	Lysiplex Plus	OTC
NICAZEL	b-plex plus	
NICAZEL FORTE	b-plex plus	
<i>v-c forte</i>	ActivNutrients	
*Ped Multiple Vitamins W/ Minerals***		
<i>cvs gummy dinos</i>	ActivNutrients	OTC
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride</i>	Flotrex	
<i>multi-vitamin/fluoride</i>	Poly-Vi-Flor	
POLY-VI-FLOR	multi-vitamin/fluoride	
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D	vitamin a-c-d infant	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>classic prenatal</i>		OTC; QLL (100 EA per 90 days)
CO-NATAL FA	prenatabs fa	QLL (100 Tablets per 90 days)
CONCEPT DHA		QLL (100 Tablets per 90 days)
CONCEPT OB		QLL (100 EA per 90 days)

Drug Name	Reference	Restrictions
ELITE-OB		QLL (100 EA per 90 days)
FOLIVANE-OB		QLL (100 EA per 90 days)
<i>multi prenatal</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
OB COMPLETE		QLL (100 EA per 90 days)
PRENATABS RX	thrivite rx	OTC; QLL (100 Tablets per 90 days)
<i>prenatal</i>	DermacinRx PNV Prenatol	QLL (100 Tablets per 90 days)
<i>prenatal plus</i>	DermacinRx PNV Prenatol	QLL (100 Tablets per 90 days)
<i>trinatal rx 1</i>		QLL (100 Tablets per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha</i>		QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>pnv-dha</i>		QLL (100 EA per 90 days)
<i>wescap-pn dha</i>		QLL (100 EA per 90 days)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen</i>		QLL (4 EA per 1 day)
<i>carisoprodol</i>	Soma	QLL (120 Tablets per 30 days)
<i>chlorzoxazone</i>		QLL (6 EA per 1 day)
<i>cyclobenzaprine hcl</i>		QLL (3 EA per 1 day)
<i>methocarbamol</i>		QLL (8 EA per 1 day)
<i>orphenadrine citrate er</i>		QLL (2 EA per 1 day)
<i>tizanidine hcl</i>	Zanaflex	
*Direct Muscle Relaxants***		
<i>dantrolene sodium</i>	Dantrium	QLL (4 EA per 1 day)
*Viscosupplements***		
GEL-ONE		PA
VISCO-3		PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide</i>		
*Nasal Antihistamines***		
<i>azelastine hcl</i>		QLL (2 Bottles per 30 days)

Drug Name	Reference	Restrictions
*Nasal Steroids***		
NASACORT ALLERGY 24HR	allergy spray 24 hour	OTC; QLL (2 Bottles per 30 days)
*Systemic Decongestants***		
<i>kp pseudoephedrine hcl</i>	SudoGest	OTC
<i>nasal decongestant</i>	Sudafed	OTC
<i>pseudoephedrine hcl er</i>	Sudafed Sinus Congestion 12HR	OTC
*Topical Decongestants***		
<i>cvs nasal spray</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole</i>		PA
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil</i>	Ovega-3	OTC
<i>fish oil maximum strength</i>	Theragran-M Fish Oil Conc	OTC
FISH OIL PEARLS	fish oil	OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears</i>	Advanced Eye Relief	OTC
<i>lubricant eye drops</i>	Systane	OTC
SYSTANE		OTC
*Artificial Tears And Lubricants***		
<i>cvs lubricant drops</i>	Refresh Liquigel	OTC
<i>cvs lubricant eye drops</i>	Refresh Tears	OTC
<i>polyvinyl alcohol</i>		OTC
PURE & GENTLE LUBRICANT		OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal</i>	Cosopt	ST; QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl</i>		QLL (10 ML per 30 days)
<i>carteolol hcl</i>		QLL (10 ML per 30 days)
<i>levobunolol hcl</i>		QLL (10 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>		ST; QLL (5 ML per 30 days)

Drug Name	Reference	Restrictions
<i>timolol maleate ophthalmic solution</i>		QLL (10 ML per 30 days)
*Cholinergic Agonists***		
TYRVAYA		PA; QLL (8.4 ML per 30 days)
*Cycloplegic Mydriatics***		
<i>atropine sulfate</i>		QLL (5 ML per 30 days)
<i>cyclopentolate hcl</i>	Cyclogyl	
<i>phenylephrine hcl</i>		
<i>tropicamide</i>	Mydriacyl	
*Miotics - Direct Acting***		
<i>pilocarpine hcl</i>		
*Ophthalmic Antiallergic***		
<i>azelastine hcl</i>		QLL (6 ML per 30 days)
<i>cromolyn sodium</i>		
<i>cvs allergy eye drops</i>	Alaway	OTC
<i>olopatadine hcl</i>	Advanced Eye Relief	
PATADAY	eye allergy itch relief	OTC
*Ophthalmic Antibiotics***		
<i>ciprofloxacin hcl</i>		
<i>erythromycin</i>		QLL (3.5 GM per 30 days)
<i>gentamicin sulfate</i>		
<i>moxifloxacin hcl</i>	Vigamox	QLL (3 ML per 30 days)
<i>ofloxacin</i>	Ocuflox	
<i>tobramycin</i>		
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b</i>		QLL (3.5 GM per 30 days)
<i>neomycin-bacitracin zn-polymyx</i>		
<i>neomycin-polymyxin-gramicidin</i>		
<i>polymyxin b-trimethoprim</i>		
*Ophthalmic Antivirals***		
<i>trifluridine</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>dorzolamide hcl</i>		
*Ophthalmic Hyperosmolar Products***		
<i>sodium chloride (hypertonic)</i>	Altachlore	OTC

Drug Name	Reference	Restrictions
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium</i>		
<i>flurbiprofen sodium</i>		
<i>ketorolac tromethamine</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Maxitrol	
<i>sulfacetamide-prednisolone</i>		
<i>tobramycin-dexamethasone</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate</i>		
<i>fluorometholone</i>	FML Liquifilm	
<i>prednisolone acetate</i>	Pred Forte	
<i>prednisolone sodium phosphate</i>		
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium</i>		
*Prostaglandins - Ophthalmic***		
<i>bimatoprost</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost</i>	Xalatan	
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid</i>		
<i>ear drops earwax aid</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl</i>	Cetraxal	QLL (28 mL per 30 days)
<i>ofloxacin</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>neomycin-polymyxin-hc</i>		QLL (15 ML per 30 days)
*Otic Steroids***		
<i>hydrocortisone-acetic acid</i>		QLL (10 ML per 30 days)

Drug Name	Reference	Restrictions
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Immune Serums***		
FLEBOGAMMA DIF		PA
GAMMAGARD		PA
GAMUNEX-C		PA
HIZENTRA		PA
PRIVIGEN		PA
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin</i>		
<i>ampicillin</i>		
*Natural Penicillins***		
BICILLIN L-A		
<i>penicillin v potassium</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate</i>	Augmentin ES-600	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>		
PHARMACEUTICAL ADJUVANTS		
*Flavoring Agents***		
<i>apple flavor</i>	Flavorx	
<i>apricot flavor</i>	Flavorx	
<i>banana concentrate</i>	Flavorx	
<i>banana creme flavor</i>	Flavorx	
<i>banana flavor</i>	Flavorx	
<i>blueberry flavor</i>	Flavorx	
<i>bubble gum concentrate</i>	Flavorx	
<i>bubble gum flavor</i>	Flavorx	
<i>bubble gum os</i>	Flavorx	OTC
<i>cherry flavor</i>	Flavorx	
*Gelatin Capsules (Empty)***		
<i>capsule coni-snap #0 blu/white</i>	DRcaps Size 00	
*Oral Vehicles***		
<i>cherry</i>		

Drug Name	Reference	Restrictions
FLAVOR BLEND	suspension vehicle	
<i>flavor plus</i>	Ora-Plus	
<i>flavor sweet</i>	PCCA Sweet-SF	
<i>oral suspend</i>	Ora-Plus	OTC
PCCA SWEET-SF	flavor sweet	
PCCA SYRUP VEHICLE	flavor sweet	
PCCA-PLUS	suspension vehicle	
<i>raspberry syrup</i>		
SYRSPEND SF ALKA		OTC
VERSAFREE	flavor sweet	
VERSAPLUS	flavor sweet	
*Pharmaceutical Excipients***		
<i>lactose monohydrate</i>		
PCCA SORBITOL LOLLIPOP BASE		
<i>xanthan gum</i>		
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate</i>	Provera	
<i>norethindrone acetate</i>	Gallifrey	ST
<i>progesterone</i>	Prometrium	QLL (2 EA per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>acamprosate calcium</i>		QLL (6 EA per 1 day)
<i>disulfiram</i>		QLL (1 EA per 1 day)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline</i>		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl</i>	Aricept	QLL (30 Tablets per 30 days)
<i>galantamine hydrobromide er</i>		QLL (30 Capsules per 30 days)
<i>galantamine hydrobromide oral solution</i>		QLL (6 ML per 1 day)
<i>galantamine hydrobromide oral tablet</i>		QLL (60 Tablets per 30 days)
<i>rivastigmine tartrate</i>		QLL (60 Capsules per 30 days)
*Fibromyalgia Agent - Snris***		
<i>milnacipran hcl oral</i>	Savella Titration Pack	ST; QLL (1 EA per 90 days)

Drug Name	Reference	Restrictions
<i>milnacipran hcl oral tablet</i>	Savella	ST; QLL (60 EA per 30 days)
*Movement Disorder Drug Therapy***		
INGREZZA ORAL CAPSULE		PA; QLL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE		PA; QLL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK		PA; QLL (28 EA per 84 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	PA; QLL (4 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	PA; QLL (2 EA per 1 day)
*Multiple Sclerosis Agents - Combinations***		
OCREVUS ZUNOVO		PA; QLL (23 ML per 168 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN		PA; QLL (1 kit per 28 days)
AVONEX PREFILLED		PA; QLL (1 kit per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS		PA; QLL (0.12 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate</i>	Tecfidera	PA; QLL (60 EA per 30 days)
<i>dimethyl fumarate starter pack</i>	Tecfidera	PA; QLL (1 STARTER PACK per 90 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Copaxone	PA; QLL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Copaxone	PA; QLL (12 ML per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl</i>		QLL (2 EA per 1 day)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline</i>		
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det)</i>		AL (Min 18 Years)
<i>cvs nicotine</i>	Nicoderm CQ	OTC
<i>cvs nicotine polacrilex</i>	KLS Quit2	OTC

Drug Name	Reference	Restrictions
<i>eq nicotine</i>	Habitrol	OTC
<i>nicotine</i>		OTC
<i>nicotine polacrilex</i>	KLS Quit2	OTC
NICOTROL NS		
<i>varenicline tartrate</i>	Chantix	QLL (2 EA per 1 day)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA		PA; QLL (1 EA per 1 day)
RESPIRATORY AGENTS - MISC.		
*Hydrolytic Enzymes***		
PULMOZYME		PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone</i>	Esbriet	PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine</i>		
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate</i>		
<i>doxycycline monohydrate oral capsule</i>	Mondoxylene NL	
<i>doxycycline monohydrate oral suspension reconstituted</i>		AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet</i>		
<i>minocycline hcl</i>		
<i>tetracycline hcl</i>		
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole</i>		
<i>propylthiouracil</i>		
*Thyroid Hormones***		
ARMOUR THYROID	niva thyroid	QLL (1 EA per 1 day)
EVEXITHROID	niva thyroid	QLL (1 EA per 1 day)
<i>levothyroxine sodium</i>	Levoxyl	QLL (1 EA per 1 day)
LEVOXYL	levothyroxine sodium	QLL (1 EA per 1 day)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)

Drug Name	Reference	Restrictions
<i>niva thyroid</i>	Armour Thyroid	QLL (1 EA per 1 day)
NP THYROID	niva thyroid	QLL (1 EA per 1 day)
RENTHYROID	niva thyroid	QLL (1 EA per 1 day)
<i>thyroid</i>	Armour Thyroid	QLL (1 EA per 1 day)
UNITHROID	levothyroxine sodium	QLL (1 EA per 1 day)
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule</i>		
<i>dicyclomine hcl oral solution</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet</i>		
*H-2 Antagonists***		
<i>acid reducer maximum strength</i>	MM Acid-Pep Maximum Strength	OTC
<i>cimetidine</i>		QLL (2 EA per 1 day)
<i>cimetidine 200</i>	Tagamet HB	OTC
<i>famotidine oral suspension reconstituted</i>		AL (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	OTC; QLL (2 EA per 1 day)
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	
<i>famotidine oral tablet 40 mg</i>	Pepcid	QLL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>		QLL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		QLL (1 EA per 1 day)
*Misc. Anti-Ulcer***		
<i>sucralfate</i>	Carafate	
*Proton Pump Inhibitors***		
FIRST-LANSOPRAZOLE		AL (Max 12 Years)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (2 EA per 1 day)
NEXIUM 24HR		OTC
<i>omeprazole magnesium oral capsule delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>omeprazole magnesium oral tablet delayed release</i>	PriLOSEC OTC	OTC; QLL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
<i>omeprazole oral capsule delayed release 20 mg</i>		QLL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release</i>		OTC
<i>omeprazole oral tablet delayed release dispersible</i>		OTC; QLL (2 EA per 1 day)
<i>pantoprazole sodium</i>	Protonix	QLL (2 EA per 1 day)
<i>rabeprazole sodium</i>	Aciphex	QLL (2 EA per 1 day)
*Quaternary Anticholinergics***		
<i>glycopyrrolate</i>		
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>fesoterodine fumarate er</i>	Toviaz	ST; QLL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		QLL (1 EA per 1 day)
<i>oxybutynin chloride oral solution</i>		
<i>oxybutynin chloride oral tablet</i>		QLL (4 EA per 1 day)
<i>solifenacin succinate</i>		ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate</i>		QLL (2 EA per 1 day)
<i>tolterodine tartrate er</i>		QLL (1 EA per 1 day)
<i>tropium chloride</i>		QLL (2 Tablets per 1 day)
<i>tropium chloride er</i>		ST; QLL (1 Tablets per 1 day)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
<i>mirabegron er</i>	Myrbetriq	ST; QLL (1 EA per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>		QLL (8 EA per 1 day)
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>7 day vaginal</i>	Monistat 7	OTC

Drug Name	Reference	Restrictions
<i>clotrimazole</i>		OTC
<i>clotrimazole 3</i>		OTC
<i>miconazole 1</i>	Monistat 1 Combo Pack	OTC
<i>miconazole 3 combo pack</i>	Monistat 3 Combo Pack App	OTC
<i>miconazole nitrate</i>	Monistat 7	OTC
<i>terconazole</i>		
*Spermicides***		
TODAY SPONGE		OTC; QLL (24 EA per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate</i>	Cleocin	
<i>metronidazole</i>	Vandazole	
*Vaginal Estrogens***		
YUVAFEM	estradiol	QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine</i>	Auvi-Q	QLL (2 PENS Max Qty Per Fill Retail)
*Vasopressors***		
<i>midodrine hcl</i>		
VITAMINS		
*Vitamin B-1***		
<i>thiamine hcl</i>		OTC
<i>thiamine mononitrate</i>		OTC
*Vitamin B-3***		
<i>niacin</i>		OTC
<i>niacin er</i>	Endur-Acin	OTC
*Vitamin B-6***		
<i>vitamin b-6</i>		OTC
*Vitamin C***		
<i>c-250</i>		OTC
*Vitamin D***		
<i>ergocalciferol</i>		
<i>vitamin d (cholecalciferol)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (ergocalciferol)</i>		
<i>vitamin d3</i>	D3-50	OTC
*Vitamin E***		
<i>cvs vitamin e</i>		OTC

Drug Name	Reference	Restrictions
*Vitamin K**		
<i>phytonadione</i>		

