



Aetna Better Health of Virginia Formulary Guide September 2024

<http://www.aetnabetterhealth.com/Virginia>

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What is the Aetna Better Health of Virginia Formulary?

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

Can the Plan'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 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan's website.

How do I use the Plan'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:** shows brand drug for the generic; *brand drugs are not covered if generic equivalent is available.*
- **Column #3:** tells you if drug has a need for prior authorization or other restrictions

Drugs are also grouped by drug class. If you know what class your drug is in, please look for that class name in the table of contents. Then look under that page for your drug.

What are generic drugs?

The plan 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.

Are there Medication Copays?

Refer to member handbook for copay information.



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 the plan'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.

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Formulary Drug Name	Reference	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	QLL (1 EA per 1 day)
*Amphetamine Mixtures***		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	amphetamine-dextroamphet er	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	amphetamine-dextroamphet er	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	amphetamine-dextroamphet er	QLL (2 EA per 1 day); AL (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	amphetamine-dextroamphet er	QLL (2 EA per 1 day); AL (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	amphetamine-dextroamphet er	QLL (2 EA per 1 day); AL (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	amphetamine-dextroamphet er	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	AL (Min 4 Years and Max 17 Years)
*Amphetamines***		
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Zenzedi	AL (Min 4 Years and Max 17 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	lisdexamfetamine dimesylate	QLL (1 EA per 1 day); AL (Min 6 Years and Max 17 Years)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	lisdexamfetamine dimesylate	QLL (1 EA per 1 day); AL (Min 6 Years and Max 17 Years)

Formulary Drug Name	Reference	Restrictions
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		
*Anorexiant Non-Amphetamine***		
<i>benzphetamine hcl oral tablet 50 mg</i>		PA; AL (Min 16 Years)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>		PA; AL (Min 16 Years)
<i>diethylpropion hcl oral tablet 25 mg</i>		PA; AL (Min 16 Years)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>		PA; AL (Min 16 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>		PA; AL (Min 16 Years)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>		PA; AL (Min 16 Years)
<i>phentermine hcl oral tablet 37.5 mg</i>	Adipex-P	PA; AL (Min 16 Years)
*Anti-Obesity - Glp-1 Receptor Agonists***		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		PA; AL (Min 12 Years)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML		PA; AL (Min 12 Years)
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI ORAL TABLET 150 MG, 75 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	methylphenidate hcl er (osm)	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	methylphenidate hcl er (osm)	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	methylphenidate hcl er (osm)	QLL (2 EA per 1 day); AL (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	methylphenidate hcl er (osm)	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	methylphenidate	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)

Formulary Drug Name	Reference	Restrictions
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	QLL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	AL (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	AL (Min 4 Years and Max 17 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
Alternative Medicines		
*Alternative Medicine - Co's***		
<i>co q-10 oral capsule 50 mg</i>		OTC
<i>coenzyme q10 oral capsule 100 mg</i>	Pronutrients CoQ10	OTC
<i>coenzyme q-10 oral capsule 200 mg</i>	Q-Sorb Co Q-10	OTC
<i>coenzyme q-10 oral capsule 30 mg</i>		OTC
<i>sm coenzyme q-10 oral capsule 100 mg</i>	Pronutrients CoQ10	OTC
*Alternative Medicine - Cr's***		
<i>sm cranberry oral tablet 300 mg</i>		OTC
SM CRAN-MAX SUPER STRENGTH ORAL CAPSULE 500 MG	cranberry	OTC
*Alternative Medicine - Ga's***		
SM GARLIC ORAL TABLET 150 MG		OTC
*Alternative Medicine - Me's***		
<i>melatonin oral tablet 3 mg, 5 mg</i>		OTC
<i>sm melatonin oral tablet 3 mg</i>		OTC
*Alternative Medicine Combinations - Four Ingredients***		
<i>sm glucosamine/chondroitin oral tablet 750-600 mg</i>	EZ Flex GC	OTC
*Alternative Medicine Combinations - Three Ingredients***		
<i>sm omega-3-6-9 fatty acids oral capsule</i>	Super Omega-3	OTC
Aminoglycosides		
*Aminoglycosides***		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	tobramycin	QLL (224 ML per 28 days); AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	tobramycin	QLL (280 ML per 28 days); AL (Min 6 Years)
<i>neomycin sulfate oral tablet 500 mg</i>		
TOBI PODHALER INHALATION CAPSULE 28 MG		ST; QLL (224 EA per 28 days); AL (Min 6 Years)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	QLL (280 ML per 28 days); AL (Min 6 Years)
Analgesics - Anti-Inflammatory		
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		QLL (2 EA per 28 days); AL (Min 2 Years)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML		QLL (2 EA per 28 days); AL (Min 2 Years)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML		QLL (2 EA per 28 days); AL (Min 2 Years)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		QLL (2 EA per 28 days); AL (Min 2 Years)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		QLL (3 EA per 28 days); AL (Min 2 Years)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		QLL (2 EA per 28 days); AL (Min 2 Years)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		QLL (2 EA per 28 days); AL (Min 2 Years)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		QLL (3 EA per 28 days); AL (Min 2 Years)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		

Formulary Drug Name	Reference	Restrictions
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>all day pain relief oral tablet 220 mg</i>	Aleve	OTC
<i>all day relief oral tablet 220 mg</i>	Aleve	OTC
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>ft ibuprofen minis oral capsule 200 mg</i>	Advil	OTC
<i>ft ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>ft ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>ft naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>gnp ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>gnp ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>gnp naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>gnp naproxen sodium oral tablet 220 mg</i>	Aleve	OTC
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>goodsense ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>goodsense ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>goodsense naproxen sodium oral tablet 220 mg</i>	Aleve	OTC

Formulary Drug Name	Reference	Restrictions
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>hm ibuprofen ib oral tablet 200 mg</i>	Addaprin	OTC
<i>hm ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>hm ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>hm ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>hm naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>hm naproxen sodium oral tablet 220 mg</i>	Aleve	OTC
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	ibuprofen	
<i>ibu-200 oral tablet 200 mg</i>	Addaprin	OTC
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	
<i>ibuprofen tablet 200 mg oral</i>	Addaprin	OTC
<i>ibuprofen tablet 400 mg oral</i>	IBU	
<i>ibuprofen tablet 600 mg oral</i>	IBU	
<i>ibuprofen tablet 800 mg oral</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ketorolac tromethamine oral tablet 10 mg</i>		Max 5 days Fill per 90 days; QLL (4 EA per 1 day)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		
<i>nabumetone oral tablet 500 mg, 750 mg</i>		
<i>naproxen dr oral tablet delayed release 500 mg</i>	EC-Naprosyn	
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC

Formulary Drug Name	Reference	Restrictions
<i>naproxen sodium tablet 220 mg oral</i>	Aleve	OTC
<i>naproxen sodium tablet 275 mg oral</i>		
<i>naproxen sodium tablet 550 mg oral</i>	Anaprox DS	
<i>piroxicam oral capsule 10 mg, 20 mg</i>		
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>qc ibuprofen ib oral tablet 200 mg</i>	Addaprin	OTC
<i>qc ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>qc ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>qc naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>qc naproxen sodium oral tablet 220 mg</i>	Aleve	OTC
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen ib oral tablet 200 mg</i>	Addaprin	OTC
<i>sm ibuprofen ib oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen oral capsule 200 mg</i>	Advil	OTC
<i>sm ibuprofen oral tablet 200 mg</i>	Addaprin	OTC
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>sm naproxen sodium oral tablet 220 mg</i>	Aleve	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (1 EA per 1 day)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		QLL (4 ML per 28 days); AL (Min 2 Years)
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS		QLL (8 ML per 28 days); AL (Min 2 Years)
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS		QLL (4 ML per 28 days); AL (Min 2 Years)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		QLL (8 ML per 28 days); AL (Min 2 Years)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		QLL (4 ML per 28 days); AL (Min 2 Years)

Formulary Drug Name	Reference	Restrictions
Analgesics - Nonnarcotic		
*Analgesic Combinations***		
<i>gnp headache relief extra str oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>gnp migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>goodsense migraine formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>hm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>qc headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>sm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>tension headache oral tablet 500-65 mg</i>	Excedrin Tension Headache	OTC
*Analgesics Other***		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>8 hour arthritis pain reliever oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>8hr muscle aches & pain oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen extra strength oral capsule 500 mg</i>		OTC; QLL (8 EA per 1 day)
<i>acetaminophen extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>acetaminophen intravenous solution 10 mg/ml</i>		
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC

Formulary Drug Name	Reference	Restrictions
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>		OTC
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>acetaminophen oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>acetaminophen tablet 325 mg oral</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>acetaminophen tablet 500 mg oral</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>childrens silapap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC
<i>ed-apap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	acetaminophen	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	acetaminophen	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG		OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG		OTC
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>ft pain relief adult extra st oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>ft pain relief oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>gnp acetaminophen oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>gnp pain relief oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>goodsense pain relief extra st oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>goodsense pain relief oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>hm acetaminophen childrens oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>hm pain & fever childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>hm pain & fever infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>hm pain relief extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>hm pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>hm pain relieve child dye-free oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>hm pain reliever childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>hm pain reliever infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>hm pain reliever oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	qc pain relief extra strength	OTC
<i>mapap arthritis pain oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	acetaminophen	OTC
<i>mapap oral capsule 500 mg</i>		OTC; QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>m-pap oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC
<i>non-aspirin childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>non-aspirin extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>non-aspirin pain relief oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>pain & fever infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>qc 8 hour pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>qc acetaminophen infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>qc non-aspirin childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>qc non-aspirin childrens oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>qc pain relief extra strength oral liquid 500 mg/15ml</i>	Mapap Acetaminophen Extra Str	OTC
<i>qc pain relief extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>qc pain relief infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>qc pain relief oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>sm pain & fever childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>sm pain & fever infants oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>sm pain relief extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>sm pain relief oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC
<i>sm pain reliever ex st oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>sm pain reliever ex st oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>sm pain reliever oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		OTC
*Analgesics-Sedatives***		
BAC ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	QLL (60 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	QLL (60 EA per 30 days)
*Salicylate Combinations***		
<i>effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Bufferin	OTC
<i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	OTC
*Salicylates***		
<i>adult aspirin regimen oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>aspirin low dose oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC

Formulary Drug Name	Reference	Restrictions
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>aspirin rectal suppository 300 mg</i>		OTC
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>ft aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>gnp aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>goodsense aspirin adults oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>goodsense aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>hm adult aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>hm aspirin ec low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>hm aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>hm aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>hm aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>hm aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>qc aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>sm aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (150 ML per 1 day); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>		QLL (10 EA per 1 day); AL (Min 12 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		QLL (180 ML per 1 day)
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>		QLL (9 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>		QLL (9 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	Xodol	QLL (12 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>		QLL (12 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>		QLL (12 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>		QLL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		QLL (5 EA per 1 day)
*Opioid Agonists***		
<i>codeine sulfate tablet 15 mg oral</i>		QLL (24 EA per 1 day); AL (Min 12 Years)
<i>codeine sulfate tablet 30 mg oral</i>		QLL (12 EA per 1 day); AL (Min 12 Years)
<i>codeine sulfate tablet 60 mg oral</i>		QLL (6 EA per 1 day); AL (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		PA; QLL (4 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		PA; QLL (0.334 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (4 EA per 1 day)
<i>hydromorphone hcl tablet 2 mg oral</i>	Dilaudid	QLL (11.2 EA per 1 day)
<i>hydromorphone hcl tablet 4 mg oral</i>	Dilaudid	QLL (5.6 EA per 1 day)
<i>hydromorphone hcl tablet 8 mg oral</i>	Dilaudid	QLL (2.8 EA per 1 day)
<i>methadone hcl solution 10 mg/5ml oral</i>		PA; QLL (15 ML per 1 day)
<i>methadone hcl solution 5 mg/5ml oral</i>		PA; QLL (30 ML per 1 day)
<i>methadone hcl tablet 10 mg oral</i>		PA; QLL (3 EA per 1 day)
<i>methadone hcl tablet 5 mg oral</i>		PA; QLL (6 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		QLL (4.5 ML per 1 day)
<i>morphine sulfate er tablet extended release 100 mg oral</i>	MS Contin	PA; QLL (1 EA per 1 day)
<i>morphine sulfate er tablet extended release 15 mg oral</i>	MS Contin	PA; QLL (4 EA per 1 day)
<i>morphine sulfate er tablet extended release 200 mg oral</i>	MS Contin	PA; QLL (1 EA per 1 day)
<i>morphine sulfate er tablet extended release 30 mg oral</i>	MS Contin	PA; QLL (3 EA per 1 day)
<i>morphine sulfate er tablet extended release 60 mg oral</i>	MS Contin	PA; QLL (2 EA per 1 day)
<i>morphine sulfate solution 10 mg/5ml oral</i>		QLL (45 ML per 1 day)
<i>morphine sulfate solution 20 mg/5ml oral</i>		QLL (22.5 ML per 1 day)
<i>morphine sulfate suppository 10 mg rectal</i>		QLL (9 EA per 1 day)
<i>morphine sulfate suppository 20 mg rectal</i>		QLL (6 EA per 1 day)
<i>morphine sulfate suppository 30 mg rectal</i>		QLL (3 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>morphine sulfate suppository 5 mg rectal</i>		QLL (18 EA per 1 day)
<i>morphine sulfate tablet 15 mg oral</i>		QLL (6 EA per 1 day)
<i>morphine sulfate tablet 30 mg oral</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	OxyCONTIN	PA; QLL (6 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	OxyCONTIN	PA; QLL (4 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	OxyCONTIN	PA; QLL (2 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i>	OxyCONTIN	PA; QLL (2 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>		QLL (12 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (60 ML per 1 day)
<i>oxycodone hcl tablet 10 mg oral</i>		QLL (6 EA per 1 day)
<i>oxycodone hcl tablet 15 mg oral</i>	Roxicodone	QLL (4 EA per 1 day)
<i>oxycodone hcl tablet 20 mg oral</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl tablet 30 mg oral</i>	Roxicodone	QLL (2 EA per 1 day)
<i>oxycodone hcl tablet 5 mg oral</i>		QLL (12 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		PA; QLL (1 EA per 1 day); AL (Min 12 Years)
<i>tramadol hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day); AL (Min 12 Years)
*Opioid Combinations***		
ENDOCET TABLET 10-325 MG ORAL	oxycodone-acetaminophen	QLL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL	oxycodone-acetaminophen	QLL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL	oxycodone-acetaminophen	QLL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL	oxycodone-acetaminophen	QLL (8 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		QLL (60 ML per 1 day)
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	Endocet	QLL (6 EA per 1 day)
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	Endocet	QLL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	Endocet	QLL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	Endocet	QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Opioid Partial Agonists***		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML		PA; AL (Min 18 Years)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML		PA; AL (Min 18 Years)
<i>buprenorphine hcl tablet sublingual 2 mg sublingual</i>		PA; QLL (3 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>		PA; QLL (2 EA per 2 days); AL (Min 16 Years)
<i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>		PA; QLL (2 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		QLL (3 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine patch weekly 10 mcg/hr transdermal</i>	Butrans	PA; QLL (0.29 EA per 1 day)
<i>buprenorphine patch weekly 15 mcg/hr transdermal</i>	Butrans	PA; QLL (0.15 EA per 1 day)
<i>buprenorphine patch weekly 20 mcg/hr transdermal</i>	Butrans	PA; QLL (0.15 EA per 1 day)
<i>buprenorphine patch weekly 5 mcg/hr transdermal</i>	Butrans	PA; QLL (0.29 EA per 1 day)
<i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>	Butrans	PA; QLL (0.29 EA per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (5 ML per 1 day)
BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL	buprenorphine	PA; QLL (0.29 EA per 1 day)
BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL	buprenorphine	PA; QLL (0.15 EA per 1 day)
BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL	buprenorphine	PA; QLL (0.15 EA per 1 day)
BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL	buprenorphine	PA; QLL (0.29 EA per 1 day)
BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	buprenorphine	PA; QLL (0.29 EA per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (4 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		PA
SUBOXONE FILM 12-3 MG SUBLINGUAL	buprenorphine hcl-naloxone hcl	QLL (2 EA per 1 day); AL (Min 16 Years)

Formulary Drug Name	Reference	Restrictions
SUBOXONE FILM 2-0.5 MG SUBLINGUAL	buprenorphine hcl-naloxone hcl	QLL (3 EA per 1 day); AL (Min 16 Years)
SUBOXONE FILM 4-1 MG SUBLINGUAL	buprenorphine hcl-naloxone hcl	QLL (1 EA per 1 day); AL (Min 16 Years)
SUBOXONE FILM 8-2 MG SUBLINGUAL	buprenorphine hcl-naloxone hcl	QLL (3 EA per 1 day); AL (Min 16 Years)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		QLL (8 EA per 1 day); AL (Min 12 Years)
Androgens-Anabolic		
*Androgens***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR		AL (Min 18 Years)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	testosterone	AL (Min 18 Years)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	testosterone cypionate	QLL (10 ML per 90 days); AL (Min 18 Years)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	QLL (10 ML per 90 days); AL (Min 18 Years)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		QLL (5 ML per 60 days); AL (Min 18 Years)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	AndroGel Pump	AL (Min 18 Years)
<i>testosterone transdermal gel 10 mg/act (2%), 25 mg/2.5gm (1%)</i>		AL (Min 18 Years)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	AL (Min 18 Years)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Testim	AL (Min 18 Years)
<i>testosterone transdermal solution 30 mg/act</i>		AL (Min 18 Years)
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	PA
*Rectal Anesthetic Combinations***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>qc hemorrhoidal with aloe external cream 1-0.25-14.4-15 %</i>	Avedana Hemorrhoid Pain Relief	OTC

Formulary Drug Name	Reference	Restrictions
*Rectal Combinations - Misc.***		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>hemorrhoidal rectal suppository 88.7-0.25 %</i>		OTC
<i>hm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>sm hemorrhoidal rectal suppository 0.25 %</i>		OTC
*Rectal Local Anesthetics***		
<i>gnp anorectal external cream 5 %</i>	RectaSmoothie	OTC; QLL (30 GM per 30 days)
<i>hemorrhoidal relief external cream 5 %</i>	RectaSmoothie	OTC; QLL (30 GM per 30 days)
<i>lidocaine (anorectal) external cream 5 %</i>	RectaSmoothie	OTC; QLL (30 GM per 30 days)
<i>numbcream external cream 5 %</i>	RectaSmoothie	OTC; QLL (30 GM per 30 days)
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	OTC; QLL (15 GM per 30 days)
RECTASMOOTHIE EXTERNAL CREAM 5 %	gnp anorectal	OTC; QLL (30 GM per 30 days)
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 1 %</i>	Proctocort	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	
PROCTOCORT EXTERNAL CREAM 1 %	hydrocortisone (perianal)	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	
Antacids		
*Antacid & Simethicone***		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	antacid & antigas	OTC
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml</i>	Mintox	OTC

Formulary Drug Name	Reference	Restrictions
<i>alum & mag hydroxide-simeth oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>alumina-magnesia-simethicone oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	Almacone Double Strength	OTC
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Almacone Double Strength	OTC
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Mintox	OTC
<i>antacid plus anti-gas relief oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>antacid plus anti-gas relief oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>ft antacid & antigas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>gnp antacid & anti-gas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>gnp antacid & anti-gas oral tablet chewable 1000-60 mg</i>	Maalox Advanced Max St	OTC
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>hm antacid oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	Almacone Double Strength	OTC

Formulary Drug Name	Reference	Restrictions
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG		OTC
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	OTC
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
<i>sm antacid/antigas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
*Antacid Combinations***		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML		OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	Gaviscon Extra Relief Formula	OTC
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>		OTC
*Antacids - Aluminum Salts***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>		OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Antacids - Calcium Salts***		
<i>antacid calcium oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>antacid oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>antacid regular strength oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		OTC
<i>calcium carbonate antacid oral tablet 648 mg</i>		OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	antacid calcium	OTC
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>gnp antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>hm antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>hm antacid regular strength oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>hm calcium antacid ex st oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>qc antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>sm antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
<i>magnesium oxide oral tablet 420 mg</i>	Maox	OTC
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>		
<i>ivermectin oral tablet 3 mg</i>	Stromectol	
<i>praziquantel oral tablet 600 mg</i>	Biltricide	
Antianginal Agents		
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i>		QLL (2 EA per 1 day)
<i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>		QLL (1 EA per 1 day)
<i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>		QLL (1 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
NITRO-BID TRANSDERMAL OINTMENT 2 %		
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG		
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>bupirone hcl tablet 10 mg oral</i>		QLL (6 EA per 1 day); AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
<i>bupirone hcl tablet 15 mg oral</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 30 mg oral</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 5 mg oral</i>		QLL (12 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl tablet 7.5 mg oral</i>		QLL (8 EA per 1 day); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		
<i>hydroxyzine hcl tablet 10 mg oral</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl tablet 25 mg oral</i>		QLL (4 EA per 1 day)
<i>hydroxyzine hcl tablet 50 mg oral</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg</i>	Vistaril	QLL (4 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	QLL (2 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Xanax	QLL (3 EA per 1 day); AL (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	QLL (2 EA per 1 day); AL (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>diazepam oral solution 5 mg/5ml</i>		QLL (10 ML per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	lorazepam	QLL (2 ML per 1 day); AL (Min 12 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	QLL (2 ML per 1 day); AL (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	QLL (3 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA; QLL (2 EA per 1 day)
PACERONE ORAL TABLET 200 MG	amiodarone hcl	
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	fluticasone-salmeterol	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT		
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		
DULERA AEROSOL 100-5 MCG/ACT INHALATION		
DULERA AEROSOL 200-5 MCG/ACT INHALATION		
DULERA INHALATION AEROSOL 50-5 MCG/ACT		AL (Max 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA; AL (Min 1 Years)

Formulary Drug Name	Reference	Restrictions
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA; AL (Min 1 Years)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA; AL (Min 1 Years)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>		
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	albuterol sulfate hfa	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	tiotropium bromide monohydrate	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		

Formulary Drug Name	Reference	Restrictions
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		PA; AL (Min 6 Years)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML		PA; AL (Min 6 Years)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		PA; AL (Min 6 Years)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	
*Mixed Adrenergics***		
ASTHMANEFRIN REFILL INHALATION NEBULIZATION SOLUTION 2.25 %		OTC
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Daliresp	PA; AL (Min 18 Years)
*Steroid Inhalants***		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		AL (Max 11 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		

Formulary Drug Name	Reference	Restrictions
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	fluticasone propionate diskus	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	fluticasone propionate hfa	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>		
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	
<i>theophylline oral solution 80 mg/15ml</i>		
Anticoagulants		
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	warfarin sodium	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		

Formulary Drug Name	Reference	Restrictions
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	
PRADAXA ORAL CAPSULE 75 MG	dabigatran etexilate mesylate	
Anticonvulsants		
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	diazepam	QLL (10 EA per 30 days); AL (Min 2 Years)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	diazepam	QLL (10 EA per 30 days); AL (Min 2 Years)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		QLL (10 EA per 30 days); AL (Min 2 Years)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		PA; QLL (10 EA per 30 days); AL (Min 12 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		QLL (10 EA per 30 days); AL (Min 6 Years)

Formulary Drug Name	Reference	Restrictions
*Anticonvulsants - Misc.***		
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	
<i>carbamazepine oral tablet chewable 100 mg</i>		
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	carbamazepine er	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA; AL (Min 1 Years)
EPITOL ORAL TABLET 200 MG	carbamazepine	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	
<i>lacosamide oral solution 10 mg/ml</i>	Vimpat	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Vimpat	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	lamotrigine	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICTal XR	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Subvenite	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICTal	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICTal ODT	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Keppra	
<i>levetiracetam oral tablet 1000 mg, 750 mg</i>	Keppra	
<i>levetiracetam oral tablet 250 mg</i>	Keppra	
<i>levetiracetam oral tablet 500 mg</i>	Roweepra	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Lyrica	
<i>primidone oral tablet 125 mg</i>		
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	

Formulary Drug Name	Reference	Restrictions
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	levetiracetam	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	carbamazepine er	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	oxcarbazepine	
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	
<i>zonisamide oral capsule 50 mg</i>		
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	tiagabine hcl	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Phenytoin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	AL (Min 3 Years)
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	AL (Min 3 Years)
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	
<i>valproic acid oral capsule 250 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>valproic acid oral solution 250 mg/5ml</i>		
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		
*Monoamine Oxidase Inhibitors (Maois)***		
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CeleXA	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		QLL (20 ML per 1 day); AL (Max 12 Years)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	QLL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PROzac	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Paxil	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Zoloft	
*Serotonin Modulators***		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Viibryd	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Effexor XR	QLL (1 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		
<i>doxepin hcl oral concentrate 10 mg/ml</i>		
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>		AL (Min 10 Years)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		AL (Min 10 Years)
*Diabetic Other - Combinations***		
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	Dex4	OTC
*Diabetic Other***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		

Formulary Drug Name	Reference	Restrictions
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		
<i>glucagon emergency injection kit 1 mg</i>		
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		
GLUTOSE 15 ORAL GEL 40 %	cvs glucose	OTC
GLUTOSE 45 ORAL GEL 40 %	cvs glucose	OTC
GLUTOSE 5 ORAL GEL 40 %	cvs glucose	OTC
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML		
INSTA-GLUCOSE ORAL GEL 77.4 %		OTC
PROGLYCEM ORAL SUSPENSION 50 MG/ML	diazoxide	
<i>sm glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		QLL (1 EA per 1 day); AL (Min 18 Years)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	saxagliptin hcl	AL (Min 18 Years)
TRADJENTA ORAL TABLET 5 MG		QLL (1 EA per 1 day); AL (Min 18 Years)
*Dipeptidyl Peptidase-4 Inhibitor- Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		QLL (2 EA per 1 day); AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG, 50-1000 MG, 50-500 MG		AL (Min 18 Years)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		AL (Min 18 Years)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG		AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	saxagliptin-metformin er	AL (Min 18 Years)
*Human Insulin***		
HUMALOG INJECTION SOLUTION 100 UNIT/ML	insulin lispro	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro junior kwikpen	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro (1 unit dial)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		OTC
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		OTC
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NovoLOG 70/30 FlexPen ReliOn	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NovoLOG FlexPen	
<i>insulin aspart injection solution 100 unit/ml</i>	NovoLOG	

Formulary Drug Name	Reference	Restrictions
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NovoLOG PenFill	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NovoLOG Mix 70/30	
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	Lantus SoloStar	
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	Lantus	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG KwikPen	
<i>insulin lispro injection solution 100 unit/ml</i>	HumaLOG	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		

Formulary Drug Name	Reference	Restrictions
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin aspart flexpen	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin aspart flexpen	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	insulin aspart	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	insulin aspart penfill	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	insulin aspart	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML		PA; QLL (3 ML per 28 days); AL (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML		PA; QLL (2 ML per 28 days); AL (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		PA; QLL (4 ML per 28 days); AL (Min 10 Years)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	liraglutide	PA; QLL (0.2142 ML per 1 day); AL (Min 10 Years)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	liraglutide	PA; QLL (0.3214 ML per 1 day); AL (Min 10 Years)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG	dapagliflozin propanediol	QLL (1 EA per 1 day); AL (Min 18 Years)
FARXIGA ORAL TABLET 5 MG	dapagliflozin propanediol	QLL (1 EA per 1 day); AL (Min 18 Years)
INVOKANA TABLET 100 MG ORAL		QLL (2 EA per 1 day); AL (Min 18 Years)
INVOKANA TABLET 300 MG ORAL		QLL (1 EA per 1 day); AL (Min 18 Years)
JARDIANCE ORAL TABLET 10 MG, 25 MG		QLL (1 EA per 1 day); AL (Min 10 Years)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		AL (Min 18 Years)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		AL (Min 10 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	dapagliflozin pro-metformin er	AL (Min 18 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG		AL (Min 18 Years)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>		
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus lactobacillus oral capsule</i>	Abatinex	OTC
<i>acidophilus/l-sporogenes oral tablet</i>	Floranex	OTC
<i>bismatrol oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>bismuth subsalicylate oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
ENVIVE ORAL CAPSULE	quad-probiotic	OTC
FLORANEX ONE ORAL CAPSULE 200-250 MG	quad-probiotic	OTC
FLORANEX ORAL PACKET	lactobacillus	OTC
FLORANEX ORAL TABLET	lactobacillus	OTC
<i>ft stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>ft stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>gnp pink bismuth oral tablet 262 mg</i>	Kaopectate	OTC
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>gnp stomach relief oral suspension 262 mg/15ml, 525 mg/30ml</i>	Kaopectate	OTC
<i>gnp stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>goodsense stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>high potency probiotic oral capsule</i>	Envive	OTC
<i>hm stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>hm stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>hm stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>lactobacillus oral packet</i>	Floranex	OTC

Formulary Drug Name	Reference	Restrictions
<i>lactobacillus oral tablet</i>	Floranex	OTC
MICROFLOR 33 ORAL CAPSULE	quad-probiotic	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
PROBITROL ORAL CAPSULE	quad-probiotic	OTC
PROMEROL ORAL CAPSULE	quad-probiotic	OTC
PROVELLA ORAL TABLET	4x probiotic	OTC
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>qc pink bismuth oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>qc pink bismuth oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>qc pink bismuth oral tablet 262 mg</i>	Kaopectate	OTC
<i>qc stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>qc stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>qc stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>quad-probiotic oral capsule</i>	Envive	OTC
RISA-BID PROBIOTIC ORAL TABLET	4x probiotic	OTC
RISAQUAD ORAL CAPSULE	quad-probiotic	OTC
RISAQUAD-2 ORAL CAPSULE	quad-probiotic	OTC
<i>saccharomyces boulardii oral capsule 250 mg</i>	Florastor	OTC
<i>sm acidophilus oral capsule 10 mg</i>	Abatinex	OTC
<i>sm stomach relief oral suspension 262 mg/15ml, 525 mg/30ml</i>	Kaopectate	OTC
<i>sm stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>sm stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>womens 50 billion oral capsule</i>	Envive	OTC
*Antidiarrheal/Probiotic Combinations***		
<i>acidophilus/pectin oral capsule</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Antiperistaltic Agents***		
<i>anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>ft anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>gnp anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>hm anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>hm anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	OTC
<i>qc anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>qc anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral tablet 2 mg</i>	Imodium A-D	OTC
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
*Opioid Antagonists***		
KLOXXADO NASAL LIQUID 8 MG/0.1ML		
<i>lifems naloxone injection prefilled syringe kit 2 mg/2ml</i>		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>		
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	
<i>naltrexone hcl oral tablet 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
NARCAN NASAL LIQUID 4 MG/0.1ML	naloxone hcl	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML		QLL (6 EA per 84 days); AL (Min 12 Years)
REXTOVY NASAL LIQUID 4 MG/0.25ML		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		QLL (1 EA per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML		
Antiemetics		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		ST; QLL (10 EA per 34 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		
<i>ondansetron hcl tablet 24 mg oral</i>		QLL (15 EA per 34 days)
<i>ondansetron hcl tablet 4 mg oral</i>		QLL (60 EA Max Qty Per Fill Retail)
<i>ondansetron hcl tablet 8 mg oral</i>		QLL (60 EA Max Qty Per Fill Retail)
<i>ondansetron oral tablet dispersible 16 mg, 4 mg, 8 mg</i>		QLL (60 EA Max Qty Per Fill Retail)
*Antiemetic Combinations***		
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	doxylamine-pyridoxine	PA; AL (Min 18 Years)
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Diclegis	PA; AL (Min 18 Years)
*Antiemetics - Anticholinergic***		
<i>ft motion sickness oral tablet 25 mg</i>	Dramamine	OTC
<i>gnp motion sickness relief oral tablet 25 mg</i>	Dramamine	OTC
<i>hm motion sickness relief oral tablet 25 mg</i>	Dramamine	OTC
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet 50 mg</i>	Antivert	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Antivert	
<i>motion sickness relief oral tablet 25 mg</i>	Dramamine	OTC
<i>motion-time oral tablet chewable 25 mg</i>	Antivert	OTC
<i>qc motion sickness relief oral tablet 50 mg</i>	Dramamine	OTC
<i>qc travel ease oral tablet chewable 25 mg</i>	Antivert	OTC
<i>sm motion sickness oral tablet 25 mg</i>	Dramamine	OTC

Formulary Drug Name	Reference	Restrictions
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Marinol	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant capsule 125 mg oral</i>		QLL (1 EA per 34 days)
<i>aprepitant capsule 80 mg oral</i>	Emend	QLL (2 EA per 34 days)
Antifungals		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	Diflucan	
<i>fluconazole oral tablet 50 mg</i>		
<i>itraconazole oral capsule 100 mg</i>	Sporanox	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Vfend	PA
Antihistamines		
*Antihistamines - Alkylamines***		
<i>aller-chlor oral tablet 4 mg</i>	Wal-finatate	OTC
<i>allergy oral tablet 4 mg</i>	Wal-finatate	OTC
<i>allergy relief oral tablet 4 mg</i>	Wal-finatate	OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	OTC; QLL (2 EA per 1 day)
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Diabetic Tussin Allergy	OTC; QLL (120 ML per 30 days)
<i>ft allergy relief oral tablet 4 mg</i>	Wal-finatate	OTC
<i>gnp allergy relief oral tablet 4 mg</i>	Wal-finatate	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML		OTC

Formulary Drug Name	Reference	Restrictions
HISTEX PD ORAL LIQUID 0.938 MG/ML	triprolidine hcl	OTC
<i>hm allergy relief oral tablet 4 mg</i>	Wal-finate	OTC
<i>m-hist pd oral liquid 0.625 mg/ml</i>	PediaClear PD Childrens	OTC
<i>qc allergy relief 4-hour oral tablet 4 mg</i>	Wal-finate	OTC
<i>qc allergy relief oral tablet 4 mg</i>	Wal-finate	OTC
<i>qc chlor-pheniramine oral tablet 4 mg</i>	Wal-finate	OTC
<i>sm allergy 4 hour oral tablet 4 mg</i>	Wal-finate	OTC
<i>triprolidine hcl oral liquid 0.625 mg/ml</i>	PediaClear PD Childrens	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
*Antihistamines - Ethanalamines***		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>allergy oral capsule 25 mg</i>	Banophen	OTC
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>allergy relief oral tablet 25 mg</i>	Banophen	OTC
BANOPHEN ORAL CAPSULE 25 MG	allergy	OTC
BANOPHEN ORAL CAPSULE 50 MG	diphenhydramine hcl	OTC
BANOPHEN ORAL TABLET 25 MG	allergy relief	OTC
<i>complete allergy medicine oral capsule 25 mg</i>	Banophen	OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG		OTC
<i>diphenhist oral capsule 25 mg</i>	Banophen	OTC
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		QLL (80 ML per 1 day)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>diphenhydramine hcl oral tablet 25 mg</i>	Banophen	OTC
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>ft allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>ft allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>gnp allergy childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>gnp allergy oral capsule 25 mg</i>	Banophen	OTC
<i>gnp allergy oral tablet 25 mg</i>	Banophen	OTC
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>gnp allergy relief oral capsule 25 mg</i>	Banophen	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	Benadryl Allergy Childrens	OTC
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>hm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>hm allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>hm allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>qc allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>qc allergy relief oral tablet 25 mg</i>	Banophen	OTC
<i>qc complete allergy medicine oral tablet 25 mg</i>	Banophen	OTC
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>sm allergy relief oral capsule 25 mg</i>	Banophen	OTC
<i>sm allergy relief oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (80 ML per 1 day)
<i>sm allergy relief oral tablet 25 mg</i>	Banophen	OTC
*Antihistamines - Non-Sedating***		
<i>12hr allergy relief oral tablet 60 mg</i>	Allegra Allergy	OTC
<i>24hr allergy relief oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>aller-ease oral tablet 60 mg</i>	Allegra Allergy	OTC
<i>allergy 24-hr oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>allergy childrens oral solution 5 mg/5ml</i>	Claritin	OTC
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	OTC
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Claritin	OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>allergy relief cetirizine oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>allergy relief cetirizine oral tablet 5 mg</i>		OTC
<i>allergy relief childrens oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	OTC
<i>allergy relief oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>allergy relief oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>allergy relief oral tablet 5 mg</i>	Xyzal Allergy 24HR	OTC

Formulary Drug Name	Reference	Restrictions
<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	OTC
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>cetirizine hcl oral tablet 5 mg</i>		OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	Claritin	OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>ft all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>ft all day allergy relief oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	Allegra Allergy	OTC
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	Claritin	OTC; QLL (2 EA per 1 day)
<i>ft allergy relief loratadine oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>gnp all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	Xyzal Allergy 24HR	OTC
<i>gnp allergy relief oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Claritin	OTC
<i>gnp loratadine oral solution 5 mg/5ml</i>	Claritin	OTC
<i>gnp loratadine oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Alavert	OTC
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>goodsense all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>goodsense aller-ease oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Claritin	OTC
<i>goodsense allergy relief oral tablet 10 mg</i>	KLS AllerClear	OTC

Formulary Drug Name	Reference	Restrictions
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>hm all day allergy oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>hm all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>hm allergy relief (cetirizine) oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>hm allergy relief oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC
<i>hm cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>hm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	Claritin	OTC
<i>hm loratadine oral tablet 10 mg</i>	KLS AllerClear	OTC
KLS ALLERCLEAR ORAL TABLET 10 MG	allergy relief	OTC
KLS ALLER-TEC ORAL TABLET 10 MG	all day allergy	OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	
<i>loratadine childrens oral solution 5 mg/5ml</i>	Claritin	OTC
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC; QLL (2 EA per 1 day)
<i>loratadine oral capsule 10 mg</i>	Claritin	OTC
<i>loratadine oral solution 5 mg/5ml</i>	Claritin	OTC
<i>loratadine oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>loratadine oral tablet dispersible 10 mg</i>	Alavert	OTC
<i>qc all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	Claritin	OTC
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	KLS Aller-Tec Childrens	OTC
<i>qc allergy relief oral capsule 10 mg</i>	Claritin	OTC
<i>qc allergy relief oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC
<i>qc allergy relief oral tablet dispersible 10 mg</i>	Alavert	OTC
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>qc childrens allergy oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>qc fexofenadine hydrochloride oral tablet 180 mg</i>	Allegra Allergy	OTC
<i>qc loratadine allergy relief oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>sm all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	OTC
<i>sm all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>sm all day allergy relief oral tablet 10 mg</i>	KLS AllerClear	OTC
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Claritin	OTC
<i>sm allergy relief oral tablet 60 mg</i>	Allegra Allergy	OTC
<i>sm allergy relief oral tablet dispersible 10 mg</i>	Alavert	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	Claritin	OTC
<i>sm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	Alavert	OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	Claritin	OTC
<i>sm loratadine oral tablet 10 mg</i>	KLS AllerClear	OTC
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		AL (Min 2 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		AL (Min 2 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	AL (Min 2 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	promethazine hcl	AL (Min 2 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		AL (Min 2 Years)
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
Antihyperlipidemics		
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG		PA; QLL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Vascepa	AL (Min 18 Years)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	icosapent ethyl	AL (Min 18 Years)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
PREVALITE ORAL PACKET 4 GM	cholestyramine light	
PREVALITE ORAL POWDER 4 GM/DOSE	cholestyramine light	

Formulary Drug Name	Reference	Restrictions
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	
<i>simvastatin oral tablet 5 mg, 80 mg</i>		
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	
*Nicotinic Acid Derivatives***		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>		
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	

Formulary Drug Name	Reference	Restrictions
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	
<i>benazepril hcl oral tablet 5 mg</i>		
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Altace	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST

Formulary Drug Name	Reference	Restrictions
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Avapro	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	
*Antiadrenergics - Centrally Acting***		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	clonidine	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	clonidine	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	clonidine	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		
<i>methyl dopa oral tablet 250 mg, 500 mg</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate tablet 1 mg oral</i>	Cardura	QLL (1 EA per 1 day)
<i>doxazosin mesylate tablet 2 mg oral</i>	Cardura	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>doxazosin mesylate tablet 4 mg oral</i>	Cardura	QLL (1 EA per 1 day)
<i>doxazosin mesylate tablet 8 mg oral</i>	Cardura	QLL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (4 EA per 1 day)
<i>terazosin hcl capsule 1 mg oral</i>		QLL (1 EA per 1 day)
<i>terazosin hcl capsule 10 mg oral</i>		QLL (2 EA per 1 day)
<i>terazosin hcl capsule 2 mg oral</i>		QLL (2 EA per 1 day)
<i>terazosin hcl capsule 5 mg oral</i>		QLL (1 EA per 1 day)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspra	
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	

Formulary Drug Name	Reference	Restrictions
*Glycopeptides***		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	vancomycin hcl	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	Firvanq	
*Leprostotics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	Zyvox	QLL (2 EA per 1 day)
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl tablet 250-100 mg oral</i>	Malarone	QLL (1 EA per 1 day)
<i>atovaquone-proguanil hcl tablet 62.5-25 mg oral</i>	Malarone	QLL (3 EA per 1 day)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL (2 EA per 1 day)
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA

Formulary Drug Name	Reference	Restrictions
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg</i>		
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (1 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	Eulexin	
*Antiestrogens***		
SOLTAMOX ORAL SOLUTION 10 MG/5ML		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	
*Antimetabolites***		
<i>capecitabine tablet 150 mg oral</i>	Xeloda	PA; QLL (140 EA per 21 days)
<i>capecitabine tablet 500 mg oral</i>	Xeloda	PA; QLL (154 EA per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium injection solution 1000 mg/40ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium injection solution reconstituted 1 gm</i>		
<i>methotrexate sodium oral tablet 2.5 mg</i>		
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG		PA
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>imatinib mesylate tablet 100 mg oral</i>	Gleevec	PA; QLL (3 EA per 1 day)
<i>imatinib mesylate tablet 400 mg oral</i>	Gleevec	PA; QLL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		PA; QLL (1 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		PA; QLL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA CAPSULE 140 MG ORAL		PA; QLL (4 EA per 1 day)
IMBRUVICA CAPSULE 70 MG ORAL		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QLL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	PA; QLL (4 EA per 1 day)
RYDAPT ORAL CAPSULE 25 MG		PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (1 EA per 1 day)
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		PA
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		PA
MATULANE ORAL CAPSULE 50 MG		PA
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (1 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG		
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA
*Lhrh Analogs***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA; QLL (5.6 EA per 28 days)
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
LEUKERAN ORAL TABLET 2 MG		
<i>melphalan oral tablet 2 mg</i>		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral solution 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>selegiline hcl oral tablet 5 mg</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 50-200-200 mg</i>		QLL (9 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	QLL (9 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		ST
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>		QLL (4 EA per 1 day)
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate capsule 150 mg oral</i>		QLL (16 EA per 1 day)
<i>lithium carbonate capsule 300 mg oral</i>		QLL (8 EA per 1 day)
<i>lithium carbonate capsule 600 mg oral</i>		QLL (4 EA per 1 day)
<i>lithium carbonate er tablet extended release 300 mg oral</i>	Lithobid	QLL (8 EA per 1 day)
<i>lithium carbonate er tablet extended release 450 mg oral</i>		QLL (6 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>		QLL (8 EA per 1 day)
*Antipsychotics - Misc.***		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	QLL (1 EA per 1 day); AL (Min 18 Years)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		AL (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	AL (Min 18 Years)
*Benzisoxazoles***		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML		AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML		AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML		AL (Min 18 Years)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		AL (Min 18 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	risperidone microspheres er	QLL (2 EA per 28 days); AL (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	QLL (2 ML per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet 0.25 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	QLL (2 EA per 1 day); AL (Min 18 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML		AL (Min 18 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Haldol Decanoate	AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>		AL (Min 18 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		AL (Min 18 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		AL (Min 18 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Clozaril	AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Dibenzothiazepines***		
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	SEROquel XR	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	SEROquel XR	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	SEROquel XR	AL (Min 18 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	SEROquel XR	AL (Min 18 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	SEROquel XR	AL (Min 18 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	SEROquel	AL (Min 18 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	SEROquel	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>quetiapine fumarate tablet 150 mg oral</i>		AL (Min 18 Years)
<i>quetiapine fumarate tablet 200 mg oral</i>	SEROquel	AL (Min 18 Years)
<i>quetiapine fumarate tablet 25 mg oral</i>	SEROquel	AL (Min 18 Years)
<i>quetiapine fumarate tablet 300 mg oral</i>	SEROquel	AL (Min 18 Years)
<i>quetiapine fumarate tablet 400 mg oral</i>	SEROquel	AL (Min 18 Years)
<i>quetiapine fumarate tablet 50 mg oral</i>	SEROquel	AL (Min 18 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		AL (Min 18 Years)
*Phenothiazines***		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>		AL (Min 18 Years)
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		AL (Min 18 Years)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		AL (Min 18 Years)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		AL (Min 18 Years)
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		AL (Min 18 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		AL (Min 18 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		AL (Min 18 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		AL (Min 18 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		AL (Min 18 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		AL (Min 18 Years)
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML		AL (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		AL (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		AL (Min 18 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	QLL (1 EA per 1 day); AL (Min 18 Years)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML		AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	AL (Min 18 Years)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZyPREXA	AL (Min 18 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZyPREXA Zydis	AL (Min 18 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		AL (Min 18 Years)
Antiseptics & Disinfectants		
*Antiseptics & Disinfectants***		
<i>gnp hydrogen peroxide external solution 3 %</i>	Medi-First Hydrogen Peroxide	OTC
<i>hm hydrogen peroxide external solution 3 %</i>	Medi-First Hydrogen Peroxide	OTC
<i>hydrogen peroxide external solution 3 %</i>	Medi-First Hydrogen Peroxide	OTC
<i>qc hydrogen peroxide external solution 3 %</i>	Medi-First Hydrogen Peroxide	OTC
<i>sm hydrogen peroxide external solution 3 %</i>	Medi-First Hydrogen Peroxide	OTC
*Chlorine Antiseptics***		
<i>antiseptic skin cleanser external solution 4 %</i>	Betasept Surgical Scrub	OTC

Formulary Drug Name	Reference	Restrictions
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 %	antiseptic skin cleanser	OTC
<i>chlorhexidine gluconate external solution 4 %</i>	Betasept Surgical Scrub	OTC
DYNA-HEX 4 EXTERNAL SOLUTION 4 %	antiseptic skin cleanser	OTC
<i>gnp antiseptic skin cleanser external solution 4 %</i>	Betasept Surgical Scrub	OTC
H-CHLOR 12 EXTERNAL SOLUTION 0.125 %	dakins (1/4 strength)	OTC
H-CHLOR 6 EXTERNAL SOLUTION 0.062 %		OTC
<i>hm antiseptic skin cleanser external solution 4 %</i>	Betasept Surgical Scrub	OTC
HYSEPT EXTERNAL SOLUTION 0.25 %	dakins (1/2 strength)	OTC
HYSEPT EXTERNAL SOLUTION 0.5 %	dakins (full strength)	OTC
<i>qc antiseptic skin cleanser external solution 4 %</i>	Betasept Surgical Scrub	OTC
<i>sm antiseptic skin cleanser external solution 4 %</i>	Betasept Surgical Scrub	OTC
*Iodine Antiseptics***		
BETADINE EXTERNAL SOLUTION 5 %		OTC
BETADINE SURGICAL SCRUB EXTERNAL SOLUTION 7.5 %		OTC
<i>first aid antiseptic external ointment 10 %</i>		OTC
<i>gnp povidone-iodine external solution 10 %</i>	Betadine	OTC
<i>hm povidone-iodine external solution 10 %</i>	Betadine	OTC
<i>povidone-iodine external solution 10 %</i>	Betadine	OTC
<i>qc povidone iodine external solution 10 %</i>	Betadine	OTC
<i>sm povidone-iodine external solution 10 %</i>	Betadine	OTC
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	QLL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG		QLL (1 EA per 1 day); AL (Max 16 Years)
BIKTARVY TABLET 50-200-25 MG ORAL		QLL (1 EA per 1 day)
CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR		QLL (4 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR		QLL (6 ML per 28 days)
CIMDUO ORAL TABLET 300-300 MG		QLL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		QLL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		QLL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Atripla	QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Truvada	QLL (4 EA per 1 day); AL (Max 16 Years)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	Truvada	QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	Truvada	QLL (4 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	QLL (10 ML per 1 day)
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	Kaletra	QLL (10 EA per 1 day)
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	Kaletra	QLL (4 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		QLL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG		QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		QLL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	efavirenz-lamivudine-tenofovir	QLL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	efavirenz-lamivudine-tenofovir	QLL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG		QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		QLL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		QLL (6 EA per 1 day); AL (Max 16 Years)

Formulary Drug Name	Reference	Restrictions
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	emtricitabine-tenofovir df	QLL (4 EA per 1 day); AL (Max 16 Years)
TRUVADA TABLET 200-300 MG ORAL	emtricitabine-tenofovir df	QLL (4 EA per 1 day)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG		AL (Min 18 Years)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML		AL (Min 18 Years)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc tablet 150 mg oral</i>	Selzentry	QLL (2 EA per 1 day)
<i>maraviroc tablet 300 mg oral</i>	Selzentry	QLL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		QLL (30 ML per 1 day)
SELZENTRY ORAL TABLET 75 MG		QLL (2 EA per 1 day); AL (Max 16 Years)
SELZENTRY TABLET 150 MG ORAL	maraviroc	QLL (2 EA per 1 day)
SELZENTRY TABLET 25 MG ORAL		QLL (8 EA per 1 day)
SELZENTRY TABLET 300 MG ORAL	maraviroc	QLL (4 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		QLL (2 EA per 1 day)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		QLL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		QLL (3 ML per 28 days)
ISENTRESS HD ORAL TABLET 600 MG		QLL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG		QLL (2 EA per 1 day); AL (Max 16 Years)
ISENTRESS ORAL TABLET 400 MG		QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		QLL (6 EA per 1 day); AL (Max 16 Years)
TIVICAY ORAL TABLET 10 MG, 25 MG		QLL (6 EA per 1 day); AL (Max 16 Years)

Formulary Drug Name	Reference	Restrictions
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		QLL (6 EA per 1 day); AL (Max 16 Years)
TIVICAY TABLET 50 MG ORAL		QLL (6 EA per 1 day)
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate capsule 150 mg oral</i>		QLL (1 EA per 1 day)
<i>atazanavir sulfate capsule 200 mg oral</i>	Reyataz	QLL (2 EA per 1 day)
<i>atazanavir sulfate capsule 300 mg oral</i>	Reyataz	QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	QLL (4 EA per 1 day)
LEXIVA ORAL TABLET 700 MG	fosamprenavir calcium	QLL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG		QLL (12 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		QLL (12 ML per 1 day)
PREZISTA TABLET 150 MG ORAL		QLL (2 EA per 1 day)
PREZISTA TABLET 600 MG ORAL	darunavir	QLL (2 EA per 1 day)
PREZISTA TABLET 75 MG ORAL		QLL (2 EA per 1 day)
PREZISTA TABLET 800 MG ORAL	darunavir	QLL (1 EA per 1 day)
REYATAZ ORAL PACKET 50 MG		QLL (6 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	QLL (12 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG		QLL (2 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	QLL (4 EA per 1 day)
<i>etravirine oral tablet 100 mg, 200 mg</i>	Intence	QLL (4 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG	etravirine	QLL (4 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		QLL (4 EA per 1 day)
<i>nevirapine er tablet extended release 24 hour 100 mg oral</i>		QLL (1 EA per 1 day)
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>		QLL (1 EA per 1 day)
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>		QLL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		QLL (4 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		QLL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	QLL (4 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>		QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
ZIAGEN ORAL SOLUTION 20 MG/ML	abacavir sulfate	QLL (4 ML per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	QLL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	emtricitabine	QLL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		QLL (24 ML per 1 day)
EPIVIR ORAL SOLUTION 10 MG/ML	lamivudine	QLL (4 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	QLL (4 ML per 1 day)
<i>lamivudine tablet 150 mg oral</i>	Epivir	QLL (2 EA per 1 day)
<i>lamivudine tablet 300 mg oral</i>	Epivir	QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR ORAL CAPSULE 100 MG	zidovudine	QLL (6 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Retrovir	QLL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	QLL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM		QLL (1 GM per 1 day)
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG		QLL (1 EA per 1 day)
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		QLL (20 EA per 5 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QLL (30 EA per 5 days); AL (Min 12 Years)
*Cmv Agents***		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	QLL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML		QLL (10 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>		QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL PACKET 50-20 MG		QLL (84 EA per 365 days); AL (Min 3 Years)
MAVYRET ORAL TABLET 100-40 MG		QLL (84 EA per 365 days); AL (Min 12 Years)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	QLL (84 EA per 365 days); AL (Min 3 Years)
*Hepatitis C Agents***		
<i>ribavirin oral capsule 200 mg</i>		ST
<i>ribavirin oral tablet 200 mg</i>		ST
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>		
<i>acyclovir oral suspension 200 mg/5ml</i>		
<i>acyclovir oral tablet 400 mg, 800 mg</i>		
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG		QLL (40 EA per 5 days); AL (Min 18 Years)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tamiflu	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	
<i>labetalol hcl intravenous solution 5 mg/ml</i>		
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		
<i>nebivolol hcl tablet 10 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 2.5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 20 mg oral</i>	Bystolic	QLL (2 EA per 1 day)
<i>nebivolol hcl tablet 5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
*Beta Blockers Non-Selective***		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	
<i>propranolol hcl intravenous solution 1 mg/ml</i>		
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	sotalol hcl	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	diltiazem hcl er coated beads	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tiadytl ER	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Cardizem CD	

Formulary Drug Name	Reference	Restrictions
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>		
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	
<i>diltiazem hcl oral tablet 90 mg</i>		
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	
<i>nifedipine oral capsule 10 mg, 20 mg</i>		
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	diltiazem hcl er beads	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er beads	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>		
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	digoxin	
DIGOX ORAL TABLET 125 MCG, 250 MCG	digoxin	
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	
<i>digoxin oral tablet 62.5 mcg</i>	Lanoxin	

Formulary Drug Name	Reference	Restrictions
Cardiovascular Agents - Misc.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		QLL (2 EA per 1 day)
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20- 37.5 mg</i>	BiDil	QLL (6 EA per 1 day)
*Prostaglandin Vasodilators***		
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	QLL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG		
TRACLEER ORAL TABLET 125 MG, 62.5 MG	bosentan	QLL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ ORAL TABLET 20 MG	tadalafil (pah)	PA; AL (Min 18 Years)
LIQREV ORAL SUSPENSION 10 MG/ML		PA; QLL (24 ML per 1 day)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	sildenafil citrate	PA; AL (Min 1 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; AL (Min 1 Years)
<i>tadalafil (pah) oral tablet 20 mg</i>	Alyq	PA; AL (Min 18 Years)
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefixime oral capsule 400 mg</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 EA per 1 day)
Chemicals		
*Fixed Oils***		
<i>hm castor oil oil</i>		OTC
<i>qc castor oil oil</i>		OTC
<i>qc sweet oil oil</i>		OTC
<i>sm sweet oil oil</i>		OTC
*Liquids***		
<i>glycerin liquid</i>		
*Solvents***		
<i>gnp isopropyl alc/wintergreen solution 70 %</i>		OTC
<i>gnp isopropyl rubbing alcohol solution 70 %</i>		OTC
<i>gnp rubbing alcohol solution 70 %</i>		OTC
<i>isopropyl alcohol (rubbing) solution 70 %</i>		OTC
<i>isopropyl alcohol, rubbing solution 70 %</i>		OTC
<i>rubbing alcohol solution 70 %</i>		OTC
<i>sm alcohol solution 70 %</i>		OTC
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	

Formulary Drug Name	Reference	Restrictions
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
*Combination Contraceptives - Oral***		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35	
APRI ORAL TABLET 0.15-30 MG-MCG		
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
AUBRA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)		
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
AVIANE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
AYUNA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)		
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	

Formulary Drug Name	Reference	Restrictions
CHATEAL ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG		
CYRED ORAL TABLET 0.15-30 MG-MCG		
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
DELYLA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Apri	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
ELINEST ORAL TABLET 0.3-30 MG-MCG		
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG		
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	
FALMINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)		
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	

Formulary Drug Name	Reference	Restrictions
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		
JASMIEL ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
JULEBER ORAL TABLET 0.15-30 MG-MCG		
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)		
KALLIGA ORAL TABLET 0.15-30 MG-MCG		
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	ethynodiol diac-eth estradiol	
KURVELO ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)		
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
LESSINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	

Formulary Drug Name	Reference	Restrictions
LILLOW ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
LORYNA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
LUTERA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG		
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
MILI ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NIKKI ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	

Formulary Drug Name	Reference	Restrictions
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
NYMYO ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
OCELLA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
PHILITH ORAL TABLET 0.4-35 MG-MCG	briellyn	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
SRONYX ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	
SYEDA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)		
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	
TURQOZ ORAL TABLET 0.3-30 MG-MCG		
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		
VESTURA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	
VIENVA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	

Formulary Drug Name	Reference	Restrictions
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	
WERA ORAL TABLET 0.5-35 MG-MCG		
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	
DOLISHALE ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		
*Emergency Contraceptives***		
CURAE ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
ECONTRA EZ ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)

Formulary Drug Name	Reference	Restrictions
ELLA ORAL TABLET 30 MG		QLL (3 EA per 90 days)
HER STYLE ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	Curae	OTC; QLL (3 EA per 90 days)
MY CHOICE ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
MY WAY ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
NEW DAY ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
REACT ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
*Extended-Cycle Contraceptives - Oral***		
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	levonorgest-eth estrad 91-day	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	levonorgest-eth estrad 91-day	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	levonorgest-eth estrad 91-day	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	levonorgest-eth estrad 91-day	
ICLEVIA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
INTROVALE ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	levonorgest-eth estrad 91-day	
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg</i>	Ashlyna	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	
SETLAKIN ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	levonorgest-eth estrad 91-day	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		

Formulary Drug Name	Reference	Restrictions
*Progestin Contraceptives - Injectable***		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	norethindrone	
DEBLITANE ORAL TABLET 0.35 MG	norethindrone	
ERRIN ORAL TABLET 0.35 MG	norethindrone	
HEATHER ORAL TABLET 0.35 MG	norethindrone	
INCASSIA ORAL TABLET 0.35 MG	norethindrone	
JENCYCLA ORAL TABLET 0.35 MG	norethindrone	
LYLEQ ORAL TABLET 0.35 MG	norethindrone	
LYZA ORAL TABLET 0.35 MG	norethindrone	
NORA-BE ORAL TABLET 0.35 MG	norethindrone	
<i>norethindrone oral tablet 0.35 mg</i>	Camila	
NORLYDA ORAL TABLET 0.35 MG	norethindrone	
NORLYROC ORAL TABLET 0.35 MG	norethindrone	
SHAROBEL ORAL TABLET 0.35 MG	norethindrone	
TULANA ORAL TABLET 0.35 MG	norethindrone	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		

Formulary Drug Name	Reference	Restrictions
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tilia Fe	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	norethindron-ethinyl estrad-fe	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	norethindron-ethinyl estrad-fe	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	

Formulary Drug Name	Reference	Restrictions
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
Corticosteroids		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		

Formulary Drug Name	Reference	Restrictions
Cough/Cold/Allergy		
*Antihistamine-Analgesics***		
<i>qc cold relief oral tablet 12.5-500 mg</i>	Percogesic Extra Strength	OTC
<i>qc severe allergy oral tablet 12.5-500 mg</i>	Percogesic Extra Strength	OTC
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>		Maximum of 7 days supply; QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate capsule 200 mg oral</i>		Maximum of 7 days supply; QLL (3 EA per 1 day); AL (Min 10 Years)
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>dextromethorphan hbr oral capsule 15 mg</i>	Wal-Tussin Cough	OTC
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>gnp cough gels oral capsule 15 mg</i>	Wal-Tussin Cough	OTC
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	OTC; QLL (180 ML per 30 days)
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	OTC; QLL (180 ML per 30 days)
<i>sm cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>sm cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>sm cough relief oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	OTC; QLL (180 ML per 30 days)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	QLL (6 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
*Antitussive-Antihistamine-Analgesic***		
<i>all-nite cold & flu nighttime oral liquid 30-12.5-650 mg/30ml</i>	Coricidin HBP Nighttime Cold	OTC
<i>gnp night time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Coricidin HBP Nighttime Cold	OTC
<i>hm night time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Coricidin HBP Nighttime Cold	OTC
<i>nighttime cold & flu max str oral liquid 15-6.25-325 mg/15ml</i>	Coricidin HBP Nighttime Cold	OTC
<i>nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml</i>	Coricidin HBP Nighttime Cold	OTC
<i>qc nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Coricidin HBP Nighttime Cold	OTC
<i>sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Coricidin HBP Nighttime Cold	OTC
*Antitussive-Decongestant-Analgesic***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	OTC; QLL (10 EA per 1 day)
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	OTC; QLL (10 EA per 1 day)
<i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Theraflu ExpressMax	OTC; QLL (150 ML per 1 day)
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	Wal-Flu Severe Cold & Cough	OTC
<i>gnp cold max daytime oral tablet 10-5-325 mg</i>	Mapap Cold Formula Multi-Sympt	OTC; QLL (10 EA per 1 day)
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	OTC; QLL (10 EA per 1 day)
<i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i>	Theraflu ExpressMax	OTC; QLL (150 ML per 1 day)
<i>goodsense cold max oral tablet 10-5-325 mg</i>	Mapap Cold Formula Multi-Sympt	OTC; QLL (10 EA per 1 day)
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	OTC; QLL (10 EA per 1 day)
<i>hm daytime cold & flu oral liquid 10-5-325 mg/15ml</i>	Theraflu ExpressMax	OTC; QLL (150 ML per 1 day)
MAPAP COLD FORMULA MULTI-SYMP ORAL TABLET 10-5-325 MG	gnp cold max daytime	OTC; QLL (10 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG	cold & flu relief daytime	OTC; QLL (10 EA per 1 day)
MUCINEX SINUS-MAX CONG & PAIN ORAL CAPSULE 10-5-325 MG	cold & flu relief daytime	OTC; QLL (10 EA per 1 day)
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG	cold & flu relief daytime	OTC; QLL (10 EA per 1 day)
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	OTC; QLL (10 EA per 1 day)
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	Theraflu ExpressMax	OTC; QLL (150 ML per 1 day)
<i>qc severe cold/cough daytime oral packet 20-10-650 mg</i>	Wal-Flu Severe Cold & Cough	OTC
<i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Theraflu ExpressMax	OTC; QLL (150 ML per 1 day)
<i>sm daytime liquid oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	OTC; QLL (10 EA per 1 day)
*Antitussive-Expectorant - Decongest-Analgesic***		
<i>daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml</i>	DayQuil Severe + VapoCool	OTC
<i>ft cold & flu daytime severe oral liquid 5-10-200-325 mg/15ml</i>	DayQuil Severe + VapoCool	OTC
<i>ft cold & flu daytime severe oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>gnp cold max severe oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>gnp cold/flu severe oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>gnp mucus relief max st oral liquid 5-10-200-325 mg/10ml</i>	Mucinex Childrens Freefrom	OTC
<i>goodsense cold & flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>goodsense day time cold & flu oral liquid 5-10-200-325 mg/15ml</i>	DayQuil Severe + VapoCool	OTC
<i>goodsense day time cold & flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>hm daytime cold & flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>hm severe cold/flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET 5-10-200-325 MG	ft cold & flu daytime severe	OTC

Formulary Drug Name	Reference	Restrictions
MUCINEX FAST-MAX COLD FLU ORAL TABLET 5-10-200-325 MG	ft cold & flu daytime severe	OTC
MUCINEX FAST-MAX COLD/FLU ORAL TABLET 5-10-200-325 MG	ft cold & flu daytime severe	OTC
MUCINEX SINUS-MAX ORAL TABLET 5-10-200-325 MG	ft cold & flu daytime severe	OTC
<i>mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml</i>	Mucinex Childrens Freefrom	OTC
<i>qc mucus cold flu & throat oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>qc mucus relief cold & flu oral capsule 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>qc mucus relief cold & flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>qc mucus relief sinus pressure oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>qc pressure & pain pe oral tablet 5-10-100-325 mg</i>	Sudafed PE Head Congestion	OTC
<i>qc severe cold & flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>severe cold & flu oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>sm cold & flu severe oral tablet 5-10-200-325 mg</i>	Mucinex Fast-Max Cld Flu Thrt	OTC
<i>sm daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml</i>	DayQuil Severe + VapoCool	OTC
<i>tussin cf severe multi-symptom oral liquid 5-10-200-325 mg/10ml</i>	Mucinex Childrens Freefrom	OTC
*Antitussive-Expectorant***		
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>cough/chest congestion dm oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML	gnp tussin dm max	OTC; QLL (180 ML per 30 days)
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML	gnp tussin dm max	OTC; QLL (180 ML per 30 days)
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>ft chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>ft mucus relief dm oral tablet extended release 12 hour 1200-60 mg</i>	Mucinex DM Maximum Strength	OTC
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	OTC
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>gnp mucus relief dm max oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>gnp mucus relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>gnp tab tussin dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>gnp tussin dm oral liquid 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>guaiaitussin ac oral syrup 100-10 mg/5ml</i>		OTC; AL (Min 18 Years)
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>		OTC; AL (Min 18 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>		OTC; AL (Min 18 Years)
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
<i>hm adult tussin cough & chest oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>hm chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>hm mucus relief cough children oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>hm mucus relief dm oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>hm tussin adult dm oral liquid 100-10 mg/5ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>m-clear wc oral solution 100-6.33 mg/5ml</i>		OTC; QLL (180 ML per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML	gnp tussin dm max	OTC; QLL (180 ML per 30 days)
MUCINEX COUGH & CHEST CONGEST ORAL CAPSULE 10-200 MG	cvs chest congestion-cough hbp	OTC
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML	gnp tussin dm max	OTC; QLL (180 ML per 30 days)
MUCINEX COUGH FOR KIDS ORAL LIQUID† 5-100 MG/5ML	gnp tussin dm max	OTC; QLL (180 ML per 30 days)
MUCINEX COUGH FOR KIDS ORAL PACKET 5-100 MG		OTC
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	gnp tussin dm max	OTC; QLL (180 ML per 30 days)
<i>mucus & cough relief childrens oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>mucus relief dm cough oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	OTC
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>qc medifin dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>qc mucus & cough relief child oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	dextromethorphan-guaifenesin	OTC; QLL (180 ML per 30 days)
ROBAFEN DM COUGH ORAL LIQUID 10-100 MG/5ML	dextromethorphan-guaifenesin	OTC; QLL (180 ML per 30 days)
<i>siltussin dm das oral liquid 100-10 mg/5ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>siltussin-dm alcohol free oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
<i>sm chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>sm mucus relief cough children oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>tussin dm cough + chest oral liquid 10-100 mg/5ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>tussin dm max adult oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (180 ML per 30 days)
<i>tussin dm oral liquid 100-10 mg/5ml, 20-200 mg/10ml</i>	Robafen DM Cgh/Chest Congest	OTC; QLL (180 ML per 30 days)
<i>tussin dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (180 ML per 30 days)
<i>virtussin a/c oral solution 100-10 mg/5ml</i>		OTC; AL (Min 18 Years)
<i>virtussin ac w/alc oral liquid 100-10 mg/5ml</i>		OTC; AL (Min 18 Years)
*Antitussive-Expectorants-Decongestant***		
<i>aquanaz oral tablet 10-15-400 mg</i>		OTC
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	Desgen DM	OTC
<i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i>		OTC
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
<i>hm tussin adult multi-symptom oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG		OTC

Formulary Drug Name	Reference	Restrictions
MUCINEX FREEFROM SEV CNGST/CGH ORAL LIQUID 10-20-400 MG/20ML	goodsense mucus relief child	OTC; QLL (180 ML per 30 days)
<i>mucus relief childrens oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
NIVANEX DMX ORAL TABLET 10-15-380 MG		OTC
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	Vanacof DM	OTC; QLL (180 ML per 30 days)
<i>phenylephrine-dm-gg oral tablet 10-17.5-385 mg</i>		OTC
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>qc tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>sm severe congestion & cough oral liquid 10-20-400 mg/20ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML		OTC; QLL (180 ML per 30 days); AL (Min 18 Years)
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML		OTC
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	pres gen pediatric	OTC
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML		OTC
<i>tussin cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
<i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	OTC
VANATAB DM ORAL TABLET 5-9-198 MG		OTC
<i>virtussin dac oral solution 30-10-100 mg/5ml</i>		OTC; AL (Min 18 Years)
*Aromatic Inhalants***		
<i>chest rub external ointment</i>	Delsym Vapor Roll-on	OTC
DELSYM VAPOR ROLL-ON EXTERNAL OINTMENT 5.3-1.3-2.8 %	chest rub	OTC
<i>ft chest rub external ointment</i>	Delsym Vapor Roll-on	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp chest rub external ointment</i>	Delsym Vapor Roll-on	OTC
<i>hm chest rub external ointment 4.8-1.2-2.6 %</i>	Delsym Vapor Roll-on	OTC
<i>qc chest rub medicated external ointment</i>	Delsym Vapor Roll-on	OTC
<i>sm medicated chest rub external ointment 4.73-1.2-2.6 %</i>		OTC
*Decongestant & Antihistamine***		
<i>12hr allergy & congestion oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC
<i>antihistamine & nasal decongest oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC
APRODINE ORAL TABLET 2.5-60 MG	cold & allergy d	OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC
<i>ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>gnp allergy-d allergy & conges oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>hm allergy & congestion oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC
<i>hm allergy complete-d oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 18 Years)
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
<i>ru-hist d oral tablet 4-10 mg</i>		OTC
<i>rynex pe oral elixir 1-2.5 mg/5ml</i>		OTC
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC
*Decongestant W/ Expectorant***		
<i>chest congestion relief pe oral tablet 10-400 mg</i>	QC Medifin PE	OTC
DECONEX IR ORAL TABLET 10-385 MG	gcon ir	OTC
<i>ed bron gp oral liquid 5-100 mg/5ml</i>		OTC
<i>ft chest congestion relief pe oral tablet 10-400 mg</i>	QC Medifin PE	OTC
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>gnp mucus relief pe oral tablet 10-400 mg</i>	QC Medifin PE	OTC
<i>mucus d oral tablet extended release 12 hour 120-1200 mg</i>	Mucinex D Max Strength	OTC
<i>mucus d oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC

Formulary Drug Name	Reference	Restrictions
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg</i>	Mucinex D Max Strength	OTC
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>mucus relief pe sinus oral tablet 10-400 mg</i>	QC Medifin PE	OTC
POLY-VENT IR ORAL TABLET 60-380 MG		OTC
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg</i>	Mucinex D Max Strength	OTC
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>pseudoephedrine-guaifenesin oral tablet 60-375 mg</i>		OTC
<i>qc mucus relief sinus d oral tablet 40-400 mg</i>		OTC
<i>sm chest congestion relief pe oral tablet 10-400 mg</i>	QC Medifin PE	OTC
<i>sm guaifenesin/pseudoephedrine oral tablet extended release 12 hour 600-60 mg</i>	Mucinex D	OTC
TUSNEL PEDIATRIC ORAL LIQUID 7.5-50 MG/ML		OTC
*Decongestant-Analgesic***		
<i>cold & sinus oral tablet 30-200 mg</i>	Advil Cold/Sinus	OTC
<i>cold & sinus relief oral capsule 30-200 mg</i>	Advil Cold & Sinus Liqui-Gels	OTC
CONTAC COLD+FLU MAX ST ORAL TABLET 5-500 MG	sm pain reliever sinus pe	OTC
<i>gnp ibuprofen cold/sinus oral tablet 30-200 mg</i>	Advil Cold/Sinus	OTC
<i>gnp sinus pressure/pain oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>gnp sinus/headache oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>hm cold & sinus relief oral tablet 30-200 mg</i>	Advil Cold/Sinus	OTC
<i>qc ibuprofen cold/sinus oral tablet 30-200 mg</i>	Advil Cold/Sinus	OTC
<i>qc sinus & headache oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>qc sinus pain relief oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>sinus + headache oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>sinus congestion/pain oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>sinus pressure + pain oral tablet 5-325 mg</i>	Panadol Cold/Flu	OTC
<i>sm cold & sinus relief oral tablet 30-200 mg</i>	Advil Cold/Sinus	OTC
<i>sm pain reliever sinus pe oral tablet 5-500 mg</i>	Contac Cold+Flu Max St	OTC

Formulary Drug Name	Reference	Restrictions
*Decongestant-Analgesic-Expectorant***		
<i>ft sinus severe oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>gnp cold/head congestion oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>gnp sinus severe daytime oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>head congestion/mucus oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
MUCINEX FAST-MAX COLD & SINUS ORAL TABLET 5-325-200 MG	ft sinus severe	OTC
MUCINEX FAST-MAX CONGEST/HAMS ORAL TABLET 5-325-200 MG	ft sinus severe	OTC
MUCINEX FAST-MAX ORAL LIQUID 10-650-400 MG/20ML	cvs cold & sinus multi-symptom	OTC
MUCINEX FREEFROM CLD/FLU/CNGST ORAL LIQUID 10-650-400 MG/20ML	cvs cold & sinus multi-symptom	OTC
MUCINEX SINUS-MAX CONG & PAIN ORAL LIQUID 10-650-400 MG/20ML	cvs cold & sinus multi-symptom	OTC
MUCINEX SINUS-MAX CONGESTION ORAL LIQUID 10-650-400 MG/20ML	cvs cold & sinus multi-symptom	OTC
MUCINEX SINUS-MAX CONGESTION ORAL TABLET 5-325-200 MG	ft sinus severe	OTC
MUCINEX SINUS-MAX ORAL LIQUID 10-650-400 MG/20ML	cvs cold & sinus multi-symptom	OTC
MUCINEX SINUS-MAX SEV CONG/PN ORAL TABLET 5-325-200 MG	ft sinus severe	OTC
<i>qc mucus relief sinus severe oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>qc pressure pain & mucus pe oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>qc severe cold head congestion oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>qc sinus congest/pain severe oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>sinus congestion/pain daytime oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>sinus relief congestion-pain oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC
<i>sm sinus severe for adults oral tablet 5-325-200 mg</i>	Mucinex Sinus-Max Sev Cong/Pn	OTC

Formulary Drug Name	Reference	Restrictions
*Decongestant-Antihistamine-Analgesic***		
DELSYM CGH/CLD NIGHTTIME CHILD ORAL LIQUID 12.5-5-325 MG/10ML	cold & flu relief nighttime	OTC
DELSYM COUGH/COLD NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML	cold & flu relief nighttime	OTC
MUCINEX CHILDRENS NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML	cold & flu relief nighttime	OTC
MUCINEX FAST-MAX COLD FLU NGHT ORAL LIQUID 12.5-5-325 MG/10ML	cold & flu relief nighttime	OTC
MUCINEX MS COLD NIGHT CHILDREN ORAL LIQUID 12.5-5-325 MG/10ML	cold & flu relief nighttime	OTC
MUCINEX SINUS-MAX NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML	cold & flu relief nighttime	OTC
*Expectorants***		
<i>chest congestion relief oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>ft chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg, 600 mg</i>	EQ Mucus ER	OTC
<i>ft tussin adult oral liquid 200 mg/10ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	EQ Mucus ER	OTC
<i>gnp mucus relief oral tablet 400 mg</i>	Xpect	OTC
<i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>gnp tab tussin oral tablet 400 mg</i>	Xpect	OTC
<i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	EQ Mucus ER	OTC
<i>guaifenesin oral liquid 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>guaifenesin oral tablet 200 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>hm chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>hm mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>hm mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>hm tussin adult oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	chest congestion relief	OTC; QLL (180 ML per 30 days)
MUCINEX FOR KIDS ORAL PACKET 100 MG		OTC
<i>mucus & chest congestion oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>qc medifin 400 oral tablet 400 mg</i>	Xpect	OTC
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>qc tussin expectorant adult oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	chest congestion relief	OTC; QLL (180 ML per 30 days)
<i>siltussin sa oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>sm chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>sm mucus relief childrens oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
TUSNEL-EX ORAL LIQUID 100 MG/5ML	chest congestion relief	OTC; QLL (180 ML per 30 days)
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	Mucinex Fast-Max Chest Cong MS	OTC; QLL (180 ML per 30 days)
<i>tussin oral syrup 100 mg/5ml</i>		OTC
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>		
<i>sodium chloride inhalation nebulization solution 3 %</i>	Nebusal	
<i>sodium chloride inhalation nebulization solution 7 %</i>	HyperSal	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive-Analgesic***		
<i>sm cough/sore throat daytime oral liquid 1000-30 mg/30ml</i>		OTC
*Non-Narc Antitussive-Antihistamine***		
<i>cough & cold hbp oral tablet 4-30 mg</i>	Coricidin HBP Cough/Cold	OTC
<i>cough & cold oral tablet 4-30 mg</i>	Coricidin HBP Cough/Cold	OTC
<i>gnp night time cough oral liquid 6.25-15 mg/15ml</i>	Vicks NyQuil Cough	OTC
<i>goodsense night time cough oral liquid 6.25-15 mg/15ml</i>	Vicks NyQuil Cough	OTC
<i>nighttime cough oral liquid 12.5-30 mg/30ml</i>	Vicks NyQuil Cough	OTC
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		QLL (180 ML per 30 days); AL (Min 6 Years)
<i>qc cough/cold hbp oral tablet 4-30 mg</i>	Coricidin HBP Cough/Cold	OTC
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml, 6.25-15 mg/15ml</i>	Vicks NyQuil Cough	OTC
<i>sm cough/runny nose childrens oral liquid 1-5 mg/5ml</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>brantussin dm oral liquid 7.5-2-15 mg/5ml</i>		OTC; AL (Min 6 Years)
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML	cold & cough childrens	OTC; QLL (180 ML per 30 days)
<i>ed a-hist dm oral tablet 10-4-10 mg</i>		OTC
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>		OTC
ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML	cold & cough childrens	OTC; QLL (180 ML per 30 days)
<i>gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>hm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>		OTC
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>		
<i>pse-dexchlorphen-chlophedianol oral liquid 30-1-12.5 mg/5ml</i>	Vanacof	OTC; QLL (180 ML per 30 days)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		QLL (180 ML per 30 days)
<i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>sm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>sm cold & cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
VANACOF ORAL LIQUID 30-1-12.5 MG/5ML	pse-dexchlorphen-chlophedianol	OTC; QLL (180 ML per 30 days)
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>		OTC; AL (Min 6 Years)
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		AL (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>		QLL (30 ML per 1 day); AL (Min 18 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>		QLL (30 ML per 1 day); AL (Min 18 Years)
RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML		OTC
Dermatologicals		
*Acne Antibiotics***		
CLINDACIN ETZ EXTERNAL SWAB 1 %	clindamycin phosphate	AL (Max 18 Years)
CLINDACIN-P EXTERNAL SWAB 1 %	clindamycin phosphate	AL (Max 18 Years)
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	AL (Max 18 Years)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day); AL (Max 18 Years)
<i>clindamycin phosphate external solution 1 %</i>		AL (Max 18 Years)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	AL (Max 18 Years)
<i>ery external pad 2 %</i>		QLL (2 EA per 1 day); AL (Max 18 Years)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day); AL (Max 18 Years)
<i>erythromycin external solution 2 %</i>		AL (Max 18 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days); AL (Max 18 Years)
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	QLL (45 GM per 30 days); AL (Min 18 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	QLL (46.6 GM per 30 days); AL (Min 18 Years)
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	Neuac	AL (Max 18 Years)
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>		QLL (50 GM per 30 days); AL (Min 18 Years)
*Acne Products***		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
<i>acne medication 10 external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC; AL (Max 18 Years)
<i>acne medication 10 external lotion 10 %</i>		OTC; AL (Max 18 Years)
<i>acne medication 2.5 external gel 2.5 %</i>		OTC; AL (Max 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>acne medication 5 external gel 5 %</i>	Medpura Benzoyl Peroxide	OTC; AL (Max 18 Years)
<i>acne medication 5 external lotion 5 %</i>		OTC; AL (Max 18 Years)
<i>adapalene gel 0.1 % external (otc)</i>	Differin	AL (Max 18 Years)
<i>adapalene gel 0.3 % external</i>	Differin	ST; QLL (45 GM per 30 days)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
<i>benzoyl peroxide external liquid 10 %</i>	Medpura Benzoyl Peroxide	AL (Max 18 Years)
<i>benzoyl peroxide gel 10 % external (otc)</i>	Clean & Clear Persa-Gel Max St	AL (Max 18 Years)
<i>benzoyl peroxide gel 2.5 % external (otc)</i>		OTC; AL (Max 18 Years)
<i>benzoyl peroxide gel 5 % external (otc)</i>	Medpura Benzoyl Peroxide	OTC; AL (Max 18 Years)
<i>benzoyl peroxide wash external liquid 10 %</i>	Medpura Benzoyl Peroxide	AL (Max 18 Years)
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	AL (Max 18 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>lintera wash external foam 10 %</i>		OTC; AL (Max 18 Years)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	tretinoin	AL (Max 18 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	tretinoin	AL (Max 18 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	ST; QLL (2 EA per 1 day)
*Analgesics - Topical***		
<i>blue gel external gel 2 %</i>	Mineral Ice	OTC
<i>cold & hot medicated external patch 5 %</i>	Absorbine Plus Jr	OTC
<i>cooling pain relief external gel 4 %</i>	Biofreeze Cool The Pain	OTC
<i>gnp cool & heat external liquid 16 %</i>	Aspercreme Max Roll-On	OTC
<i>gnp pain relief external patch 5 %</i>	Absorbine Plus Jr	OTC
<i>hm pain relief therapy external patch 5 %</i>	Absorbine Plus Jr	OTC
<i>ice blue external gel 2 %</i>	Mineral Ice	OTC
<i>menthol cold/hot external patch 5 %</i>	Absorbine Plus Jr	OTC
<i>qc cold & hot medicated external patch 5 %</i>	Absorbine Plus Jr	OTC
*Antibiotic Mixtures Topical***		
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp antibiotic/pain relief external cream 3.5-10000-10</i>	Neosporin Plus Pain Relief MS	OTC
<i>gnp triple antibiotic external ointment</i>	Lanabiotic	OTC
<i>gnp triple antibiotic plus external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>goodsense first aid antibiotic external ointment</i>	Lanabiotic	OTC
<i>hm double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>hm triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>hm triple antibiotic max st external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>qc triple antibiotic max st external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>qc triple antibiotic multi-act external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>qc triple antibiotic pain rlf external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>sm antibiotic plus pain relief external cream 3.5-10000-10</i>	Neosporin Plus Pain Relief MS	OTC
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>sm triple antibiotic max st external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	Lanabiotic	OTC
<i>triple antibiotic external ointment</i>	Lanabiotic	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>hm bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>mupirocin external ointment 2 %</i>		
<i>qc bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>sm antibiotic external ointment 500 unit/gm</i>		OTC
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		
*Antifungals - Topical***		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tinactin	OTC
<i>athletes foot (terbinafine) external cream 1 %</i>	LamISIL AT	OTC
<i>athletes foot powder spray external aerosol powder 1 %</i>	Odor Eaters Foot/Sneaker Spray	OTC
<i>athletes foot spray external aerosol 1 %</i>	Tinactin	OTC
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
CICLODAN EXTERNAL SOLUTION 8 %	ciclopirox	
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	
<i>ciclopirox olamine external cream 0.77 %</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>ft antifungal external cream 1 %</i>	Tinactin	OTC
<i>ft athletes foot (terbinafine) external cream 1 %</i>	LamISIL AT	OTC
<i>gnp terbinafine hydrochloride external cream 1 %</i>	LamISIL AT	OTC
<i>gnp tolnaftate external cream 1 %</i>	Tinactin	OTC
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	nystatin	
<i>nystatin external cream 100000 unit/gm</i>		
<i>nystatin external ointment 100000 unit/gm</i>		
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	nystatin	
<i>qc antifungal (tolnaftate) external cream 1 %</i>	Tinactin	OTC
<i>qc athletes foot external cream 1 %</i>	LamISIL AT	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc athletes foot relief external aerosol 1 %</i>	Tinactin	OTC
<i>qc tolnaftate external cream 1 %</i>	Tinactin	OTC
<i>sm antifungal tolnaftate external cream 1 %</i>	Tinactin	OTC
<i>sm athletes foot external cream 1 %</i>	LamISIL AT	OTC
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT	OTC
<i>tolnaftate antifungal external cream 1 %</i>	Tinactin	OTC
<i>tolnaftate external cream 1 %</i>	Tinactin	OTC
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	OTC
*Antihistamine-Topical Combinations***		
<i>anti-itch external cream 2-0.1 %</i>	Banophen	OTC
BANOPHEN EXTERNAL CREAM 2-0.1 %	anti-itch	OTC
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Banophen	OTC
<i>gnp anti-itch external cream 2-0.1 %</i>	Banophen	OTC
<i>gnp itch relief spray external liquid 2-0.1 %</i>	Benadryl Extra Strength	OTC
<i>itch relief extra strength external cream 2-0.1 %</i>	Banophen	OTC
<i>itch relief extra strength external liquid 2-0.1 %</i>	Benadryl Extra Strength	OTC
<i>qc anti-itch extra strength external cream 2-0.1 %</i>	Banophen	OTC
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	Banophen	OTC
*Anti-Inflammatory Agents - Topical***		
<i>arthritis pain reliever external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	
<i>diclofenac sodium external solution 1.5 %</i>		ST; QLL (10 ML per 1 day)
<i>ft arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>gnp arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>gnp diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>goodsense arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>qc diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	OTC
<i>sm arthritis pain external gel 1 %</i>	Aleve Arthritis Pain	OTC
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		

Formulary Drug Name	Reference	Restrictions
*Antipruritic Combinations - Topical***		
<i>anti-itch external lotion 0.5-0.5 %</i>	Sarna	OTC
<i>gnp anti-itch external lotion 0.5-0.5 %</i>	Sarna	OTC
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>		
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	
<i>calcipotriene external solution 0.005 %</i>		
CALCITRENE EXTERNAL OINTMENT 0.005 %	calcipotriene	
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; AL (Max 18 Years)
*Antiseborrheic Combinations***		
<i>sebex external shampoo 2-2 %</i>		OTC
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external lotion 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external shampoo 1 %</i>	ControlGX Anti-Dandruff	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
<i>selenium sulfide external shampoo 2.3 %</i>		
<i>sm dandruff 2 in 1 external shampoo 1 %</i>	ControlGX Anti-Dandruff	OTC
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Zovirax	
<i>docosanol external cream 10 %</i>	Abreva	OTC
<i>ft docosanol external cream 10 %</i>	Abreva	OTC
<i>gnp docosanol external cream 10 %</i>	Abreva	OTC
<i>hm docosanol external cream 10 %</i>	Abreva	OTC
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	
*Astringents***		
<i>alum sulfate-ca acetate external packet</i>	Domeboro	OTC
<i>diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
DR SMITHS ADULT BARRIER EXTERNAL AEROSOL 10 %		OTC
DR SMITHS ADULT BARRIER EXTERNAL OINTMENT 10 %		OTC
DR SMITHS DIAPER EXTERNAL OINTMENT 10 %		OTC
DR SMITHS DIAPER QUICK RELIEF EXTERNAL OINTMENT 10 %		OTC

Formulary Drug Name	Reference	Restrictions
DR SMITHS DIAPER RASH EXTERNAL AEROSOL 10 %		OTC
DR SMITHS RASH + SKIN EXTERNAL AEROSOL 10 %		OTC
<i>gnp calamine phenolated external lotion</i>		OTC
<i>gnp zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>qc calamine external lotion</i>		OTC
<i>qc zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>sm calamine phenolated external lotion</i>		OTC
<i>sm hygienic cleansing external pad 50 %</i>	A.E.R. Traveler	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QLL (4 ML per 28 days); AL (Min 18 Years)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML		PA
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	SSD	
SSD EXTERNAL CREAM 1 %	silver sulfadiazine	
*Corticosteroids - Topical***		
<i>anti-itch maximum strength external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
AQUANIL HC EXTERNAL LOTION 1 %	beta hc	OTC; QLL (120 ML per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>		
<i>betamethasone valerate external lotion 0.1 %</i>		
<i>betamethasone valerate external ointment 0.1 %</i>		
<i>clobetasol prop emollient base external cream 0.05 %</i>		
<i>clobetasol propionate e external cream 0.05 %</i>		
<i>clobetasol propionate external cream 0.05 %</i>		
<i>clobetasol propionate external gel 0.05 %</i>		
<i>clobetasol propionate external ointment 0.05 %</i>		
<i>clobetasol propionate external solution 0.05 %</i>		
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	QLL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	fluocinolone acetonide scalp	QLL (120 ML per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothe/FS Body	QLL (120 ML per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide cream 0.05 % external</i>		QLL (60 GM per 30 days)
<i>fluocinonide cream 0.1 % external</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		
<i>fluticasone propionate external cream 0.05 %</i>		
<i>fluticasone propionate external ointment 0.005 %</i>		
<i>gnp hydrocortisone external cream 0.5 %</i>		OTC
<i>gnp hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>gnp hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>gnp hydrocortisone/aloe external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>goodsense anti-itch max str external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>goodsense anti-itch maximum st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>halobetasol propionate external cream 0.05 %</i>		
<i>hm hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>hm hydrocortisone-aloe max st external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC

Formulary Drug Name	Reference	Restrictions
<i>hydrocortisone acetate external cream 1 %</i>		OTC
<i>hydrocortisone acetate external ointment 1 %</i>		OTC
<i>hydrocortisone acetate powder</i>		
<i>hydrocortisone cream 0.5 % external</i>		OTC
<i>hydrocortisone cream 1 % external (otc)</i>	Aveeno Anti-Itch Max St	
<i>hydrocortisone cream 1 % external (rx)</i>	Aveeno Anti-Itch Max St	
<i>hydrocortisone cream 2.5 % external</i>		
<i>hydrocortisone external lotion 2.5 %</i>		
<i>hydrocortisone max st external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>hydrocortisone max st/12 moist external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>hydrocortisone ointment 0.5 % external</i>		OTC; QLL (90 GM per 30 days)
<i>hydrocortisone ointment 1 % external (otc)</i>	Aquaphor Itch Relief Children	
<i>hydrocortisone ointment 1 % external (rx)</i>	Aquaphor Itch Relief Children	
<i>hydrocortisone ointment 2.5 % external</i>		
<i>hydrocortisone/aloe max str external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>mometasone furoate external cream 0.1 %</i>		
<i>mometasone furoate external ointment 0.1 %</i>		
<i>mometasone furoate external solution 0.1 %</i>		
<i>qc anti-itch aloe external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>qc anti-itch intensive healing external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>qc hydrocortisone max st external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>sm hydrocortisone external cream 0.5 %</i>		OTC
<i>sm hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>sm hydrocortisone external ointment 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<i>sm hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	OTC
<i>sm hydrocortisone plus external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>sm hydrocortisone-aloe max st external cream 1 %</i>	Aveeno Anti-Itch Max St	OTC
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>		

Formulary Drug Name	Reference	Restrictions
<i>triamcinolone in absorbase external ointment 0.05 %</i>		
*Diaper Rash Products***		
MEDI-PASTE EXTERNAL OINTMENT	cvs all-purpose skin protect	OTC
*Emollient Combinations***		
<i>mineral oil-hydrophil petrolat external ointment</i>		OTC
*Emollient/Keratolytic Agents***		
DERMACINRX UREA EXTERNAL CREAM 41 %	urea	
NUTRAPLUS EXTERNAL CREAM 10 %	urea	OTC
NUTRAPLUS EXTERNAL LOTION 10 %	ureacin-10	OTC
<i>urea 20 intensive hydrating external cream 20 %</i>		OTC
<i>urea external cream 39 %</i>	Uredeb	
<i>urea external lotion 40 %</i>		
<i>ureacin-10 external lotion 10 %</i>	Nutraplus	OTC
<i>ureacin-20 external cream 20 %</i>		OTC
*Emollient/Keratolytic Combinations***		
<i>urea hydrating external foam 35 %</i>		
*Emollients***		
A + D PERSONAL CARE LOTION EXTERNAL LOTION	sm dry skin therapy	OTC
<i>a&d external ointment</i>	Medpura Vitamin A & D	OTC
A+D PREVENT EXTERNAL OINTMENT	a	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 %	ammonium lactate	OTC
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	Amlactin Daily	
AQUA GLYCOLIC FACE EXTERNAL CREAM	beta care	OTC
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION	sm dry skin therapy	OTC
AQUA LACTEN EXTERNAL LOTION	sm dry skin therapy	OTC
AQUAMED EXTERNAL LOTION	sm dry skin therapy	OTC
CAM EXTERNAL LOTION	sm dry skin therapy	OTC
CORN HUSKERS EXTERNAL LOTION	sm dry skin therapy	OTC
DERMABASE EXTERNAL CREAM	beta care	OTC
DML EXTERNAL LOTION	sm dry skin therapy	OTC

Formulary Drug Name	Reference	Restrictions
DML FORTE EXTERNAL CREAM	beta care	OTC
KERADAN EXTERNAL CREAM	beta care	OTC
LAC-HYDRIN FIVE EXTERNAL LOTION 5 %		OTC
LACTINOL HX EXTERNAL CREAM	beta care	OTC
LUBRISOFT EXTERNAL LOTION	sm dry skin therapy	OTC
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	beta care	OTC
MINERIN EXTERNAL LOTION	sm dry skin therapy	OTC
NISEKO HYDRATING FACIAL EXTERNAL CREAM	beta care	OTC
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION	sm dry skin therapy	OTC
NUTRADERM EXTERNAL LOTION	sm dry skin therapy	OTC
<i>qc glycerin external liquid 99.5 %</i>		OTC
RISABAL-PH EXTERNAL CREAM	beta care	OTC
<i>sm dry skin therapy external lotion</i>	Aqua Glycolic Hand/Body	OTC
<i>thera-derm external lotion</i>	Aqua Glycolic Hand/Body	OTC
VELVACHOL EXTERNAL CREAM	beta care	OTC
<i>vitamin a & d external ointment</i>	Medpura Vitamin A & D	OTC
<i>vitamins a & d external ointment</i>	Medpura Vitamin A & D	OTC
WIBI EXTERNAL LOTION	sm dry skin therapy	OTC
*Imidazole-Related Antifungals - Topical***		
<i>antifungal (clotrimazole) external cream 1 %</i>	Micotrin AC	OTC
<i>antifungal clotrimazole external cream 1 %</i>	Micotrin AC	OTC
<i>antifungal external cream 2 %</i>	Micatin	OTC
<i>antifungal external powder 2 %</i>	Micotrin AP	OTC
<i>athletes foot (clotrimazole) external cream 1 %</i>	Micotrin AC	OTC
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Micotrin AC	OTC
<i>clotrimazole athletes foot external cream 1 %</i>	Micotrin AC	OTC
<i>clotrimazole external cream 1 %</i>	Micotrin AC	
<i>clotrimazole external solution 1 %</i>		
<i>ft antifungal external cream 2 %</i>	Micatin	OTC
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	Micotrin AC	OTC
<i>gnp athletes foot external cream 1 %</i>	Micotrin AC	OTC
<i>gnp miconazorb af external powder 2 %</i>	Micotrin AP	OTC

Formulary Drug Name	Reference	Restrictions
<i>ketoconazole external cream 2 %</i>		
<i>ketoconazole external shampoo 2 %</i>		
<i>miconazole nitrate external cream 2 %</i>	Micatin	
MICOTRIN AC EXTERNAL CREAM 1 %	antifungal (clotrimazole)	OTC
MICOTRIN AP EXTERNAL POWDER 2 %	antifungal	OTC
MYCOZYL AC EXTERNAL CREAM 1 %	antifungal (clotrimazole)	OTC
MYCOZYL AP EXTERNAL POWDER 2 %	antifungal	OTC
<i>qc clotrimazole external cream 1 %</i>	Micotrin AC	OTC
<i>sm antifungal clotrimazole external cream 1 %</i>	Micotrin AC	OTC
<i>sm antifungal miconazole external cream 2 %</i>	Micatin	OTC
<i>tm-clotrimazole external cream 1 %</i>	Micotrin AC	OTC
*Immunomodulators		
Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>		QLL (12 EA per 30 days)
*Insect Repellents***		
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 %		OTC
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %		OTC
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>corn & callus remover external liquid 17 %</i>	Compound W	OTC
DHS SAL EXTERNAL SHAMPOO 3 %	therapeutic dandruff	OTC
<i>gnp callus removers external pad 40 %</i>	Compound W	OTC
<i>gnp corn removers external pad 40 %</i>	Compound W	OTC
<i>gnp wart remover external liquid 17 %</i>	Compound W	OTC
<i>medicated callus removers external pad 40 %</i>	Compound W	OTC
<i>medicated corn removers external pad 40 %</i>	Compound W	OTC
<i>podofilox external solution 0.5 %</i>		
<i>qc corn and callus remover external liquid 17 %</i>	Compound W	OTC
<i>qc wart remover external liquid 17 %</i>	Compound W	OTC
<i>salicylic acid external foam 6 %</i>	Salvax	
<i>salicylic acid external gel 6 %</i>	Keralyt	
<i>salicylic acid wart remover external liquid 27.5 %</i>	Virasal	
<i>therapeutic dandruff external shampoo 3 %</i>	DHS Sal	OTC

Formulary Drug Name	Reference	Restrictions
<i>wart remover maximum strength external liquid 17 %</i>	Compound W	OTC
<i>wart remover maximum strength external strip 40 %</i>	Compound W for Kids	OTC
*Liniment Combinations***		
CAPASIL EXTERNAL CREAM 2-10 %	muscle rub	OTC
MENCYLATE EXTERNAL CREAM 2-10 %	muscle rub	OTC
<i>muscle rub external cream 10-15 %</i>	Capasil	OTC
<i>pain relieving external cream</i>	Capasil	OTC
<i>sm cold & hot extra strength external cream</i>	Capasil	OTC
<i>sm muscle rub external cream 10-15 %</i>	Capasil	OTC
THERA-GESIC EXTERNAL CREAM 1-15 %	muscle rub	OTC
THERA-GESIC PLUS EXTERNAL CREAM	muscle rub	OTC
*Local Anesthetics - Topical***		
<i>arthritis pain relieving external cream 0.075 %</i>		OTC
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>capsaicin external cream 0.1 %</i>	Capzasin-HP	OTC
<i>capsaicin heat patch external patch 0.025 %</i>	Salonpas-Hot	OTC
<i>capsaicin pain relief external cream 0.1 %</i>	Capzasin-HP	OTC
<i>capsimide external patch 0.025 %</i>	Salonpas-Hot	OTC
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 %	capsaicin	OTC
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	lidocaine hcl urethral/mucosal	
<i>gnp capsaicin external liquid 0.15 %</i>	Capzasin	OTC
<i>gnp capsaicin heat external patch 0.025 %</i>	Salonpas-Hot	OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>gnp lidocaine pain relieving external cream 4 %</i>	Aspercreme Lidocaine	OTC; QLL (153 GM per 30 days)
<i>hm lidocaine patch external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external ointment 5 %</i>		QLL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidocan	QLL (3 EA per 1 day)
<i>lidocaine hcl external cream 4 %</i>	Aspercreme Lidocaine	OTC; QLL (153 GM per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	
<i>lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>lidocaine pain relief max st external cream 4 %</i>	Aspercreme Lidocaine	OTC; QLL (153 GM per 30 days)
<i>lidocaine pain relief max st external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine pain relieving external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
LIDOCAN EXTERNAL PATCH 5 %	lidocaine	QLL (3 EA per 1 day)
<i>pramoxine hcl external lotion 1 %</i>	CeraVe Itch Relief	OTC
<i>qc lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>qc pain relieving + lidocaine external cream 4 %</i>	Aspercreme Lidocaine	OTC; QLL (153 GM per 30 days)
*Macrolide Immunosuppressants - Topical***		
ELIDEL EXTERNAL CREAM 1 %	pimecrolimus	PA; QLL (30 GM per 30 days); AL (Min 2 Years)
<i>tacrolimus ointment 0.03 % external</i>		PA; QLL (30 GM per 30 days); AL (Min 2 Years)
<i>tacrolimus ointment 0.1 % external</i>		PA; QLL (30 GM per 30 days); AL (Min 16 Years)
*Misc. Dermatological Products***		
ATOPICLAIR EXTERNAL CREAM	alevamax	
DEXERYL EXTERNAL CREAM	alevamax	
ELETONE EXTERNAL CREAM	alevamax	
HYLATOPIC PLUS EXTERNAL CREAM	alevamax	
HYLATOPIC PLUS EXTERNAL LOTION	bromi-lotion	
NIVATOPIC PLUS EXTERNAL CREAM	alevamax	
TETRIX EXTERNAL CREAM	alevamax	
*Misc. Topical Combinations***		
A & D ZINC OXIDE EXTERNAL CREAM		OTC
<i>calamine external lotion 8-8 %</i>		OTC
<i>gnp calamine external lotion 8-8 %</i>		OTC
<i>hm calamine external lotion 8-8 %</i>		OTC
RISAMINE EXTERNAL OINTMENT 0.44-20.625 %	menthol-zinc oxide	OTC
<i>sm calamine external lotion</i>		OTC
*Misc. Topical***		
<i>hemorrhoidal external pad 50 %</i>	B-Sure Witch Hazel	OTC
<i>hm medicated cooling external pad 50 %</i>	B-Sure Witch Hazel	OTC
<i>medi-pads external pad 50 %</i>	B-Sure Witch Hazel	OTC
<i>qc medicated pads external pad</i>	B-Sure Witch Hazel	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc medicated pre-moistened external pad 50 %</i>	B-Sure Witch Hazel	OTC
<i>qc medicated wipes external pad</i>	B-Sure Witch Hazel	OTC
<i>sm medicated wipes external pad 50 %</i>	B-Sure Witch Hazel	OTC
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %		PA; QLL (300 GM per 365 days)
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Finacea	QLL (50 GM per 30 days); AL (Min 18 Years)
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>		
<i>metronidazole external gel 1 %</i>	Metrogel	
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
ROSDAN EXTERNAL CREAM 0.75 %	metronidazole	
ROSDAN EXTERNAL GEL 0.75 %	metronidazole	
*Scabicide Combinations***		
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>hm lice killing max st external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
*Scabicides & Pediculicides***		
<i>gnp home lice/bedbug/dust mite aerosol 0.5 %</i>		OTC
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC; QLL (118 ML per 30 days)
<i>goodsense lice killing external liquid 1 %</i>	Nix Creme Rinse	OTC; QLL (118 ML per 30 days)
<i>hm lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC; QLL (118 ML per 30 days)
<i>ivermectin external lotion 0.5 %</i>	Sklice	ST; QLL (117 GM per 30 days)
<i>lice treatment creme rinse external liquid 1 %</i>	Nix Creme Rinse	OTC; QLL (118 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (59 ML per 180 days)
<i>permethrin external cream 5 %</i>		QLL (60 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>sm bedding lice treatment aerosol 0.5 %</i>		OTC
<i>sm lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC; QLL (120 ML per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleansers***		
<i>alcohol wipes external 70 %</i>		OTC
<i>qc alcohol external 70 %</i>		OTC
*Skin Protectants***		
ABSORBASE EXTERNAL OINTMENT	aquagard hydrating	OTC
DERMACINRX SKIN REPAIR EXTERNAL CREAM 5 %		OTC
DIMOPAIR EXTERNAL CREAM 5 %		OTC
MEDERMA PM EXTERNAL CREAM 2 %	cvs intense hydration	OTC
MINERIN CREME EXTERNAL CREAM	hydrocerin	OTC
MOISTUREL EXTERNAL LOTION 3 %		OTC
THERASEAL HAND PROTECTION EXTERNAL LOTION 1 %		OTC
*Soaps***		
ACUWASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUA GLYCOLIC TONER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
AQUANIL SKIN CLEANSER EXTERNAL LOTION	anti-bacterial hand	OTC
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	OTC
REHYLA WASH EXTERNAL LIQUID	cvs daily facial cleanser	OTC
*Tar Products***		
<i>sm anti-dandruff coal tar external shampoo 0.5 %</i>	DHS Tar	OTC
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (30 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
Diagnostic Products		
*Diagnostic Tests***		
ONETOUCH ULTRA IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)
ONETOUCH ULTRA TEST IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)
*Infection Tests***		
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO	ellume covid-19 home test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 2 Years)
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO	ellume covid-19 home test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 4 Years)
<i>ellume covid-19 home test in vitro kit</i>	BinaxNOW COVID-19 Ag Home Test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	ellume covid-19 home test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 2 Years)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	ellume covid-19 home test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 2 Years)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	ellume covid-19 home test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 15 Years)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	ellume covid-19 home test	OTC; QLL (2 EA Max Qty Per Fill Retail); AL (Min 2 Years)
Dietary Products/Dietary Management Products		
*Dietary Management Product Combinations***		
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG	l-methylfolate-algae-b12-b6	
<i>l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg</i>	Metafolbic Plus RF	
<i>l-methylfolate forte oral capsule 15-90.314 mg</i>	Deplin 15	
<i>l-methylfolate forte oral capsule 7.5-90.314 mg</i>	Deplin 7.5	
<i>l-methylfolate-algae oral capsule 15-90.314 mg</i>	Deplin 15	
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	Foltanx RF	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG	methylfol-algae-b12-acetylcyst	

Formulary Drug Name	Reference	Restrictions
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT		PA
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>		
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>toremide oral tablet 20 mg</i>	Soanz	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
Endocrine And Metabolic Agents - Misc.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>		
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		QLL (16 EA per 30 days)
*Gnrh/Lhrh Antagonists***		
ORLISSA ORAL TABLET 150 MG, 200 MG		PA
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG		PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG		PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML		PA

Formulary Drug Name	Reference	Restrictions
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MG/2ML		PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MG/2ML		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (1 EA per 1 day)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (1 EA per 1 day)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG		PA
*Parathyroid Hormone And Derivatives***		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA
*Vasopressin***		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (3 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (10 ML per 25 days)
Estrogens		
*Estrogen & Progestin***		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	estradiol-norethindrone acet	QLL (1 EA per 1 day)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		QLL (1 EA per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	QLL (1 EA per 1 day)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day)
JINTELI ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day)
MIMVEY ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	QLL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day)
*Estrogens***		
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	QLL (0.2857 EA per 1 day)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Dotti	QLL (0.2857 EA per 1 day)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (0.1429 EA per 1 day)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	QLL (0.2857 EA per 1 day)
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	

Formulary Drug Name	Reference	Restrictions
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Cipro	
<i>levofloxacin oral solution 25 mg/ml</i>		AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
<i>eq gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>ft gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>ft gas relief oral tablet chewable 80 mg</i>		OTC
<i>ft gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gas relief drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>gas relief oral capsule 250 mg</i>	Phazyme Maximum Strength	OTC
<i>gas relief oral tablet chewable 80 mg</i>		OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gnp gas relief oral tablet chewable 80 mg</i>		OTC
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>hm gas relief infants drops oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>hm gas relief oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>hm gas relief oral tablet chewable 80 mg</i>		OTC
<i>infants gas relief oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>infants simethicone oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC

Formulary Drug Name	Reference	Restrictions
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG	qc gas relief	OTC
<i>qc anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>qc gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>qc gas relief oral capsule 250 mg</i>	Phazyme Maximum Strength	OTC
<i>qc gas relief oral tablet chewable 80 mg</i>		OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral tablet chewable 80 mg</i>		OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief antifatulent oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	OTC
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>sm gas relief oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief oral tablet chewable 80 mg</i>		OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>		
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	lubiprostone	PA; AL (Min 18 Years)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl injection solution 5 mg/ml</i>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS CAPSULE 145 MCG ORAL		PA; AL (Min 18 Years)
LINZESS CAPSULE 290 MCG ORAL		PA; AL (Min 18 Years)
LINZESS CAPSULE 72 MCG ORAL		PA; AL (Min 6 Years)
*Inflammatory Bowel Agents***		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	mesalamine er	
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	
<i>mesalamine er oral capsule extended release 500 mg</i>	Pentasa	
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG		
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	mesalamine er	
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>		
<i>generlac oral solution 10 gm/15ml</i>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
<i>calcium acetate oral tablet 667 mg</i>	Calphron	
CALPHRON ORAL TABLET 667 MG	calcium acetate	OTC
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	
*Tumor Necrosis Factor Alpha Blockers***		
<i>infliximab intravenous solution reconstituted 100 mg</i>	Remicade	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	
<i>finasteride oral tablet 5 mg</i>	Proscar	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	
*Citrates***		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>		
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		

Formulary Drug Name	Reference	Restrictions
*Urinary Analgesics***		
<i>gnp urinary pain relief max st oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>gnp urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>hm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>qc azo oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>qc urinary pain relief max st oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>qc urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
<i>sm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		
<i>colchicine oral tablet 0.6 mg</i>		
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
Hematological Agents - Misc.		
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML		
*Antihemophilic Products***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>		

Formulary Drug Name	Reference	Restrictions
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		
ALTUVIHO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT		
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT		
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT		
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT		
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT		

Formulary Drug Name	Reference	Restrictions
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT		
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT		
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	rixubis	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT		
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG		
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		
<i>obizur intravenous solution reconstituted 500 unit</i>		
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		

Formulary Drug Name	Reference	Restrictions
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT		
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Ixinity	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG		
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT		
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT		
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT		
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>		PA; AL (Min 18 Years)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Sajazir	PA; AL (Min 18 Years)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	icatibant acetate	PA; AL (Min 18 Years)
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT 500 UNIT		PA; QLL (4 EA per 2 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		PA; AL (Min 6 Years)
*Complement C5 Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG		

Formulary Drug Name	Reference	Restrictions
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Plasma Kallikrein Inhibitors***		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML		PA; QLL (6 ML per 2 days); AL (Min 12 Years)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	
Hematopoietic Agents		
*Amino Acids***		
ENDARI ORAL PACKET 5 GM	l-glutamine	AL (Min 5 Years)
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Dodex	
DODEX INJECTION SOLUTION 1000 MCG/ML	cyanocobalamin	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	cyanocobalamin	
<i>sm vitamin b-12 oral tablet 100 mcg</i>		OTC
<i>sm vitamin b-12 oral tablet 500 mcg</i>	Finest Nutrition Vitamin B-12	OTC
<i>vitamin b-12 oral tablet 1000 mcg</i>		OTC
<i>vitamin b-12 oral tablet 500 mcg</i>	Finest Nutrition Vitamin B-12	OTC
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		AL (Min 18 Years)
*Erythropoiesis-Stimulating Agents (Esas)***		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		

Formulary Drug Name	Reference	Restrictions
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
<i>sm folic acid oral tablet 400 mcg</i>		OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		PA
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA ORAL TABLET SOLUBLE 300 MG		AL (Min 4 Years)
OXBRYTA TABLET 300 MG ORAL		AL (Min 12 Years)
OXBRYTA TABLET 500 MG ORAL		AL (Min 4 Years)
*Iron Combinations***		
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG		OTC
*Iron***		
EZFE 200 ORAL CAPSULE 434.8 (200 FE) MG		OTC
FERATE ORAL TABLET 240 (27 FE) MG	cvs iron	OTC

Formulary Drug Name	Reference	Restrictions
FEROSUL ORAL TABLET 325 (65 FE) MG	ferrous sulfate	OTC
FERREX 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	OTC
FERRIMIN 150 ORAL TABLET 150 MG		OTC
FERROCITE ORAL TABLET 324 MG	ferrous fumarate	OTC
<i>ferrous fumarate oral tablet 324 mg</i>	Ferrocite	OTC
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml</i>	One Vite Ferrous Sulfate	OTC
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>		OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Feosol	OTC
<i>gnp iron oral tablet extended release 45 mg</i>	Slow Fe	OTC
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	OTC
NU-IRON ORAL CAPSULE 150 MG	polysaccharide iron complex	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Ferrex 150	OTC
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>sm iron oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i>		OTC
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; QLL (1 EA per 1 day)
Hemostatics		
*Hemostatics - Systemic***		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)

Formulary Drug Name	Reference	Restrictions
Hypnotics/Sedatives/Sleep Disorder Agents		
*Antihistamine Hypnotic Combinations***		
<i>acetaminophen pm oral tablet 500-25 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>ft pain reliever pm extra str oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>goodsense headache pm oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>hm pain reliever pm ex st oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>qc acetaminophen pm ex st oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>qc pain relief extra strength oral tablet 500-25 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>qc pain reliever pm ex st oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
<i>sm pain reliever pm ex st oral tablet 25-500 mg</i>	Healthy Mama eaZZZe the Pain	OTC
*Antihistamine Hypnotics***		
<i>ft nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>ft sleep aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>gnp sleep aid oral liquid 50 mg/30ml</i>	Wal-Sleep Z	OTC
<i>gnp sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>goodsense sleeptime oral capsule 25 mg</i>	Unisom SleepMinis	OTC
<i>goodsense sleeptime oral liquid 50 mg/30ml</i>	Wal-Sleep Z	OTC
<i>hm nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>hm sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>hm z-sleep oral capsule 25 mg</i>	Unisom SleepMinis	OTC
<i>hm z-sleep oral liquid 50 mg/30ml</i>	Wal-Sleep Z	OTC
<i>night time sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>qc e z nite sleep oral liquid 50 mg/30ml</i>	Wal-Sleep Z	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc rest simply oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>qc sleep aid max st oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>qc sleep-aid max st oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>qc sleep-aid nighttime oral capsule 25 mg</i>	Unisom SleepMinis	OTC
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sleep aid oral liquid 50 mg/30ml</i>	Wal-Sleep Z	OTC
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>sleep tabs oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sleep-aid oral capsule 25 mg</i>	Unisom SleepMinis	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>sleep-aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>sm nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
<i>sm sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	QLL (1 EA per 1 day); AL (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Lunesta	QLL (1 EA per 1 day); AL (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>		QLL (1 EA per 1 day); AL (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	QLL (1 EA per 1 day); AL (Min 18 Years)
*Orexin Receptor Antagonists***		
DAYVIGO ORAL TABLET 10 MG, 5 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
*Selective Melatonin Receptor Agonists***		
<i>ramelteon oral tablet 8 mg</i>	Rozerem	ST; QLL (1 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
Laxatives		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		QLL (4000 ML per 30 days)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	QLL (4000 ML per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL (4000 ML per 30 days)
*Bulk Laxatives***		
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber-lax oral tablet 625 mg</i>	FiberCon	OTC
<i>ft fiber laxative oral tablet 500 mg</i>	Citrucel	OTC
<i>ft fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp best fiber oral powder</i>	Benefiber	OTC
<i>gnp fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>gnp natural fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>hm fiber oral tablet 500 mg</i>	Citrucel	OTC
<i>konsyl daily fiber oral packet 100 %, 28.3 %, 60.3 %</i>		OTC
<i>konsyl daily fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>konsyl daily fiber oral powder 60.3 %</i>		OTC
<i>konsyl original daily fiber oral packet 100 %</i>		OTC
KONSYL-D ORAL POWDER 52.3 %		OTC
<i>qc fiber laxative oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>qc fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>qc fiber therapy oral powder 25 %</i>	Konsyl Daily Psyllium Fiber	OTC
<i>qc fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>qc natural vegetable oral powder 95 %</i>	Hydrocil	OTC
<i>sm fiber laxative oral tablet 500 mg</i>	Citrucel	OTC
<i>sm fiber oral powder 28.3 %, 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>sm fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>sm fiber oral tablet 625 mg</i>	FiberCon	OTC

Formulary Drug Name	Reference	Restrictions
SOLUBLE FIBER THERAPY ORAL POWDER		OTC
*Laxatives - Miscellaneous***		
CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
<i>constulose oral solution 10 gm/15ml</i>		
FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA 5.4 GM/DOSE		OTC
<i>ft clearlax oral powder 17 gm/scoop</i>	ClearLax	OTC; QLL (34 GM per 1 day)
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	OTC; QLL (34 GM per 1 day)
<i>glycerin (adult) rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin childrens rectal suppository 1 gm</i>		OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
GNP CLEARLAX ORAL PACKET 17 GM	peg 3350	OTC; QLL (1 EA per 1 day)
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>gnp glycerin child rectal suppository 1.2 gm</i>		OTC
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
HEALTHYLAX ORAL PACKET 17 GM	peg 3350	OTC; QLL (1 EA per 1 day)
HM CLEARLAX ORAL PACKET 17 GM	peg 3350	OTC; QLL (1 EA per 1 day)
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM		OTC
<i>peg 3350 oral packet 17 gm</i>	GNP ClearLax	OTC; QLL (1 EA per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	OTC; QLL (34 GM per 1 day)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	GNP ClearLax	OTC; QLL (1 EA per 1 day)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	QLL (34 GM per 1 day)
<i>qc natura-lax oral powder 17 gm/scoop</i>	ClearLax	OTC; QLL (34 GM per 1 day)
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
<i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Laxatives & Dss***		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	ft senna-s	OTC
<i>ft senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>ft stool softener oral tablet 50-8.6 mg</i>	Colace 2-IN-1	OTC
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>hm senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>qc senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senexon-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna plus oral capsule 50-8.6 mg</i>		OTC
<i>senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm natural laxative/stool soft oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm stool softener oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>stool softener/laxative oral capsule 50-8.6 mg</i>		OTC
*Lubricant Laxatives***		
<i>enema mineral oil rectal enema</i>	Fleet Oil	OTC
<i>ft mineral oil oral oil</i>		OTC
<i>gnp mineral oil oral oil</i>		OTC
<i>hm enema mineral oil rectal enema</i>	Fleet Oil	OTC
<i>mineral oil oral oil</i>		OTC
MURI-LUBE OIL	mineral oil light	
<i>qc mineral oil heavy oral oil</i>		OTC
<i>sm mineral oil rectal enema</i>	Fleet Oil	OTC

Formulary Drug Name	Reference	Restrictions
*Saline Laxative Mixtures***		
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
FLEET ENEMA RECTAL ENEMA	enema	OTC; QLL (133 ML per 1 day)
<i>hm enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>qc enema rectal enema 16-6 gm/133ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>sm enema rectal enema</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
*Saline Laxatives***		
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>hm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Dulcolax	OTC
PEDIA-LAX ORAL TABLET CHEWABLE 400 MG		OTC
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	Dulcolax	OTC
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Alophen	
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>castor oil oral oil 100 %</i>		OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC

Formulary Drug Name	Reference	Restrictions
<i>ft castor oil oral oil 100 %</i>		OTC
<i>ft gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>ft laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>ft senna laxatives oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gentle laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp castor oil oral oil 100 %</i>		OTC
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>gnp gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp senna lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>hm gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>hm laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>hm senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Medi-Lax	OTC
<i>qc chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>qc gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>qc laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>qc natural vegetable laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>qc senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>qc vegetable laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna oral capsule 8.6 mg</i>		OTC
<i>senna oral liquid 8.8 mg/5ml</i>	OneLAX Senna	OTC
<i>senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna syrup 176 mg/5ml oral</i>		OTC
<i>senna syrup 8.8 mg/5ml oral (otc)</i>	OneLAX Senna	
<i>senna-lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna-time oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	cvs senna-extra	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm castor oil oral oil 100 %</i>		OTC
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>sm laxative maximum strength oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>sm laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>sm senna laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>womans laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
<i>womens laxative oral tablet delayed release 5 mg</i>	Alophen	OTC
*Surfactant Laxatives***		
DOCU LIQUID ORAL LIQUID 100 MG/10ML	docusate sodium	OTC
<i>docu oral liquid 50 mg/5ml</i>	OneLAX Docusate Sodium	OTC
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate mini rectal enema 283 mg/5ml</i>	DocuSol Mini	OTC
<i>docusate sodium capsule 100 mg oral</i>	Colace	OTC
<i>docusate sodium capsule 250 mg oral (otc)</i>		
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	OneLAX Docusate Sodium	OTC
<i>docusate sodium oral tablet 100 mg</i>	DOK	OTC
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML	docusate mini	OTC
DOK ORAL TABLET 100 MG	ft stool softener	OTC
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	docusate mini	OTC
<i>ft stool softener oral capsule 100 mg</i>	Colace	OTC
<i>ft stool softener oral capsule 250 mg</i>		OTC
<i>ft stool softener oral tablet 100 mg</i>	DOK	OTC
<i>gnp stool softener oral capsule 100 mg</i>	Colace	OTC
<i>gnp stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>gnp stool softener oral capsule 250 mg</i>		OTC
<i>hm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>hm stool softener oral capsule 250 mg</i>		OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>qc stool softener oral capsule 100 mg</i>	Colace	OTC
<i>qc stool softener oral capsule 250 mg</i>		OTC
<i>silace oral liquid 150 mg/15ml</i>	OneLAX Docusate Sodium	OTC

Formulary Drug Name	Reference	Restrictions
<i>silace oral syrup 60 mg/15ml</i>		OTC
<i>sm docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>sm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>sm stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>sm stool softener oral capsule 250 mg</i>		OTC
<i>sm stool softener oral tablet 100 mg</i>	DOK	OTC
<i>stool softener laxative oral capsule 100 mg</i>	Colace	OTC
<i>stool softener oral capsule 100 mg</i>	Colace	OTC
Macrolides		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Zithromax	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	Zithromax	
<i>azithromycin oral tablet 600 mg</i>		
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		
*Erythromycins***		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	erythromycin	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. Granules	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	
Medical Devices And Supplies		
*Applicators,Cotton Balls,Etc***		
<i>alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC; QLL (5 EA per 1 day)
<i>alcohol swabs pad</i>	Advocate Alcohol Prep Pads	OTC; QLL (5 EA per 1 day)
<i>gnp alcohol swabs pad 70 %</i>	Advocate Alcohol Prep Pads	OTC; QLL (5 EA per 1 day)
<i>hm sterile alcohol prep pad</i>	Advocate Alcohol Prep Pads	OTC; QLL (5 EA per 1 day)
<i>qc alcohol swabs pad 70 %</i>	Advocate Alcohol Prep Pads	OTC; QLL (5 EA per 1 day)
<i>sm alcohol prep pad</i>	Advocate Alcohol Prep Pads	OTC; QLL (5 EA per 1 day)
*Condoms - Male***		
<i>premium condoms lubricated</i>	Durex Extra Sensitive Thin	OTC; QLL (12 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Glucose Monitoring Test Supplies***		
DEXCOM G5 MOB/G4 PLAT SENSOR	guardian sensor 3	PA; QLL (4 EA per 28 days)
DEXCOM G5 MOBILE TRANSMITTER		PA; QLL (1 EA per 90 days)
DEXCOM G6 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (4 EA per 28 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G7 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE SENSOR SYSTEM	guardian sensor 3	PA; QLL (3 EA per 30 days)
ONETOUCH DELICA LANCETS 30G	acti-lance 28g	OTC; QLL (5 EA per 1 day)
ONETOUCH DELICA LANCETS 33G	acti-lance 28g	OTC; QLL (5 EA per 1 day)
ONETOUCH DELICA LANCING DEV	adjustable lancing device	OTC; QLL (5 EA per 1 day)
ONETOUCH DELICA PLUS LANCET30G	acti-lance 28g	OTC; QLL (5 EA per 1 day)
ONETOUCH DELICA PLUS LANCET33G	acti-lance 28g	OTC; QLL (5 EA per 1 day)
ONETOUCH DELICA PLUS LANCING	adjustable lancing device	OTC
ONETOUCH DELICA SAFETY LANCING	acti-lance 28g	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
*Misc. Devices***		
<i>mucosal atomization device</i>	Acu-Life Crusher/Container	OTC

Formulary Drug Name	Reference	Restrictions
*Needles & Syringes***		
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	aq insulin syringe	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1st tier unifine pentips	ST; OTC; QLL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st tier unifine pentips	ST; OTC; QLL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	ST; OTC; QLL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F 32G X 4 MM	1st tier unifine pentips	ST; QLL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	sure comfort pen needles	ST; OTC; QLL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	ST; OTC; QLL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
*Peak Flow Meters***		
AIRZONE PEAK FLOW METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
ASSESS FULL RANGE PEAK METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
ASSESS LOW RANGE PEAK METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
ASSESS PEAK FLOW METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
ASTHMA CHECK METER-ZONE SYSTEM DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
ASTHMAMENTOR DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)

Formulary Drug Name	Reference	Restrictions
MICROLIFE DIGITAL PEAK FLOW DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
MINI WRIGHT PEAK FLOW METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
PEAK AIR PEAK FLOW METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	OTC; QLL (2 EA per 1 Year)
PERSONAL BEST FULL RANGE DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
PERSONAL BEST LOW RANGE DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
PIKO 1 DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
POCKET PEAK FLOW METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
POCKETPEAK PEAK FLOW METER DEVICE	peak flow meter universal rang	OTC; QLL (2 EA per 1 Year)
TRUZONE PEAK FLOW METER DEVICE	peak flow meter universal rang	QLL (2 EA per 1 Year)
*Respiratory Therapy Supplies***		
AEROBIKA DEVICE	adult mask	QLL (2 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
EASIVENT	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
EASIVENT MASK LARGE	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
EASIVENT MASK MEDIUM	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
EASIVENT MASK SMALL	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
FLEXICHAMBER ADULT MASK/SMALL		QLL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE		QLL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL		QLL (2 EA per 1 Year)
FLEXICHAMBER DEVICE	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
INSPIREASE	breathe comfort chamber/adult	QLL (2 EA per 1 Year)
PEDIATRIC PANDA MASK		OTC; QLL (2 EA per 1 Year)

Formulary Drug Name	Reference	Restrictions
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC ORAL TABLET DISPERSIBLE 75 MG		PA; QLL (16 EA per 30 days); AL (Min 18 Years)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG		ST; QLL (16 EA per 30 days); AL (Min 18 Years)
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		PA; QLL (1 ML per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		PA; QLL (1.5 ML per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		PA; QLL (1.5 ML per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		PA; QLL (1 ML per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; QLL (1 ML per 30 days); AL (Min 18 Years)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	QLL (9 EA per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	sumatriptan	QLL (6 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QLL (9 EA per 34 days)
RELPAK ORAL TABLET 20 MG	eletriptan hydrobromide	QLL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (12 EA per 34 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (12 EA per 34 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (12 EA per 34 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (12 EA per 34 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		QLL (6 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (2 ML per 30 days)
<i>sumatriptan succinate tablet 100 mg oral</i>	Imitrex	QLL (9 EA per 34 days)
<i>sumatriptan succinate tablet 25 mg oral</i>	Imitrex	QLL (18 EA per 34 days)
<i>sumatriptan succinate tablet 50 mg oral</i>	Imitrex	QLL (18 EA per 34 days)
Minerals & Electrolytes		
*Bicarbonates***		
<i>sodium bicarbonate intravenous solution 8.4 %</i>		
*Calcium Combinations***		
<i>calcium + d oral tablet 250-125 mg-unit</i>		OTC
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>calcium 500/d oral tablet chewable 500-400 mg-unit</i>		OTC
<i>calcium 600+d oral tablet 600-200 mg-unit</i>		OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		OTC
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Citracal Petites/Vitamin D	OTC
<i>gnp calcium 600 +d oral tablet 600-400 mg-unit</i>		OTC
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	Calcitrate	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	calcium 500 + d3	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	OTC
<i>oyster shell calcium 500 + d oral tablet 500-200 mg-unit</i>		OTC
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>		OTC
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>		OTC
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>		OTC
<i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i>		OTC
<i>sm calcium-magnesium-zinc oral tablet 333-133-5 mg</i>		OTC
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>		OTC
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>		OTC
*Calcium***		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>		OTC
<i>calcium acetate oral tablet 668 (169 ca) mg</i>		OTC
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>		OTC
SM CORAL CALCIUM ORAL TABLET 1000 (390 CA) MG		OTC
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
*Magnesium Combinations***		
BEELITH ORAL TABLET 362-20 MG		OTC
NU-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG		OTC
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG		OTC
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG		OTC
*Magnesium***		
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	OTC
<i>magnesium oxide -mg supplement oral tablet 500 mg</i>		OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	magnesium oxide -mg supplement	OTC
<i>sm magnesium oral tablet 250 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Phosphate***		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	
<i>phosphorous oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride er	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride crys er	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride er	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	potassium chloride crys er	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	potassium chloride er	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	
<i>potassium chloride er oral tablet extended release 15 meq</i>	Klor-Con M15	
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	

Formulary Drug Name	Reference	Restrictions
*Sodium***		
<i>sodium chloride oral tablet 1 gm</i>		OTC
*Zinc***		
<i>sm zinc gluconate oral tablet 50 mg</i>		OTC
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	Orazinc	OTC
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>		OTC
Miscellaneous Therapeutic Classes		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	
GENGRAF ORAL SOLUTION 100 MG/ML	cyclosporine modified	
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	PA; QLL (1 EA per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	PA; QLL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
<i>water for irrigation, sterile irrigation solution</i>	Argyle Sterile Water	
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	

Formulary Drug Name	Reference	Restrictions
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>		
SPS ORAL SUSPENSION 15 GM/60ML		
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
<i>sore throat lozenges mouth/throat lozenge 15-3.6 mg</i>	Cepacol Sore Throat Ex St	OTC
<i>sore throat mouth/throat lozenge 15-2.6 mg</i>	Cepacol Extra Strength	OTC
<i>sore throat mouth/throat lozenge 15-3.6 mg</i>	Cepacol Sore Throat Ex St	OTC
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	
<i>gnp sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>hm sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>phenaseptic mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>qc sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>sm sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
<i>sore throat mouth/throat liquid</i>	Chloraseptic	OTC
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
*Dental Products - Combinations***		
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	PreviDent 5000 Enamel Protect	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	PreviDent 5000 Enamel Protect	
*Fluoride Dental Products***		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	sodium fluoride 5000 plus	

Formulary Drug Name	Reference	Restrictions
DENTAGEL DENTAL GEL 1.1 %	sodium fluoride	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	DentaGel	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Clinpro 5000	
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	
*Lozenge - Combinations***		
<i>sore throat & cough lozenges mouth/throat lozenge 5-7.5 mg</i>	Cepacol Sore Throat & Cough	OTC
*Lozenges***		
<i>cough drops mouth/throat lozenge 5.4 mg</i>	Cepacol Sore Throat	OTC
<i>cough drops mouth/throat lozenge 5.8 mg, 7.5 mg, 7.6 mg</i>		OTC
<i>qc sore throat mouth/throat lozenge 6-10 mg</i>	Dentiva	OTC
<i>sm cough drops mouth/throat lozenge 10 mg, 5 mg, 5.8 mg, 7 mg, 8 mg</i>		OTC
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
ORALONE MOUTH/THROAT PASTE 0.1 %	triamcinolone acetonide	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	
Multivitamins		
*B-Complex Vitamins***		
<i>b complex oral capsule</i>		OTC
<i>b-complex/b-12 oral tablet</i>		OTC
<i>vitamin b complex oral capsule</i>		OTC
*B-Complex W/ C & Folic Acid***		
DIALYVITE 800 ORAL TABLET 0.8 MG	full spectrum b/vitamin c	OTC
<i>folbee plus oral tablet</i>	Dexifol	
NEPHRO-VITE ORAL TABLET 0.8 MG	full spectrum b/vitamin c	OTC
<i>renal-vite oral tablet 0.8 mg</i>	Dialyvite 800	OTC
*B-Complex W/ C***		
<i>sm super b complex/c oral tablet</i>	Allbee/C	OTC
*B-Complex W/ C-Zn & Folic Acid***		
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG		OTC

Formulary Drug Name	Reference	Restrictions
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG		OTC
*B-Complex W/ Folic Acid***		
<i>sm balanced b-100 oral tablet</i>	Big 100	OTC
<i>sm balanced b-50 oral tablet</i>	Big 100	OTC
*B-Complex W/ Minerals***		
ELDERTONIC ORAL LIQUID		OTC
*Bioflavonoid Products***		
ESTER-C ORAL TABLET	anti-allergy	OTC
*Multiple Vitamins W/ Calcium***		
<i>gnp one daily womens health oral tablet</i>	One-A-Day Womens Formula	OTC
*Multiple Vitamins W/ Iron***		
<i>daily vitamin formula+iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
<i>qc daily multivitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
<i>sm multiple vitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
<i>tab-a-vite/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
*Multiple Vitamins W/ Minerals***		
<i>algae based calcium oral tablet</i>	Cerovite Senior	OTC
CEROVITE SENIOR ORAL TABLET	dialyvite 800/ultra d	OTC
<i>certa plus oral tablet</i>	Cerovite Senior	OTC
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	dialyvite 800/ultra d	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	dialyvite 800/ultra d	OTC
COMPETE ORAL TABLET	dialyvite 800/ultra d	OTC
<i>daily vitamin formula+minerals oral tablet</i>	Cerovite Senior	OTC
<i>dialyvite 800/ultra d oral tablet</i>	Cerovite Senior	OTC
EVOLUTION60 ORAL PACKET	cvs immune support vitamin c	OTC
<i>eye multivitamin oral capsule</i>	ICaps	OTC
<i>eye multivitamin/lutein oral capsule</i>	ICaps	OTC
<i>eyeprotect oral tablet</i>	Cerovite Senior	OTC
<i>glucoten oral capsule</i>	ICaps	OTC
<i>gnp healthy eyes oral tablet</i>	Cerovite Senior	OTC
<i>gnp healthy eyes supervision oral capsule</i>	ICaps	OTC
<i>gnp mega multi for men oral tablet</i>	Cerovite Senior	OTC
<i>gnp mega multi for women oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily mens/lycopene oral tablet</i>	Cerovite Senior	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp one daily womens 50+ oral tablet</i>	Cerovite Senior	OTC
<i>gnp one daily womens oral tablet</i>	Cerovite Senior	OTC
ICAPS AREDS FORMULA ORAL TABLET	dialyvite 800/ultra d	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	glucoten	OTC
ICAPS MV ORAL TABLET	dialyvite 800/ultra d	OTC
ICAPS ORAL CAPSULE	glucoten	OTC
<i>i-vite oral tablet</i>	Cerovite Senior	OTC
<i>multiple vitamins-minerals oral liquid</i>	Alive Multi-Vitamin	OTC
OCUVITE ADULT 50+ ORAL CAPSULE	glucoten	OTC
OCUVITE ADULT FORMULA ORAL CAPSULE	glucoten	OTC
OCUVITE EXTRA ORAL TABLET	dialyvite 800/ultra d	OTC
OCUVITE EYE + MULTI ORAL TABLET	dialyvite 800/ultra d	OTC
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	glucoten	OTC
OCUVITE EYE HEATHLH GUMMIES ORAL TABLET CHEWABLE	a thru z select	OTC
OCUVITE-LUTEIN ORAL CAPSULE	glucoten	OTC
OCUVITE-LUTEIN ORAL TABLET	dialyvite 800/ultra d	OTC
ONCOVITE ORAL TABLET	dialyvite 800/ultra d	OTC
<i>one-daily multi caps oral capsule</i>	ICaps	OTC
PRESERVISION AREDS 2 ORAL CAPSULE	glucoten	OTC
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	a thru z select	OTC
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	glucoten	OTC
PRESERVISION AREDS ORAL CAPSULE	glucoten	OTC
PRESERVISION AREDS ORAL TABLET	dialyvite 800/ultra d	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	glucoten	OTC
PRORENAL + D ORAL TABLET	dialyvite 800/ultra d	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	glucoten	OTC
PROSIGHT ORAL TABLET	dialyvite 800/ultra d	OTC
<i>qc daily multivit/multimineral oral tablet</i>	Cerovite Senior	OTC
<i>qc mens daily multivitamin oral tablet</i>	Cerovite Senior	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc multi-vite 50 & over oral tablet</i>	Cerovite Senior	OTC
<i>qc multi-vite oral tablet</i>	Cerovite Senior	OTC
<i>qc therin-m oral tablet</i>	Cerovite Senior	OTC
<i>qc womens daily multivitamin oral tablet</i>	Cerovite Senior	OTC
RENAPLEX ORAL TABLET	dialyvite 800/ultra d	OTC
RENAPLEX-D ORAL TABLET	dialyvite 800/ultra d	OTC
<i>sm complete advanced formula oral tablet</i>	Cerovite Senior	OTC
<i>sm complete oral tablet</i>	Cerovite Senior	OTC
<i>sm complete senior formula oral tablet</i>	Cerovite Senior	OTC
<i>sm daily diet support oral tablet</i>	Cerovite Senior	OTC
<i>sm opti-vitamins oral tablet</i>	Cerovite Senior	OTC
SYSTANE ICAPS AREDS2 ORAL CAPSULE	glucoten	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET	dialyvite 800/ultra d	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	a thru z select	OTC
THERA M PLUS ORAL TABLET	dialyvite 800/ultra d	OTC
<i>thera-m oral tablet</i>	Cerovite Senior	OTC
THEREMS-M ORAL TABLET	dialyvite 800/ultra d	OTC
<i>ultra-mega oral tablet extended release</i>	Endur-VM	OTC
*Multivitamins***		
<i>daily vitamin formula oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>daily-vite oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>gnp essential one daily oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>qc essentials oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>sm multiple vitamins essential oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
<i>stress formula oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
TAB-A-VITE/BETA CAROTENE ORAL TABLET	daily-vite	OTC
THERA ORAL TABLET	daily-vite	OTC
<i>tm-daily vite oral tablet</i>	Tab-A-Vite/Beta Carotene	OTC
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>		OTC
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		

Formulary Drug Name	Reference	Restrictions
*Ped Mv W/ Fluoride***		
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg</i>	Multi-Vit-Flor	
<i>multivitamin w/fluoride oral tablet chewable 0.5 mg, 1 mg</i>	FloraFol Pediatric	
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	OTC
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	OTC
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg</i>	Multi-Vit-Flor	
<i>multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg</i>	FloraFol Pediatric	
*Ped Mv W/ Iron***		
<i>animal shapes/iron oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	qc childrens complete	OTC
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	Land Before Time Multivitamin	OTC
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Poly-Vi-Sol/Iron	OTC
<i>qc childrens complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	Land Before Time Multivitamin	OTC
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution</i>		
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>		
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	
*Pediatric Multiple Vitamins W/ C & Fa***		
<i>animal chews oral tablet chewable with c & fa</i>		OTC
*Pediatric Multiple Vitamins***		
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>gnp little ones childrens oral tablet chewable</i>	Culturelle Kids Complete	OTC

Formulary Drug Name	Reference	Restrictions
<i>multivitamin infant & toddler oral solution</i>	BProtected Pedia Poly-Vite	OTC
<i>qc childrens vitamins/extra c oral tablet chewable</i>	Culturelle Kids Complete	OTC
<i>sm animal shapes kids first oral tablet chewable</i>	Culturelle Kids Complete	OTC
*Pediatric Vitamins A & D W/ C***		
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	Tri-Vi-Sol A/C/D	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>classic prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>gnp prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>m-natal plus oral tablet 27-1 mg</i>	Niva-Plus	QLL (100 EA per 90 days)
NIVA-PLUS ORAL TABLET 27-1 MG	m-natal plus	QLL (100 EA per 90 days)
<i>pny tabs 29-1 oral tablet 29-1 mg</i>	Prenatabs Rx	QLL (100 EA per 90 days)
<i>pny-select oral tablet 27-0.6-0.4 mg</i>		
<i>prenatal plus oral tablet 27-1 mg</i>	Niva-Plus	QLL (100 EA per 90 days)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Niva-Plus	QLL (100 EA per 90 days)
<i>prenatal tablet 27-0.8 mg oral (otc)</i>	NeoNatal Vitamin	QLL (100 EA per 90 days)
<i>prenatal tablet 27-1 mg oral</i>	Niva-Plus	QLL (100 EA per 90 days)
<i>prenatal tablet 28-0.8 mg oral</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>preplus oral tablet 27-1 mg</i>	Niva-Plus	QLL (100 EA per 90 days)
<i>pretab oral tablet 29-1 mg</i>	Co-Natal FA	
<i>qc prenatal oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG		
<i>se-natal 19 oral tablet 29-1 mg</i>		QLL (100 EA per 90 days)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
TARON-C DHA ORAL CAPSULE 35-1 MG		
<i>thrivite rx oral tablet 29-1 mg</i>	Prenatabs Rx	QLL (100 EA per 90 days)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	QLL (100 EA per 90 days)
VINATE CARE ORAL TABLET CHEWABLE 40-1 MG		OTC

Formulary Drug Name	Reference	Restrictions
VINATE II ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
VINATE ONE ORAL TABLET 60-1 MG	trinatal rx 1	QLL (100 EA per 90 days)
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 EA per 90 days)
VITAFOL-OB ORAL TABLET		
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 EA per 90 days)
<i>westab plus oral tablet 27-1 mg</i>	Niva-Plus	QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>		
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>		
SELECT-OB+DHA ORAL 29-1 & 250 MG		
*Specialty Vitamins Products***		
<i>urosex oral tablet</i>	Allerwell Allergy Formula	
*Vitamins A & D***		
<i>qc cod liver oil oral oil</i>		OTC
<i>sm cod liver oil oral capsule</i>		OTC
*Vitamins W/ Lipotropics***		
LIPOFLAVOVIT ORAL TABLET	risanoid plus	OTC
<i>risanoid plus oral tablet</i>	Lipoflavovit	OTC
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>		
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>		QLL (4 EA per 1 day); AL (Min 18 Years)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	Lorzone	QLL (4 EA per 1 day); AL (Min 18 Years)
<i>cyclobenzaprine hcl tablet 10 mg oral</i>		QLL (3 EA per 1 day); AL (Min 15 Years)
<i>cyclobenzaprine hcl tablet 5 mg oral</i>		QLL (3 EA per 1 day); AL (Min 15 Years)
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	Fexmid	QLL (4 EA per 1 day); AL (Min 15 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		AL (Min 16 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (2 EA per 1 day); AL (Min 18 Years)
<i>tizanidine hcl tablet 2 mg oral</i>		QLL (4 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>tizanidine hcl tablet 4 mg oral</i>	Zanaflex	QLL (9 EA per 1 day); AL (Min 18 Years)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	
*Viscosupplements***		
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML		PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Dymista	AL (Min 6 Years)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	azelastine-fluticasone	AL (Min 6 Years)
*Nasal Agents - Misc.***		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	deep sea nasal spray	OTC
<i>deep sea nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>hm saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	deep sea nasal spray	OTC
<i>qc saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline mist spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>sm nasal spray saline nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>		
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	OTC; QLL (52 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Nasal Steroids***		
<i>allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC
<i>budesonide nasal suspension 32 mcg/act</i>		OTC
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>		OTC
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	OTC
<i>goodsense 24-hr allergy nasal nasal suspension 50 mcg/act</i>	ClariSpray	OTC
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC
<i>hm allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC
<i>qc allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC
<i>sm allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC
<i>triamcinolone acetone nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC
*Systemic Decongestants***		
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>ft nasal decongestant max str oral tablet 30 mg</i>	SudoGest	OTC
<i>ft nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>gnp nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>hm nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>hm nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>nasal decongestant max st oral tablet 30 mg</i>	SudoGest	OTC

Formulary Drug Name	Reference	Restrictions
<i>nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	SudoGest	OTC
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	SudoGest	
<i>qc nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>qc nasal decongestant pe oral tablet 30 mg</i>	SudoGest	OTC
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus congestion max strength oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant max st oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	ft nasal decongestant max str	OTC
SUDOGEST TABLET 30 MG ORAL	ft nasal decongestant max str	OTC
SUDOGEST TABLET 60 MG ORAL (OTC)	pseudoephedrine hcl	
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
*Topical Decongestants***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>12 hour nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>gnp nasal four spray nasal solution 1 %</i>	4-Way Fast Acting	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>gnp nasal spray fast acting nasal solution 1 %</i>	4-Way Fast Acting	OTC
<i>gnp nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>hm nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>hm nose drops nasal solution 1 %</i>	4-Way Fast Acting	OTC
<i>hm sinus nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>long acting nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 %	12 hour nasal decongestant	OTC; QLL (1 ML per 1 day)
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	12 hour nasal decongestant	OTC; QLL (1 ML per 1 day)
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	12 hour nasal decongestant	OTC; QLL (1 ML per 1 day)
<i>nasal decongestant spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>nasal four nasal solution 1 %</i>	4-Way Fast Acting	OTC
<i>nasal relief nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>nasal spray no drip nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>qc nasal mist no drip nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>qc nasal spray solution 0.05 % nasal</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>qc nasal spray solution 1 % nasal</i>	4-Way Fast Acting	OTC
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>qc no drip original 12 hours nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>sinus nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>sinus relief extra strength nasal solution 1 %</i>	4-Way Fast Acting	OTC
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>sm nasal spray moisturizing nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>sm nasal spray nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Mucinex Sinus-Max Clear & Cool	OTC; QLL (1 ML per 1 day)
<i>sm nose drops nasal decongest nasal solution 1 %</i>	4-Way Fast Acting	OTC
Neuromuscular Agents		
*Benzothiazoles***		
<i>riluzole oral tablet 50 mg</i>		
Nutrients		
*Amino Acids-Single***		
<i>sm l-lysine oral tablet 500 mg</i>		OTC
*Lipotropic Combinations***		
<i>sm soya lecithin oral capsule 1200 mg</i>		OTC
*Misc. Nutritional Substances***		
<i>fish oil capsule 1000 mg oral (otc)</i>	Sea-Omega	
<i>fish oil capsule 500 mg oral</i>	Ovega-3	OTC
<i>fish oil high potency oral capsule 1000 mg</i>	Sea-Omega	OTC
SEA-OMEGA ORAL CAPSULE 1000 MG	fish oil	OTC
<i>sm fish oil oral capsule 1000 mg</i>	Sea-Omega	OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
Ophthalmic Agents		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic ointment 83-15 %</i>	GenTeal Tears Night-Time	OTC
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	OTC
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC; QLL (15 EA per 30 days)
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>dry eye relief ophthalmic gel 0.4-0.3 %</i>	GenTeal Tears Severe Day/Night	OTC

Formulary Drug Name	Reference	Restrictions
GENTEAL TEARS MODERATE PF OPTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC; QLL (15 EA per 30 days)
GENTEAL TEARS NIGHT-TIME OPTHALMIC OINTMENT	gnp nighttime relief lub eye	OTC
GENTEAL TEARS PF OPTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC; QLL (15 EA per 30 days)
GENTEAL TEARS SEVERE DAY/NIGHT OPTHALMIC GEL 0.4-0.3 %		OTC
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	GenTeal Tears Night-Time	OTC
<i>goodsense lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>hm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>hm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricating tears eye drops ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears	OTC; QLL (15 ML per 30 days)
<i>lubrifresh p.m. ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
PURALUBE OPTHALMIC OINTMENT 85-15 %	gnp nighttime relief lub eye	OTC
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
REFRESH DIGITAL OPTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH DIGITAL PF OPTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH LACRI-LUBE OPTHALMIC OINTMENT	gnp nighttime relief lub eye	OTC
REFRESH OPTHALMIC SOLUTION 1.4-0.6 %		OTC

Formulary Drug Name	Reference	Restrictions
REFRESH OPTIVE ADVANCED OPTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPTIVE ADVANCED PF OPTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPTIVE MEGA-3 OPTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPTIVE OPTHALMIC GEL 1-0.9 %		OTC
REFRESH OPTIVE PF OPTHALMIC SOLUTION 0.5-0.9 %		OTC
REFRESH P.M. OPTHALMIC OINTMENT	gnp nighttime relief lub eye	OTC
REFRESH RELIEVA PF OPTHALMIC SOLUTION 0.5-0.9 %, 0.5-1 %		OTC
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
SYSTANE HYDRATION PF OPTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops (pf)	OTC
SYSTANE NIGHTTIME OPTHALMIC OINTMENT	gnp nighttime relief lub eye	OTC
SYSTANE OPTHALMIC GEL 0.4-0.3 %		OTC
SYSTANE OPTHALMIC SOLUTION 0.4-0.3 %	gnp eye drops long lasting	OTC
SYSTANE PRESERVATIVE FREE OPTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops (pf)	OTC
SYSTANE ULTRA OPTHALMIC SOLUTION 0.4-0.3 %	gnp eye drops long lasting	OTC
SYSTANE ULTRA PF OPTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops (pf)	OTC
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
*Artificial Tear Solutions***		
<i>artificial tears ophthalmic solution</i>	GenTeal Tears	OTC; QLL (15 ML per 30 days)
GENTEAL TEARS OPTHALMIC SOLUTION 0.1-0.2-0.3 %	artificial tears	OTC; QLL (15 ML per 30 days)
<i>sm artificial tears ophthalmic solution</i>	GenTeal Tears	OTC; QLL (15 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
SYSTANE CONTACTS OPHTHALMIC SOLUTION	artificial tears	OTC; QLL (15 ML per 30 days)
*Artificial Tears And Lubricants***		
ALCON TEARS OPHTHALMIC SOLUTION 0.5 %		OTC
<i>artificial tears ophthalmic solution 1.4 %</i>		OTC; QLL (15 ML per 30 days)
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	OTC; QLL (15 ML per 30 days)
<i>dry eye relief ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %		OTC
<i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>hm lubricating plus ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
ISOPTO TEARS OPHTHALMIC SOLUTION 0.5 %		OTC
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>lubricant eye drops solution 0.5 % ophthalmic</i>	Refresh Tears	OTC; QLL (15 ML per 30 days)
<i>lubricant eye drops solution 0.6 % ophthalmic</i>	Systane Balance	OTC; QLL (10 ML per 30 days)
<i>lubricating plus eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		OTC; QLL (15 ML per 30 days)
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	carboxymethylcellulose sod pf	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	carboxymethylcellulose sodium	OTC
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	gnp lubricant eye drops (pf)	OTC; QLL (15 EA per 30 days)
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	carboxymethylcellulose sodium	OTC; QLL (15 ML per 30 days)
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	lubricant eye drops	OTC; QLL (10 ML per 30 days)
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	lubricant eye drops	OTC; QLL (10 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	brimonidine tartrate-timolol	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		
<i>carteolol hcl ophthalmic solution 1 %</i>		
ISTALOL OPHTHALMIC SOLUTION 0.5 %	timolol maleate (once-daily)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Istalol	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>		QLL (5 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	Cyclogyl	QLL (15 ML per 30 days)
<i>phenylephrine hcl solution 10 % ophthalmic</i>	Altafrin	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	Altafrin	QLL (2 EA per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		QLL (15 ML per 30 days)
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	QLL (15 ML per 30 days)
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %		QLL (2 EA per 1 day)
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		
*Ophthalmic Antiallergic***		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	eye itch relief	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	eye itch relief	OTC

Formulary Drug Name	Reference	Restrictions
<i>azelastine hcl ophthalmic solution 0.05 %</i>		QLL (6 ML per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	OTC
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	Pataday	OTC
<i>eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	OTC
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	OTC
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Pataday	OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	
PATADAY OPHTHALMIC SOLUTION 0.7 %		OTC
<i>qc olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	OTC
<i>sm eye itch relief ophthalmic solution 0.035 %</i>	Alaway	OTC
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	eye itch relief	OTC
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		QLL (3.5 GM per 30 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		
GENTAK OPHTHALMIC OINTMENT 0.3 %		
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	
<i>tobramycin ophthalmic solution 0.3 %</i>		
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %		QLL (15 ML per 30 days)
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Polycin	

Formulary Drug Name	Reference	Restrictions
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Neo-Polycin	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	neomycin-bacitracin zn-polymyx	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		
*Ophthalmic Antiseptics***		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	povidone-iodine	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	brinzolamide	
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	
<i>dorzolamide hcl ophthalmic solution 2 %</i>		
*Ophthalmic Decongestant Combinations***		
<i>gnp eye drops ophthalmic solution 0.05-0.25 %</i>	Visine-AC	OTC
NAPHCN-A OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	OTC
<i>qc eye irritation relief drops ophthalmic solution 0.05-0.25 %</i>	Visine-AC	OTC
*Ophthalmic Decongestants***		
<i>eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	OTC
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	OTC
<i>hm eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	OTC
<i>sm eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	OTC
*Ophthalmic Hyperosmolar Products***		
MURO 128 OPHTHALMIC SOLUTION 2 %		OTC
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	OTC

Formulary Drug Name	Reference	Restrictions
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC
*Ophthalmic Immunomodulators***		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	cyclosporine	QLL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	cyclosporine	QLL (2 EA per 1 day)
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	brimonidine tartrate	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	Alphagan P	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
NEO-POLYCYN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	QLL (3.5 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	tobramycin-dexamethasone	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Durezol	
DUREZOL OPHTHALMIC EMULSION 0.05 %	difluprednate	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	travoprost (bak free)	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Travatan Z	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>ear drops for swimmers otic liquid 95-5 %</i>	Debrox Swimmers Ear	OTC
<i>ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>ft earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>ft earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>gnp earwax removal drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>gnp earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>hm earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>hm earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>qc ear wax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>qc earwax removal kit otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>qc earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>qc instant ear-dry otic liquid 95-5 %</i>	Debrox Swimmers Ear	OTC
<i>sm ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>sm swimmers ear drops otic liquid 95 %</i>	Auro Dri Swimmers Ears	OTC
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetralax	
<i>ofloxacin otic solution 0.3 %</i>		
*Otic Steroid-Anti-Infective Combinations***		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	ciprofloxacin-dexamethasone	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		
*Otic Steroids***		
FLAC OTIC OIL 0.01 %	fluocinolone acetonide	QLL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	Flac	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR		PA; QLL (1 ML per 30 days)
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR		PA; QLL (0.5 ML per 30 days)
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA

Formulary Drug Name	Reference	Restrictions
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML		
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML		
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		QLL (2 ML per 1 Year)
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
*Natural Penicillins***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML		

Formulary Drug Name	Reference	Restrictions
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	Augmentin	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		QLL (28 EA per 30 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
Pharmaceutical Adjuvants		
*Oral Vehicles***		
<i>cherry oral syrup</i>		
GOOD START STERILE WATER ORAL LIQUID		OTC
MX-SOL BLEND ORAL SUSPENSION	suspension vehicle	OTC
MX-SOL BLEND SF ORAL SUSPENSION	suspension vehicle	OTC
MX-SOL ORAL SYRUP	flavor sweet	OTC
MX-SOL SF ORAL SYRUP	flavor sweet	OTC
MX-SOL SUSPEND ORAL SUSPENSION	suspension vehicle	OTC
ORA-BLEND ORAL SUSPENSION	suspension vehicle	
ORA-BLEND SF ORAL SUSPENSION	suspension vehicle	
ORA-PLUS ORAL LIQUID	flavor plus	
ORA-SWEET ORAL SYRUP	flavor sweet	
ORA-SWEET SF ORAL SYRUP	flavor sweet	
<i>simple syrup oral syrup</i>	Syrpalta	
<i>sorbitol solution 70 %</i>		
SOSWEET ORAL SYRUP	flavor sweet	OTC
*Parenteral Vehicles***		
<i>sterile water for injection injection solution</i>		

Formulary Drug Name	Reference	Restrictions
*Semi Solid Vehicles***		
<i>gnp petroleum jelly external gel</i>	Vaseline	OTC
<i>petroleum jelly external gel</i>	Vaseline	OTC
<i>qc petroleum jelly external gel 100 %, 99.89 %</i>	Vaseline	OTC
<i>sm petroleum jelly external gel</i>	Vaseline	OTC
<i>white petrolatum external ointment</i>		
<i>white petroleum jelly external gel</i>	Vaseline	OTC
Progestins		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>		
<i>progesterone intramuscular oil 50 mg/ml</i>		
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>		
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Aricept	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	

Formulary Drug Name	Reference	Restrictions
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA; QLL (4 EA per 1 day); AL (Min 18 Years)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG		PA; QLL (42 EA per 365 days); AL (Min 18 Years)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Xenazine	PA; QLL (4 EA per 1 day); AL (Min 18 Years)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	tetrabenazine	PA; QLL (4 EA per 1 day); AL (Min 18 Years)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	Auto-PA; AL (Min 18 Years)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		Auto-PA; AL (Min 18 Years)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		Auto-PA; AL (Min 18 Years)
BETASERON SUBCUTANEOUS KIT 0.3 MG		Auto-PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		ST; Auto-PA; AL (Min 18 Years)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	Auto-PA; AL (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	Auto-PA; AL (Min 18 Years)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	PA
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	glatiramer acetate	Auto-PA; AL (Min 18 Years)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		AL (Min 18 Years)
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	varenicline tartrate	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	varenicline tartrate (starter)	
<i>ft nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>ft nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>gnp nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>goodsense nicotine mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>goodsense nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>goodsense nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>hm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>hm nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	OTC
<i>qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>sm nicotine mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	OTC
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	OTC
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>sm nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>		
<i>varenicline tartrate oral tablet 0.5 mg</i>		
<i>varenicline tartrate oral tablet 1 mg</i>	Chantix	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i> fingolimod hcl capsule 0.5 mg oral</i>	Gilenya	AL (Min 10 Years)
<i> fingolimod hcl capsule 0.5 mg oral</i>	Gilenya	Auto-PA; AL (Min 10 Years)
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG		PA
KALYDECO ORAL TABLET 150 MG		PA
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG		PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		PA

Formulary Drug Name	Reference	Restrictions
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		
Tetracyclines		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	
<i>doxycycline hyclate oral capsule 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		
LYMEPAK ORAL TABLET 100 MG	doxycycline hyclate	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	QLL (1 EA per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	QLL (1 EA per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	QLL (1 EA per 1 day)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Euthyrox	QLL (1 EA per 1 day)
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	QLL (1 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	QLL (1 EA per 1 day)
<i>liothyronine sodium tablet 25 mcg oral</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium tablet 5 mcg oral</i>	Cytomel	QLL (4 EA per 1 day)
<i>liothyronine sodium tablet 50 mcg oral</i>	Cytomel	QLL (2 EA per 1 day)
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	QLL (1 EA per 1 day)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	QLL (1 EA per 1 day)
<i>thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	QLL (1 EA per 1 day)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	QLL (1 EA per 1 day)
*Ulcer		
Drugs/Antispasmodics/Anticholinergics*		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		
*Belladonna Alkaloids***		
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	NuLev	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	

Formulary Drug Name	Reference	Restrictions
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	NuLev	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	hyoscyamine sulfate	
<i>oscimin oral tablet 0.125 mg</i>	Levsin	
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
*H-2 Antagonists***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		
<i>famotidine maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		
<i>famotidine orig st oral tablet 10 mg</i>	Pepcid AC	OTC
<i>famotidine tablet 10 mg oral</i>	Pepcid AC	OTC
<i>famotidine tablet 20 mg oral (otc)</i>	MM Acid-Pep Maximum Strength	
<i>famotidine tablet 20 mg oral (rx)</i>	MM Acid-Pep Maximum Strength	
<i>famotidine tablet 40 mg oral</i>	Pepcid	
<i>ft acid reducer max strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>ft acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>gnp acid reducer max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>gnp acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>heartburn relief max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>heartburn relief oral tablet 10 mg</i>	Pepcid AC	OTC
<i>hm famotidine oral tablet 10 mg</i>	Pepcid AC	OTC
<i>hm famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>kls acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC

Formulary Drug Name	Reference	Restrictions
<i>nizatidine oral capsule 150 mg, 300 mg</i>		
<i>qc acid controller max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>qc acid controller oral tablet 10 mg</i>	Pepcid AC	OTC
<i>qc famotidine acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>qc famotidine acid reducer oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>sm acid reducer max st oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>sm acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>sm acid reducer oral tablet 200 mg</i>	Tagamet HB	OTC
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>		OTC; QLL (4 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	QLL (2 EA per 1 day)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC
<i>ft acid reducer oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (2 EA per 1 day)
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (2 EA per 1 day)
<i>gnp omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (4 EA per 1 day)
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	esomeprazole magnesium	OTC; QLL (2 EA per 1 day)
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (2 EA per 1 day)
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>hm lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (2 EA per 1 day)
<i>hm omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	QLL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (2 EA per 1 day)
<i>omeprazole capsule delayed release 10 mg oral</i>		QLL (2 EA per 1 day)
<i>omeprazole capsule delayed release 20 mg oral</i>		QLL (4 EA per 1 day)
<i>omeprazole capsule delayed release 40 mg oral</i>		QLL (2 EA per 1 day)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	OTC
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (4 EA per 1 day)
<i>pantoprazole sodium oral packet 40 mg</i>	Protonix	QLL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day)
PROTONIX ORAL PACKET 40 MG	pantoprazole sodium	QLL (1 EA per 1 day)
<i>qc esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (2 EA per 1 day)
<i>qc omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day)
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (2 EA per 1 day)
<i>sm omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Pylera	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Pylera	

Formulary Drug Name	Reference	Restrictions
PYLERA ORAL CAPSULE 140-125-125 MG	bis subcit-metronid-tetracyc	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>		
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	fesoterodine fumarate er	
<i>trospium chloride oral tablet 20 mg</i>		
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>		OTC
<i>clotrimazole vaginal cream 1 %</i>		OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		OTC
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>goodsense miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC

Formulary Drug Name	Reference	Restrictions
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>miconazole 7 vaginal suppository 100 mg</i>		OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>qc 3 day vaginal cream 4 %</i>	Monistat 3	OTC
<i>qc clotrimazole vaginal cream 1 %</i>		OTC
<i>qc miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		OTC
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>sm miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		OTC
<i>sm tioconazole-1 vaginal ointment 6.5 %</i>	Monistat 1-Day	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Monistat 1-Day	OTC
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
CLINDESSE VAGINAL CREAM 2 %		
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
NUVESSA VAGINAL GEL 1.3 %		
SUMMERS EVE DISP MEDICATED VAGINAL SOLUTION 0.3 %	medicated douche	OTC
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	
<i>estradiol vaginal tablet 10 mcg</i>	Vagifem	
PREMARIN VAGINAL CREAM 0.625 MG/GM		
VAGIFEM VAGINAL TABLET 10 MCG	estradiol	
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	
Vasopressors		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Auvi-Q	QLL (12 EA per 1 Year)

Formulary Drug Name	Reference	Restrictions
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (12 EA per 1 Year)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	EpiPen 2-Pak	QLL (12 EA per 1 Year)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	epinephrine	QLL (12 EA per 1 Year)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	epinephrine	QLL (12 EA per 1 Year)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML		QLL (12 EA per 1 Year)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
Vitamins		
*Biotin***		
<i>biotin oral tablet 5 mg</i>		OTC
*Vitamin A***		
<i>vitamin a oral capsule 3 mg (10000 ut)</i>		OTC
*Vitamin B-1***		
<i>vitamin b1 oral tablet 100 mg</i>		OTC
<i>vitamin b-1 oral tablet 100 mg</i>		OTC
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg</i>		OTC
<i>niacin er oral tablet extended release 750 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 500 mg</i>		OTC
*Vitamin B-6***		
<i>sm vitamin b-6 oral tablet 100 mg</i>		OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>		OTC
*Vitamin C***		
<i>ascorbic acid oral tablet 500 mg</i>	Easy-C Immune Health	OTC
<i>gnp vitamin c drops mouth/throat lozenge 60 mg</i>	Crush Vitamin C Drops	OTC
<i>sm chewable c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>sm vit c/rose hips oral tablet 1000 mg</i>		OTC
<i>sm vitamin c oral tablet 1000 mg, 250 mg</i>		OTC
<i>sm vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	Easy-C Immune Health	OTC

Formulary Drug Name	Reference	Restrictions
<i>vitamin c oral tablet 500 mg</i>	Easy-C Immune Health	OTC
*Vitamin D***		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	ergocalciferol	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
DECARA ORAL CAPSULE 250 MCG (10000 UT)	cvs d3	OTC
DECARA ORAL CAPSULE 625 MCG (25000 UT)		OTC
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	cvs d3	OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)	true vitamin d3	OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>ergocalciferol oral solution 200 mcg/ml</i>	Calcidol	OTC
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>		OTC
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Drisdol	
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	OTC
<i>vitamin d oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Decara	OTC
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>		OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>		OTC
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
*Vitamin E***		
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>		OTC
SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML	aqueous vitamin e	OTC
<i>vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>		OTC
<i>vitamin e oral solution 15 mg/0.67ml</i>		OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>		

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<i>ramelteon</i>	134	<i>rifabutin</i>	<i>sebex</i>	106
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<i>sinus + headache</i>	95	<i>sm arthritis pain reliever</i>	14	<i>sm dandruff 2 in 1</i>	106
<i>sinus 12 hour</i>	160	<i>sm artificial tears</i>	164	<i>sm day time cold & flu relief</i>	87
<i>sinus congestion max strength</i> ..	160	<i>sm aspirin</i>	16	<i>sm daytime liquid</i>	87
<i>sinus congestion/pain</i>	95	<i>sm aspirin adult low strength</i>	16	<i>sm daytime severe cold & flu</i>	88
<i>sinus congestion/pain daytime</i>	96	<i>sm aspirin ec</i>	16	<i>sm docusate calcium</i>	141
<i>sinus nasal spray</i>	162	<i>sm aspirin ec low strength</i>	16	<i>sm double antibiotic</i>	103
<i>sinus pressure + pain</i>	95	<i>sm aspirin low dose</i>	16	<i>sm dry eye relief</i>	164
<i>sinus relief congestion-pain</i>	96	<i>sm aspirin tri-buffered</i>	14	<i>sm dry skin therapy</i>	111
<i>sinus relief extra strength</i>	162	<i>sm athletes foot</i>	105	<i>sm ear drops</i>	171
<i>sirolimus</i>	149	<i>sm balanced b-100</i>	152	<i>sm effervescent pain relief</i>	14
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<i>sleep aid (diphenhydramine)</i>	134	<i>sm calamine</i>	114	<i>sm eye drops</i>	168
<i>sleep tabs</i>	134	<i>sm calamine phenolated</i>	107	<i>sm eye itch relief</i>	167
<i>sleep-aid</i>	134	<i>sm calcium 500/vitamin d3</i>	147	<i>sm fexofenadine hcl</i>	50
SLOW-MAG	147	<i>sm calcium 600/vitamin d</i>	147	<i>sm fiber</i>	135
SLOWMAG MG		<i>sm calcium antacid</i>	25	<i>sm fiber laxative</i>	135
MUSCLE/HEART	147	<i>sm calcium antacid ex st</i>	24	<i>sm fish oil</i>	162
<i>sm 3-day vaginal</i>	185	<i>sm calcium citrate-vit d</i>	147	<i>sm foaming antacid</i>	23
<i>sm 8 hour pain relief</i>	13	<i>sm calcium-magnesium-zinc</i>	147	<i>sm folic acid</i>	131
<i>sm acid reducer</i>	182	<i>sm castor oil</i>	140	SM GARLIC	5
<i>sm acid reducer max st</i>	182	<i>sm chest congestion relief</i>	98	<i>sm gas relief</i>	123
<i>sm acidophilus</i>	42	<i>sm chest congestion relief dm</i>	91	<i>sm gas relief antifatulent</i>	123
<i>sm alcohol</i>	74	<i>sm chest congestion relief pe</i>	95	<i>sm gas relief extra strength</i>	123
<i>sm alcohol prep</i>	141	<i>sm chewable c</i>	186	<i>sm gas relief infants</i>	123
<i>sm all day allergy</i>	49	<i>sm childrens aspirin</i>	16	<i>sm gas relief infants drops</i>	123
<i>sm all day allergy childrens</i>	49	<i>sm childrens ibuprofen</i>	9	<i>sm gentle laxative</i>	140
<i>sm all day allergy relief</i>	49	<i>sm childrens loratadine</i>	50	<i>sm glucosamine/chondroitin</i>	5
<i>sm all day allergy-d</i>	94	SM CLEARLAX	136	<i>sm glucose</i>	35, 36
<i>sm allergy 4 hour</i>	46	<i>sm clotrimazole vaginal</i>	185	<i>sm glycerin pediatric</i>	136
<i>sm allergy childrens</i>	49	<i>sm cod liver oil</i>	157	<i>sm</i>	
<i>sm allergy relief</i>	47, 49, 159	<i>sm coenzyme q-10</i>	5	<i>guaifenesin/pseudoephedrine</i>	95
<i>sm allergy relief childrens</i>	47	<i>sm cold & cough childrens</i>	100	<i>sm hemorrhoidal</i>	21
<i>sm animal shapes complete</i>	155	<i>sm cold & cough dm childrens</i> . 100		<i>sm hydrocortisone</i>	109
<i>sm animal shapes kids first</i>	156	<i>sm cold & flu severe</i>	88	<i>sm hydrocortisone max st</i>	109
<i>sm antacid</i>	23, 24	<i>sm cold & hot extra strength</i>	113	<i>sm hydrocortisone plus</i>	109
<i>sm antacid advanced</i>	23	<i>sm cold & sinus relief</i>	95	<i>sm hydrocortisone-aloe max st.</i>	109
<i>sm antacid advanced max st</i>	23	<i>sm complete</i>	154	<i>sm hydrogen peroxide</i>	64
<i>sm antacid anti-gas</i>	23	<i>sm complete advanced formula</i> .154		<i>sm hygienic cleansing</i>	107
<i>sm antacid maximum strength</i>	23	<i>sm complete senior formula</i>	154	<i>sm ibuprofen</i>	9
<i>sm antacid/antigas</i>	23	SM CORAL CALCIUM	147	<i>sm ibuprofen ib</i>	9
<i>sm antibiotic</i>	104	<i>sm cough dm</i>	85	<i>sm ibuprofen ib childrens</i>	9
<i>sm antibiotic plus pain relief</i>	103	<i>sm cough dm childrens</i>	85	<i>sm ibuprofen jr</i>	9
<i>sm anti-dandruff coal tar</i>	116	<i>sm cough drops</i>	151	<i>sm infants ibuprofen</i>	9
<i>sm anti-diarrheal</i>	43	<i>sm cough relief</i>	85	<i>sm iron</i>	132
<i>sm antifungal clotrimazole</i>	112	<i>sm cough/runny nose childrens</i> ...99		<i>sm iron slow release</i>	132
<i>sm antifungal miconazole</i>	112	<i>sm cough/sore throat daytime</i>99		<i>sm lansoprazole</i>	183
<i>sm antifungal tolnaftate</i>	105	<i>sm cranberry</i>	5	<i>sm laxative</i>	140
<i>sm anti-itch extra strength</i>	105			<i>sm laxative maximum strength</i> ..140	

<i>sm lice killing max strength</i>	115	<i>sm pain & fever childrens</i>	14	<i>sodium fluoride 5000 enamel</i>	150
<i>sm lice treatment</i>	116	<i>sm pain & fever infants</i>	14	<i>sodium fluoride 5000 plus</i>	151
<i>sm l-lysine</i>	162	<i>sm pain relief</i>	14	<i>sodium fluoride 5000 ppm</i>	151
<i>sm loratadine</i>	50	<i>sm pain relief extra strength</i>	14	<i>sodium fluoride 5000 sensitive</i> ..	150
<i>sm loratadine allergy relief</i>	50	<i>sm pain reliever</i>	14	<i>sodium polystyrene sulfonate</i>	150
<i>sm lorata-dine d</i>	94	<i>sm pain reliever childrens</i>	14	<i>sofosbuvir-velpatasvir</i>	70
<i>sm loratadine d 12hr</i>	94	<i>sm pain reliever ex st</i>	14	<i>solifenacin succinate</i>	184
<i>sm lubricant eye drops</i>	164	<i>sm pain reliever pm ex st</i>	133	SOLIRIS	129
<i>sm lubricating plus</i>	165	<i>sm pain reliever sinus pe</i>	95	SOLTAMOX	56
<i>sm lubricating tears</i>	164	<i>sm petroleum jelly</i>	174	SOLUBLE FIBER	
<i>sm magnesium</i>	147	<i>sm povidone-iodine</i>	65	THERAPY	136
<i>sm magnesium citrate</i>	138	<i>sm prenatal vitamins</i>	156	SOLU-CORTEF	84
<i>sm medicated chest rub</i>	93	<i>sm rapid melts junior</i>	14	SOLUVITA E	187
<i>sm medicated wipes</i>	115	<i>sm senna laxative</i>	140	<i>sorbitol</i>	173
<i>sm melatonin</i>	5	<i>sm senna-s</i>	137	<i>sore throat</i>	150
<i>sm miconazole 3</i>	185	<i>sm severe congestion & cough</i>	92	<i>sore throat & cough lozenges</i> ...	151
<i>sm miconazole 3 applicator</i>	185	<i>sm sinus severe for adults</i>	96	<i>sore throat lozenges</i>	150
<i>sm miconazole 7</i>	185	<i>sm sleep aid</i>	134	<i>sore throat spray</i>	150
<i>sm migraine relief</i>	10	<i>sm slow release iron</i>	132	SORINE	71
<i>sm milk of magnesia</i>	138	<i>sm smooth antacid ex st</i>	25	SOSWEET	173
<i>sm mineral oil</i>	137	<i>sm sore throat spray</i>	150	<i>sotalol hcl</i>	71
<i>sm motion sickness</i>	44	<i>sm soya lecithin</i>	162	<i>sotalol hcl (af)</i>	71
<i>sm mucus relief</i>	99	<i>sm stomach relief</i>	42	<i>spinosad</i>	116
<i>sm mucus relief childrens</i>	98	<i>sm stool softener</i>	137, 141	SPIRIVA HANDIHALER	28
<i>sm mucus relief cold childrens</i> ...	92	<i>sm stool softener/laxative</i>	137	SPIRIVA RESPIMAT	28
<i>sm mucus relief cough children</i> ..	91	<i>sm super b complex/c</i>	151	<i>spironolactone</i>	118
<i>sm mucus relief max strength</i>	99	<i>sm sweet oil</i>	74	<i>spironolactone-hctz</i>	118
<i>sm multiple vitamins essential</i> ..	154	<i>sm swimmers ear drops</i>	171	SPRINTEC 28	79
<i>sm multiple vitamins/iron</i>	152	<i>sm tioconazole-1</i>	185	SPRYCEL	57
<i>sm muscle rub</i>	113	<i>sm triple antibiotic</i>	103	SPS	150
<i>sm naproxen sodium</i>	9	<i>sm triple antibiotic max st</i>	103	SRONYX	79
<i>sm nasal decongestant</i>	160	<i>sm triple antibiotic original</i>	103	SSD	107
<i>sm nasal decongestant max st</i> ...	160	<i>sm tussin cf</i>	92	<i>sterile water for injection</i>	173
<i>sm nasal decongestant pe</i>	160	<i>sm tussin cough/chest congest</i> ...	91	<i>sterile water for irrigation</i>	149
<i>sm nasal spray</i>	162	<i>sm tussin dm</i>	91	<i>stimulant laxative</i>	137
<i>sm nasal spray 12 hour</i>	162	<i>sm tussin dm max</i>	91	STIOLTO RESPIMAT	27
<i>sm nasal spray moisturizing</i>	162	<i>sm tussin mucus+chest congest</i> ..	99	<i>stomach relief</i>	42
<i>sm nasal spray saline</i>	158	<i>sm urinary pain relief</i>	126	<i>stomach relief extra strength</i>	42
<i>sm nasal spray sinus</i>	162	<i>sm vit c/rose hips</i>	186	<i>stomach relief ultra</i>	42
<i>sm natural laxative/stool soft</i> ...	137	<i>sm vitamin b-12</i>	130	<i>stool softener</i>	141
<i>sm nicotine</i>	178	<i>sm vitamin b-6</i>	186	<i>stool softener laxative</i>	141
<i>sm nicotine polacrilex</i>	178	<i>sm vitamin c</i>	186	<i>stool softener plus laxative</i>	137
<i>sm nighttime sleep aid</i>	134	<i>sm vitamin c/rose hips</i>	186	<i>stool softener/laxative</i>	137
<i>sm nite time cold & flu</i>	86	<i>sm vitamin d3</i>	187	<i>stress formula</i>	154
<i>sm nose drops nasal decongest</i> ..	162	<i>sm zinc gluconate</i>	149	STRIBILD	66
<i>sm olopatadine hcl</i>	167	<i>smooth antacid extra strength</i>	25	STRIVERDI RESPIMAT	28
<i>sm omega-3 fish oil</i>	162	<i>sod citrate-citric acid</i>	125	SUBLOCADE	19
<i>sm omega-3-6-9 fatty acids</i>	5	<i>sodium bicarbonate</i>	23, 146	SUBOXONE	19, 20
<i>sm omeprazole</i>	183	<i>sodium chloride</i>	99, 125, 149	SUBVENITE	33
<i>sm opti-vitamins</i>	154	<i>sodium chloride (hypertonic)</i>		<i>sucralfate</i>	182
<i>sm oyster shell calcium/vit d</i>	147	168, 169	SUDOGEST	160
<i>sm oyster shell calcium/vit d3</i> ...	147	<i>sodium fluoride</i>	147, 151	<i>sudogest 12 hour</i>	160

SUDOGEST MAXIMUM		
STRENGTH	160	
<i>sulfacetamide sodium (acne)</i>	101	
<i>sulfacetamide-prednisolone</i>	170	
<i>sulfadiazine</i>	179	
<i>sulfamethoxazole-trimethoprim</i> ..	54	
<i>sulfasalazine</i>	124	
SULFATRIM PEDIATRIC	54	
<i>sulindac</i>	9	
<i>sumatriptan</i>	145	
<i>sumatriptan succinate</i>	146	
<i>sumatriptan succinate refill</i>	145	
SUMMERS EVE DISP		
MEDICATED	185	
<i>sunitinib malate</i>	58	
SUNLENCA	67	
SUNOSI	4	
<i>suphedrine 12hour</i>	160	
SUPPRELIN LA	120	
SYEDA	79	
SYMBICORT	27	
SYMDEKO	178	
SYMFI	66	
SYMFI LO	66	
SYMJEPI	186	
SYMTUZA	66	
SYNAGIS	171	
SYNJARDY	40	
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FREE	164	
SYSTANE ULTRA	164	
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CAROTENE	154	
<i>tab-a-vite/iron</i>	152	
<i>tacrolimus</i>	114, 149	
<i>tadalafil (pah)</i>	73	
TAFINLAR	57	
<i>tamoxifen citrate</i>	56	
<i>tamsulosin hcl</i>	125	
TARINA 24 FE	79	
TARINA FE 1/20	79	
TARINA FE 1/20 EQ	79	
TARON-C DHA	156	
TASIGNA	57	
<i>tazarotene</i>	106	
TAZTIA XT	72	
TEGRETOL-XR	33	
<i>temazepam</i>	134	
<i>temozolomide</i>	59	
<i>tenofovir disoproxil fumarate</i>	69	
<i>tension headache</i>	10	
<i>terazosin hcl</i>	54	
<i>terbinafine hcl</i>	45, 105	
<i>terconazole</i>	185	
<i>teriflunomide</i>	175	
<i>teriparatide (recombinant)</i>	120	
<i>testosterone</i>	20	
<i>testosterone cypionate</i>	20	
<i>testosterone enanthate</i>	20	
<i>tetrabenazine</i>	175	
TETRIX	114	
<i>theophylline</i>	30	
<i>theophylline er</i>	30	
THERA	154	
THERA M PLUS	154	
<i>thera-derm</i>	111	
THERA-GESIC	113	
THERA-GESIC PLUS	113	
<i>thera-m</i>	154	
<i>therapeutic</i>	116	
<i>therapeutic dandruff</i>	112	
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PROTECTION	116	
THEREMS-M	154	
<i>thioridazine hcl</i>	64	
<i>thiothixene</i>	64	
<i>thrivite rx</i>	156	
<i>thyroid</i>	180	
TIADYLT ER	72	
<i>tiagabine hcl</i>	33	
TILIA FE	83	
<i>timolol maleate</i>	71, 166	
<i>timolol maleate (once-daily)</i>	166	
<i>tinidazole</i>	54	
<i>tioconazole-1</i>	185	
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<i>tizanidine hcl</i>	157, 158	
<i>tm-clotrimazole</i>	112	
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<i>tobramycin</i>	6, 167	
<i>tobramycin-dexamethasone</i>	170	
<i>tolnaftate</i>	105	
<i>tolnaftate antifungal</i>	105	
<i>tolterodine tartrate</i>	184	
<i>tolterodine tartrate er</i>	184	
<i>topiramate</i>	33	
<i>toremifene citrate</i>	56	
<i>torseamide</i>	118	
TOVIAZ	184	
TRACLEER	73	
TRADJENTA	36	
<i>tramadol hcl</i>	18	
<i>tramadol hcl er</i>	18	
<i>tramadol-acetaminophen</i>	20	
<i>trandolapril</i>	52	
<i>tranexamic acid</i>	132	
TRAVATAN Z	170	
<i>travoprost (bak free)</i>	170	
<i>trazodone hcl</i>	34	
TRELEGY ELLIPTA	27	
<i>tretinoin</i>	59	
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<i>triamcinolone acetonide</i>		
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<i>triamcinolone in absorbase</i>	110	
<i>triamterene-hctz</i>	118	
<i>tri-buffered aspirin</i>	14	
TRI-ESTARYLLA	83	
<i>trifluoperazine hcl</i>	64	
<i>trifluridine</i>	168	
<i>trihexyphenidyl hcl</i>	60	
TRIKAFTA	179	
TRI-LEGEST FE	83	
TRILEPTAL	33	
TRI-LINYAH	83	
<i>trimethoprim</i>	54	
TRI-MILI	83	
<i>trinatal rx 1</i>	156	
TRI-NYMYO	83	
<i>triple antibiotic</i>	103	
<i>triple antibiotic plus</i>	103	
<i>triple antibiotic+pain relief</i>	103	
TRI-PREVIFEM	83	
<i>triprolidine hcl</i>	46	
TRI-SPRINTEC	83	
TRIUMEQ	66	
TRIUMEQ PD	66	
<i>tri-vite/fluoride</i>	155	
TRIVORA (28)	83	
TRI-VYLIBRA	83	
<i>tropicamide</i>	166	
<i>trospium chloride</i>	184	
TRULICITY	39	
TRUVADA	67	

TRUZONE PEAK FLOW			
METER	144	VASCEPA	50
TUKYSA	57	VELIVET	84
TULANA	82	VELVACHOL	111
TURQOZ	79	VENCLEXTA	57
TUSNEL C	92	VENCLEXTA STARTING	
<i>tusnel diabetic</i>	91	PACK	57
TUSNEL DM	92	<i>venlafaxine hcl</i>	35
TUSNEL DM PEDIATRIC	92	<i>venlafaxine hcl er</i>	35
TUSNEL PEDIATRIC	92, 95	VENTAVIS	73
TUSNEL-EX	99	VENTOLIN HFA	28
<i>tussin</i>	99	<i>verapamil hcl</i>	72
<i>tussin cf multi-symptom cold</i>	92	<i>verapamil hcl er</i>	72
<i>tussin cf severe multi-symptom</i> ...	88	VESTURA	79
<i>tussin dm</i>	91	VICTOZA	39
<i>tussin dm cough + chest</i>	91	VIENNA	79
<i>tussin dm max adult</i>	91	<i>vilazodone hcl</i>	35
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