



**AETNA BETTER HEALTH<sup>®</sup>**  
**Illinois formulary**

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

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

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

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

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

- **Column #1:** lists the covered drug.
- **Column #2:** lists the brand name of the drug when a generic is covered
- **Column #3:** shows coverage rules for the drug

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

How much will I pay for covered drugs? You do not have to pay for covered drugs. What are some types of coverage rules?

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

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

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

### **What if my drug is not on Aetna Better Health's formulary?**

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

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

### **What are generic drugs?**

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

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

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

### **¿Qué es el formulario de Aetna Better Health para Illinois?**

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

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

El plan puede agregar o quitar medicamentos de la lista. Todas las eliminaciones de medicamentos del formulario se enviarán al estado, donde se revisarán antes de que se realice el cambio. Los miembros y proveedores que utilizan el formulario recibirán un aviso como mínimo 30 días antes de que se elimine un medicamento del formulario. Encontrará todos los cambios del formulario en el sitio en Internet del plan.

### **¿Cómo utilizo el formulario de Aetna Better Health?**

- **Columna Nº 1:** enumera los medicamentos cubiertos.
- **Columna Nº 2:** enumera los medicamentos de marca cuando una opción genérica está cubierta.
- **Columna Nº 3:** muestra las reglas de cobertura de los medicamentos.

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

### **¿Cuánto pagaré por los medicamentos cubiertos?**

Usted no tiene que pagar por los medicamentos cubiertos.

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

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

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

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

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

### ¿Qué son los medicamentos genéricos?

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

### ¿Los medicamentos de venta libre están cubiertos?

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

# Aetna Better Health Illinois

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**Aetna Better Health Illinois**

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<i>amphetamine-dextroamphetamine er</i>	Adderall XR	PA; QLL (30 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine</i>	Adderall	PA; QLL (90 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<i>caffeine citrate</i>	Cafcit	
<i>caffeine citrated</i>		
<i>dexmethylphenidate hcl</i>	Focalin	AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate</i>	Zenzedi	PA; AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate er</i>	Dexedrine	PA; AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er</i>		PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd)</i>	Metadate CD	PA; QLL (60 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la)</i>	Ritalin LA	QLL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Methylin	PA; QLL (600 ML per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Methylin	PA; QLL (300 ML per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet</i>	Ritalin	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<i>modafinil</i>	Provigil	PA; QLL (30 GM per 30 days)
<b>METHYLIN</b>	Methylphenidate HCl	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>STRATTERA</b>		PA; QLL (60 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*AMINOGLYCOSIDES*</b>		
<i>neomycin sulfate</i>		
<i>paromomycin sulfate</i>		
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<i>celecoxib</i>	CeleBREX	ST
<i>diclofenac potassium</i>	Cataflam	
<i>diclofenac sodium</i>		
<i>diclofenac sodium er</i>	Voltaren-XR	
<i>etodolac</i>		
<i>etodolac er</i>		
<i>fenoprofen calcium</i>		
<i>flurbiprofen</i>		
<i>ibuprofen</i>		
<i>indomethacin</i>		
<i>indomethacin er</i>		
<i>ketoprofen</i>		
<i>ketoprofen er</i>		
<i>ketorolac tromethamine</i>		* (Max benefit of 2 Rxs per 90 days); QLL (20 Tablets per 30 days)
<i>leflunomide</i>	Arava	
<i>meclofenamate sodium</i>		
<i>meloxicam</i>	Mobic	
<i>nabumetone</i>		
<i>naproxen</i>	Naprosyn	
<i>naproxen dr</i>	EC-Naprosyn	
<i>naproxen sodium</i>	Anaprox	
<i>oxaprozin</i>	Daypro	
<i>piroxicam</i>	Feldene	
<i>sulindac</i>		
<i>tolmetin sodium</i>		
<b>ENBREL</b>		PA
<b>ENBREL SURECLICK</b>		PA
<b>HUMIRA</b>		PA
<b>HUMIRA PEDIATRIC CROHNS START</b>		PA

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>HUMIRA PEN</b>		PA
<b>HUMIRA PEN-CROHNS STARTER</b>		PA
<b>HUMIRA PEN-PSORIASIS STARTER</b>		PA
<b>RIDAURA</b>		PA
<b>*ANALGESICS - NONNARCOTIC*</b>		
<i>butalbital-apap-caffeine</i>	Esgic	
<i>butalbital-aspirin-caffeine</i>	Fiorinal	
<i>choline &amp; mag trisalicylate</i>		
<i>choline-mag trisalicylate</i>		
<i>diflunisal</i>		
<i>salsalate</i>	Disalcid	
<b>*ANALGESICS - OPIOID*</b>		
<i>acetaminophen-codeine</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine #2</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine #3</i>	Tylenol with Codeine #3	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine #4</i>	Tylenol with Codeine #4	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		QLL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QLL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl</i>	Suboxone	QLL (90 EA per 30 days)
<i>butalbital-apap-caff-cod</i>	Fioricet/Codeine	
<i>butalbital-asa-caff-codeine</i>	Ascomp-Codeine	
<i>butorphanol tartrate</i>		QLL (1 bottle per 30 days)
<i>codeine sulfate</i>		QLL (30 Tablets per 30 days)
<i>fentanyl citrate</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fentanyl citrate buccal</i>	Actiq	QLL (90 lozenges per 30 days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr</i>	Duragesic-100	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 12 mcg/hr</i>	Duragesic-12	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 25 mcg/hr</i>	Duragesic-25	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		PA
<i>fentanyl transdermal patch 72 hr 50 mcg/hr</i>	Duragesic-50	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 75 mcg/hr</i>	Duragesic-75	PA; QLL (10 patches per 30 days)
<i>hydrocodone-acetaminophen</i>	Norco	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>hydrocodone-ibuprofen</i>	Vicoprofen	QLL (240 Tablets per 30 days)
<i>hydromorphone hcl</i>		
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (120 Tablets per 30 days)
<i>methadone hcl</i>		
<i>methadone hcl oral concentrate</i>	Methadose	
<i>methadone hcl oral solution</i>		
<i>methadone hcl oral tablet</i>	Dolophine	PA; QLL (540 Tablets per 30 days)
<i>methadone hcl oral tablet soluble</i>	Methadose	PA; QLL (540 Tablets per 30 days)
<i>morphine sulfate</i>		
<i>morphine sulfate (concentrate)</i>		
<i>oxycodone hcl</i>		
<i>oxycodone hcl er</i>	OxyCONTIN	QLL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>		QLL (240 Tablets per 30 days)
<i>oxycodone hcl oral concentrate</i>		
<i>oxycodone hcl oral solution</i>		
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	Roxicodone	QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Roxicodone	QLL (240 Tablets per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>oxycodone-acetaminophen</i>	Percocet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>oxycodone-aspirin</i>	Percodan	QLL (240 Tablets per 30 days)
<i>oxymorphone hcl er</i>		PA; QLL (60 EA per 2 days)
<i>tramadol hcl</i>	Ultram	PA; * (Requires PA for children under 16yrs of age.); QLL (240 Tablets per 30 days)
<i>tramadol hcl er</i>	Ultram ER	PA; * (Requires PA for children under 16yrs of age.); QLL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Ultracet	PA; * (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization); * (Requires PA for children under 16yrs of age.)
<b>ASCOMP-CODEINE</b>	Butalbital Compound/Codeine	
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG</b>		QLL (180 EA per 30 days)
<b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG</b>		QLL (90 EA per 30 days)
<b>BUNAVAIL BUCCAL FILM 6.3-1 MG</b>		QLL (60 EA per 30 days)
<b>ENDOCET</b>	Oxycodone-Acetaminophen	
<b>OXYCONTIN</b>	OxyCODONE HCl ER	PA; QLL (90 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>		QLL (60 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG</b>		QLL (90 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>		QLL (180 EA per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG</b>		QLL (390 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG</b>		QLL (45 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG</b>		QLL (180 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG</b>		QLL (90 EA per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>		QLL (60 EA per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANDROGENS-ANABOLIC*</b>		
<i>danazol</i>		
<i>testosterone cypionate</i>	Depo-Testosterone	
<b>*ANORECTAL AGENTS*</b>		
<i>hydrocortisone</i>	Cortenema	
<i>lidocaine-hydrocortisone ace</i>	LidaZone HC	
<b>CORTIFOAM</b>		
<b>LIDAZONE HC</b>	Lidocaine-Hydrocortisone Ace	
<b>PROCTOFOAM HC</b>		
<b>PROCTOSOL HC</b>	Hemorrhoidal-HC	
<b>RECTIV</b>		PA; QLL (30 GM per 30 days)
<b>*ANTHELMINTICS*</b>		
<i>ivermectin</i>	Stromectol	
<i>mebendazole</i>		
<b>ALBENZA</b>		
<b>*ANTIANGINAL AGENTS*</b>		
<i>isosorbide dinitrate</i>	Isordil Titradose	
<i>isosorbide dinitrate er</i>		
<i>isosorbide mononitrate</i>		
<i>isosorbide mononitrate er</i>	Imdur	
<i>nitroglycerin</i>	Nitro-Dur	
<i>nitroglycerin er</i>	Nitro-Time	
<b>NITRO-BID</b>		
<b>NITROSTAT</b>		
<b>*ANTIANSIETY AGENTS*</b>		
<i>alprazolam</i>	Xanax	
<i>alprazolam er</i>	Xanax XR	
<i>bupirone hcl</i>		QLL (90 Tablets per 30 days)
<i>chlordiazepoxide hcl</i>		
<i>clorazepate dipotassium</i>	Tranxene-T	
<i>diazepam</i>	Valium	
<i>hydroxyzine hcl</i>		
<i>hydroxyzine pamoate</i>	Vistaril	
<i>lorazepam injection</i>	Ativan	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>lorazepam oral</i>	Ativan	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>lorazepam oral</i>	LORazepam Intensol	
<i>meprobamate</i>		
<i>oxazepam</i>		
<b>ALPRAZOLAM INTENSOL</b>		
<b>LORAZEPAM INTENSOL</b>	LORazepam	
<b>*ANTIARRHYTHMICS*</b>		
<i>amiodarone hcl</i>	Cordarone	
<i>disopyramide phosphate</i>	Norpace	
<i>flecainide acetate</i>	Tambocor	
<i>mexiletine hcl</i>		PA
<i>propafenone hcl</i>	Rythmol	PA
<i>propafenone hcl er</i>	Rythmol SR	PA
<i>quinidine gluconate er</i>		
<i>quinidine sulfate</i>		
<b>MULTAQ</b>		PA
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<i>albuterol sulfate</i>		
<i>albuterol sulfate inhalation</i>		QLL (390 EA per 30 days)
<i>albuterol sulfate inhalation</i>		QLL (390 ML per 30 days)
<i>albuterol sulfate inhalation</i>	AccuNeb	QLL (390 ML per 30 days)
<i>albuterol sulfate oral</i>		
<i>aminophylline anhydrous</i>		
<i>budesonide</i>	Pulmicort	QLL (120 ML per 30 days)
<i>cromolyn sodium</i>		
<i>ipratropium bromide</i>		
<i>ipratropium-albuterol</i>	DuoNeb	
<i>metaproterenol sulfate</i>		
<i>montelukast sodium</i>	Singulair	QLL (30 Tablets per 30 days)
<i>terbutaline sulfate</i>		
<i>theophylline</i>		
<i>theophylline er</i>	Theochron	
<i>zafirlukast</i>	Accolate	ST; QLL (60 Tablets per 30 days)
<b>ADVAIR DISKUS</b>		PA; ST; * (Covered for ages 4-11 years, PA required otherwise)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ADVAIR HFA</b>		PA; ST; * (Covered for ages 4-11 years, PA required otherwise)
<b>ARCAPTA NEOHALER</b>		
<b>ATROVENT HFA</b>		
<b>COMBIVENT RESPIMAT</b>		
<b>FLOVENT DISKUS</b>		
<b>INCRUSE ELLIPTA</b>		
<b>PULMICORT FLEXHALER</b>		QLL (1 Inhaler per 30 days)
<b>QVAR</b>		
<b>SPIRIVA HANDIHALER</b>		ST; QLL (30 Tablets per 30 days)
<b>STRIVERDI RESPIMAT</b>		
<b>SYMBICORT</b>		
<b>TUDORZA PRESSAIR</b>		
<b>VENTOLIN HFA</b>		QLL (2 Inhalers per 30 days)
<b>*ANTICOAGULANTS*</b>		
<i>enoxaparin sodium</i>	Lovenox	QLL (42 EA per 180 days)
<i>fondaparinux sodium</i>	Arixtra	PA; QLL (21 ML per 180 days)
<i>heparin sodium (porcine)</i>		
<i>heparin sodium (porcine) pf</i>		
<i>warfarin sodium</i>	Coumadin	
<b>ELIQUIS</b>		PA; * (Covered for first 45 days without PA)
<b>FRAGMIN</b>		QLL (21 ML per 180 days)
<b>XARELTO</b>		PA; * (Covered for first 45 days without PA)
<b>XARELTO STARTER PACK</b>		PA; * (Covered for first 45 days without PA)
<b>*ANTICONVULSANTS*</b>		
<i>carbamazepine</i>	TEGretol	
<i>carbamazepine er oral capsule extended release 12 hour</i>	Carbatrol	
<i>carbamazepine er oral tablet extended release 12 hr*</i>	TEGretol XR	QLL (120 EA per 30 days)
<i>clonazepam</i>	KlonoPIN	
<i>diazepam</i>	Diastat Pediatric	QLL (2 Packages per 30 days)
<i>divalproex sodium</i>	Depakote	
<i>divalproex sodium er</i>	Depakote ER	
<i>ethosuximide</i>	Zarontin	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>felbamate</i>	Felbatol	
<i>gabapentin oral capsule</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral solution</i>	Neurontin	
<i>gabapentin oral tablet 600 mg</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	QLL (4.5 EA per 1 day)
<i>lamotrigine</i>	LaMICtal	
<i>levetiracetam</i>	Keppra	
<i>oxcarbazepine</i>	Trileptal	
<i>phenytoin</i>	Dilantin Infatabs	
<i>phenytoin sodium extended</i>	Dilantin	
<i>primidone</i>	Mysoline	
<i>tiagabine hcl</i>	Gabitril	QLL (60 Tablets per 30 days)
<i>topiramate</i>	Topiragen	
<i>valproic acid</i>	Depakene	
<i>zonisamide</i>	Zonegran	QLL (180 units per 30 days)
<b>CARBATROL</b>	CarBAMazepine ER	
<b>CELONTIN</b>		
<b>DEPAKOTE</b>	Divalproex Sodium	
<b>DEPAKOTE ER</b>	Divalproex Sodium ER	
<b>DILANTIN</b>		
<b>DILANTIN INFATABS</b>	Phenytoin	
<b>EPITOL</b>	CarBAMazepine	
<b>GABITRIL</b>		QLL (60 Tablets per 30 days)
<b>PHENYTEK</b>	Phenytoin Sodium Extended	
<b>PHENYTOIN INFATABS</b>	Phenytoin	
<b>*ANTIDEPRESSANTS*</b>		
<i>amitriptyline hcl</i>		
<i>amoxapine</i>		
<i>bupropion hcl</i>	Wellbutrin	QLL (90 EA per 30 days)
<i>bupropion hcl er (sr)</i>	Budeprion SR	QLL (60 EA per 30 days)
<i>bupropion hcl er (xl)</i>	Wellbutrin XL	QLL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution</i>		QLL (300 ML per 30 days)
<i>citalopram hydrobromide oral tablet</i>	CeleXA	QLL (30 Tablets per 30 days)
<i>clomipramine hcl</i>	Anafranil	
<i>desipramine hcl</i>	Norpramin	
<i>doxepin hcl</i>		
<i>duloxetine hcl</i>	Cymbalta	
<i>escitalopram oxalate oral solution</i>	Lexapro	QLL (600 ML per 30 days)



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>escitalopram oxalate oral tablet</i>	Lexapro	QLL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	PROzac	QLL (30 Capsules per 30 days)
<i>fluoxetine hcl oral capsule 20 mg, 40 mg</i>	PROzac	QLL (60 EA per 30 days)
<i>fluoxetine hcl oral solution</i>		QLL (150 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>		QLL (30 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>		QLL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>		QLL (90 EA per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg</i>		QLL (30 EA per 30 days)
<i>fluvoxamine maleate oral tablet 50 mg</i>		QLL (60 EA per 30 days)
<i>imipramine hcl</i>	Tofranil	
<i>imipramine pamoate</i>	Tofranil-PM	PA
<i>maprotiline hcl</i>		
<i>mirtazapine</i>		QLL (30 Tablets per 30 days)
<i>nortriptyline hcl</i>	Pamelor	
<i>paroxetine hcl</i>	Paxil	QLL (60 Tablets per 30 days)
<i>phenelzine sulfate</i>	Nardil	
<i>protriptyline hcl</i>	Vivactil	
<i>sertraline hcl oral concentrate</i>	Zoloft	QLL (75 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Zoloft	QLL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	Zoloft	QLL (30 Tablets per 30 days)
<i>tranylcypromine sulfate</i>	Parnate	
<i>trazodone hcl</i>		
<i>trimipramine maleate</i>	Surmontil	
<i>venlafaxine hcl</i>		
<i>venlafaxine hcl er</i>	Effexor XR	
<b>MARPLAN</b>		
<b>NARDIL</b>	Phenelzine Sulfate	
<b>PEXEVA</b>		PA
<b>PRISTIQ</b>		PA
<b>*ANTIDIABETICS*</b>		
<i>acarbose</i>	Precose	
<i>chlorpropamide</i>		
<i>glimepiride</i>	Amaryl	
<i>glipizide</i>	Glucotrol	
<i>glipizide er</i>	GlipiZIDE XL	
<i>glipizide xl</i>	GlipiZIDE XL	
<i>glipizide-metformin hcl</i>	Metaglip	
<i>glyburide</i>	Diabeta	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>glyburide-metformin</i>	Glucovance	
<i>metformin hcl</i>	Glucophage	
<i>metformin hcl er</i>	Glucophage XR	
<i>nateglinide</i>	Starlix	
<i>pioglitazone hcl</i>	Actos	QLL (30 Tablets per 30 days)
<i>pioglitazone hcl-glimepiride</i>	Duetact	QLL (30 Tablets per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	Actoplus Met	QLL (90 Tablets per 30 days)
<i>repaglinide</i>	Prandin	
<i>tolazamide</i>		
<i>tolbutamide</i>		
<b>AVANDIA</b>		QLL (30 Tablets per 30 days)
<b>FARXIGA</b>		ST; QLL (30 EA per 30 days)
<b>GLUCAGEN HYPOKIT</b>		
<b>GLUCAGON EMERGENCY</b>		
<b>HUMALOG</b>		QLL (6 Vials per 30 days)
<b>HUMALOG MIX 50/50</b>		QLL (6 Vials per 30 days)
<b>HUMALOG MIX 75/25</b>		QLL (6 Vials per 30 days)
<b>HUMULIN R U-500 (CONCENTRATED)</b>		QLL (6 Vials per 30 days)
<b>INVOKANA</b>		ST; QLL (30 EA per 30 days)
<b>JENTADUETO</b>		ST; QLL (60 EA per 30 days)
<b>LANTUS</b>		QLL (6 Vials per 30 days)
<b>LANTUS SOLOSTAR</b>		
<b>LEVEMIR</b>		QLL (6 Vials per 30 days)
<b>LEVEMIR FLEXTOUCH</b>		
<b>NOVOLOG</b>		QLL (6 Vials per 30 days)
<b>NOVOLOG MIX 70/30</b>		QLL (6 Vials per 30 days)
<b>TANZEUM</b>		ST
<b>TRADJENTA</b>		ST; QLL (30 EA per 30 days)
<b>TRULICITY</b>		ST
<b>*ANTIDIARRHEALS*</b>		
<i>diphenoxylate-atropine</i>	Lonox	
<i>loperamide hcl</i>		
<b>*ANTIDOTES*</b>		
<i>naltrexone hcl</i>	Depade	
<b>CHEMET</b>		
<b>EVZIO</b>		
<b>NARCAN</b>		
<b>VIVITROL</b>		QLL (1 EA per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANTIEMETICS*</b>		
<i>granisetron hcl</i>		PA
<i>ondansetron</i>	Zofran ODT	
<i>ondansetron hcl oral solution</i>	Zofran	PA
<i>ondansetron hcl oral tablet</i>		
<i>ondansetron hcl oral tablet</i>	Zofran	
<b>EMEND</b>		QLL (6 EA per 30 days)
<b>*ANTIFUNGALS*</b>		
<i>bio-statin</i>		
<i>fluconazole</i>	Diflucan	
<i>griseofulvin microsize</i>	Grifulvin V	
<i>griseofulvin ultramicrosize</i>	Gris-PEG	
<i>itraconazole</i>	Sporanox Pulsepak	
<i>ketoconazole</i>		
<i>nystatin</i>		
<i>terbinafine hcl</i>	Lamisil	QLL (84 Tablets per 365 days)
<b>SPORANOX</b>		ST
<b>*ANTI HISTAMINES*</b>		
<i>brompheniramine maleate</i>		
<i>brompheniramine tannate</i>		
<i>carbinoxamine maleate</i>	Arbinoxa	
<i>cetirizine hcl oral solution</i>	Wal-Zyr Childrens	QLL (150 ML per 30 days)
<i>cetirizine hcl oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>chlorpheniramine maleate</i>		
<i>clemastine fumarate</i>		
<i>cypheptadine hcl</i>		
<i>diphenhydramine hcl</i>		
<i>pharbedryl</i>	Banophen	OTC
<i>promethazine hcl</i>		
<b>*ANTIHYPERLIPIDEMICS*</b>		
<i>atorvastatin calcium</i>	Lipitor	QLL (30 EA per 30 days)
<i>cholestyramine</i>	Questran	
<i>cholestyramine light</i>	Questran Light	
<i>colestipol hcl</i>	Colestid	
<i>fenofibrate</i>	Tricor	
<i>fenofibrate micronized</i>	Lofibra	
<i>fenofibric acid</i>	Trilipix	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluvastatin sodium</i>	Lescol	QLL (30 Tablets per 30 days)
<i>fluvastatin sodium er</i>	Lescol XL	QLL (30 EA per 30 days)
<i>gemfibrozil</i>		
<i>gemfibrozil oral</i>	Lopid	QLL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	Mevacor	QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Mevacor	QLL (60 EA per 30 days)
<i>pravastatin sodium</i>		QLL (30 EA per 30 days)
<i>simvastatin</i>	Zocor	QLL (30 EA per 30 days)
<b>CRESTOR</b>	Rosuvastatin Calcium	PA
<b>ZETIA</b>		ST
<b>*ANTIHYPERTENSIVES*</b>		
<i>amlodipine besy-benazepril hcl</i>	Lotrel	
<i>amlodipine besylate-valsartan</i>	Exforge	
<i>amlodipine-valsartan-hctz</i>	Exforge HCT	
<i>atenolol-chlorthalidone</i>	Tenoretic 50	
<i>benazepril hcl</i>		
<i>benazepril-hydrochlorothiazide</i>		
<i>bisoprolol-hydrochlorothiazide</i>	Ziac	
<i>candesartan cilexetil</i>	Atacand	
<i>candesartan cilexetil-hctz</i>	Atacand HCT	
<i>captopril</i>		
<i>captopril-hydrochlorothiazide</i>		
<i>clonidine hcl</i>	Catapres	
<i>doxazosin mesylate</i>	Cardura	QLL (30 EA per 30 days)
<i>enalapril maleate</i>	Vasotec	
<i>enalapril-hydrochlorothiazide</i>		
<i>fosinopril sodium</i>		
<i>fosinopril sodium-hctz</i>		
<i>guanfacine hcl</i>	Tenex	
<i>hydralazine hcl</i>		
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i>	Zestril	QLL (30 EA per 30 days)
<i>lisinopril oral tablet 40 mg</i>	Zestril	QLL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	Zestoretic	
<i>losartan potassium</i>	Cozaar	
<i>losartan potassium-hctz</i>	Hyzaar	
<i>methyl dopa</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methyldopa-hydrochlorothiazide</i>		
<i>metoprolol-hydrochlorothiazide</i>	Lopressor HCT	
<i>minoxidil</i>		
<i>moexipril hcl</i>	Univasc	
<i>moexipril-hydrochlorothiazide</i>	Uniretic	
<i>perindopril erbumine</i>		
<i>prazosin hcl</i>	Minipress	
<i>propranolol-hctz</i>		
<i>quinapril hcl</i>	Accupril	
<i>quinapril-hydrochlorothiazide</i>	Accuretic	
<i>ramipril</i>	Altace	
<i>reserpine</i>		
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>terazosin hcl oral capsule 10 mg</i>		QLL (60 EA per 30 days)
<i>trandolapril</i>	Mavik	
<i>valsartan</i>	Diovan	QLL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	Diovan HCT	QLL (60 EA per 30 days)
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<i>clindamycin hcl</i>	Cleocin	
<i>clindamycin palmitate hcl</i>	Cleocin	
<i>dapsone</i>		
<i>metronidazole</i>	Flagyl	
<i>sulfamethoxazole-trimethoprim</i>	Bactrim	
<i>trimethoprim</i>		
<b>SULFATRIM PEDIATRIC</b>	Sulfamethoxazole-Trimethoprim	
<b>*ANTIMALARIALS*</b>		
<i>chloroquine phosphate</i>		
<i>hydroxychloroquine sulfate</i>	Plaquenil	
<i>mefloquine hcl</i>		
<b>DARAPRIM</b>		
<b>*ANTIMYASTHENIC AGENTS*</b>		
<i>pyridostigmine bromide</i>	Mestinon	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<i>ethambutol hcl</i>	Myambutol	
<i>isoniazid</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>pyrazinamide</i>		
<i>rifabutin</i>	Mycobutin	
<i>rifampin</i>	Rifadin	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<i>anastrozole</i>	Arimidex	
<i>bexarotene</i>	Targretin	
<i>bicalutamide</i>	Casodex	
<i>capecitabine oral tablet 150 mg</i>	Xeloda	PA; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Xeloda	PA; QLL (154 EA per 21 days)
<i>cyclophosphamide</i>		
<i>etoposide</i>		
<i>exemestane</i>	Aromasin	
<i>flutamide</i>		
<i>hydroxyurea</i>	Hydrea	
<i>imatinib mesylate</i>	Gleevec	PA
<i>letrozole</i>	Femara	
<i>leucovorin calcium</i>		
<i>megestrol acetate</i>		
<i>mercaptopurine</i>	Purinethol	
<i>methotrexate</i>		
<i>tamoxifen citrate</i>		
<i>tretinoin</i>		
<b>ELIGARD SUBCUTANEOUS* KIT 22.5 MG</b>		
<b>ELIGARD SUBCUTANEOUS* KIT 30 MG, 45 MG, 7.5 MG</b>		PA
<b>EMCYT</b>		
<b>FARESTON</b>		
<b>GLEOSTINE</b>	Lomustine	
<b>HEXALEN</b>		
<b>LEUKERAN</b>		
<b>LUPRON DEPOT</b>		PA
<b>LYSODREN</b>		
<b>MATULANE</b>		
<b>MESNEX</b>		
<b>NEXAVAR</b>		PA; QLL (120 EA per 30 days)
<b>NILANDRON</b>	Nilutamide	
<b>RITUXAN</b>		PA

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SUTENT ORAL CAPSULE 12.5 MG, 25 MG</b>		PA
<b>SUTENT ORAL CAPSULE 37.5 MG</b>		PA; QLL (30 EA per 30 days)
<b>SUTENT ORAL CAPSULE 50 MG</b>		PA; QLL (28 EA per 42 Days)
<b>TABLOID</b>		
<b>TARCEVA</b>		PA
<b>TASIGNA</b>		PA; QLL (60 EA per 30 days)
<b>TRELSTAR</b>		PA
<b>TRELSTAR MIXJECT</b>		PA
<b>TYKERB</b>		PA; QLL (180 EA per 30 Days)
<b>VANTAS</b>		PA
<b>VOTRIENT</b>		PA; QLL (120 EA per 30 Days)
<b>ZOLADEX</b>		PA
<b>*ANTIPARKINSON AGENTS*</b>		
<i>amantadine hcl</i>		
<i>benztropine mesylate injection</i>	Cogentin	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>benztropine mesylate oral</i>		
<i>bromocriptine mesylate</i>	Parlodel	
<i>carbidopa-levodopa</i>	Sinemet	
<i>carbidopa-levodopa er</i>	Sinemet CR	
<i>carbidopa-levodopa-entacapone</i>	Stalevo 50	PA; QLL (270 EA per 30 days)
<i>entacapone</i>	Comtan	PA; QLL (120 EA per 30 days)
<i>pramipexole dihydrochloride</i>	Mirapex	
<i>ropinirole hcl</i>	Requip	QLL (90 EA per 30 days)
<i>selegiline hcl</i>	Eldepryl	
<i>trihexyphenidyl hcl</i>		
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<i>chlorpromazine hcl</i>		
<i>chlorpromazine hcl injection</i>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 Ampules per 34 days)
<i>chlorpromazine hcl oral</i>		
<i>clozapine</i>	Clozaril	
<i>fluphenazine decanoate</i>		
<i>fluphenazine hcl injection</i>		PA; QLL (1 Vial per 34 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluphenazine hcl oral concentrate</i>		* (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
<i>fluphenazine hcl oral elixir</i>		
<i>fluphenazine hcl oral tablet</i>		
<i>haloperidol</i>		
<i>haloperidol decanoate</i>	Haldol Decanoate	
<i>haloperidol lactate</i>	Haldol	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>lithium</i>		
<i>lithium carbonate</i>		
<i>lithium carbonate er</i>	Lithobid	
<i>loxapine succinate</i>	Loxitane	
<i>olanzapine oral tablet</i>	ZyPREXA	
<i>olanzapine oral tablet dispersible</i>	ZyPREXA Zydis	PA
<i>perphenazine</i>		
<i>prochlorperazine</i>	Compro	
<i>prochlorperazine maleate</i>	Compazine	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 400 mg, 50 mg</i>	SEROquel	QLL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	SEROquel	QLL (60 EA per 30 days)
<i>risperidone oral solution</i>	RisperDAL	
<i>risperidone oral tablet</i>	RisperDAL	QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible</i>		ST; QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible</i>	RisperDAL M-TAB	ST; QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible</i>	RisperiDONE M-TAB	ST; QLL (60 Tablets per 30 days)
<i>thioridazine hcl</i>		
<i>thiothixene</i>		
<i>trifluoperazine hcl</i>		
<i>ziprasidone hcl</i>	Geodon	ST
<b>INVEGA SUSTENNA</b>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
<b>INVEGA TRINZA</b>		PA
<b>LATUDA</b>		PA



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RISPERDAL CONSTA</b>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (1 EA per 14 days)
<b>RISPERIDONE M-TAB</b>	RisperiDONE	ST; QLL (60 Tablets per 30 days)
<b>SAPHRIS</b>		PA
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<i>chlorhexidine gluconate</i>		
<b>*ANTIVIRALS*</b>		
<i>abacavir sulfate</i>	Ziagen	
<i>abacavir-lamivudine-zidovudine</i>	Trizivir	
<i>acyclovir oral capsule</i>	Zovirax	QLL (90 EA per 30 days)
<i>acyclovir oral suspension</i>	Zovirax	
<i>acyclovir oral tablet</i>	Zovirax	QLL (90 EA per 30 days)
<i>didanosine</i>	Videx EC	
<i>entecavir</i>	Baraclude	QLL (30 EA per 30 days)
<i>famciclovir</i>	Famvir	
<i>lamivudine oral solution</i>	Epivir	
<i>lamivudine oral tablet 100 mg</i>	Epivir HBV	QLL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Epivir	
<i>lamivudine-zidovudine</i>	Combivir	
<i>nevirapine</i>	Viramune	
<i>nevirapine er</i>	Viramune XR	
<i>ribavirin</i>	Rebetol	ST
<i>rimantadine hcl</i>	Flumadine	QLL (7 Tablets per 30 days)
<i>stavudine</i>	Zerit	
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	QLL (30 Tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	QLL (60 Tablets per 30 days)
<i>zidovudine</i>	Retrovir	
<b>APTIVUS</b>		
<b>ATRIPLA</b>		
<b>BARACLUDE</b>		
<b>COMPLERA</b>		
<b>CRIXIVAN</b>		
<b>EDURANT</b>		
<b>EMTRIVA</b>		
<b>EPIVIR HBV</b>		QLL (300 ML per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EPZICOM</b>		
<b>FUZEON</b>		
<b>INTELENCE</b>		
<b>INVIRASE</b>		
<b>ISENTRESS</b>		
<b>KALETRA</b>		
<b>LEXIVA</b>		
<b>MODERIBA</b>	Ribavirin	ST
<b>MODERIBA 1200 DOSE PACK</b>		ST
<b>MODERIBA 800 DOSE PACK</b>		ST
<b>NORVIR</b>		
<b>PEGASYS</b>		PA
<b>PEGASYS PROCLICK</b>		PA
<b>PEGINTRON</b>		PA
<b>PEG-INTRON REDIPEN</b>		PA
<b>PEG-INTRON REDIPEN PAK 4</b>		PA
<b>PREZISTA</b>		
<b>REBETOL</b>		ST
<b>RELENZA DISKHALER</b>		QLL (20 Inhalations Max Qty Per Fill Retail)
<b>RESCRIPTOR</b>		
<b>REYATAZ</b>		
<b>RIBASPHERE</b>	Ribavirin	ST
<b>RIBASPHERE RIBAPAK</b>		ST
<b>SELZENTRY</b>		
<b>SOVALDI</b>		PA; QLL (14 EA per 14 days)
<b>STRIBILD</b>		
<b>SUSTIVA</b>		
<b>TAMIFLU ORAL CAPSULE 30 MG</b>		QLL (20 EA Max Qty Per Fill Retail)
<b>TAMIFLU ORAL CAPSULE 45 MG</b>		QLL (10 EA Max Qty Per Fill Retail)
<b>TAMIFLU ORAL CAPSULE 75 MG</b>		QLL (10 Capsules Max Qty Per Fill Retail)
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED</b>		QLL (180 ML per 30 days)
<b>TIVICAY</b>		
<b>TRIUMEQ</b>		
<b>TRUVADA</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TYZEKA</b>		PA
<b>VIDEX</b>		
<b>VIRACEPT</b>		
<b>VIREAD ORAL POWDER</b>		
<b>VIREAD ORAL TABLET</b>		QLL (30 EA per 30 days)
<b>VITEKTA</b>		
<b>ZIAGEN</b>		
<b>*ASSORTED CLASSES*</b>		
<i>azathioprine</i>	Imuran	
<i>cyclosporine</i>	SandIMMUNE	
<i>cyclosporine modified</i>	Gengraf	
<i>mycophenolate mofetil</i>	CellCept	
<i>mycophenolic acid</i>	Myfortic	
<i>penicillamine</i>		
<i>sirolimus</i>	Rapamune	
<i>sodium polystyrene sulfonate</i>	SPS	
<i>tacrolimus</i>	Hecoria	
<b>CUPRIMINE</b>		
<b>GENGRAF</b>	CycloSPORINE Modified	
<b>KIONEX</b>	Sodium Polystyrene Sulfonate	
<b>RAPAMUNE</b>		
<b>REVLIMID</b>		PA; QLL (30 EA per 30 days)
<b>SPS</b>	Sodium Polystyrene Sulfonate	
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>		PA; QLL (30 EA per 30 Days)
<b>THALOMID ORAL CAPSULE 150 MG, 200 MG</b>		PA; QLL (60 EA per 30 Days)
<b>*BETA BLOCKERS*</b>		
<i>acebutolol hcl</i>	Sectral	
<i>atenolol</i>	Tenormin	
<i>betaxolol hcl</i>	Kerlone	
<i>bisoprolol fumarate</i>	Zebeta	
<i>carvedilol</i>	Coreg	
<i>labetalol hcl</i>	Trandate	
<i>metoprolol succinate er</i>	Toprol XL	
<i>metoprolol tartrate</i>		
<i>nadolol</i>	Corgard	
<i>pindolol</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>propranolol hcl</i>		
<i>propranolol hcl er</i>	Inderal LA	
<i>sotalol hcl</i>	Sorine	
<i>sotalol hcl (af)</i>	Betapace AF	
<i>timolol maleate</i>		
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg</i>	Norvasc	QLL (120 EA per 30 days)
<i>amlodipine besylate oral tablet 5 mg</i>	Norvasc	QLL (60 EA per 30 days)
<i>diltiazem hcl</i>	Cardizem	QLL (120 EA per 30 days)
<i>diltiazem hcl er</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er beads</i>	Tiazac	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hr*</i>	Cardizem LA	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hr*</i>	Matzim LA	
<i>dilt-xr</i>		QLL (60 EA per 30 days)
<i>felodipine er</i>		
<i>isradipine</i>		
<i>nicardipine hcl</i>		
<i>nifedipine</i>	Procardia	
<i>nifedipine er</i>	Nifediac CC	QLL (90 EA per 30 days)
<i>nifedipine er osmotic release</i>	Nifedical XL	QLL (90 EA per 30 days)
<i>nimodipine</i>	Nimotop	
<i>nisoldipine er</i>		QLL (60 Tablets per 30 days)
<i>verapamil hcl</i>		
<i>verapamil hcl er</i>	Calan SR	QLL (60 EA per 30 days)
<i>verapamil hcl oral</i>		QLL (120 EA per 30 days)
<i>verapamil hcl oral</i>	Calan	QLL (120 EA per 30 days)
<b>CARTIA XT</b>	Diltiazem HCl ER Coated Beads	QLL (60 EA per 30 days)
<b>NIFEDICAL XL</b>	NIFEdipine ER Osmotic	QLL (90 EA per 30 days)
<b>*CARDIOTONICS*</b>		
<i>digoxin</i>	Lanoxin	
<b>LANOXIN</b>	Digoxin	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<i>sildenafil citrate</i>	Revatio	PA; QLL (90 EA per 30 days)
<b>ADCIRCA</b>		PA; QLL (60 EA per 30 days)
<b>*CEPHALOSPORINS*</b>		
<i>cefaclor</i>		
<i>cefaclor er</i>		
<i>cefadroxil</i>		
<i>cefdinir</i>		
<i>cefixime</i>	Suprax	
<i>cefpodoxime proxetil</i>		
<i>cefprozil</i>		
<i>ceftriaxone sodium</i>		QLL (2 Grams Max Qty Per Fill Retail)
<i>cefuroxime axetil</i>	Ceftin	
<i>cephalexin</i>	Keflex	
<b>*CONTRACEPTIVES*</b>		
<i>alyacen 1/35</i>	Necon 1/35 (28)	
<i>alyacen 7/7/7</i>	Nortrel 7/7/7	
<i>briellyn</i>	Philith	
<i>desogestrel-ethinyl estradiol</i>	Emoquette	
<i>drospirenone-ethinyl estradiol</i>	Ocella	
<i>levonorgest-eth estrad 91-day</i>	Introvale	
<i>levonorgestrel</i>	Next Choice One Dose	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<i>levonorgestrel-ethinyl estrad</i>	Lessina-28	
<i>marlissa</i>	Kurvelo	
<i>medroxyprogesterone acetate</i>	Depo-Provera	QLL (1 Injection per 90 days)
<i>norethin ace-eth estrad-fe</i>	Microgestin FE 1/20	
<i>norethindrone</i>	Jolivette	
<i>norethindrone acet-ethinyl est</i>	Gildess 1/20	
<i>norgestimate-eth estradiol</i>	Mono-Linyah	
<i>norgestim-eth estrad triphasic</i>	Ortho Tri-Cyclen (28)	
<i>viorele</i>	Kariva	
<b>ALTAVERA</b>	Marlissa	
<b>APRI</b>	Desogestrel-Ethinyl Estradiol	
<b>ARANELLE</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>AUBRA</b>	Levonorgestrel-Ethinyl Estrad	
<b>AVIANE</b>	Levonorgestrel-Ethinyl Estrad	
<b>AZURETTE</b>	Viorele	
<b>BALZIVA</b>	Briellyn	
<b>CAMILA</b>	Norethindrone	
<b>CAZIAN</b>		
<b>CESIA</b>		
<b>CHATEAL</b>	Marlissa	
<b>CRYSSELLE-28</b>		
<b>CYCLAFEM 1/35</b>	Alyacen 1/35	
<b>CYCLAFEM 7/7/7</b>	Alyacen 7/7/7	
<b>DASETTA 1/35</b>	Alyacen 1/35	
<b>DASETTA 7/7/7</b>	Alyacen 7/7/7	
<b>DEBLITANE</b>	Norethindrone	
<b>DELYLA</b>	Levonorgestrel-Ethinyl Estrad	
<b>ELINEST</b>		
<b>ELLA</b>		
<b>EMOQUETTE</b>	Desogestrel-Ethinyl Estradiol	
<b>ENPRESSE-28</b>	Levonorg-Eth Estrad Triphasic	
<b>ENSKYCE</b>	Desogestrel-Ethinyl Estradiol	
<b>ERRIN</b>	Norethindrone	
<b>ESTARYLLA</b>	Norgestimate-Eth Estradiol	
<b>FALMINA</b>	Levonorgestrel-Ethinyl Estrad	
<b>GIANVI</b>	Drospirenone-Ethinyl Estradiol	
<b>GILDAGIA</b>	Briellyn	
<b>GILDESS 1.5/30</b>		
<b>GILDESS 1/20</b>	Norethindrone Acet-Ethinyl Est	
<b>GILDESS FE 1.5/30</b>		
<b>GILDESS FE 1/20</b>	Norethin Ace-Eth Estrad-FE	
<b>HEATHER</b>	Norethindrone	
<b>INTROVALE</b>	Levonorgest-Eth Estrad 91-Day	
<b>JENCYCLA</b>	Norethindrone	
<b>JOLESSA</b>	Levonorgest-Eth Estrad 91-Day	
<b>JOLIVETTE</b>	Norethindrone	
<b>JUNEL 1.5/30</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>JUNEL 1/20</b>	Norethindrone Acet-Ethinyl Est	
<b>JUNEL FE 1.5/30</b>		
<b>JUNEL FE 1/20</b>	Norethin Ace-Eth Estrad-FE	
<b>KARIVA</b>	Viorele	
<b>KELNOR 1/35</b>		
<b>KURVELO</b>	Marlissa	
<b>LARIN 1.5/30</b>		
<b>LARIN 1/20</b>	Norethindrone Acet-Ethinyl Est	
<b>LARIN FE 1.5/30</b>		
<b>LARIN FE 1/20</b>	Norethin Ace-Eth Estrad-FE	
<b>LEENA</b>		
<b>LESSINA</b>	Levonorgestrel-Ethinyl Estrad	
<b>LEVONEST</b>	Levonorg-Eth Estrad Triphasic	
<b>LEVORA 0.15/30 (28)</b>	Marlissa	
<b>LORYNA</b>	Drospirenone-Ethinyl Estradiol	
<b>LOW-OGESTREL</b>		
<b>LUTERA</b>	Levonorgestrel-Ethinyl Estrad	
<b>LYZA</b>	Norethindrone	
<b>MICROGESTIN 1.5/30</b>		
<b>MICROGESTIN 1/20</b>	Norethindrone Acet-Ethinyl Est	
<b>MICROGESTIN FE 1.5/30</b>		
<b>MICROGESTIN FE 1/20</b>	Norethin Ace-Eth Estrad-FE	
<b>MIRENA (52 MG)</b>		QLL (1 EA per 5 Years)
<b>MONO-LINYAH</b>	Norgestimate-Eth Estradiol	
<b>MONONESSA</b>	Norgestimate-Eth Estradiol	
<b>MY WAY</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>MYZILRA</b>	Levonorg-Eth Estrad Triphasic	
<b>NECON 0.5/35 (28)</b>		
<b>NECON 1/35 (28)</b>	Alyacen 1/35	
<b>NECON 1/50 (28)</b>		
<b>NECON 10/11 (28)</b>		
<b>NECON 7/7/7</b>	Alyacen 7/7/7	
<b>NEXPLANON</b>		QLL (1 Implant per 3 Yearss)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>NEXT CHOICE ONE DOSE</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>NIKKI</b>	Drospirenone-Ethinyl Estradiol	
<b>NORA-BE</b>	Norethindrone	
<b>NORLYROC</b>	Norethindrone	
<b>NORTREL 0.5/35 (28)</b>		
<b>NORTREL 1/35 (21)</b>	Alyacen 1/35	
<b>NORTREL 1/35 (28)</b>	Alyacen 1/35	
<b>NORTREL 7/7/7</b>	Alyacen 7/7/7	
<b>NUVARING</b>		QLL (1 ring per 30 days)
<b>OCELLA</b>	Drospirenone-Ethinyl Estradiol	
<b>OGESTREL</b>		
<b>OPCICON ONE-STEP</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>ORSYTHIA</b>	Levonorgestrel-Ethinyl Estrad	
<b>PARAGARD INTRAUTERINE COPPER</b>		QLL (1 EA per 999 1/999 days)
<b>PHILITH</b>	Briellyn	
<b>PIMTREA</b>	Viorele	
<b>PIRMELLA 1/35</b>	Alyacen 1/35	
<b>PIRMELLA 7/7/7</b>	Alyacen 7/7/7	
<b>PLAN B ONE-STEP</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
<b>PORTIA-28</b>	Marlissa	
<b>PREVIFEM</b>	Norgestimate-Eth Estradiol	
<b>QUASENSE</b>	Levonorgest-Eth Estrad 91-Day	
<b>REACT</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
<b>RECLIPSEN</b>	Desogestrel-Ethinyl Estradiol	
<b>SHAROBEL</b>	Norethindrone	
<b>SOLIA</b>	Desogestrel-Ethinyl Estradiol	
<b>SPRINTEC 28</b>	Norgestimate-Eth Estradiol	
<b>SRONYX</b>	Levonorgestrel-Ethinyl Estrad	



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SYEDA</b>	Drospirenone-Ethinyl Estradiol	
<b>TARINA FE 1/20</b>	Norethin Ace-Eth Estrad-FE	
<b>TILIA FE</b>		
<b>TRI-ESTARYLLA</b>	Norgestim-Eth Estrad Triphasic	
<b>TRI-LEGEST FE</b>		
<b>TRI-LINYAH</b>	Norgestim-Eth Estrad Triphasic	
<b>TRINESSA (28)</b>	Norgestim-Eth Estrad Triphasic	
<b>TRI-PREVIFEM</b>	Norgestim-Eth Estrad Triphasic	
<b>TRI-SPRINTEC</b>	Norgestim-Eth Estrad Triphasic	
<b>TRIVORA (28)</b>	Levonorg-Eth Estrad Triphasic	
<b>VELIVET</b>		
<b>VESTURA</b>	Drospirenone-Ethinyl Estradiol	
<b>VYFEMLA</b>	Briellyn	
<b>WERA</b>		
<b>XULANE</b>		QLL (3 patches per 28 days)
<b>ZARAH</b>	Drospirenone-Ethinyl Estradiol	
<b>ZENCHENT</b>	Briellyn	
<b>ZOVIA 1/35E (28)</b>		
<b>ZOVIA 1/50E (28)</b>		
<b>*CORTICOSTEROIDS*</b>		
<i>cortisone acetate</i>		
<i>dexamethasone</i>		
<i>dexamethasone base</i>		
<i>fludrocortisone acetate</i>		
<i>hydrocortisone</i>	Cortef	
<i>methylprednisolone</i>	Medrol	
<i>prednisolone</i>	Pre lone	
<i>prednisolone anhydrous</i>		
<i>prednisolone sodium phosphate</i>	Orapred	
<i>prednisone</i>		
<b>*COUGH/COLD/ALLERGY*</b>		
<i>acetylcysteine</i>		
<i>benzonatate</i>	Tessalon Perles	
<i>dextromethorphan hbr</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>dextromethorphan hbr monohyd</i>		
<i>guaifenesin</i>		
<i>promethazine vc plain</i>		
<i>promethazine vc/codeine</i>		
<i>promethazine-codeine</i>		
<i>promethazine-dm</i>		
<i>sodium chloride</i>		
<b>*DERMATOLOGICALS*</b>		
<i>acyclovir</i>	Zovirax	ST; QLL (1 tube per 30 days)
<i>adapalene</i>	Differin	
<i>alclometasone dipropionate</i>	Aclovate	
<i>alphatrex</i>		
<i>amcinonide</i>		
<i>bacitracin</i>		
<i>benzoyl peroxide-erythromycin</i>	Benzamycin	
<i>betamethasone dipropionate</i>		
<i>betamethasone dipropionate aug</i>	Diprolene AF	
<i>betamethasone valerate</i>		
<i>bp cleansing wash</i>	Claris Clarifying Wash	
<i>calcipotriene</i>		
<i>ciclopirox</i>	Ciclodan	
<i>ciclopirox olamine</i>		
<i>clindamycin phos-benzoyl perox</i>	BenzaClin	
<i>clindamycin phosphate</i>	Cleocin-T	
<i>clobetasol 17 propionate</i>		
<i>clobetasol propionate</i>	Cormax Scalp Application	
<i>clobetasol propionate e</i>	Temovate E	
<i>clobetasol propionate emulsion</i>	Olux-E	
<i>clotrimazole-betamethasone</i>	Lotrisone	
<i>desonide</i>	DesOwen	
<i>desoximetasone</i>	Topicort	
<i>diflorasone diacetate</i>		
<i>econazole nitrate</i>		
<i>erythromycin</i>		
<i>fluocinolone acetonide</i>	Synalar	
<i>fluocinonide</i>		
<i>fluocinonide-e</i>		
<i>fluorouracil</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluticasone propionate</i>	Cutivate	
<i>gentamicin sulfate</i>		
<i>halobetasol propionate</i>	Ultravate	
<i>hydrocortisone</i>	Proctozone-HC	
<i>hydrocortisone butyrate</i>	Locoid	
<i>hydrocortisone valerate</i>		
<i>imiquimod</i>	Aldara	
<i>ketoconazole</i>		
<i>kp clotrimazole</i>	Lotrimin AF	OTC
<i>lidocaine</i>		
<i>lidocaine hcl</i>	Xylocaine	
<i>lidocaine-prilocaine</i>	EMLA	
<i>malathion</i>	Ovide	
<i>metronidazole</i>	Rosadan	
<i>mometasone furoate</i>	Elocon	
<i>mupirocin</i>	Bactroban	
<i>mupirocin calcium</i>	Bactroban	
<i>nystatin</i>	Nyamyc	
<i>nystatin-triamcinolone</i>		
<i>permethrin</i>	Elimite	
<i>podofilox</i>	Condylox	
<i>prednicarbate</i>	Dermatop	
<i>selenium sulfide</i>	Selsun	
<i>selenium sulf-pyrithione-urea</i>		
<i>silver sulfadiazine</i>	Thermazene	
<i>sodium sulfacetamide wash</i>		
<i>sulfacetamide sodium</i>	Klaron	
<i>sulfacetamide sodium (acne)</i>	Klaron	
<i>sulfacetamide sodium-sulfur</i>	Prascion	
<i>sulfacetamide-sulfur in urea</i>		
<i>tacrolimus</i>	Protopic	
<i>tretinoin</i>	Retin-A	QLL (20 GM per 30 days)
<i>tretinoin (emollient)</i>	Refissa	
<i>triamcinolone acetonide</i>		
<b>ABREVA</b>		OTC; QLL (2 GM per 30 days)
<b>AVAR CLEANSER</b>	Sulfacetamide Sodium-Sulfur	
<b>CLARAVIS</b>		
<b>CONDYLOX</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ELIDEL</b>		ST; QLL (30 GM per 30 days)
<b>LOCOID</b>	Hydrocortisone Butyrate	
<b>LOCOID LIPOCREAM</b>	Hydrocortisone Butyr Lipo Base	
<b>LOKARA</b>	Desonide	
<b>NYAMYC</b>	Nystatin	
<b>NYSTOP</b>	Nystatin	
<b>OXSORALEN ULTRA</b>	Methoxsalen Rapid	
<b>PRASCION</b>	Sulfacetamide Sodium-Sulfur	
<b>REFISSA</b>	Tretinoin (Emollient)	
<b>ROSADAN</b>	MetroNIDAZOLE	
<b>ROSANIL CLEANSER</b>	Sulfacetamide Sodium-Sulfur	
<b>SANTYL</b>		
<b>SEB-PREV WASH</b>	Sulfacetamide Sodium	
<b>SSD</b>	Silver Sulfadiazine	
<b>TARGRETIN</b>		
<b>TRETIN-X</b>		
<b>TRIANEX</b>		
<b>TRIDERM</b>	Triamcinolone Acetonide	
<b>ULESFIA</b>		
<b>ZENATANE</b>		
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>GLUCAGEN DIAGNOSTIC</b>		
<b>ONETOUCH ULTRA BLUE</b>	Blood Glucose Test	OTC; QLL (150 EA per 30 days)
<b>ONETOUCH VERIO</b>	Blood Glucose Test	OTC; QLL (150 EA per 30 days)
<b>*DIGESTIVE AIDS*</b>		
<i>pancrelipase (lip-prot-amyl)</i>	Zenpep	* (*)
<b>CREON</b>		
<b>PANCREAZE</b>		
<b>ZENPEP</b>		
<b>*DIURETICS*</b>		
<i>acetazolamide</i>		
<i>acetazolamide er</i>	Diamox Sequels	
<i>amiloride hcl</i>		
<i>amiloride-hydrochlorothiazide</i>		
<i>bumetanide</i>	Bumex	
<i>chlorothiazide</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>chlorthalidone</i>		
<i>furosemide</i>	Lasix	
<i>hydrochlorothiazide</i>	Microzide	
<i>indapamide</i>		
<i>methazolamide</i>	Neptazane	
<i>methyclothiazide</i>		
<i>metolazone</i>	Zaroxolyn	
<i>spironolactone</i>	Aldactone	
<i>spironolactone-hctz</i>	Aldactazide	
<i>toremide</i>	Demadex	
<i>triamterene-hctz</i>	Dyazide	
<b>DYRENIUM</b>		
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Fosamax	QLL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Fosamax	QLL (4 Tablets per 30 days)
<i>cabergoline</i>		PA
<i>calcitonin (salmon)</i>	Fortical	
<i>calcitriol</i>	Rocaltrol	
<i>desmopressin ace rhinal tube</i>	DDAVP Rhinal Tube	QLL (1 Bottle per 30 days)
<i>desmopressin ace spray refrig</i>	Minirin	QLL (1 Bottle per 30 days)
<i>desmopressin acetate</i>	DDAVP	QLL (90 Tablets per 30 days)
<i>desmopressin acetate spray</i>	DDAVP	QLL (1 Bottle per 30 days)
<i>etidronate disodium</i>		
<i>ibandronate sodium</i>	Boniva	
<i>levocarnitine intravenous*</i>	Carnitor	
<i>levocarnitine oral</i>	Carnitor	PA
<i>levocarnitine oral</i>	Carnitor SF	PA
<i>octreotide acetate</i>	SandoSTATIN	PA
<i>pamidronate disodium</i>		
<i>paricalcitol</i>	Zemplar	ST
<i>raloxifene hcl</i>	Evista	QLL (30 Tablets per 30 days)
<b>FORTICAL</b>	Calcitonin (Salmon)	
<b>LUPRON DEPOT-PED</b>		PA
<b>OMNITROPE</b>		PA
<b>SANDOSTATIN LAR DEPOT</b>		PA

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ESTROGENS*</b>		
<i>estradiol</i>		
<i>estradiol oral</i>	Estrace	
<i>estradiol transdermal</i>	Climara	QLL (4 EA per 30 days)
<i>estradiol transdermal</i>	Climara	QLL (4 patches per 30 days)
<i>estradiol-norethindrone acet</i>	Activella	
<i>estropipate</i>	Ortho-Est 0.625	
<b>CLIMARA PRO</b>		
<b>COMBIPATCH</b>		
<b>FEMHRT LOW DOSE</b>	Norethindrone-Eth Estradiol	
<b>JINTELI</b>	Norethindrone-Eth Estradiol	
<b>LOPREEZA</b>	Estradiol-Norethindrone Acet	
<b>MENEST</b>		
<b>MIMVEY</b>	Estradiol-Norethindrone Acet	
<b>MIMVEY LO</b>	Estradiol-Norethindrone Acet	
<b>PREFEST</b>		
<b>PREMPHASE</b>		
<b>PREMPRO</b>		
<b>*FLUOROQUINOLONES*</b>		
<i>ciprofloxacin hcl</i>		QLL (28 Tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er</i>	Cipro XR	QLL (3 Grams Max Qty Per Fill Retail)
<i>levofloxacin oral solution</i>	Levaquin	
<i>levofloxacin oral tablet</i>	Levaquin	QLL (14 Tablets per 90 days)
<i>ofloxacin</i>		
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<i>enulose</i>		
<i>generlac</i>		
<i>lactulose encephalopathy</i>		
<i>mesalamine</i>		
<i>metoclopramide hcl</i>	Reglan	
<i>sulfasalazine</i>	Azulfidine	
<i>ursodiol</i>	Actigall	
<b>AMITIZA</b>		QLL (60 Capsules per 30 days)
<b>ASACOL HD</b>	Mesalamine	
<b>CANASA</b>		
<b>DELZICOL</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DIPENTUM</b>		
<b>PENTASA</b>		
<b>REVELA</b>	Sevelamer Carbonate	
<b>SFROWASA</b>		
<b>SULFAZINE</b>	SulfaSALazine	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<i>alfuzosin hcl er</i>	Uroxatral	
<i>citric acid-sodium citrate</i>	Shohls Modified	
<i>cytra k crystals</i>	Polycitra-K	
<i>cytra-2</i>	Shohls Modified	
<i>cytra-k</i>		
<i>finasteride</i>	Proscar	
<i>phenazopyridine hcl</i>	Pyridium	
<i>pot &amp; sod cit-cit ac</i>		
<i>potassium citrate</i>		
<i>potassium citrate er</i>	Urocit-K 5	
<i>potassium citrate-citric acid</i>		
<i>sod citrate-citric acid</i>	Shohls Modified	
<i>tamsulosin hcl</i>	Flomax	QLL (60 Capsules per 30 days)
<i>tricitrates</i>		
<i>virtrate-3</i>		
<b>CYTRA-3</b>		
<b>ELMIRON</b>		
<b>K-PHOS NO 2</b>		
<b>PHENAZO</b>	Phenazopyridine HCl	
<b>TARON-CRYSTALS</b>	Cytra K Crystals	
<b>*GOUT AGENTS*</b>		
<i>allopurinol</i>	Zyloprim	
<i>colchicine</i>		
<i>colchicine-probenecid</i>		
<i>probenecid</i>		
<b>ULORIC</b>		ST
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<i>anagrelide hcl</i>	Agrylin	
<i>cilostazol</i>	Pletal	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Plavix	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 Tablets per 30 days)
<i>dipyridamole</i>	Persantine	
<i>pentoxifylline er</i>	TRENTal	
<b>SOLIRIS</b>		PA
<b>*HEMATOPOIETIC AGENTS*</b>		
<i>folic acid</i>		OTC
<b>DROXIA</b>		
<b>ICAR-C PLUS</b>	Iron 100 Plus	
<b>NEUPOGEN</b>		PA
<b>*HEMOSTATICS*</b>		
<b>AMICAR</b>		
<b>*HYPNOTICS*</b>		
<i>estazolam</i>		QLL (30 Tablets per 30 days)
<i>flurazepam hcl</i>		QLL (30 Tablets per 30 days)
<i>phenobarbital</i>		
<i>temazepam oral capsule 15 mg</i>	Restoril	QLL (1 EA per 1 day)
<i>temazepam oral capsule 30 mg</i>	Restoril	QLL (30 Tablets per 30 days)
<i>zaleplon</i>	Sonata	QLL (30 Tablets per 30 days)
<i>zolpidem tartrate</i>	Ambien	QLL (30 Tablets per 30 days)
<b>ROZEREM</b>		ST; QLL (30 Tablets per 30 days)
<b>*LAXATIVES*</b>		
<i>cascara sagrada</i>		
<i>constulose</i>		
<i>lactulose</i>		
<i>mineral oil heavy</i>		
<i>peg 3350/electrolytes</i>	Colyte with Flavor Packs	
<i>peg 3350-kcl-na bicarb-nacl</i>	Nulytely with Flavor Packs	
<i>peg-3350/electrolytes</i>	Golytely	
<i>polyethylene glycol 3350 oral packet</i>	CVS Purelax	OTC
<i>polyethylene glycol 3350 oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<b>GAVILYTE-C</b>	PEG 3350/Electrolytes	
<b>GAVILYTE-G</b>	PEG-3350/Electrolytes	
<b>GAVILYTE-N WITH FLAVOR PACK</b>	PEG 3350-KCl-Na Bicarb-NaCl	
<b>MURI-LUBE</b>	Mineral Oil Light	
<b>PEGYLAX</b>	Polyethylene Glycol 3350	QLL (527 GM per 30 days)



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TRILYTE</b>	PEG 3350-KCl-Na Bicarb-NaCl	
<b>*MACROLIDES*</b>		
<i>azithromycin oral packet</i>	Zithromax	
<i>azithromycin oral suspension reconstituted</i>	Zithromax	
<i>azithromycin oral tablet 250 mg</i>	Zithromax Z-Pak	QLL (12 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Zithromax Tri-Pak	
<i>azithromycin oral tablet 600 mg</i>	Zithromax	QLL (8 Tablets per 30 days)
<i>clarithromycin er</i>	Biaxin XL Pac	QLL (28 Tablets per 30 days)
<i>clarithromycin oral suspension reconstituted</i>		
<i>clarithromycin oral suspension reconstituted</i>	Biaxin	
<i>clarithromycin oral tablet</i>	Biaxin	QLL (28 Tablets per 30 days)
<i>erythromycin</i>		
<i>erythromycin base</i>		
<i>erythromycin ethylsuccinate</i>	E.E.S. 400	
<b>E.E.S. 400</b>	Erythromycin Ethylsuccinate	
<b>E.E.S. GRANULES</b>		
<b>ERYPED 200</b>		
<b>ERYPED 400</b>		
<b>ERYTHROCIN STEARATE</b>	Erythromycin Stearate	
<b>*MEDICAL DEVICES*</b>		
<b>ASSURE ID INSULIN SAFETY SYR</b>	Hy-Vee Insulin Syringe	
<b>BD ECLIPSE SYRINGE</b>	Anti-Stick Immun Syringe	
<b>MAGELLAN INSULIN SAFETY SYR</b>	Kroger Insulin Syringe	
<b>MAGELLAN TUBERCULIN SYRINGE</b>	Tuberculin Syringe	
<b>MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML</b>		OTC
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML</b>	Elite-Thin Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML</b>	Kroger Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML</b>	Hy-Vee Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML</b>	Drug Mart Ultra Comfort Syr	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE U-100 1 ML</b>	Kmart Valu Insulin Syringe 30G	
<b>MONOJECT LIFESHIELD SYRINGE</b>		
<b>MONOJECT MAGELLAN SYRINGE</b>	Anti-Stick Immun Syringe	
<b>MONOJECT SYRINGE PHARMACY TRAY</b>	Tuberculin Syringe	
<b>MONOJECT TB SAFETY SYRINGE</b>	Tuberculin Syringe	
<b>MONOJECT TB SYRINGE 1 ML</b>	Tuberculin Syringe	OTC
<b>MONOJECT TB SYRINGE 27G X 1/2" 1 ML</b>	Tuberculin Syringe	
<b>MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML</b>		
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML</b>	Elite-Thin Insulin Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	
<b>NOVOPEN ECHO</b>	Autopen	
<b>ULTICARE INSULIN SAFETY SYR</b>	Hy-Vee Insulin Syringe	
<b>*MIGRAINE PRODUCTS*</b>		
<i>dihydroergotamine mesylate</i>		
<i>dihydroergotamine mesylate nasal</i>	Migranal	QLL (8 units per 30 days)
<i>ergotamine tartrate</i>		
<i>naratriptan hcl</i>	Amerge	QLL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	Maxalt-MLT	QLL (12 EA per 30 days)
<i>sumatriptan</i>	Imitrex	QLL (6 EA per 30 days)
<i>sumatriptan succinate oral</i>	Imitrex	QLL (9 Tablets per 30 days)
<i>sumatriptan succinate refill</i>	Imitrex STATdose Refill	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous*</i>	Alsuma	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous*</i>	Imitrex STATdose System	QLL (2 ML per 30 days)
<b>ALSUMA</b>	SUMAtriptan Succinate	QLL (2 ML per 30 days)
<b>CAFERGOT</b>		
<b>ERGOMAR</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<i>effervescent pot chloride</i>		
<i>fluoritab</i>	Luride	
<i>k-effervescent</i>	Klor-Con/EF	
<i>k-vescent</i>	Klor-Con/EF	
<i>pot bicarb-pot chloride</i>		
<i>potassium bicarbonate</i>	Klor-Con/EF	
<i>potassium chloride</i>	K-Sol	
<i>potassium chloride crys er</i>	Klor-Con M10	
<i>potassium chloride er</i>	Micro-K	
<i>sodium chloride</i>	Monoject Sodium Chloride Flush	
<i>sodium chloride flush</i>	BD PosiFlush	
<i>sodium fluoride</i>		
<b>EFFER-K</b>	K-Vescent	
<b>FLUOR-A-DAY</b>	Fluoritab	
<b>FLURA-DROPS</b>	Fluoritab	
<b>KARIDIUM</b>	Fluoritab	
<b>KLOR-CON</b>		
<b>KLOR-CON 10</b>	Potassium Chloride ER	
<b>KLOR-CON M10</b>	Potassium Chloride Crys ER	
<b>KLOR-CON M15</b>		
<b>KLOR-CON M20</b>	Potassium Chloride Crys ER	
<b>KLOR-CON/EF</b>	K-Vescent	
<b>K-PHOS</b>		
<b>K-PRIME</b>	K-Vescent	
<b>K-SOL</b>	Potassium Chloride	
<b>LUDENT</b>	Fluoritab	
<b>MONOJECT FLUSH SYRINGE</b>	Saline Flush	
<b>MONOJECT SODIUM CHLORIDE FLUSH</b>	Saline Flush	
<b>NAFRINSE</b>	Fluoritab	
<b>NAFRINSE DROPS</b>	Fluoritab	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<i>chlorhexidine gluconate</i>	Periogard	
<i>clotrimazole</i>		
<i>lidocaine hcl</i>	LTA 360 Kit	
<i>lidocaine viscous</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>neutral sodium fluoride</i>	CaviRinse	OTC
<i>nystatin</i>		
<i>pilocarpine hcl</i>	Salagen	
<i>triamcinolone acetonide</i>	Oralone	
<b>CAVIRINSE</b>	Neutral Sodium Fluoride	
<b>NAFRINSE WEEKLY</b>		
<b>ORALONE</b>	Triamcinolone Acetonide	
<b>PAROEX</b>	Chlorhexidine Gluconate	
<b>PERIOGARD</b>	Chlorhexidine Gluconate	
<b>PREVIDENT 5000 DRY MOUTH</b>	SF	
<b>*MULTIVITAMINS*</b>		
<i>ap-zel</i>	Strovite Forte	
<i>biocel</i>	Strovite Forte	
<i>bp folinatal plus b</i>	Folbecal	F; QLL (100 EA per 90 days)
<i>bp multinatal plus</i>	Vinate C	F; QLL (100 EA per 90 days)
<i>b-plex</i>	Milco-B-Forte	
<i>b-plex plus</i>	Strovite Forte	
<i>complete natal dha</i>		F; QLL (100 EA per 90 days)
<i>completenate</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>folcal dha</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<i>mynatal plus</i>	Lactocal-F	F; QLL (100 EA per 90 days)
<i>mynatal-z</i>	Lactocal-F	F; QLL (100 EA per 90 days)
<i>mynate 90 plus</i>		F; QLL (100 EA per 90 days)
<i>mynephrocaps</i>	Nephrocaps	
<i>pnv fe fum/docusate/folic acid</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>pnv folic acid + iron</i>	TriCare	F; QLL (100 EA per 90 days)
<i>pnv prenatal plus multivitamin</i>	TriCare	F; OTC; QLL (100 EA per 90 days)
<i>pnv-dha</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>pnv-dha+docusate</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<i>pnv-omega</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>pnv-select</i>	Zatean-Pn	F; QLL (100 EA per 90 days)
<i>pnv-total</i>	Elite-OB 400	F; QLL (100 EA per 90 days)
<i>pnv-vp-u</i>	Prenatal-U	F; QLL (100 EA per 90 days)
<i>prenatabs fa</i>	Co-Natal FA	F; QLL (100 EA per 90 days)
<i>prenatal</i>	TriCare	F; QLL (100 EA per 90 days)
<i>prenatal 19</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>prenatal low iron</i>	TriCare	F; QLL (100 EA per 90 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>prenatal plus</i>	TriCare	F; QLL (100 EA per 90 days)
<i>preplus</i>	TriCare	F; QLL (100 EA per 90 days)
<i>pretab</i>	Co-Natal FA	F; QLL (100 EA per 90 days)
<i>purefe ob plus</i>	Tandem OB	F; QLL (100 EA per 90 days)
<i>rena-vite rx</i>	Dialyvite	
<i>reno caps</i>	Nephrocaps	
<i>se-natal 19</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>se-tan dha</i>	Tandem DHA	F; QLL (100 EA per 90 days)
<i>triadvance</i>	Ultra NatalCare	F; QLL (100 EA per 90 days)
<i>trinatal gt</i>	Ultra NatalCare	F; QLL (100 EA per 90 days)
<i>trinatal rx 1</i>	Vinate One	F; QLL (100 EA per 90 days)
<i>triphrocaps</i>	Nephrocaps	
<i>ultimatecare one</i>	Folcaps Omega 3	F; QLL (100 EA per 90 days)
<i>ultimatecare one nf</i>	OB-Natal One	F; QLL (100 EA per 90 days)
<i>virt nate</i>	Trinate	F; QLL (100 EA per 90 days)
<i>virt-advance</i>	Ultra NatalCare	F; QLL (100 EA per 90 days)
<i>virt-c dha</i>	Taron-C DHA	QLL (100 EA per 90 days)
<i>virt-caps</i>	Nephrocaps	
<i>virt-care one</i>	Folcaps Omega 3	F; QLL (100 EA per 90 days)
<i>virt-pn</i>	Zatean-Pn	F; QLL (100 EA per 90 days)
<i>virt-pn dha</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>virt-pn plus</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>virtprex</i>	Triveen-PRx RNF	F; QLL (100 EA per 90 days)
<i>virt-vite gt</i>	Ultra NatalCare	F; QLL (100 EA per 90 days)
<i>vol-care rx</i>	Dialyvite	
<i>vol-nate</i>	Trinate	F; QLL (100 EA per 90 days)
<i>vol-plus</i>	TriCare	F; QLL (100 EA per 90 days)
<i>vp-zel</i>	Strovite Forte	
<b>AQUADEKS</b>	Antioxidant Formula	OTC
<b>BACMIN</b>	One Daily Calcium/Iron/Zinc	
<b>CITRANATAL RX</b>		F; QLL (100 EA per 90 days)
<b>CO-NATAL FA</b>	Prenatabs FA	F; QLL (100 EA per 90 days)
<b>CONCEPT DHA</b>	Virt-C DHA	F; QLL (100 EA per 90 days)
<b>CONCEPT OB</b>		F; QLL (100 EA per 90 days)
<b>CORVITE FREE</b>	One Daily Calcium/Iron/Zinc	
<b>DIALYVITE</b>	Rena-Vite Rx	
<b>ELITE-OB</b>		F; QLL (100 EA per 90 days)
<b>FOLCAPS OMEGA 3</b>	UltimateCare ONE	F; QLL (100 EA per 90 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FOLIVANE-OB</b>		F; QLL (100 EA per 90 days)
<b>INATAL ADVANCE</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>INATAL GT</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>INATAL ULTRA</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>LYSIPLEX PLUS</b>	One Daily Calcium/Iron/Zinc	
<b>M-VIT</b>	Prenatal Plus/Iron	F; QLL (100 EA per 90 days)
<b>MYNATAL</b>		F; QLL (100 EA per 90 days)
<b>MYNATAL ADVANCE</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>NEPHROCAPS</b>	Mynephrocaps	
<b>NEPHROCAPS QT</b>		
<b>NEPHRONEX</b>	Rena-Vite Rx	
<b>NICAZEL</b>	One Daily Calcium/Iron/Zinc	
<b>NUTRICAP</b>	One Daily Calcium/Iron/Zinc	
<b>NUTRIFAC ZX</b>	One Daily Calcium/Iron/Zinc	
<b>OB COMPLETE</b>		F; QLL (100 EA per 90 days)
<b>O-CAL FA</b>	Prenatal Plus/Iron	F; QLL (100 EA per 90 days)
<b>PR NATAL 400</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 400 EC</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 430</b>	SetonET	F; QLL (100 EA per 90 days)
<b>PR NATAL 430 EC</b>	SetonET-EC	F; QLL (100 EA per 90 days)
<b>PRENATABS RX</b>	Prenatal Plus Iron	F; QLL (100 EA per 90 days)
<b>PRENATAL-U</b>	PNV-VP-U	F; QLL (100 EA per 90 days)
<b>RENAL</b>	Mynephrocaps	
<b>REQ 49+</b>	One Daily Calcium/Iron/Zinc	
<b>SELECT-OB</b>		F; QLL (100 EA per 90 days)
<b>SIDEROL</b>	One Daily Calcium/Iron/Zinc	
<b>STROVITE ONE</b>	One Daily Calcium/Iron/Zinc	
<b>TARON-BC</b>		F; QLL (100 EA per 90 days)
<b>TARON-C DHA</b>	Virt-C DHA	F; QLL (100 EA per 90 days)
<b>TARON-PREX</b>		F; QLL (100 EA per 90 days)
<b>TRICARE</b>	Prenatal Plus/Iron	F; QLL (100 EA per 90 days)
<b>TRINATE</b>	Vol-Nate	F; QLL (100 EA per 90 days)
<b>TRIVEEN-DUO DHA</b>		F; QLL (100 EA per 90 days)
<b>TRIVEEN-PRX RNF</b>	VirtPrex	F; QLL (100 EA per 90 days)
<b>VEMAVITE-PRX 2</b>	Folcal DHA	F; QLL (100 EA per 90 days)
<b>VINATE AZ EXTRA</b>		F; QLL (100 EA per 90 days)
<b>VINATE C</b>	BP MultiNatal Plus	F; QLL (100 EA per 90 days)
<b>VINATE CALCIUM</b>		F; QLL (100 EA per 90 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>VINATE CARE</b>	BP MultiNatal Plus	F; QLL (100 EA per 90 days)
<b>VINATE IC</b>	PureFe OB Plus	F; QLL (100 EA per 90 days)
<b>VINATE II</b>		F; QLL (100 EA per 90 days)
<b>VINATE M</b>		F; QLL (100 EA per 90 days)
<b>VINATE ONE</b>	Se-Natal ONE	F; QLL (100 EA per 90 days)
<b>VITA S FORTE</b>	One Daily Calcium/Iron/Zinc	
<b>VITACEL</b>	One Daily Calcium/Iron/Zinc	
<b>VITAFOL-OB</b>	Mynatal-Z	F; QLL (100 EA per 90 days)
<b>ZATEAN-CH</b>		F; QLL (100 EA per 90 days)
<b>ZATEAN-PN DHA</b>	Virt-PN DHA	F; QLL (100 EA per 90 days)
<b>ZATEAN-PN PLUS</b>	PNV-Omega	F; QLL (100 EA per 90 days)
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<i>baclofen</i>		
<i>carisoprodol</i>		
<i>carisoprodol oral</i>	Soma	QLL (240 Tablets per 365 days)
<i>cyclobenzaprine hcl</i>	Flexeril	QLL (120 Tablets per 30 days)
<i>dantrolene sodium</i>	Dantrium	
<i>metaxalone</i>	Skelaxin	QLL (120 Tablets per 30 days)
<i>methocarbamol</i>	Robaxin	QLL (120 Tablets per 30 days)
<i>tizanidine hcl</i>		
<b>GEL-ONE</b>		PA
<b>HYALGAN</b>		PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<i>azelastine hcl</i>	Astelin	QLL (2 bottles per 30 days)
<i>flunisolide</i>		ST
<i>fluticasone propionate</i>	Flonase	ST; OTC
<i>ipratropium bromide</i>	Atrovent	
<i>pseudoephedrine hcl</i>		
<i>pseudoephedrine hcl oral</i>	Sudafed	OTC
<i>pseudoephedrine hcl oral</i>	SudoGest	OTC
<b>BACTROBAN NASAL</b>		PA
<b>*NEUROMUSCULAR AGENTS*</b>		
<i>riluzole</i>	Rilutek	PA
<b>*OPHTHALMIC AGENTS*</b>		
<i>ak-poly-bac</i>	Polycin	
<i>atropine sulfate</i>	Isopto Atropine	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>azelastine hcl</i>	Optivar	
<i>bacitracin</i>		
<i>bacitracin-polymyxin b</i>	Polycin	
<i>betaxolol hcl</i>		
<i>brimonidine tartrate</i>	Alphagan P	
<i>carteolol hcl</i>		
<i>ciprofloxacin hcl</i>	Ciloxan	
<i>cromolyn sodium</i>		
<i>cyclopentolate hcl</i>	Cyclogyl	
<i>dexamethasone sodium phosphate</i>		
<i>diclofenac sodium</i>	Voltaren	
<i>dorzolamide hcl</i>	Trusopt	
<i>dorzolamide hcl-timolol mal</i>	Cosopt	
<i>erythromycin</i>	Ilotycin	
<i>fluorometholone</i>	Fluor-Op	
<i>flurbiprofen sodium</i>	Ocufen	
<i>gentamicin sulfate</i>	Gentak	
<i>homatropine hbr</i>	Homatropaire	
<i>ketorolac tromethamine</i>	Acular LS	
<i>latanoprost</i>	Xalatan	
<i>levobunolol hcl</i>	Betagan	
<i>levofloxacin</i>		
<i>metipranolol</i>	Optipranolol	
<i>neomycin-bacitracin zn-polymyx</i>	Neo-Polycin	
<i>neomycin-polymyxin-dexameth</i>	Maxitrol	
<i>neomycin-polymyxin-gramicidin</i>	Neosporin	
<i>neomycin-polymyxin-hc</i>		
<i>ofloxacin</i>	Ocuflox	
<i>phenylephrine hcl</i>	Mydfrin	
<i>pilocarpine hcl</i>	Isopto Carpine	
<i>polymyxin b-trimethoprim</i>	Polytrim	
<i>prednisolone acetate</i>	Pred Forte	
<i>prednisolone sodium phosphate</i>		
<i>sulfacetamide sodium</i>	Bleph-10	
<i>sulfacetamide-prednisolone</i>		
<i>timolol maleate</i>	Timoptic	
<i>tobramycin</i>	Tobrex	
<i>tobramycin-dexamethasone</i>	TobraDex	



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>travoprost</i>		ST
<i>trifluridine</i>	Viroptic	
<i>tropicamide</i>		
<b>ALPHAGAN P</b>		
<b>ALTAFRIN</b>	Phenylephrine HCl	
<b>AZOPT</b>		ST; QLL (1 EA per 30 days)
<b>BETOPTIC-S</b>		
<b>CILOXAN</b>		
<b>COMBIGAN</b>		
<b>FML FORTE</b>		
<b>HOMATROPAIRE</b>	Homatropine HBr	
<b>ISOPTO CARBACHOL</b>		
<b>ISOPTO HOMATROPINE</b>		
<b>PHOSPHOLINE IODIDE</b>		
<b>PRED MILD</b>		
<b>TOBRADEX</b>		
<b>TOBEX</b>		
<b>TRAVATAN Z</b>		ST
<b>VIGAMOX</b>		
<b>ZYMAXID</b>	Gatifloxacin	
<b>*OTIC AGENTS*</b>		
<i>acetic acid</i>	VoSol	
<i>acetic acid-aluminum acetate</i>		
<i>antipyrine-benzocaine</i>	Aurodex	
<i>hydrocortisone-acetic acid</i>	VoSoL HC	
<i>neomycin-polymyxin-hc</i>		
<i>ofloxacin</i>	Floxin Otic	
<b>CIPRO HC</b>		
<b>CIPRODEX</b>		
<b>*OXYTOCICS*</b>		
<i>methylergonovine maleate</i>	Methergine	
<b>*PASSIVE IMMUNIZING AGENTS*</b>		
<b>HYPERRHO S/D</b>		
<b>MICRHOGAM ULTRA-FILTERED PLUS</b>		
<b>RHOGAM ULTRA-FILTERED PLUS</b>		
<b>RHOPHYLAC</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*PENICILLINS*</b>		
<i>amoxicillin</i>		
<i>amoxicillin trihydrate</i>		
<i>amoxicillin-pot clavulanate er</i>	Augmentin XR	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Augmentin	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet</i>	Augmentin	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Augmentin	QLL (28 EA per 30 days)
<i>ampicillin</i>		
<i>dicloxacillin sodium</i>		
<i>penicillin v potassium</i>		
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<i>sorbitol</i>		
<b>*POTASSIUM REMOVING AGENTS***</b>		
<i>sodium polystyrene sulfonate</i>	Kayexalate	
<b>KIONEX</b>	Kalexate	
<b>SPS</b>	Sodium Polystyrene Sulfonate	
<b>*PROGESTINS*</b>		
<i>medroxyprogesterone acetate</i>	Provera	
<i>norethindrone acetate</i>	Aygestin	
<i>progesterone micronized</i>	Prometrium	
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<i>bupropion hcl er (smoking det)</i>	Buproban	
<i>chlordiazepoxide-amitriptyline</i>		
<i>disulfiram</i>	Antabuse	
<i>donepezil hcl</i>	Aricept	QLL (30 Tablets per 30 days)
<i>fluoxetine hcl (pmd)</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>galantamine hydrobromide</i>	Razadyne	QLL (60 Tablets per 30 days)
<i>galantamine hydrobromide er</i>	Razadyne ER	QLL (30 Capsules per 30 days)
<i>memantine hcl</i>	Namenda	
<i>nicotine</i>	Nicoderm CQ	OTC
<i>rivastigmine tartrate</i>	Exelon	QLL (60 Capsules per 30 days)
<b>AUBAGIO</b>		PA; QLL (30 EA per 30 days)
<b>CHANTIX</b>		
<b>CHANTIX CONTINUING MONTH PAK</b>		
<b>CHANTIX STARTING MONTH PAK</b>		
<b>COPAXONE</b>		PA
<b>EXTAVIA</b>		PA
<b>GLATIRAMER ACETATE</b>		PA
<b>REBIF</b>		PA
<b>REBIF REBIDOSE</b>		PA
<b>REBIF REBIDOSE TITRATION PACK</b>		PA
<b>REBIF TITRATION PACK</b>		PA
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
<b>INVOKAMET</b>		ST; QLL (30 EA per 30 days)
<b>*SULFONAMIDES*</b>		
<i>sulfadiazine</i>		
<b>*TETRACYCLINES*</b>		
<i>demeclocycline hcl</i>		
<i>doxycycline hyclate</i>		
<i>doxycycline monohydrate</i>	Mondoxyne NL	
<i>minocycline hcl</i>	Minocin	
<i>tetracycline hcl</i>		
<b>*THYROID AGENTS*</b>		
<i>levothyroxine sodium</i>	Synthroid	
<i>liothyronine sodium</i>	Cytomel	
<i>methimazole</i>	Tapazole	
<i>np thyroid</i>	Armour Thyroid	
<i>propylthiouracil</i>		
<i>thyroid</i>		
<i>triiodo-l-thyronine sodium</i>	PCCA T3 Sodium	
<b>ARMOUR THYROID</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LEVOXYL</b>	Levothyroxine Sodium	
<b>NATURE-THROID</b>		
<b>UNITHROID</b>	Levothyroxine Sodium	
<b>*ULCER DRUGS*</b>		
<i>cimetidine</i>		
<i>cimetidine hcl</i>		
<i>dicyclomine hcl</i>	Bentyl	
<i>ed-spaz</i>	NuLev	
<i>famotidine</i>	Pepcid	
<i>glycopyrrolate</i>	Robinul	
<i>hyoscyamine sulfate</i>	Levsin	
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	
<i>misoprostol</i>	Cytotec	
<i>nizatidine</i>	Axid	
<i>pantoprazole sodium</i>	Protonix	ST; QLL (30 Tablets per 30 days)
<i>propantheline bromide</i>		
<i>ranitidine hcl</i>		
<i>sucralfate</i>	Carafate	
<b>FIRST-OMEPRAZOLE</b>		
<b>*URINARY ANTI-INFECTIVES*</b>		
<i>methenamine hippurate</i>	Urex	
<i>nitrofurantoin</i>	Furadantin	
<i>nitrofurantoin macrocrystal</i>	Macrodantin	
<i>nitrofurantoin monohyd macro</i>	Macrobid	
<b>*URINARY ANTISPASMODICS*</b>		
<i>bethanechol chloride</i>	Urecholine	
<i>flavoxate hcl</i>		
<i>oxybutynin chloride</i>		
<i>oxybutynin chloride er</i>	Ditropan XL	
<i>tolterodine tartrate</i>	Detrol	ST
<i>tropium chloride</i>	Sanctura	ST; QLL (60 EA per 30 days)
<i>tropium chloride er</i>		ST
<b>*VAGINAL PRODUCTS*</b>		
<i>clindamycin phosphate</i>	Cleocin	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>metronidazole</i>	Vandazole	
<i>miconazole 3</i>		
<i>terconazole</i>	Terazol 7	
<b>ESTRACE</b>		
<b>ESTRING</b>		
<b>FEMRING</b>		
<b>PREMARIN</b>		
<b>VAGIFEM</b>		
<b>*VASOPRESSORS*</b>		
<i>epinephrine</i>	Adrenacllick	
<i>midodrine hcl</i>		
<b>EPIPEN 2-PAK</b>	EPINEPHrine	
<b>EPIPEN JR 2-PAK</b>		
<b>*VITAMINS*</b>		
<i>ergocalciferol</i>	Drisdol	
<i>vitamin d (ergocalciferol)</i>	Drisdol	
<b>MEPHYTON</b>		