

**Aetna Better Health  
of Kentucky  
Formulary Guide  
September 2016**

### **What is the Aetna Better Health of Kentucky Formulary?**

This is a drug list created by Aetna Better Health (“plan”). 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.

# Aetna Better Health Kentucky

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CURRENT AS OF 9/1/2016

Drug Name	Reference	Restrictions
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<i>amphetamine-dextroamphetamine</i>	Adderall XR	QLL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine</i>	Adderall	QLL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>dexmethylphenidate hcl</i>	Focalin	QLL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate</i>	Zenzedi	AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate er</i>	Dexedrine	AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd)</i>	Metadate CD	QLL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la)</i>	Ritalin LA	AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hr*</i>		QLL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release* 10 mg</i>		AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release* 18 mg, 27 mg, 36 mg, 54 mg</i>	Concerta	QLL (30 EA per 30 days); AL (Min 5 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release* 20 mg</i>	Ritalin SR	AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Methylin	QLL (600 ML per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Methylin	QLL (300 ML per 30 days); AL (Min 6 Years and Max 18 Years)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methylphenidate hcl oral tablet</i>	Ritalin	QLL (120 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet chewable</i>	Methylin	QLL (120 EA per 30 days); AL (Min 5 Years and Max 18 Years)
<b>DEXEDRINE</b>	Dextroamphetamine Sulfate	AL (Min 6 Years and Max 18 Years)
<b>METADATE ER</b>	Methylphenidate HCl ER	AL (Min 6 Years and Max 18 Years)
<b>ZENZEDI</b>	Dextroamphetamine Sulfate	AL (Min 6 Years and Max 18 Years)
<b>*AMINOGLYCOSIDES*</b>		
<i>neomycin sulfate</i>		
<i>paromomycin sulfate</i>		
<i>tobramycin</i>	Tobi	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<i>celecoxib</i>	CeleBREX	ST; AL (Min 65 Years)
<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>ketorolac tromethamine</i>		QLL (2 Claims per 180 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 kit</i>	Naprosyn	
<i>naproxen sodium</i>	Anaprox	
<i>oxaprozin</i>	Daypro	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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>HUMIRA PEN</b>		PA
<b>HUMIRA PEN-CROHNS STARTER</b>		PA
<b>HUMIRA PEN-PSORIASIS STARTER</b>		PA
<b>RHEUMATREX</b>		
<b>RIDAURA</b>		
<b>*ANALGESICS - NONNARCOTIC*</b>		
<i>butalbital-acetaminophen</i>	Tencon	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	Orbivan	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Esgic	QLL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet</i>	Fioricet	QLL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine</i>	Fiorinal	QLL (180 EA per 30 days)
<i>choline &amp; mag trisalicylate</i>		
<i>choline-mag trisalicylate</i>		
<i>diflunisal</i>		
<i>margesic</i>	Esgic	QLL (180 EA per 30 days)
<i>marten-tab</i>	Tencon	
<i>salsalate</i>	Disalcid	
<b>CAPACET</b>	Margesic	QLL (180 EA per 30 days)
<b>ESGIC</b>	Margesic	QLL (180 EA per 30 days)
<b>TENCON</b>	Marten-Tab	
<b>ZEBUTAL</b>	Margesic	QLL (180 EA per 30 days)
<b>*ANALGESICS - OPIOID*</b>		
<i>acetaminophen-codeine</i>		
<i>acetaminophen-codeine #2</i>		
<i>acetaminophen-codeine #3</i>	Tylenol with Codeine #3	
<i>acetaminophen-codeine #4</i>	Tylenol with Codeine #4	
<i>buprenorphine hcl</i>		PA
<i>buprenorphine hcl-naloxone hcl</i>	Suboxone	PA
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Fioricet/Codeine	



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Fioricet/Codeine	QLL (30 EA per 30 days)
<i>butalbital-asa-caff-codeine</i>	Ascomp-Codeine	QLL (180 EA per 30 days)
<i>butorphanol tartrate</i>		QLL (1 Bottle per 30 days)
<i>codeine sulfate</i>		QLL (120 EA per 30 days)
<i>fentanyl</i>	Duragesic-12	PA; QLL (10 Patches per 30 days)
<i>fentanyl citrate</i>	Actiq	ST; QLL (90 EA per 30 days)
<i>hydrocodone-acetaminophen</i>	Verdrocet	
<i>hydrocodone-ibuprofen</i>	Vicoprofen	
<i>hydromorphone hcl</i>		
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilaudid	
<i>hydromorphone hcl oral tablet 4 mg, 8 mg</i>	Dilaudid	QLL (180 EA per 30 days)
<i>methadone hcl oral concentrate</i>	Methadose	PA
<i>methadone hcl oral solution</i>		PA
<i>methadone hcl oral tablet</i>	Dolophine	PA; QLL (240 EA per 30 days)
<i>methadone hcl oral tablet soluble</i>	Methadose	PA; QLL (240 EA per 30 days)
<i>morphine sulfate</i>		
<i>morphine sulfate (concentrate)</i>		
<i>morphine sulfate er</i>	MS Contin	PA; QLL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>		
<i>morphine sulfate oral tablet</i>		QLL (180 EA per 30 days)
<i>oxycodone hcl oral capsule</i>		QLL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>		
<i>oxycodone hcl oral solution</i>		
<i>oxycodone hcl oral tablet 10 mg</i>		QLL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 5 mg</i>	Roxicodone	QLL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (240 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (240 EA per 30 days)
<i>oxycodone-acetaminophen</i>	Percocet	
<i>oxycodone-aspirin</i>	Percodan	QLL (240 EA per 30 days)
<i>oxymorphone hcl</i>	Opana	
<i>oxymorphone hcl er</i>		PA; QLL (60 EA per 30 days)
<i>pentazocine-naloxone hcl</i>		
<i>tramadol hcl</i>	Ultram	PA; QLL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	Ultracet	PA; QLL (240 EA per 30 days)
<b>ASCOMP-CODEINE</b>	Butalbital Compound/Codeine	QLL (180 EA per 30 days)
<b>ENDOCET</b>	Oxycodone-Acetaminophen	
<b>LORCET</b>	Hydrocodone-Acetaminophen	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LORCET HD</b>	Hydrocodone-Acetaminophen	
<b>LORCET PLUS</b>	Hydrocodone-Acetaminophen	
<b>LORTAB</b>	Hydrocodone-Acetaminophen	
<b>METHADONE HCL INTENSOL</b>	Methadone HCl	PA
<b>METHADOSE</b>	Methadone HCl	PA; QLL (240 EA per 30 days)
<b>ROXICET</b>	Oxycodone-Acetaminophen	
<b>ZAMICET</b>	Hydrocodone-Acetaminophen	
<b>*ANDROGENS-ANABOLIC*</b>		
<i>danazol</i>		
<i>methyltestosterone</i>	Android	
<i>testosterone</i>	AndroGel	
<i>testosterone cypionate</i>	Depo-Testosterone	PA
<b>ANDRODERM</b>		
<b>ANDROGEL PUMP</b>		
<b>*ANORECTAL AGENTS*</b>		
<i>hydrocortisone</i>	Cortenema	
<i>lidocaine-hydrocortisone ace</i>	LidaZone HC	
<b>COLOCORT</b>	Hydrocortisone	
<b>CORTIFOAM</b>		
<b>LIDAZONE HC</b>	Lidocaine-Hydrocortisone Ace	
<b>PROCTOFOAM HC</b>		
<b>PROCTO-PAK</b>	Hydrocortisone	
<b>PROCTOSOL HC</b>	Hemorrhoidal-HC	
<b>PROCTOZONE-HC</b>	Hemorrhoidal-HC	
<b>*ANTHELMINTICS*</b>		
<i>ivermectin</i>	Stromectol	
<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>	Nitrolingual	
<i>nitroglycerin er</i>	Nitro-Time	
<b>MINITRAN</b>	Nitroglycerin	
<b>NITRO-BID</b>		
<b>NITROSTAT</b>	Nitroglycerin	
<b>NITRO-TIME</b>	Nitroglycerin ER	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANTIANSIETY AGENTS*</b>		
<i>alprazolam</i>	Xanax	
<i>alprazolam er</i>	Xanax XR	
<i>alprazolam xr</i>	Xanax XR	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>		QLL (90 EA per 30 days)
<i>bupirone hcl oral tablet 30 mg</i>		QLL (60 EA 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</i>	Ativan	
<i>meprobamate</i>		
<i>oxazepam</i>		
<b>ALPRAZOLAM INTENSOL</b>		
<b>DIAZEPAM INTENSOL</b>	Diazepam	
<b>LORAZEPAM INTENSOL</b>	LORazepam	
<b>*ANTIARRHYTHMICS*</b>		
<i>amiodarone hcl</i>	Pacerone	
<i>disopyramide phosphate</i>	Norpace	
<i>flecainide acetate</i>	Tambocor	
<i>mexiletine hcl</i>		
<i>propafenone hcl</i>	Rythmol	
<i>quinidine gluconate er</i>		
<i>quinidine sulfate</i>		
<b>MULTAQ</b>		
<b>PACERONE</b>	Amiodarone HCl	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<i>albuterol sulfate er</i>	VoSpire ER	
<i>albuterol sulfate inhalation</i>		QLL (130 vials per 30 days)
<i>albuterol sulfate oral</i>		
<i>budesonide</i>	Pulmicort	QLL (527 ML per 30 days); AL (Max 5 Years)
<i>cromolyn sodium</i>		
<i>ipratropium bromide</i>		
<i>ipratropium-albuterol</i>	DuoNeb	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>metaproterenol sulfate</i>		
<i>montelukast sodium oral packet</i>	Singulair	QLL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	Singulair	QLL (30 EA per 30 days)
<i>terbutaline sulfate</i>		
<i>theophylline</i>		
<i>theophylline er</i>	Theochron	
<i>zafirlukast</i>	Accolate	QLL (527 EA per 30 days)
<b>ADVAIR DISKUS</b>		AL (Max 12 Years)
<b>ATROVENT HFA</b>		
<b>COMBIVENT RESPIMAT</b>		
<b>DULERA</b>		
<b>FLOVENT DISKUS</b>		
<b>INCRUSE ELLIPTA</b>		
<b>PROAIR HFA</b>		
<b>PULMICORT FLEXHALER</b>		QLL (1 Inhaler per 30 days)
<b>QVAR</b>		
<b>SPIRIVA HANDIHALER</b>		ST; QLL (30 EA per 30 days)
<b>SPIRIVA RESPIMAT</b>		ST
<b>SYMBICORT</b>		
<b>THEOCHRON</b>	Theophylline ER	
<b>TUDORZA PRESSAIR</b>		
<b>VENTOLIN HFA</b>		QLL (2 Inhalers per 30 days)
<b>*ANTICOAGULANTS*</b>		
<i>enoxaparin sodium injection</i>	Lovenox	
<i>enoxaparin sodium subcutaneous*</i>	Lovenox	QLL (20 Syringes per 10 days)
<i>fondaparinux sodium</i>	Arixtra	
<i>heparin sodium (porcine)</i>		
<i>heparin sodium (porcine) pf</i>		
<i>warfarin sodium</i>	Coumadin	
<b>FRAGMIN</b>		QLL (10 Syringes per 10 days)
<b>JANTOVEN</b>	Warfarin Sodium	
<b>*ANTICONVULSANTS*</b>		
<i>carbamazepine</i>	TEGretol	
<i>carbamazepine er</i>	Carbatrol	QLL (400 EA per 100 days); AL (Min 6 Years)
<i>clonazepam</i>	Klonopin	
<i>diazepam</i>	Diastat Pediatric	QLL (2 EA per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>divalproex sodium</i>	Depakote	
<i>divalproex sodium er</i>	Depakote ER	
<i>ethosuximide</i>	Zarontin	
<i>felbamate</i>	Felbatol	
<i>gabapentin oral capsule 100 mg</i>	Neurontin	QLL (36 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Neurontin	QLL (12 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	Neurontin	QLL (9 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 EA per 1 day)
<i>lamotrigine</i>	LaMICTal	
<i>levetiracetam</i>	Keppra	
<i>levetiracetam er</i>	Keppra XR	
<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 EA per 30 days)
<i>topiramate</i>	Topamax	QLL (120 EA per 30 days)
<i>valproic acid</i>	Depakene	
<i>zonisamide</i>	Zonegran	QLL (180 EA per 30 days)
<b>CELONTIN</b>		
<b>DILANTIN</b>		
<b>EPITOL</b>	CarBAMazepine	
<b>GABITRIL</b>		QLL (60 EA per 30 days)
<b>PHENYTEK</b>	Phenytoin Sodium Extended	
<b>PHENYTOIN INFATABS</b>	Phenytoin	
<b>TEGRETOL-XR</b>	CarBAMazepine ER	
<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 EA per 30 days)
<i>clomipramine hcl</i>	Anafranil	
<i>desipramine hcl</i>	Norpramin	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>doxepin hcl</i>		
<i>duloxetine hcl</i>	Cymbalta	QLL (60 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Lexapro	QLL (300 ML per 30 days)
<i>escitalopram oxalate oral tablet</i>	Lexapro	QLL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	PROzac	QLL (30 EA 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>fluoxetine hcl oral tablet 60 mg</i>		
<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	
<i>maprotiline hcl</i>		
<i>mirtazapine</i>		QLL (30 EA per 30 days)
<i>nortriptyline hcl</i>	Pamelor	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Paxil	QLL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	Paxil	QLL (60 EA 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 EA per 30 days)
<i>tranylcypromine sulfate</i>	Parnate	
<i>trazodone hcl</i>		
<i>venlafaxine hcl</i>		
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Effexor XR	QLL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hr*</i>		
<b>MARPLAN</b>		
<b>*ANTIDIABETICS*</b>		
<i>acarbose</i>	Precose	
<i>alogliptin benzoate</i>	Nesina	QLL (30 EA per 30 Days)
<i>alogliptin-metformin hcl</i>	Kazano	QLL (60 EA per 30 Days)
<i>alogliptin-pioglitazone</i>	Oseni	QLL (30 EA per 30 Days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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	
<i>glyburide micronized</i>	Glynase	
<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 EA per 30 days)
<i>pioglitazone hcl-glimepiride</i>	Duetact	QLL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	Actoplus Met	QLL (90 EA per 30 days)
<i>repaglinide</i>	Prandin	
<i>repaglinide-metformin hcl</i>	PrandiMet	
<i>tolazamide</i>		
<i>tolbutamide</i>		
<b>AVANDIA</b>		QLL (30 EA per 30 days)
<b>GLUCAGEN HYPOKIT</b>		
<b>GLUCAGON EMERGENCY</b>		
<b>HUMALOG</b>		
<b>HUMALOG KWIKPEN</b>		PA; AL (Max 18 Years)
<b>HUMALOG MIX 50/50</b>		
<b>HUMALOG MIX 50/50 KWIKPEN</b>		PA; AL (Max 18 Years)
<b>HUMALOG MIX 75/25</b>		
<b>HUMALOG MIX 75/25 KWIKPEN</b>		PA; AL (Max 18 Years)
<b>HUMULIN R U-500 (CONCENTRATED)</b>		
<b>LANTUS</b>		
<b>LEVEMIR</b>		
<b>LEVEMIR FLEXTOUCH</b>		
<b>NOVOLOG</b>		
<b>NOVOLOG MIX 70/30</b>		
<b>NOVOLOG PENFILL</b>		
<b>*ANTIDIARRHEALS*</b>		
<i>diphenoxylate-atropine</i>	Lonox	
<i>lofene</i>	Lonox	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>loperamide hcl</i>		
<b>*ANTIDOTES*</b>		
<i>naltrexone hcl</i>	Depade	
<b>CHEMET</b>		
<b>*ANTIEMETICS*</b>		
<i>granisetron hcl</i>		
<i>meclizine hcl</i>	Antivert	OTC
<i>ondansetron</i>	Zofran ODT	
<i>ondansetron hcl</i>	Zofran	
<i>trimethobenzamide hcl</i>	Tigan	
<b>EMEND</b>		
<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 EA per 365 days)
<b>SPORANOX</b>		
<b>*ANTI HISTAMINES*</b>		
<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>clemastine fumarate</i>		
<i>cyproheptadine hcl</i>		
<i>promethazine hcl</i>		
<b>ARBINOXA</b>	Carbinoxamine Maleate	
<b>PHENADOZ</b>	Promethazine HCl	
<b>PHENERGAN</b>	Promethazine HCl	
<b>PROMETHEGAN</b>	Promethazine HCl	
<b>*ANTIHYPERLIPIDEMICS*</b>		
<i>atorvastatin calcium</i>	Lipitor	QLL (30 EA per 30 days)
<i>cholestyramine</i>	Questran	
<i>cholestyramine light</i>	Questran Light	



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>colestipol hcl</i>	Colestid	
<i>fenofibrate</i>	Tricor	
<i>fenofibrate micronized</i>	Lofibra	
<i>fenofibric acid</i>	Trilipix	
<i>fluvastatin sodium</i>	Lescol	QLL (30 EA per 30 days)
<i>fluvastatin sodium er</i>	Lescol XL	QLL (30 EA per 30 days)
<i>gemfibrozil</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>niacin er (antihyperlipidemic)</i>	Niaspan	
<i>pravastatin sodium</i>		QLL (30 EA per 30 days)
<i>rosuvastatin calcium</i>	Crestor	PA; QLL (1 EA per 1 Day)
<i>simvastatin</i>	Zocor	QLL (30 EA per 30 days)
<b>PREVALITE</b>	Cholestyramine Light	
<b>ZETIA</b>		ST
<b>*ANTIHYPERTENSIVES*</b>		
<i>amlodipine besy-benazepril hcl</i>	Lotrel	
<i>amlodipine-valsartan-hctz</i>	Exforge HCT	QLL (30 EA per 30 days)
<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>irbesartan</i>	Avapro	
<i>irbesartan-hydrochlorothiazide</i>	Avalide	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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>methyldopa</i>		
<i>methyldopa-hydrochlorothiazide</i>		
<i>metoprolol-hydrochlorothiazide</i>	Lopressor HCT	
<i>minoxidil</i>		
<i>moexipril hcl</i>	Univasc	
<i>moexipril-hydrochlorothiazide</i>	Uniretic	
<i>nadolol-bendroflumethiazide</i>	Corzide	
<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>terazosin hcl</i>		QLL (30 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 (30 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>		
<i>vancomycin hcl</i>	Vancocin HCl	
<b>FIRST-VANCOMYCIN 25</b>		
<b>FIRST-VANCOMYCIN 50</b>		
<b>SULFATRIM PEDIATRIC</b>	Sulfamethoxazole-Trimethoprim	
<b>*ANTIMALARIALS*</b>		
<i>chloroquine phosphate</i>		
<i>hydroxychloroquine sulfate</i>	Plaquenil	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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>		
<i>pyrazinamide</i>		
<i>rifabutin</i>	Mycobutin	
<i>rifampin</i>	Rifadin	
<b>PRIFTIN</b>		
<b>RIFAMATE</b>		
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<i>anastrozole</i>	Arimidex	
<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>etoposide</i>		
<i>exemestane</i>	Aromasin	
<i>flutamide</i>		
<i>hydroxyurea</i>	Hydrea	
<i>letrozole</i>	Femara	
<i>leucovorin calcium</i>		
<i>megestrol acetate</i>		
<i>mercaptopurine</i>	Purinethol	
<i>methotrexate</i>		
<i>tamoxifen citrate</i>		
<i>temozolomide</i>	Temodar	
<i>tretinoin</i>		PA
<b>AFINITOR</b>		PA
<b>ALKERAN</b>		
<b>ELIGARD</b>		PA
<b>EMCYT</b>		
<b>FARESTON</b>		
<b>GLEEVEC</b>	Imatinib Mesylate	PA
<b>GLEOSTINE</b>	Lomustine	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
HEXALEN		
LEUKERAN		
LYSODREN		
MATULANE		PA
MESNEX		
MYLERAN		
NEXAVAR		PA; QLL (120 EA per 30 days)
NILANDRON	Nilutamide	
SOLTAMOX		
SPRYCEL		PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG		PA
SUTENT ORAL CAPSULE 37.5 MG		PA; QLL (30 EA per 30 days)
SUTENT ORAL CAPSULE 50 MG		PA; QLL (28 EA per 42 days)
TABLOID		
TARCEVA ORAL TABLET 100 MG, 150 MG		PA
TARCEVA ORAL TABLET 25 MG		
TASIGNA		PA
TRELSTAR		PA
TRELSTAR MIXJECT		PA
TYKERB		PA; QLL (180 EA per 30 days)
VANTAS		PA
VOTRIENT		PA
ZOLADEX		PA
ZOLINZA		PA
<b>*ANTIPARKINSON AGENTS*</b>		
<i>amantadine hcl</i>		
<i>benztropine mesylate</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	QLL (270 EA per 30 days)
<i>entacapone</i>	Comtan	QLL (120 EA per 30 days)
<i>pramipexole dihydrochloride</i>	Mirapex	
<i>ropinirole hcl</i>	Requip	QLL (90 EA per 30 days)
<i>ropinirole hcl er</i>	Requip XL	
<i>selegiline hcl</i>	Eldepryl	
<i>trihexyphenidyl hcl</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<i>chlorpromazine hcl</i>		AL (Min 5 Years)
<i>clozapine</i>	Clozaril	AL (Min 9 Years)
<i>fluphenazine decanoate</i>		AL (Min 12 Years)
<i>fluphenazine hcl</i>		AL (Min 12 Years)
<i>haloperidol</i>		AL (Min 3 Years)
<i>haloperidol decanoate</i>	Haldol Decanoate	AL (Min 3 Years)
<i>haloperidol lactate</i>		AL (Min 3 Years)
<i>lithium</i>		
<i>lithium carbonate</i>		
<i>lithium carbonate er</i>	Lithobid	
<i>loxapine succinate</i>	Loxitane	AL (Min 5 Years)
<i>olanzapine</i>	ZyPREXA	QLL (30 EA per 30 days)
<i>perphenazine</i>		AL (Min 5 Years)
<i>prochlorperazine</i>	Compro	
<i>prochlorperazine maleate</i>	Compazine	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	SEROquel	QLL (90 EA per 30 days); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	SEROquel	QLL (60 EA per 30 days); AL (Min 10 Years)
<i>risperidone oral solution</i>	RisperDAL	QLL (240 ML per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet</i>	RisperDAL	QLL (60 EA per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet dispersible</i>		QLL (60 EA per 30 days); AL (Min 5 Years)
<i>thioridazine hcl</i>		AL (Min 2 Years)
<i>thiothixene</i>		AL (Min 13 Years)
<i>trifluoperazine hcl</i>		
<i>ziprasidone hcl</i>	Geodon	QLL (60 EA per 30 days)
<b>COMPRO</b>	Prochlorperazine	
<b>RISPERIDONE M-TAB</b>	RisperiDONE	QLL (60 EA per 30 days); AL (Min 5 Years)
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
<b>TYBOST</b>		
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<i>chlorhexidine gluconate</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*ANTIVIRALS*</b>		
<i>abacavir sulfate</i>	Ziagen	
<i>abacavir-lamivudine-zidovudine</i>	Trizivir	
<i>acyclovir oral capsule</i>	Zovirax	QLL (60 EA per 30 days)
<i>acyclovir oral suspension</i>	Zovirax	
<i>acyclovir oral tablet</i>	Zovirax	QLL (60 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</i>	Epivir	
<i>lamivudine-zidovudine</i>	Combivir	
<i>nevirapine</i>	Viramune	
<i>nevirapine er</i>	Viramune XR	
<i>ribavirin</i>	Rebetol	PA; ST
<i>rimantadine hcl</i>	Flumadine	QLL (14 Tablets Max Qty Per Fill Retail)
<i>stavudine</i>	Zerit	
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	QLL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	QLL (60 EA per 30 days)
<i>zidovudine</i>	Retrovir	
<b>APTIVUS</b>		
<b>ATRIPLA</b>		
<b>BARACLUDE</b>		
<b>COMPLERA</b>		
<b>CRIXIVAN</b>		
<b>DESCOVY</b>		QLL (30 EA per 30 Days)
<b>EDURANT</b>		
<b>EMTRIVA</b>		
<b>EPZICOM</b>		
<b>EVOTAZ</b>		
<b>FUZEON</b>		
<b>GENVOYA</b>		QLL (30 EA per 30 Days)
<b>INTELENCE</b>		
<b>INVIRASE</b>		
<b>ISENTRESS</b>		
<b>KALETRA</b>		
<b>LEXIVA</b>		
<b>MODERIBA</b>	Ribavirin	PA; ST

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
NORVIR		
PEGASYS		PA
PEGASYS PROCLICK		PA
PEGINTRON		PA
PEG-INTRON REDIPEN		PA
PEG-INTRON REDIPEN PAK 4		PA
PREZISTA		
REBETOL		PA; ST
RELENZA DISKHALER		QLL (20 Inhalations Max Qty Per Fill Retail)
RESCRIPTOR		
RETROVIR		
REYATAZ		
RIBASPHERE	Ribavirin	PA; ST
RIBASPHERE RIBAPAK		PA; ST
SELZENTRY		
STRIBILD		
SUSTIVA		
TAMIFLU ORAL CAPSULE 30 MG		QLL (20 Capsules Max Qty Per Fill Retail)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG		QLL (10 Capsules Max Qty Per Fill Retail)
TAMIFLU ORAL SUSPENSION RECONSTITUTED		QLL (3 Bottles Max Qty Per Fill Retail)
TIVICAY		
TRIUMEQ		
TRUVADA		
TYZEKA		
VIDEX		
VIRACEPT		
VIREAD ORAL POWDER		
VIREAD ORAL TABLET		QLL (30 EA per 30 days)
VITEKTA		
ZIAGEN		
<b>*ASSORTED CLASSES*</b>		
<i>azathioprine</i>	Imuran	
<i>cyclosporine</i>	SandIMMUNE	
<i>cyclosporine modified</i>	Gengraf	
<i>mycophenolate mofetil</i>	CellCept	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sirolimus</i>	Rapamune	
<i>sodium polystyrene sulfonate</i>	SPS	
<i>sterile water for irrigation</i>	Argyle Sterile Water	
<i>tacrolimus</i>	Hecoria	
<b>ARGYLE STERILE WATER</b>	Sterile Water for Irrigation	
<b>CUPRIMINE</b>		
<b>GENGRAF</b>	CycloSPORINE Modified	
<b>KIONEX</b>	Sodium Polystyrene Sulfonate	
<b>RAPAMUNE</b>		
<b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG</b>		PA; QLL (31 EA per 31 days)
<b>REVLIMID ORAL CAPSULE 5 MG</b>		PA; ST; QLL (31 EA per 31 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	QLL (60 EA per 30 days)
<i>labetalol hcl</i>	Trandate	
<i>metoprolol succinate er</i>	Toprol XL	QLL (60 EA per 30 days)
<i>metoprolol tartrate</i>		
<i>nadolol</i>	Corgard	
<i>pindolol</i>		
<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>SORINE</b>	Sotalol HCl	
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<i>amlodipine besylate</i>	Norvasc	QLL (30 EA per 30 days)
<i>diltiazem cd</i>	Cardizem CD	QLL (60 EA per 30 days)



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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</i>	Cardizem CD	QLL (60 EA per 30 days)
<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 (30 EA per 30 days)
<i>nifedipine er osmotic release</i>	Nifedical XL	QLL (30 EA per 30 days)
<i>nimodipine</i>	Nimotop	
<i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 34 mg, 8.5 mg</i>	Sular	
<i>nisoldipine er oral tablet extended release 24 hr* 20 mg, 30 mg, 40 mg</i>		QLL (30 EA per 30 days)
<i>nisoldipine er oral tablet extended release 24 hr* 25.5 mg</i>		
<i>verapamil hcl</i>		QLL (120 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Verelan PM	QLL (30 EA per 30 days)
<i>verapamil hcl er oral tablet extended release*</i>	Calan SR	QLL (60 EA per 30 days)
<b>AFEDITAB CR</b>	NIFEdipine ER	QLL (30 EA per 30 days)
<b>CARTIA XT</b>	Diltiazem HCl ER Coated Beads	QLL (60 EA per 30 days)
<b>MATZIM LA</b>	Diltiazem HCl ER Coated Beads	QLL (60 EA per 30 days)
<b>NIFEDIAC CC</b>	NIFEdipine ER	QLL (30 EA per 30 days)
<b>NIFEDICAL XL</b>	NIFEdipine ER Osmotic	QLL (30 EA per 30 days)
<b>TAZTIA XT</b>	Diltzac	QLL (60 EA per 30 days)
<b>*CARDIOTONICS*</b>		
<i>digoxin</i>	Lanoxin	
<b>DIGITEK</b>	Digoxin	
<b>DIGOX</b>	Digoxin	
<b>LANOXIN</b>		
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<i>amlodipine-atorvastatin</i>	Caduet	
<i>sildenafil citrate</i>	Revatio	PA; QLL (90 EA per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ADCIRCA</b>		PA; QLL (60 EA per 30 days)
<b>*CEPHALOSPORINS*</b>		
<i>cefaclor</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>CEFTIN</b>	Cefuroxime Axetil	
<b>SUPRAX</b>		QLL (1 Tablet Max Qty Per Fill Retail)
<b>*CHEMICALS*</b>		
<i>benzyl benzoate</i>		OTC
<i>glycerine</i>		
<i>hydroxyprogesterone caproate</i>		
<i>stevia extract</i>		
<i>steviol glycosides</i>		
<i>stevioside</i>		
<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>	Loryna	
<i>levonorgest-eth estrad 91-day</i>	Camrese Lo	
<i>levonorgestrel</i>	Next Choice One Dose	OTC; QLL (3 Packs per 365 days)
<i>levonorgestrel-ethinyl estrad</i>	Lessina-28	
<i>levonorg-eth estrad triphasic</i>	Myzilra	
<i>marlissa</i>	Portia-28	
<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	QLL (28 EA per 30 days)
<i>norethindrone acet-ethinyl est</i>	Gildess 1/20	
<i>norgestimate-eth estradiol</i>	MonoNessa	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>norgestim-eth estrad triphasic</i>	Ortho Tri-Cyclen (28)	
<i>viorele</i>	Kariva	
<b>ALTAVERA</b>	Marlissa	
<b>AMETHIA</b>	Levonorgest-Eth Estrad 91-Day	
<b>AMETHIA LO</b>	Levonorgest-Eth Estrad 91-Day	
<b>AMETHYST</b>	Levonorgestrel-Ethinyl Estrad	
<b>APRI</b>	Desogestrel-Ethinyl Estradiol	
<b>ARANELLE</b>		
<b>ASHLYNA</b>	Levonorgest-Eth Estrad 91-Day	
<b>AUBRA</b>	Levonorgestrel-Ethinyl Estrad	
<b>AVIANE</b>	Levonorgestrel-Ethinyl Estrad	
<b>AZURETTE</b>	Viorele	
<b>BALZIVA</b>	Briellyn	
<b>BEKYREE</b>	Viorele	
<b>BLISOVI FE 1/20</b>	Norethin Ace-Eth Estrad-FE	
<b>CAMILA</b>	Norethindrone	QLL (28 EA per 30 days)
<b>CAMRESE</b>	Levonorgest-Eth Estrad 91-Day	
<b>CAMRESE LO</b>	Levonorgest-Eth Estrad 91-Day	
<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>CYRED</b>	Desogestrel-Ethinyl Estradiol	
<b>DASETTA 1/35</b>	Alyacen 1/35	
<b>DASETTA 7/7/7</b>	Alyacen 7/7/7	
<b>DAYSEE</b>	Levonorgest-Eth Estrad 91-Day	
<b>DEBLITANE</b>	Norethindrone	QLL (28 EA per 30 days)
<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>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ENSKYCE</b>	Desogestrel-Ethinyl Estradiol	
<b>ERRIN</b>	Norethindrone	QLL (28 EA per 30 days)
<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	QLL (28 EA per 30 days)
<b>INTROVALE</b>	Levonorgest-Eth Estrad 91-Day	
<b>JENCYCLA</b>	Norethindrone	QLL (28 EA per 30 days)
<b>JOLESSA</b>	Levonorgest-Eth Estrad 91-Day	
<b>JOLIVETTE</b>	Norethindrone	QLL (28 EA per 30 days)
<b>JULEBER</b>	Desogestrel-Ethinyl Estradiol	
<b>JUNEL 1.5/30</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>KIMIDESS</b>	Viorele	
<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>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LUTERA</b>	Levonorgestrel-Ethinyl Estrad	
<b>LYZA</b>	Norethindrone	QLL (28 EA per 30 days)
<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 Yearss)
<b>MONO-LINYAH</b>	Norgestimate-Eth Estradiol	
<b>MONONESSA</b>	Norgestimate-Eth Estradiol	
<b>MY WAY</b>	Levonorgestrel	OTC; QLL (3 Packs per 365 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 EA per 3 Yearss)
<b>NIKKI</b>	Drospirenone-Ethinyl Estradiol	
<b>NORA-BE</b>	Norethindrone	QLL (28 EA per 30 days)
<b>NORLYROC</b>	Norethindrone	QLL (28 EA per 30 days)
<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 EA per 30 days)
<b>OCELLA</b>	Drospirenone-Ethinyl Estradiol	
<b>OGESTREL</b>		
<b>ORSYTHIA</b>	Levonorgestrel-Ethinyl Estrad	
<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>PORTIA-28</b>	Marlissa	
<b>PREVIFEM</b>	Norgestimate-Eth Estradiol	
<b>QUASENSE</b>	Levonorgest-Eth Estrad 91-Day	
<b>RECLIPSEN</b>	Desogestrel-Ethinyl Estradiol	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
SETLAKIN	Levonorgest-Eth Estrad 91-Day	
SHAROBEL	Norethindrone	QLL (28 EA per 30 days)
SKYLA		QLL (1 EA per 3 Yearss)
SOLIA	Desogestrel-Ethinyl Estradiol	
SPRINTEC 28	Norgestimate-Eth Estradiol	
SRONYX	Levonorgestrel-Ethinyl Estrad	
SYEDA	Drospirenone-Ethinyl Estradiol	
TARINA FE 1/20	Norethin Ace-Eth Estrad-FE	
TILIA FE		
TRI-ESTARYLLA	Norgestim-Eth Estrad Triphasic	
TRI-LEGEST FE		
TRI-LINYAH	Norgestim-Eth Estrad Triphasic	
TRINESSA (28)	Norgestim-Eth Estrad Triphasic	
TRI-PREVIFEM	Norgestim-Eth Estrad Triphasic	
TRI-SPRINTEC	Norgestim-Eth Estrad Triphasic	
TRIVORA (28)	Levonorg-Eth Estrad Triphasic	
VELIVET		
VESTURA	Drospirenone-Ethinyl Estradiol	
VYFEMLA	Briellyn	
WERA		
XULANE		QLL (3 Patches per 30 days)
ZARAH	Drospirenone-Ethinyl Estradiol	
ZENCHENT	Briellyn	
ZOVIA 1/35E (28)		
ZOVIA 1/50E (28)		
<b>*CORTICOSTEROIDS*</b>		
<i>cortisone acetate</i>		
<i>dexamethasone</i>		
<i>fludrocortisone acetate</i>		
<i>hydrocortisone</i>	Cortef	
<i>methylprednisolone</i>	Medrol	
<i>prednisolone</i>	Prelone	
<i>prednisolone sodium phosphate</i>	Orapred	
<i>prednisone</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DELTASONE</b>	PredniSONE	
<b>PEDIAPRED</b>	PrednisoLONE Sodium Phosphate	
<b>*COUGH/COLD/ALLERGY*</b>		
<i>acetylcysteine</i>		
<i>benzonatate</i>	Tessalon Perles	
<i>biotuss</i>		
<i>hydrocodone-homatropine</i>	Tussigon	
<i>hydromet</i>		
<i>phenyleph-promethazine-cod</i>		
<i>promethazine vc plain</i>		
<i>promethazine vc/codeine</i>		
<i>promethazine-codeine</i>		
<i>promethazine-dm</i>		
<i>promethazine-phenylephrine</i>		
<i>sodium chloride</i>		
<i>tgq 50pse/3brm/30dm</i>	Neo DM	
<b>BROMFED DM</b>	Pseudoeph-Bromphen-DM	
<b>HYPERSAL</b>		
<b>NEBUSAL</b>	Sodium Chloride	
<b>PULMOSAL</b>	Sodium Chloride	
<b>TUSSIGON</b>	Hydrocodone-Homatropine	
<b>*DERMATOLOGICALS*</b>		
<i>acyclovir</i>	Zovirax	ST
<i>adapalene</i>	Differin	
<i>ala cort</i>	Preparation H Hydrocortisone	
<i>alclometasone dipropionate</i>	Aclovate	
<i>alphatrex</i>		
<i>amcinonide</i>		
<i>benzoyl peroxide-erythromycin</i>	Benzamycin	
<i>betamethasone dipropionate</i>		
<i>betamethasone dipropionate aug</i>	Diprolene AF	
<i>betamethasone valerate</i>		
<i>bp 10-1</i>	Cerisa Wash	
<i>bp cleansing wash</i>	Claris Clarifying Wash	
<i>bp foaming wash</i>	PanOxyl Wash	
<i>bp wash</i>	PanOxyl	
<i>calcipotriene</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ciclopirox</i>	Ciclodan	
<i>ciclopirox olamine</i>		
<i>clindamycin phos-benzoyl perox</i>	BenzaClin	
<i>clindamycin phosphate</i>	Cleocin-T	
<i>clobetasol propionate</i>	Cormax Scalp Application	
<i>clobetasol propionate e</i>	Temovate E	
<i>clotrimazole</i>	FungiCure Intensive/NailGuard	OTC
<i>clotrimazole-betamethasone</i>	Lotrisone	
<i>desonide</i>	DesOwen	
<i>desoximetasone</i>	Topicort	
<i>diclofenac sodium</i>	Voltaren	ST
<i>diflorasone diacetate</i>		
<i>econazole nitrate</i>		
<i>ery</i>		
<i>erythromycin</i>		
<i>essentra wipes 9x9"</i>	Pharmacist Choice Alcohol	
<i>fluocinolone acetonide</i>	Synalar	
<i>fluocinonide</i>		
<i>fluocinonide-e</i>		
<i>fluorouracil</i>		
<i>fluticasone propionate</i>	Cutivate	
<i>gentamicin sulfate</i>		
<i>grafco silver nit applicator</i>	Arzol Silver Nit Applicators	
<i>halobetasol propionate</i>	Ultravate	
<i>hydrocortisone</i>		
<i>hydrocortisone acetate</i>		
<i>hydrocortisone butyr lipo base</i>	Locoid Lipocream	
<i>hydrocortisone butyrate</i>	Locoid	
<i>hydrocortisone micronized</i>		
<i>hydrocortisone valerate</i>		
<i>imiquimod</i>	Aldara	
<i>ketoconazole</i>		
<i>kp clotrimazole</i>	Lotrimin AF	OTC
<i>lidocaine external ointment</i>		
<i>lidocaine external patch</i>	Lidoderm	QLL (90 EA per 30 days)
<i>lidocaine hcl</i>	Xylocaine	
<i>lidocaine-prilocaine</i>	EMLA	



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>lidopin</i>	Lidopin	
<i>lindane</i>		
<i>malathion</i>	Ovide	QLL (1 Bottle per 180 days)
<i>methoxsalen rapid</i>	Oxsoralen Ultra	
<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	QLL (1 Bottle per 180 days)
<i>podofilox</i>	Condylox	
<i>prednicarbate</i>	Dermatop	
<i>premium lidocaine</i>		
<i>salicylic acid</i>	Salacyn	
<i>scalacort</i>	Ala Scalp	
<i>selenium sulfide</i>	Selsun	
<i>selenium sulf-pyrithione-urea</i>		
<i>silver sulfadiazine</i>	Thermazene	
<i>sulfacetamide sodium</i>	Klaron	
<i>sulfacetamide sodium (acne)</i>	Klaron	
<i>sulfacetamide sodium-sulfur</i>	Sumadan Wash	
<i>tretinoin</i>	Retin-A	QLL (20 GM per 30 days)
<i>triamcinolone acetonide</i>		
<b>ABREVA</b>		OTC
<b>ARZOL SILVER NIT APPLICATORS</b>	Grafco Silver Nit Applicator	
<b>AVAR CLEANSER</b>	Sulfacetamide Sodium-Sulfur	
<b>AVITA</b>	Tretinoin	QLL (20 GM per 30 days)
<b>BENZEPRO CREAMY WASH</b>	SE BPO Wash	
<b>BENZIQ WASH</b>	BP Wash	
<b>CALCITRENE</b>	Calcipotriene	
<b>CERISA WASH</b>	BP 10-1	
<b>CICLODAN</b>	Ciclopirox	
<b>CIDALEAZE</b>	Lidocaine HCl	
<b>CLARAVIS</b>		
<b>CLEARPLEX X</b>	Benzoyl Peroxide	
<b>CLINDACIN ETZ</b>	Clindamycin Phosphate	
<b>CLINDACIN-P</b>	Clindamycin Phosphate	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CLINDAMAX</b>	Clindamycin Phosphate	
<b>CLODAN</b>	Clobetasol Propionate	
<b>CONDYLOX</b>		
<b>CORMAX SCALP APPLICATION</b>	Clobetasol Propionate	
<b>ELIDEL</b>		ST; QLL (30 GM per 30 days)
<b>FLUOROPLEX</b>		
<b>GLYDO</b>	Lidocaine HCl	
<b>LIVIXIL PAK</b>	Lidocaine-Prilocaine	
<b>LOKARA</b>	Desonide	
<b>LP LITE PAK</b>	Lidocaine-Prilocaine	
<b>MYORISAN</b>		
<b>NEOSALUS</b>	Complete Moisture	
<b>NEUAC</b>	Clindamycin Phos-Benzoyl Perox	
<b>NYAMYC</b>	Nystatin	
<b>NYSTOP</b>	Nystatin	
<b>OSCION CLEANSER</b>	Benzoyl Peroxide Cleanser	
<b>PR BENZOYL PEROXIDE WASH</b>	SE BPO Wash	
<b>PRASCION</b>	Sulfacetamide Sodium-Sulfur	
<b>RELADOR PAK</b>	Lidocaine-Prilocaine	
<b>RELADOR PAK PLUS</b>	Lidocaine-Prilocaine	
<b>ROSADAN</b>	MetroNIDAZOLE	
<b>ROSANIL CLEANSER</b>	Sulfacetamide Sodium-Sulfur	
<b>ROSULA</b>	Sulfacetamide Sodium-Sulfur	
<b>SALACYN</b>	Salicylic Acid	
<b>SANTYL</b>		
<b>SEB-PREV WASH</b>	Sulfacetamide Sodium	
<b>SSD</b>	Silver Sulfadiazine	
<b>TARGRETIN</b>		
<b>TRIDERM</b>	Triamcinolone Acetonide	
<b>TROPAZONE</b>	Complete Moisture	
<b>ULESFIA</b>		QLL (454 GM per 180 days)
<b>ZENATANE</b>		
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>ONETOUCH ULTRA BLUE</b>	Blood Glucose Test	Quantity limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ONETOUCH VERIO</b>	Blood Glucose Test	Quantity limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)
<b>*DIGESTIVE AIDS*</b>		
<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>		
<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>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<i>alendronate sodium oral solution</i>		
<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 EA per 30 days)
<i>cabergoline</i>		
<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 EA per 30 days)
<i>desmopressin acetate spray</i>	DDAVP	QLL (1 Bottle per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>etidronate disodium</i>		
<i>ibandronate sodium</i>	Boniva	
<i>levocarnitine</i>	Carnitor	
<i>pamidronate disodium</i>		
<i>paricalcitol</i>	Zemplar	ST
<i>raloxifene hcl</i>	Evista	QLL (30 EA per 30 days)
<b>OMNITROPE</b>		PA
<b>SOMATULINE DEPOT</b>		PA
<b>*ESTROGENS*</b>		
<i>estradiol oral</i>	Estrace	
<i>estradiol transdermal patch biweekly</i>	Alora	
<i>estradiol transdermal patch weekly</i>	Climara	QLL (4 Patches per 30 days)
<i>estradiol-norethindrone acet</i>	Activella	
<i>estropipate</i>	Ortho-Est 0.625	
<i>jevantique lo</i>	Femhrt Low Dose	
<i>norethindrone-eth estradiol</i>	Femhrt Low Dose	
<b>CLIMARA PRO</b>		
<b>COMBIPATCH</b>		
<b>JINTELI</b>	Norethindrone-Eth Estradiol	
<b>MENEST</b>		
<b>MIMVEY</b>	Estradiol-Norethindrone Acet	
<b>MIMVEY LO</b>	Estradiol-Norethindrone Acet	
<b>PREFEST</b>		
<b>PREMARIN</b>		
<b>PREMPHASE</b>		
<b>PREMPRO</b>		
<b>*FLUOROQUINOLONES*</b>		
<i>ciprofloxacin hcl</i>		QLL (28 EA per 30 days)
<i>ciprofloxacin-ciproflox hcl er</i>	Cipro XR	QLL (3 Tablets Max Qty Per Fill Retail)
<i>levofloxacin</i>	Levaquin	
<i>ofloxacin</i>		
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<i>balsalazide disodium</i>	Colazal	
<i>calcium acetate (phos binder)</i>	PhosLo	
<i>enulose</i>		
<i>generlac</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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 EA per 30 days)
<b>ASACOL HD</b>	Mesalamine	
<b>CANASA</b>		QLL (42 EA per 30 days)
<b>DELZICOL</b>		
<b>DIPENTUM</b>		
<b>PENTASA</b>		
<b>REMICADE</b>		PA
<b>REVELA</b>	Sevelamer Carbonate	
<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 er</i>	Urocit-K 5	
<i>potassium citrate-citric acid</i>		
<i>sod citrate-citric acid</i>	Shohls Modified	
<i>sodium chloride</i>	Curity Sterile Saline	
<i>tamsulosin hcl</i>	Flomax	M; QLL (60 EA per 30 days)
<i>tricitrates</i>		
<i>virtrate-2</i>	Shohls Modified	
<i>virtrate-3</i>		
<i>virtrate-k</i>		
<b>ARGYLE STERILE SALINE</b>	Sodium Chloride	
<b>CURITY STERILE SALINE</b>	Sodium Chloride	
<b>CYTRA-3</b>		
<b>ELMIRON</b>		
<b>K-PHOS NO 2</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PHENAZO</b>	Phenazopyridine HCl	
<b>TARON-CRYSTALS</b>	Cytra K Crystals	
<b>*GOUT AGENTS*</b>		
<i>allopurinol</i>	Zyloprim	
<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</i>	Plavix	QLL (30 EA per 30 days)
<i>dipyridamole</i>	Persantine	
<i>pentoxifylline er</i>	TRENTal	
<b>SOLIRIS</b>		
<b>*HEMATOPOIETIC AGENTS*</b>		
<i>cyanocobalamin</i>		
<i>fa-vitamin b-6-vitamin b-12</i>	Folcaps	
<i>folic acid</i>		OTC
<i>folplex 2.2</i>	Folcaps	
<b>ARANESP (ALBUMIN FREE)</b>		PA
<b>DROXIA</b>		
<b>EPOGEN</b>		PA
<b>ICAR-C PLUS</b>	Iron 100 Plus	
<b>LEUKINE</b>		PA
<b>MOZOBIL</b>		
<b>NEULASTA</b>		PA
<b>NEULASTA ONPRO</b>		PA
<b>NEUPOGEN</b>		PA
<b>PROCRIT</b>		PA
<b>PROMACTA</b>		PA
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<b>ZEPATIER</b>		PA
<b>*HYPNOTICS*</b>		
<i>estazolam</i>		QLL (30 EA per 30 days)
<i>flurazepam hcl</i>		QLL (30 EA per 30 days)
<i>phenobarbital</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>temazepam</i>	Restoril	QLL (30 EA per 30 days)
<i>triazolam</i>		
<i>zaleplon</i>	Sonata	QLL (30 EA per 30 days)
<i>zolpidem tartrate</i>	Ambien	QLL (30 EA per 30 days)
<b>ROZEREM</b>		ST; QLL (30 EA per 30 days)
<b>*LAXATIVES*</b>		
<i>constulose</i>		
<i>lactulose</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; QLL (30 EA per 30 days)
<i>polyethylene glycol 3350 oral powder</i>	MiraLax	OTC; QLL (527 grams 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>PEGYLAX</b>	Polyethylene Glycol 3350	QLL (527 grams per 30 days)
<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	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 EA per 30 days)
<i>clarithromycin er</i>	Biaxin XL Pac	QLL (14 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>		
<i>clarithromycin oral tablet</i>	Biaxin	QLL (28 EA per 30 days)
<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>		
<i>alcohol wipes</i>	BD Swab Single Use Regular	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>compressor nebulizer</i>	Proneb Ultra II Deluxe/LCD	
<i>nebulizer compressor</i>	Proneb Ultra II Deluxe/LCD	
<i>nebulizer updraft-style</i>	Proneb Ultra II Deluxe/LCD	
<i>soothe neb mesh nebulizer</i>	Proneb Ultra II Deluxe/LCD	
<i>valved holding chamber</i>	Pocket Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER MINI CHAMBER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER MV</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS</b>	Valved Holding Chamber	QLL (2 EA per 365 Days)
<b>AEROCHAMBER PLUS FLO-VU</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS FLOW VU</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER PLUS W/MASK SMALL</b>	Valved Holding Chamber	QLL (2 EA per 365 Days)
<b>AEROCHAMBER W/FLOWSIGNAL</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER Z-STAT PLUS</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AEROECLIPSE II NEBULIZER</b>	Nebulizer Updraft-Style	
<b>AERONEB GO COMPLETE SYSTEM</b>	Nebulizer Updraft-Style	
<b>AERONEB GO CONVENIENCE UNIT</b>	Nebulizer Updraft-Style	
<b>AERONEB GO HANDSET/CABLE</b>	Nebulizer Updraft-Style	
<b>AERONEB GO NEBULIZER HANDSET</b>	Nebulizer Updraft-Style	
<b>AEROVENT PLUS</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>AIRIAL COMPACT COMPRESSOR NEB</b>	Nebulizer Updraft-Style	
<b>AIRIAL COMPACT MINI NEBULIZER</b>	Nebulizer Updraft-Style	
<b>AIRIAL COMPRESS PED NEBULIZER</b>	Nebulizer Updraft-Style	
<b>AIRIAL PEDIATRIC NEBULIZER</b>	Nebulizer Updraft-Style	
<b>AIRIAL VOYAGER NEBULIZER</b>	Nebulizer Updraft-Style	
<b>ALCOH-GLOVE CONTOURED WIPE</b>	QC Alcohol Swabs	
<b>ARIAL CHAMBER</b>	Valved Holding Chamber	OTC; QLL (2 EA per 365 days)



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ASSURE ID INSULIN SAFETY SYR</b>	Kroger Insulin Syringe	QLL (100 Syringes per 30 days)
<b>BESTMED COMPRESSOR NEBULIZER</b>	Nebulizer Updraft-Style	
<b>BESTMED ULTRASONIC NEBULIZER</b>	Nebulizer Updraft-Style	
<b>BREATHERITE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE COLL SPACER ADULT</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE COLL SPACER CHILD</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE COLL SPACER INFANT</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE RIGID SPACER/MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE SPACER NEONATE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE SPACER SMALL CHILD</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE VALVED MDI CHAMBER</b>	Spiro PD	QLL (2 EA per 365 Days)
<b>BREATHERITE/LARGE MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE/MEDIUM MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>BREATHERITE/SMALL MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>COMP AIR COMPRESSOR NEBULIZER</b>	Nebulizer Updraft-Style	
<b>COMP AIR ELITE COMPACT NEB</b>	Nebulizer Updraft-Style	
<b>COMP-AIR ELITE COMPACT NEB</b>	Nebulizer Updraft-Style	
<b>COMPAIR NEBULIZER</b>	Nebulizer Updraft-Style	
<b>COMPAIR XL NEBULIZER</b>	Nebulizer Updraft-Style	
<b>COMPAIR XLT NEBULIZER</b>	Nebulizer Updraft-Style	
<b>DEVILBISS PULMO-AIDE</b>	Nebulizer Updraft-Style	OTC
<b>DEVILBISS TRAVELER NEBULIZER</b>	Nebulizer Updraft-Style	
<b>EASIVENT</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>EASIVENT MASK LARGE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>EASIVENT MASK MEDIUM</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>EASIVENT MASK SMALL</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>EFLOW SCF ELECTRONIC NEBULIZER</b>	Nebulizer Updraft-Style	
<b>EFLOW SCF NEBULIZER HANDSET</b>	Nebulizer Updraft-Style	
<b>ELITE NEBULIZER SYSTEM</b>	Nebulizer Updraft-Style	
<b>E-Z SPACER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>E-Z SPACER THE BODY GUARDS PK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>FEMCAP</b>		
<b>FLEXICHAMBER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>		QLL (2 EA per 365 Days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FLEXICHAMBER CHILD MASK/LARGE</b>		QLL (2 EA per 365 Days)
<b>FLEXICHAMBER CHILD MASK/SMALL</b>		QLL (2 EA per 365 Days)
<b>HEALTHY LIVING COMPRESSOR/NEB</b>	Nebulizer Updraft-Style	
<b>INNOSPIRE ELEGANCE NEBULIZER</b>	Nebulizer Updraft-Style	
<b>INNOSPIRE ESSENCE NEBULIZER</b>	Nebulizer Updraft-Style	
<b>INNOSPIRE MINI COMPRESSOR NEB</b>	Nebulizer Updraft-Style	
<b>INSPIRACHAMBER/LARGE</b>	Valved Holding Chamber	QLL (2 EA per 365 Days)
<b>INSPIRACHAMBER/MEDIUM</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>INSPIRACHAMBER/MOUTHPIECE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>INSPIRACHAMBER/SMALL</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>INSPIRATION ELITE COMPRESS/NEB</b>	Nebulizer Updraft-Style	
<b>INSPIRATION ELITE NEBULIZER</b>	Nebulizer Updraft-Style	
<b>INSPIRATION NEBULIZER SYSTEM</b>	Nebulizer Updraft-Style	
<b>INSPIREASE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>LEXAN POCKET NEBULIZER</b>	Nebulizer Updraft-Style	
<b>LITEAIRE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>LUMINEB II PISTON NEBULIZER</b>	Nebulizer Updraft-Style	
<b>MAGELLAN INSULIN SAFETY SYR</b>	Kroger Insulin Syringe	QLL (100 Syringes per 30 days)
<b>MICRO AIR NEBULIZER</b>	Nebulizer Updraft-Style	
<b>MICRO PLUS NEBULIZER</b>	Nebulizer Updraft-Style	
<b>MICROCHAMBER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>MICROELITE COMPRESSOR NEB SYS</b>	Nebulizer Updraft-Style	OTC
<b>MICROSPACER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>MINI COMPRESSOR</b>	Nebulizer Updraft-Style	
<b>MINI PLUS NEBULIZER</b>	Nebulizer Updraft-Style	
<b>MINIELITE COMPRESSOR NEB SYS</b>	Nebulizer Updraft-Style	
<b>MISTERNEB COMPRESSOR NEBULIZER</b>	Nebulizer Updraft-Style	
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML</b>	Elite-Thin Insulin Syringe	OTC; QLL (100 Syringes per 30 days)
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC; QLL (100 Syringes per 30 days)
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML</b>	Kroger Insulin Syringe	QLL (100 Syringes per 30 days)
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	QLL (100 Syringes per 30 days)
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML</b>	Drug Mart Ultra Comfort Syr	QLL (100 Syringes per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML</b>	Drug Mart Ultra Comfort Syr	OTC; QLL (100 Syringes per 30 days)
<b>MONOJECT INSULIN SYRINGE U-100 1 ML</b>	Kmart Valu Insulin Syringe 30G	QLL (100 Syringes per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML</b>	Elite-Thin Insulin Syringe	OTC; QLL (100 Syringes per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC; QLL (100 Syringes per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC; QLL (100 Syringes per 30 days)
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 1 ML</b>	Drug Mart Ultra Comfort Syr	QLL (100 Syringes per 30 days)
<b>OMNIFLEX DIAPHRAGM</b>		
<b>OPTICHAMBER ADVANTAGE</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER ADVANTAGE-LG MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER ADVANTAGE-MED MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER ADVANTAGE-SM MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER DIAMOND</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER DIAMOND-LG MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER DIAMOND-MD MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER DIAMOND-SM MASK</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTICHAMBER FACE MASK-LARGE</b>	Valved Holding Chamber	OTC; QLL (2 EA per 365 days)
<b>OPTICHAMBER FACE MASK-MEDIUM</b>	Valved Holding Chamber	OTC; QLL (2 EA per 365 days)
<b>OPTICHAMBER FACE MASK-SMALL</b>	Valved Holding Chamber	OTC; QLL (2 EA per 365 days)
<b>OPTIHALER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>OPTIONHOME NEBULIZER SYSTEM</b>	Nebulizer Updraft-Style	
<b>ORTHO DIAPHRAGM COIL</b>		
<b>ORTHO DIAPHRAGM FLAT</b>		
<b>PARADIGM LINK GLUCOSE MONITOR</b>	Blood Glucose Monitor System	
<b>PARI ALTERA NEBULIZER SYSTEM</b>	Nebulizer Updraft-Style	
<b>PARI BABY</b>	Nebulizer Updraft-Style	
<b>PARI BABY SIZE 1/PARI LC PLUS</b>	Nebulizer Updraft-Style	
<b>PARI ERAPID NEBULIZER SYSTEM</b>	Nebulizer Updraft-Style	
<b>PARI LC D NEBULIZER</b>	Nebulizer Updraft-Style	
<b>PARI LC PLUS</b>	Nebulizer Updraft-Style	
<b>PARI LC PLUS NEB SET PED MASK</b>	Nebulizer Updraft-Style	
<b>PARI LC PLUS NEBULIZER</b>	Nebulizer Updraft-Style	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PARI LC SPRINT NEBULIZER SET</b>	Nebulizer Updraft-Style	
<b>PARI LC STAR</b>	Nebulizer Updraft-Style	
<b>PARI LC STAR NEBULIZER</b>	Nebulizer Updraft-Style	
<b>PARI PRONEB ULTRA II</b>	Nebulizer Updraft-Style	
<b>PARI SINUS AEROSOL SYSTEM</b>	Nebulizer Updraft-Style	
<b>PARI TREK S W/12V DC ADAPTOR</b>	Nebulizer Updraft-Style	
<b>PARI VIOS PRO LC PLUS SYSTEM</b>	Nebulizer Updraft-Style	
<b>PARI VIOS PRO LC SPRINT SYSTEM</b>	Nebulizer Updraft-Style	
<b>POCKET CHAMBER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>POCKET SPACER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>PRENTIF CAVITY-RIM CERV CAP</b>		
<b>PRENTIF FITTING SET</b>		
<b>PRONEB ULTRA II DELUXE/LC STAR</b>	Nebulizer Updraft-Style	
<b>PRONEB ULTRA II DELUXE/LCD</b>	Nebulizer Updraft-Style	
<b>PRONEB ULTRA II DELX/LC SPRINT</b>	Nebulizer Updraft-Style	
<b>PRONEB ULTRA II PEDIATRIC</b>	Nebulizer Updraft-Style	
<b>PRONEB ULTRA II/LC PLUS</b>	Nebulizer Updraft-Style	
<b>PRONEB ULTRA II/LC SPRINT</b>	Nebulizer Updraft-Style	
<b>PULMOMATE COMP/MICRO-MIST NEB</b>	Nebulizer Updraft-Style	
<b>RITEFLO</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>SIDESTREAM NEBULIZER-DISP</b>	Nebulizer Updraft-Style	
<b>SIDESTREAM NEBULIZER-REUSABLE</b>	Nebulizer Updraft-Style	
<b>SIDESTREAM PLUS NEBULIZER</b>	Nebulizer Updraft-Style	
<b>TRUZONE PEAK FLOW METER</b>	Peak Flow Meter Universal Rang	QLL (2 EA per 365 days)
<b>ULTICARE INSULIN SAFETY SYR</b>	Hy-Vee Insulin Syringe	QLL (100 Syringes per 30 days)
<b>VIOS AEROSOL DELIVERY SYSTEM</b>	Nebulizer Updraft-Style	
<b>VIOS LC PLUS</b>	Nebulizer Updraft-Style	
<b>VIOS LC PLUS DELUXE</b>	Nebulizer Updraft-Style	
<b>VIOS LC PLUS PEDIATRIC</b>	Nebulizer Updraft-Style	
<b>VIOS LC SPRINT</b>	Nebulizer Updraft-Style	
<b>VIOS LC SPRINT DELUXE</b>	Nebulizer Updraft-Style	
<b>VIOS LC SPRINT PEDIATRIC</b>	Nebulizer Updraft-Style	
<b>VIXONE DISPOSABLE NEBULIZER</b>	Nebulizer Updraft-Style	
<b>VORTEX HOLDING CHAMBER/MASK</b>	Spiro PD	QLL (2 EA per 365 Days)
<b>VORTEX VALVED HOLDING CHAMBER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)
<b>WATCHHALER</b>	Valved Holding Chamber	QLL (2 EA per 365 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>WIDE-SEAL DIAPHRAGM 60</b>		
<b>WIDE-SEAL DIAPHRAGM 65</b>		
<b>WIDE-SEAL DIAPHRAGM 70</b>		
<b>WIDE-SEAL DIAPHRAGM 75</b>		
<b>WIDE-SEAL DIAPHRAGM 80</b>		
<b>WIDE-SEAL DIAPHRAGM 85</b>		
<b>WIDE-SEAL DIAPHRAGM 90</b>		
<b>WIDE-SEAL DIAPHRAGM 95</b>		
<b>*MIGRAINE PRODUCTS*</b>		
<i>dihydroergotamine mesylate</i>	Migranal	QLL (8 Units per 30 days)
<i>naratriptan hcl</i>	Amerge	
<i>rizatriptan benzoate</i>	Maxalt	QLL (18 EA per 30 days)
<i>sumatriptan</i>	Imitrex	QLL (6 Tablets per 30 days)
<i>sumatriptan succinate oral</i>	Imitrex	QLL (9 EA per 30 days)
<i>sumatriptan succinate refill</i>	Imitrex STATdose Refill	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous* 6 mg/0.5ml</i>		QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous* solution</i>	Alsuma	QLL (4 Vials per 30 days)
<b>CAFERGOT</b>		
<b>ERGOMAR</b>		
<b>MIGERGOT</b>		
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<i>av-phos 250 neutral</i>	Phospha 250 Neutral	
<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 bicarbonate</i>		
<i>sodium fluoride</i>		
<i>virt-phos 250 neutral</i>	Phospha 250 Neutral	
<b>EFFER-K</b>	K-Vescent	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FLUORABON</b>		
<b>FLUOR-A-DAY</b>	Fluoritab	
<b>FLURA-DROPS</b>	Fluoritab	
<b>KARIDIUM</b>	Fluoritab	
<b>KLOR-CON</b>	Potassium Chloride ER	
<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 SPRINKLE</b>	Potassium Chloride 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>NAFRINSE</b>	Fluoritab	
<b>NAFRINSE DROPS</b>	Fluoritab	
<b>PHOSPHA 250 NEUTRAL</b>	Virt-Phos 250 Neutral	
<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>		
<i>neutral sodium fluoride</i>	CaviRinse	OTC
<i>nystatin</i>		
<i>pilocarpine hcl</i>	Salagen	
<i>sf</i>	NeutraGard Advanced	
<i>sf 5000 plus</i>	Denta 5000 Plus	
<i>triamcinolone acetonide</i>	Oralone	
<b>CAVAREST</b>	SF	
<b>CAVIRINSE</b>	Neutral Sodium Fluoride	
<b>CONTROLRX</b>	Dentall 1100 Plus	
<b>DENTA 5000 PLUS</b>	Dentall 1100 Plus	
<b>DENTAGEL</b>	SF	
<b>FLUORIDEX DAILY DEFENSE</b>	SF	
<b>FLUORIDEX ENHANCED WHITENING</b>	SF	
<b>FLUORIDEX SENSITIVITY RELIEF</b>		



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>KARIGEL</b>	SF	
<b>KARIGEL-N</b>	SF	
<b>NEUTRAGARD ADVANCED</b>	SF	
<b>ORALONE</b>	Triamcinolone Acetonide	
<b>PAROEX</b>	Chlorhexidine Gluconate	
<b>PERIOGARD</b>	Chlorhexidine Gluconate	
<b>PHOS-FLUR</b>	SF	
<b>*MULTIVITAMINS*</b>		
<i>biocel</i>	Centrum	
<i>bp folinatal plus b</i>	Folbecal	QLL (100 EA per 90 days)
<i>bp multinatal plus</i>	Vinate C	QLL (100 EA per 90 days)
<i>b-plex plus</i>	Centrum	
<i>complete natal dha</i>		
<i>completenate</i>	Prenatal 19	QLL (100 EA per 90 days)
<i>dothelle dha</i>	Taron-C DHA	QLL (100 EA per 90 days)
<i>folcal dha</i>	VemaVite-PRx 2	QLL (100 EA per 90 days)
<i>hemenatal ob + dha</i>	Prefera OB + DHA	
<i>multi vitamin/fluoride</i>	MVC-Fluoride	
<i>multi-vit/fluoride</i>	Quflora Pediatric	
<i>multi-vit/fluoride/iron</i>	Escavite LQ	
<i>multivitamin/fluoride</i>	MVC-Fluoride	
<i>multi-vitamin/fluoride</i>	MVC-Fluoride	
<i>multi-vitamin/fluoride/iron</i>	Escavite LQ	
<i>multivitamins/fluoride</i>	MVC-Fluoride	
<i>multi-vitamins/fluoride</i>	Quflora Pediatric	
<i>mynatal plus</i>	Lactocal-F	QLL (100 EA per 90 days)
<i>mynatal-z</i>	Lactocal-F	QLL (100 EA per 90 days)
<i>mynate 90 plus</i>		
<i>pnv fe fum/docusate/folic acid</i>	Prenatal 19	
<i>pnv folic acid + iron</i>	TriCare	QLL (100 EA per 90 days)
<i>pnv ob+dha</i>	CitraNatal DHA	
<i>pnv prenatal plus multivitamin</i>	TriCare	OTC; QLL (100 EA per 90 days)
<i>pnv tabs 29-1</i>	Prenatabs Rx	
<i>pnv-dha</i>	Zatean-Pn DHA	QLL (100 EA per 90 days)
<i>pnv-dha+docusate</i>	VemaVite-PRx 2	QLL (100 EA per 90 days)
<i>pnv-select</i>	Zatean-Pn	QLL (100 EA per 90 days)
<i>pnv-vp-u</i>	Prenatal-U	QLL (100 EA per 90 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>prenatabs fa</i>	Co-Natal FA	QLL (100 EA per 90 days)
<i>prenatal</i>	TriCare	QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet</i>	Prenatal 19	QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet 29-1 mg</i>	Prenatal 19	
<i>prenatal 19 oral tablet chewable</i>	Prenatal 19	QLL (100 EA per 90 days)
<i>prenatal low iron</i>	TriCare	QLL (100 EA per 90 days)
<i>prenatal plus</i>	TriCare	QLL (100 EA per 90 days)
<i>prenatal plus iron</i>	Prenatabs Rx	
<i>preplus</i>	TriCare	QLL (100 EA per 90 days)
<i>pretab</i>	Co-Natal FA	
<i>purefe ob plus</i>	Tandem OB	
<i>se-natal 19 oral tablet</i>	Prenatal 19	
<i>se-natal 19 oral tablet chewable</i>	Prenatal 19	QLL (100 EA per 90 days)
<i>thrivite 19</i>	Prenatal 19	
<i>thrivite rx</i>	Prenatabs Rx	
<i>tl folate</i>		
<i>tl-care dha</i>	TriCare Prenatal DHA ONE	
<i>triadvance</i>	Prenatal Multivitamin-Ultra	QLL (100 EA per 90 days)
<i>trinatal gt</i>	Prenatal Multivitamin-Ultra	
<i>trinatal rx 1</i>	Vinate One	QLL (100 EA per 90 days)
<i>triple-vitamin/fluoride</i>		
<i>tri-vit/fluoride</i>		
<i>tri-vit/fluoride/iron</i>		
<i>tri-vitamin/fluoride</i>		
<i>ultimatecare one</i>	Folcaps Omega 3	
<i>ultimatecare one nf</i>	OB-Natal One	
<i>urosex</i>	Ca-Plus	
<i>v-c forte</i>	Ocuvite Adult 50+	
<i>vena-bal dha</i>	Bal-Care DHA	
<i>virt nate</i>	Trinate	
<i>virt-advance</i>	Prenatal Multivitamin-Ultra	
<i>virt-c dha</i>	Taron-C DHA	QLL (100 EA per 90 days)
<i>virt-care one</i>	Folcaps Omega 3	
<i>virt-vite gt</i>	Prenatal Multivitamin-Ultra	
<i>vit b3-azelac-turm-fa-b6-zn-cu</i>	Centrum	
<i>vitamins acd-fluoride</i>		
<i>vol-nate</i>	Trinate	
<i>vol-plus</i>	TriCare	QLL (100 EA per 90 days)



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>vol-tab rx</i>	Prenatabs Rx	
<i>vp-heme ob + dha</i>	Prefera OB + DHA	
<b>ATABEX EC</b>		
<b>BAL-CARE DHA</b>	Vena-Bal DHA	
<b>CITRANATAL B-CALM</b>		
<b>CITRANATAL DHA</b>	Prenatal+DHA	
<b>CO-NATAL FA</b>	Prenatabs FA	
<b>CONCEPT DHA</b>	Virt-C DHA	QLL (100 EA per 90 days)
<b>CONCEPT OB</b>		
<b>CORVITE FREE</b>	One Daily Calcium/Iron/Zinc	
<b>FOLCAPS OMEGA 3</b>	UltimateCare ONE	
<b>FOLIVANE-OB</b>		
<b>INATAL ADVANCE</b>	Trinatal GT	QLL (100 EA per 90 days)
<b>INATAL GT</b>	Trinatal GT	QLL (100 EA per 90 days)
<b>INATAL ULTRA</b>	Trinatal GT	QLL (100 EA per 90 days)
<b>LYSIPLEX PLUS</b>	One Daily Calcium/Iron/Zinc	
<b>MVC-FLUORIDE</b>	Multi Vita-Bets/Fluoride	
<b>M-VIT</b>	Prenatal Plus/Iron	QLL (100 EA per 90 days)
<b>MYNATAL</b>		
<b>MYNATAL ADVANCE</b>	Trinatal GT	
<b>NESTABS ABC</b>		
<b>NIVA-PLUS</b>	Prenatal Plus/Iron	QLL (100 EA per 90 days)
<b>NUTRIFAC ZX</b>	One Daily Calcium/Iron/Zinc	
<b>OBSTETRIX DHA</b>		
<b>OBSTETRIX EC</b>		
<b>O-CAL FA</b>	Prenatal Plus/Iron	QLL (100 EA per 90 days)
<b>O-CAL PRENATAL</b>		
<b>PR NATAL 400 EC</b>		
<b>PR NATAL 430</b>	SetonET	
<b>PR NATAL 430 EC</b>	SetonET-EC	
<b>PRENATABS RX</b>	Prenatal Plus Iron	QLL (100 EA per 90 days)
<b>PRENATAL-U</b>	PNV-VP-U	QLL (100 EA per 90 days)
<b>PREQUE 10</b>		
<b>QUFLORA PEDIATRIC</b>	Multi-Vitamins/Fluoride	
<b>SELECT-OB</b>		QLL (100 EA per 90 days)
<b>SELECT-OB+DHA</b>	Choice-OB+DHA	QLL (100 EA per 90 days)
<b>TARON-BC</b>		
<b>TARON-C DHA</b>	Virt-C DHA	QLL (100 EA per 90 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
TARON-PREX		
TRICARE	Prenatal Plus/Iron	QLL (100 EA per 90 days)
TRICARE PRENATAL COMPLEAT		
TRICARE PRENATAL DHA ONE	TL-Care DHA	
TRINATE	Vol-Nate	QLL (100 EA per 90 days)
VEMAVITE-PRX 2	Folcal DHA	QLL (100 EA per 90 days)
VIC-FORTE	Antioxidant Formula	
VINACAL B		
VINATE AZ EXTRA		QLL (100 EA per 90 days)
VINATE C	BP MultiNatal Plus	
VINATE CALCIUM		QLL (100 EA per 90 days)
VINATE IC	PureFe OB Plus	
VINATE II		QLL (100 EA per 90 days)
VINATE M		QLL (100 EA per 90 days)
VINATE ONE	Se-Natal ONE	QLL (100 EA per 90 days)
VITA S FORTE	One Daily Calcium/Iron/Zinc	
VITACEL	One Daily Calcium/Iron/Zinc	
VITAFOL-OB	Mynatal-Z	QLL (100 EA per 90 days)
VITA-PREN		
ZATEAN-CH		
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<i>baclofen</i>		
<i>carisoprodol</i>	Soma	QLL (120 EA per 30 days)
<i>carisoprodol-aspirin</i>		
<i>carisoprodol-aspirin-codeine</i>		
<i>chlorzoxazone</i>	Parafon Forte DSC	
<i>cyclobenzaprine hcl</i>	Flexeril	QLL (120 EA per 30 days)
<i>dantrolene sodium</i>	Dantrium	
<i>metaxalone</i>	Skelaxin	QLL (120 EA per 30 days)
<i>methocarbamol</i>	Robaxin	QLL (120 EA per 30 days)
<i>tizanidine hcl</i>		
<b>METAXALL</b>	Metaxalone	QLL (120 EA per 30 days)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Astelin	QLL (60 ML per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	Astepro	
<i>flunisolide</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fluticasone propionate</i>	Flonase	OTC
<i>ipratropium bromide</i>	Atrovent	
<i>mometasone furoate</i>	Nasonex	ST
<i>triamcinolone acetonide</i>	Nasacort Allergy 24HR	OTC
<b>NASACORT ALLERGY 24HR</b>	Triamcinolone Acetonide	OTC; QLL (1 bottle per 30 days)
<b>NASACORT ALLERGY 24HR CHILDREN</b>	Triamcinolone Acetonide	OTC; QLL (1 bottle per 30 days)
<b>RHINOCORT ALLERGY</b>	Budesonide	OTC; QLL (1 bottle per 30 Days)
<b>*NEUROMUSCULAR AGENTS*</b>		
<i>riluzole</i>	Rilutek	
<b>*OPHTHALMIC AGENTS*</b>		
<i>ak-poly-bac</i>	Polycin	
<i>atropine sulfate</i>	Isopto Atropine	
<i>azelastine hcl</i>	Optivar	ST
<i>bacitracin</i>		
<i>bacitracin-polymyxin b</i>	Polycin	
<i>bacitra-neomycin-polymyxin-hc</i>	Neo-Polycin HC	
<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>epinastine hcl</i>	Elestat	
<i>erythromycin</i>	Ilotycin	
<i>fluorometholone</i>	Fluor-Op	
<i>flurbiprofen sodium</i>	Ocufen	
<i>gatifloxacin</i>	Zymaxid	
<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	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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	
<i>travoprost</i>		
<i>trifluridine</i>	Viroptic	
<i>tropicamide</i>		
<b>ALTAFRIN</b>	Phenylephrine HCl	
<b>AZOPT</b>		ST; QLL (1 bottle per 30 days)
<b>BETOPTIC-S</b>		
<b>CILOXAN</b>		
<b>COMBIGAN</b>		
<b>FML FORTE</b>		
<b>GENTAK</b>	Gentamicin Sulfate	
<b>HOMATROPAIRE</b>	Homatropine HBr	
<b>ILOTYCIN</b>	Romycin	
<b>NEO-POLYCIN</b>	Triple Antibiotic	
<b>NEO-POLYCIN HC</b>	Bacitra-Neomycin-Polymyxin-HC	
<b>POLYCIN</b>	AK-Poly-Bac	
<b>PRED MILD</b>		
<b>TOBRADEX</b>		
<b>TOBREX</b>		
<b>VIGAMOX</b>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<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>ACETASOL HC</b>	Hydrocortisone-Acetic Acid	
<b>CIPRO HC</b>		
<b>CIPRODEX</b>		
<b>*OXYTOCICS*</b>		
<i>methylergonovine maleate</i>	Methergine	
<b>*PASSIVE IMMUNIZING AGENTS*</b>		
<b>HEPAGAM B</b>		
<b>HYPERHEP B S/D</b>		
<b>HYPERRHO S/D</b>		
<b>MICRHOGAM ULTRA-FILTERED PLUS</b>		
<b>NABI-HB</b>		
<b>RHOGAM ULTRA-FILTERED PLUS</b>		
<b>RHOPHYLAC</b>		
<b>SYNAGIS</b>		PA
<b>*PENICILLINS*</b>		
<i>amoxicillin</i>		
<i>amoxicillin-pot clavulanate er</i>	Augmentin XR	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		
<i>amoxicillin-pot clavulanate oral tablet</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>almond oil bitter flavor</i>	Flavorx	
<i>anise extract</i>	Flavorx	
<i>anise flavor</i>		

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>apricot flavor</i>	Flavorx	
<i>benzyl alcohol</i>		OTC
<i>bitter stop flavor</i>	Flavorx	
<i>blackberry flavor</i>	Flavorx	
<i>butter flavor</i>	Flavorx	
<i>butter rum flavor</i>	Flavorx	
<i>capsule coni-snap #1 pink</i>	DRcaps Size 1	
<i>capsule #1-drcaps</i>	DRcaps Size 1	
<i>capsule coni-snap #0 blu/white</i>	DRcaps Size 1	
<i>capsule coni-snap #0 clear</i>	DRcaps Size 1	
<i>capsule coni-snap #0 dark blue</i>	DRcaps Size 1	
<i>capsule coni-snap #0 green/clr</i>	DRcaps Size 1	
<i>capsule coni-snap #0 pink</i>	DRcaps Size 1	
<i>capsule coni-snap #0 red/white</i>	DRcaps Size 1	
<i>capsule coni-snap #0 white</i>	DRcaps Size 1	
<i>capsule coni-snap #00 clear</i>	DRcaps Size 1	
<i>capsule coni-snap #00 white</i>	DRcaps Size 1	
<i>capsule coni-snap #000 clear</i>	DRcaps Size 1	
<i>capsule coni-snap #1 aqua blue</i>	DRcaps Size 1	
<i>capsule coni-snap #1 blue</i>	DRcaps Size 1	
<i>capsule coni-snap #1 blue/pink</i>	DRcaps Size 1	
<i>capsule coni-snap #1 blue/wht</i>	DRcaps Size 1	
<i>capsule coni-snap #1 brown</i>	DRcaps Size 1	
<i>capsule coni-snap #1 brwn/ivry</i>	DRcaps Size 1	
<i>capsule coni-snap #1 clear</i>	DRcaps Size 1	
<i>capsule coni-snap #1 dk grn/or</i>	DRcaps Size 1	
<i>capsule coni-snap #1 drk green</i>	DRcaps Size 1	
<i>capsule coni-snap #1 grey/pink</i>	DRcaps Size 1	
<i>capsule coni-snap #1 grn/ylw</i>	DRcaps Size 1	
<i>capsule coni-snap #1 orange</i>	DRcaps Size 1	
<i>capsule coni-snap #1 pink/blue</i>	DRcaps Size 1	
<i>capsule coni-snap #1 pink/clr</i>	DRcaps Size 1	
<i>capsule coni-snap #1 pink/whit</i>	DRcaps Size 1	
<i>capsule coni-snap #1 pink/yllw</i>	DRcaps Size 1	
<i>capsule coni-snap #1 purple</i>	DRcaps Size 1	
<i>capsule coni-snap #1 red/blue</i>	DRcaps Size 1	
<i>capsule coni-snap #1 red/white</i>	DRcaps Size 1	
<i>capsule coni-snap #1 white</i>	DRcaps Size 1	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>capsule coni-snap #1 white/grn</i>	DRcaps Size 1	
<i>capsule coni-snap #1 wht/clr</i>	DRcaps Size 1	
<i>capsule coni-snap #1 yellow</i>	DRcaps Size 1	
<i>capsule coni-snap #1 yellow/gr</i>	DRcaps Size 1	
<i>capsule coni-snap #2 clear</i>	DRcaps Size 1	
<i>capsule coni-snap #2 white</i>	DRcaps Size 1	
<i>capsule coni-snap #3 blu/clear</i>	DRcaps Size 1	
<i>capsule coni-snap #3 brn/blue</i>	DRcaps Size 1	
<i>capsule coni-snap #3 clear</i>	AR Caps #1 Acid Resistant	
<i>capsule coni-snap #3 gray/ylw</i>	DRcaps Size 1	
<i>capsule coni-snap #3 green/blu</i>	DRcaps Size 1	
<i>capsule coni-snap #3 grey/pink</i>	DRcaps Size 1	
<i>capsule coni-snap #3 maron/blu</i>	DRcaps Size 1	
<i>capsule coni-snap #3 mint grn</i>	DRcaps Size 1	
<i>capsule coni-snap #3 olive/clr</i>	DRcaps Size 1	
<i>capsule coni-snap #3 orange</i>	DRcaps Size 1	
<i>capsule coni-snap #3 pink/pink</i>	DRcaps Size 1	
<i>capsule coni-snap #3 pnk/clear</i>	DRcaps Size 1	
<i>capsule coni-snap #3 red/clear</i>	DRcaps Size 1	
<i>capsule coni-snap #3 red/red</i>	DRcaps Size 1	
<i>capsule coni-snap #3 white</i>	DRcaps Size 1	
<i>capsule coni-snap #3 wht/clr</i>	DRcaps Size 1	
<i>capsule coni-snap #3 yellow</i>	DRcaps Size 1	
<i>capsule coni-snap #4 black/grn</i>	DRcaps Size 1	
<i>capsule coni-snap #4 clear</i>	DRcaps Size 1	
<i>capsule coni-snap #4 white</i>	DRcaps Size 1	
<i>capsule locking #0 clear</i>	DRcaps Size 1	
<i>capsule locking #00 clear</i>	DRcaps Size 1	
<i>capsule locking #1 clear</i>	DRcaps Size 1	
<i>capsule locking #3 clear</i>	DRcaps Size 1	
<i>chicken flavor oil soluble</i>	Flavorx	
<i>chicken flavor water miscible</i>	Flavorx	
<i>chocolate hazelnut flavor</i>	Flavorx	
<i>cinnamon flavor</i>		
<i>coconut flavor</i>	Flavorx	
<i>cran-raspberry flavor</i>	Flavorx	
<i>empty capsule size 0 purp/wht</i>	DRcaps Size 1	
<i>empty capsule size 00 blue opq</i>	DRcaps Size 1	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>empty capsule size 1 drk green</i>	DRcaps Size 1	
<i>empty capsule size 1 grn/ornge</i>	DRcaps Size 1	
<i>empty capsule size 1 grn/white</i>	DRcaps Size 1	
<i>empty capsule size 1 ivory</i>	DRcaps Size 1	
<i>empty capsule size 1 maroon/cl</i>	DRcaps Size 1	
<i>empty capsule size 1 mint grn</i>	DRcaps Size 1	
<i>empty capsule size 1 orge/clr</i>	DRcaps Size 1	
<i>empty capsule size 1 pink/clr</i>	DRcaps Size 1	
<i>empty capsule size 1 pink/yllw</i>	DRcaps Size 1	
<i>empty capsule size 1 red/blue</i>	DRcaps Size 1	
<i>empty capsule size 3 black/grn</i>	DRcaps Size 1	
<i>empty capsule size 3 blue opq</i>	DRcaps Size 1	
<i>empty capsule size 3 blue/clr</i>	DRcaps Size 1	
<i>empty capsule size 3 blue/wht</i>	DRcaps Size 1	
<i>empty capsule size 3 dark grn</i>	DRcaps Size 1	
<i>empty capsule size 3 grey/pink</i>	DRcaps Size 1	
<i>empty capsule size 3 grey/yllw</i>	DRcaps Size 1	
<i>empty capsule size 3 marn/blue</i>	DRcaps Size 1	
<i>empty capsule size 3 marn/clr</i>	DRcaps Size 1	
<i>empty capsule size 3 olive/clr</i>	DRcaps Size 1	
<i>empty capsule size 3 orange/wh</i>	DRcaps Size 1	
<i>empty capsule size 3 pink/blue</i>	DRcaps Size 1	
<i>empty capsule size 3 pink/wh</i>	DRcaps Size 1	
<i>empty capsule size 3 pink/yllw</i>	DRcaps Size 1	
<i>empty capsule size 3 prple/clr</i>	DRcaps Size 1	
<i>empty capsule size 3 red/white</i>	DRcaps Size 1	
<i>english toffee flavor</i>	Flavorx	
<i>eucalyptus flavor</i>		
<i>eugenol flavor</i>	Flavorx	
<i>fish flavor</i>	Flavorx	
<i>ham flavor</i>	Flavorx	
<i>kahlua flavor</i>	Flavorx	
<i>lemon extract</i>	Flavorx	
<i>lemon flavor</i>		
<i>lemonade flavor</i>		
<i>licorice flavor</i>	Flavorx	
<i>lime flavor</i>		
<i>maple flavor</i>	Flavorx	



<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>orange cream flavor</i>	Flavorx	
<i>orange oil flavor</i>	Flavorx	
<i>peppermint flavor</i>		
<i>pralines and cream flavor</i>	Flavorx	
<i>pumpkin flavor</i>	Flavorx	
<i>shrimp flavor</i>	Flavorx	
<i>sorbitol</i>		
<i>spearmint flavor</i>		
<i>sterile water for injection</i>		
<i>syrpalta</i>		
<i>tangerine flavor</i>		
<i>teaberry flavor</i>		
<i>tutti-frutti flavor</i>	Flavorx	
<i>vanilla flavor</i>	Flavorx	
<i>wild cherry flavor</i>	Flavorx	
<b>DRCAPS SIZE 0</b>	Capsule Posilok #0 Clear	
<b>DRCAPS SIZE 00</b>	Capsule Posilok #0 Clear	
<b>DRCAPS SIZE 1</b>	Capsule Posilok #0 Clear	
<b>PCCA SWEETNESS ENHANCER</b>	Banana Flavor	
<b>SYRSPEND SF PH4</b>		
<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>megestrol acetate</i>	Megace ES	
<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	QLL (6 Claims per 365 days); AL (Min 18 Years)
<i>chlordiazepoxide-amitriptyline</i>		
<i>disulfiram</i>	Antabuse	
<i>donepezil hcl</i>	Aricept	QLL (30 EA per 30 days)

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>galantamine hydrobromide</i>	Razadyne	QLL (60 EA per 30 days)
<i>galantamine hydrobromide er</i>	Razadyne ER	QLL (30 EA per 30 days)
<i>memantine hcl</i>	Namenda	
<i>olanzapine-fluoxetine hcl</i>	Symbyax	
<i>perphenazine-amitriptyline</i>		
<i>rivastigmine</i>	Exelon	
<i>rivastigmine tartrate</i>	Exelon	QLL (60 EA per 30 days)
<b>CHANTIX</b>		PA; QLL (360 EA per 365 days); AL (Min 18 Years)
<b>CHANTIX CONTINUING MONTH PAK</b>		PA; QLL (360 EA per 365 days); AL (Min 18 Years)
<b>CHANTIX STARTING MONTH PAK</b>		PA; QLL (360 EA per 365 days); AL (Min 18 Years)
<b>COPAXONE</b>		PA
<b>EXTAVIA</b>		PA
<b>NICOTROL</b>		PA; QLL (6 Claims per 365 days); AL (Min 18 Years)
<b>NICOTROL NS</b>		PA; QLL (6 Claims per 365 days); AL (Min 18 Years)
<b>REBIF</b>		PA
<b>REBIF REBIDOSE</b>		PA
<b>REBIF REBIDOSE TITRATION PACK</b>		PA
<b>REBIF TITRATION PACK</b>		PA
<b>SAVELLA</b>		ST
<b>SAVELLA TITRATION PACK</b>		ST
<b>*SULFONAMIDES*</b>		
<i>sulfadiazine</i>		
<b>*TETRACYCLINES*</b>		
<i>avidoxy</i>	Adoxa	
<i>demeclocycline hcl</i>		
<i>doxycycline hyclate</i>	Morgidox	
<i>doxycycline monohydrate</i>	Mondoxyne NL	
<i>minocycline hcl</i>	Dynacin	
<i>tetracycline hcl</i>		
<b>MONDOXYNE NL</b>	Doxycycline Monohydrate	
<b>MORGIDOX</b>	Doxycycline Hyclate	
<b>*THYROID AGENTS*</b>		
<i>levothyroxine sodium</i>	Synthroid	
<i>liothyronine sodium</i>	Cytomel	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methimazole</i>	Tapazole	
<i>np thyroid</i>	Armour Thyroid	
<i>propylthiouracil</i>		
<b>ARMOUR THYROID</b>		
<b>LEVO-T</b>	Levothyroxine Sodium	
<b>LEVOXYL</b>	Levothyroxine Sodium	
<b>NATURE-THROID</b>		
<b>UNITHROID</b>	Levothyroxine Sodium	
<b>UNITHROID DIRECT</b>	Levothyroxine Sodium	
<b>WESTHROID</b>		
<b>WP THYROID</b>		
<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>hyoscyamine sulfate er</i>	Levbid	
<i>hyosyne</i>		
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (30 EA per 30 Days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (30 EA per 30 Days)
<i>misoprostol</i>	Cytotec	
<i>nizatidine</i>	Axid	
<i>omeprazole</i>	PriLOSEC	QLL (90 EA per 30 Days)
<i>oscimin</i>	Levsin	
<i>oscimin sr</i>	Levbid	
<i>pantoprazole sodium</i>	Protonix	QLL (30 EA per 30 days)
<i>propantheline bromide</i>		
<i>rabeprazole sodium</i>	Aciphex	QLL (30 EA per 30 Days)
<i>ranitidine hcl oral capsule</i>		
<i>ranitidine hcl oral syrup</i>	Zantac	
<i>ranitidine hcl oral tablet 150 mg</i>	Wal-Zan 150 Maximum Strength	OTC
<i>ranitidine hcl oral tablet 300 mg</i>	Zantac	
<i>sucralfate</i>	Carafate	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FIRST-LANSOPRAZOLE</b>		QLL (60 EA per 30 days)
<b>FIRST-OMEPRAZOLE</b>		
<b>NULEV</b>	Hyoscyamine Sulfate	
<b>OMEPRAZOLE+SYRSPEND SF ALKA</b>		
<b>PREVACID SOLUTAB</b>		
<b>SYMAX-SL</b>	Oscimin	
<b>SYMAX-SR</b>	Hyoscyamine Sulfate ER	
<b>*URINARY ANTI-INFECTIVES*</b>		
<i>methenamine hippurate</i>	Urex	
<i>methenamine mandelate</i>		
<i>nitrofurantoin</i>	Furadantin	
<i>nitrofurantoin macrocrystal</i>	Macrochantin	
<i>nitrofurantoin monohyd macro</i>	Macrobid	
<b>MACRODANTIN</b>	Nitrofurantoin Macrocrystal	
<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	
<i>tropium chloride</i>	Sanctura	QLL (60 EA per 30 days)
<i>tropium chloride er</i>		QLL (30 EA per 30 days)
<b>*VACCINES*</b>		
<b>PNEUMOVAX 23</b>		
<b>*VAGINAL PRODUCTS*</b>		
<i>clindamycin phosphate</i>	Cleocin	
<i>metronidazole</i>	Vandazole	
<i>miconazole 3</i>		
<i>terconazole</i>	Terazol 7	
<b>CLEOCIN</b>		
<b>ESTRACE</b>		
<b>ESTRING</b>		
<b>FEMRING</b>		QLL (1 EA per 90 days)
<b>PREMARIN</b>		
<b>VAGIFEM</b>		
<b>VANDAZOLE</b>	MetroNIDAZOLE	
<b>ZAZOLE</b>	Terconazole	

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*VASOPRESSORS*</b>		
<i>epinephrine</i>	EpiPen 2-Pak	
<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>		