



2010 Formulary

Introduction

Health Partners, Inc. is pleased to provide the 2010 Formulary. This formulary covers members under Health Partners Medicaid plan. The drugs listed in the Health Partners Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are specific manufacturers who have not contracted with the rebate program of the Federal government.

The drugs listed in the Health Partners Formulary have been reviewed and approved by the Health Partners Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Health Partners members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

Preface

The Health Partners Formulary is organized by sections, which refer to either a drug/ pharmacologic class or disease state. Each section contains a list of drugs selected to be on this formulary. Prescribing a drug product that is available generically is encouraged when appropriate. Prescriptions for generically available non-prescription (OTC) drugs deemed medically necessary by the plan are eligible for coverage. Generally, OTC medications are less costly than prescription alternatives and their use can contribute to cost-effective therapy. The over-the-counter (OTC) products listed in the formulary are covered with a prescription.

Pharmacy and Therapeutics (P&T) Committee

The actions of the Health Partners P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy

providers in the Health Partners network will be notified through correspondence from the Health Partners pharmacy department.

Product Selection Criteria

The Health Partners P&T Committee will consider all FDA approved drugs for inclusion in the formulary. The evaluation process includes a literature review; expert opinion by respected medical professionals or through TEC (Technical Evaluation Center) may also be sought. Formal reviews are prepared which typically address the following information:

1. Safety
2. Effectiveness
3. Comparison studies
4. Approved indications
5. Adverse effects
6. Contraindications
7. Pharmacokinetics
8. Patient compliance considerations
9. Medical outcome and pharmaco-economic studies

When a new drug is considered for formulary inclusion an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

Plan Limits

A maximum of 34-day supply of medication is eligible for coverage. The prescriber is urged to prescribe in amounts that adhere to accepted standards of care. The days supply must be accurately determined by the dispensing pharmacist to assure compliance with plan parameters.

Specific limits based on FDA guidelines, medication package inserts and accepted standards of care may apply to medication treatments under clinical review.

Prescription quantities cannot be altered unless approved by the physician, and must be within the limits of the plan's days supply.

Prescribed medications or regimens that are non-formulary require prior authorization.

Immediate Need (5/15-day Emergency Supply)

If a member presents at a pharmacy a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, Health Partners will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Health Partners will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.

If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 34 Days), Health Partners will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Health Partners mailed to the member, with a copy to the prescriber, an advanced written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Health Partners will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the recipient is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist determines that taking the

medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

Formulary Product Descriptions

This formulary lists all specific strengths and dosage forms that are covered. **When a strength or dosage form is specified, only the product identified will be covered. Other strengths/ dosage forms of the referenced product are not covered.**

For specific questions please contact the Health Partners Pharmacy department at 215-991-4300.

Generic Substitution

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. The appropriate use of generic drugs is one method of providing cost conscious drug therapy. Health Partners will not cover any drugs by companies that do not participate in the Federal Rebate Program or are DESI drugs. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available. Brand necessary prescriptions for drugs with A-rated generics require prior authorization.

The MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

The generic drug will contain the same active ingredient(s) and be the same strength and dosage form as the brand name counterpart.

The FDA has given the generic an "A" rating compared to the branded counterpart indicating bioequivalence and has determined the generic is therapeutically equivalent to the referenced brand. The ratings of generic drugs are available by referring to the FDA reference *Approved*

Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the brand name product.

State laws or regulation may indicate the ability to practice generic substitution for selected products or categories of drugs.

There are now many brand name products that are repackaged or distributed under a generic label. These generic versions should always be considered therapeutically equivalent and substitutable for the source branded product irrespective of rating.

Drugs Efficacy Study Implementation (DESI) Drugs

Health Partners does not reimburse for DESI drugs. DESI drugs are those drugs first marketed between 1938 and 1962 which were approved as safe, but not required to show effectiveness for FDA product approval. The DESI program subsequently made a determination of fully effective for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products.

Examples of DESI Drugs include:

Midrin
Vytone
Anusol HC
Donnatal
Tigan
Naldecon

Prior Authorization (PA)

To ensure that select medications are utilized appropriately, Prior Authorization may be required for the dispensing of specific products. These medications may require Prior Authorization for the following reasons:

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available

- Medications and/or treatments under clinical investigation
- Medications used for non-FDA approved indications
- Prescription costs that exceed \$1000 per claim
- Prescriptions that exceed set plan limits (days supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High end oral and self administered injectable medications
- Medications with Health Partners P&T Committee approved treatment guidelines

To request a prior authorization the physician or a member of his/her staff should contact Health Partners either by fax at (866) 240-3712, or phone at (215) 991-4300. All non-emergency requests can be faxed 24 hours per day; calls should be placed from 9:00 A.M. to 5:00 P.M., Monday through Friday.

In the event of an immediate need after business hours, the call should be made to Health Partners Member Services at (800) 553-0784. The call will be evaluated and routed to a pharmacist-on-call.

The physician may use the Health Partners Prior Authorization/Medical Exception form or a letter of request, *but must include the following information* for quick and appropriate review to take place:

- Name and recipient number of member
- Date of birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days supply (duration of therapy) and number of refills
- Route of administration
- Diagnosis
- Medical rationale for request
- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision (e.g., labs)

Upon receiving the Prior Authorization Medical Exception Request from the prescriber, Health Partners will render a decision within 24 hours. The Medical Director will review each prior authorization request and make the final decision of approval or denial complete with a signature and date. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter using The Department of Public Welfare (DPW) approved language. DPW approved language is used for all denial letters and mailed to the member or parent/guardian, in the case of a child. A copy of the member denial letter is also faxed to the prescribing physician.

If the Prior Authorization Medical Exception Request is denied, the prescriber can submit a written appeal to Health Partners Complaints & Grievances explaining the medical necessity of the medical treatment in question. At anytime during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director.

Health Partners Specialty and Injectable Medication Program

Health Partners supports appropriate use of injectables and has established procedures for prescribing and suppliers. Under the direction of the Health Partners Pharmacy department, the physician provider has the primary responsibility for obtaining Prior Authorization for medications included in this program. Call the Health Partners Pharmacy department at 215-991-4300 for authorization on specialty medications.

The following medications, although not limited to, can be obtained through the retail pharmacy benefit without prior authorization.

GENERIC NAME	BRAND NAME
ceftriaxone	Rocephin®
cyanocobalamin	Vitamin B-12
epinephrine	Epipen®, Epipen® Jr.
fluphenazine decanoate	Prolixin Decanoate
glucagon	Glucagon
haloperidol decanoate	Haldol Decanoate
heparin sodium	Heparin
Insulin	

medroxyprogesterone acetate 150 mg only	Depo-Provera
methylprednisolone acetate	Depo-Medrol
methylprednisolone sod. succ.	Solu-Medrol
penicillin g benzathine	Bicillin L.A.
penicillin g potassium	Pfizerpen
sumatriptan	Imitrex
triamcinolone acetonide	Kenalog-40

Quantity Limitations (QL)

All Food and Drug Administration (FDA) quantities apply. Many drug products on the Health Partners Formulary have quantity limits based upon the dosage described in product labeling.

Drugs subject to quantity limits may change. Contact Health Partners Pharmacy department at 215-991-4300 for more information.

Recipient Restriction Program

Health Partners participates in the Pennsylvania Department of Public Welfare Recipient Restriction Program. Members identified through the DUR program with suspected patterns of abuse will be referred to the Recipient Restriction Program. Providers requesting information on this program may contact Health Partners Pharmacy department at 215-991-4300.

Editor

Your comments and suggestions regarding the Health Partners 2010 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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 Philadelphia, PA 19107
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 Internet: www.healthpart.com

Notice

The information contained in the Health Partners Formulary and its appendices is provided by Health Partners solely for the convenience of medical providers. Neither

Health Partners warrants or assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. Health Partners does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer product literature or standard references for more detailed information.

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Trade names are the intellectual property of the respective product owners.

Legend	
Y	Yes – drug is covered
GP	Generic Preferred – Brand name drug with AB-rated generic available; use generic
PA	Prior Authorization required
QL	Quantity Limits apply
OTC	Over the Counter (not all covered OTC products are listed)

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ANALGESICS

ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACETAMINOPHN-BUTALBITAL 325-50	Y		
PHRENILIN FORTE CAPSULE	Y		

ANALGESIC, SALICYLATE, BARBITURATE,& XANTHINE CMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUTALBITAL COMPOUND TABLET	Y		
BUTALBITAL-ASA-CAFFEINE CAP	Y		
BUTALBITAL-ASA-CAFFEINE TABLET	Y		

ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUTALB-ACETAMIN-CAFF 50-325-40	Y		
BUTALB-ACETAMIN-CAFF 50-500-40	Y		
BUTALBIT-ACETAMINOPHEN-CAFF CP	Y		
FIORICET 50-325-40 MG TABLET	Y		

ANALGESIC/ANTIPYRETICS, SALICYLATES

Drug Name	Formulary Status	Quantity Limit	Age Limit
ASPIRIN 300 MG SUPPOSITORY	OTC	12	
ASPIRIN 325 MG COATED TABLET	OTC	100 every 26 days	
ASPIRIN 325 MG TABLET	OTC	100 every 26 days	
ASPIRIN 600 MG SUPPOSITORY	OTC	12	
ASPIRIN 81 MG CHEWABLE TABLET	OTC	100 every 26 days	
ASPIRIN COATED 325 MG TABLET	OTC	100 every 26 days	
ASPIRIN EC 325 MG TABLET	OTC	100 every 26 days	
ASPIRIN EC 500 MG TABLET	OTC	100 every 26 days	
ASPIRIN EC 81 MG TABLET	OTC	100 every 26 days	
ASPIR-TRIN EC 325 MG TABLET	OTC	100 every 26 days	
CHOLINE MAG TRISAL 1 GM TAB	Y		
CHOLINE MAG TRISAL 500 MG TB	Y		
CHOLINE MAG TRISAL 750 MG TB	Y		
DIFLUNISAL 500 MG TABLET	Y		

ECOTRIN 500 MG TABLET	OTC	100 every 22 days
ECOTRIN EC 325 MG TABLET	OTC	100 every 22 days
ECOTRIN EC 81 MG TABLET	OTC	100 every 22 days
EXCEDRIN MENSTRUAL CMLPT GELCP	OTC	
RA ASPIRIN 325 MG TABLET	OTC	100 every 26 days
RA ASPIRIN 500 MG CAPLET	OTC	100 every 26 days
RA ASPIRIN 81 MG CHEWABLE TAB	OTC	100 every 26 days
RA ASPIRIN EC 325 MG TABLET	OTC	100 every 26 days
RA ASPIRIN EC 81 MG TABLET	OTC	100 every 26 days
SB ASPIRIN 325 MG TABLET	OTC	100 every 26 days
SB ASPIRIN EC 325 MG TABLET	OTC	100 every 26 days
SM ASPIRIN 325 MG TABLET	OTC	100 every 26 days
SM ASPIRIN 81 MG CHEWABLE TAB	OTC	100 every 26 days
SM ASPIRIN EC 325 MG TABLET	OTC	100 every 26 days
SM ASPIRIN EC 81 MG TABLET	OTC	100 every 26 days
ST JOSEPH ASA EC 81 MG TABLET	OTC	100 every 22 days
ST. JOSEPH ASA 81 MG TB CHEW	OTC	100 every 22 days
ZORPRIN CR 800 MG TABLET	Y	

ANALGESIC/ANTIPYRETICS, NON-SALICYLATE

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACETAMINOPHEN 100 MG/ML DROP	OTC	30 every 7 days	
ACETAMINOPHEN 120 MG SUPPOS	OTC	12	
ACETAMINOPHEN 160 MG/5 ML ELX	OTC	180 every 10 days	
ACETAMINOPHEN 160 MG/5 ML LIQ	OTC	180 every 10 days	
ACETAMINOPHEN 160 MG/5 ML SOL	OTC	180 every 10 days	
ACETAMINOPHEN 160 MG/5 ML SUSP	OTC	180 every 10 days	
ACETAMINOPHEN 325 MG SUPPOS	OTC	12	
ACETAMINOPHEN 325 MG TABLET	OTC	100 every 26 days	
ACETAMINOPHEN 500 MG CAPLET	OTC	100 every 26 days	
ACETAMINOPHEN 500 MG GELCAP	OTC	100 every 26 days	
ACETAMINOPHEN 500 MG GELTAB	OTC	100 every 26 days	
ACETAMINOPHEN 500 MG TABLET	OTC	100 every 26 days	
ACETAMINOPHEN 650 MG SUPPOS	OTC	12	
ACETAMINOPHEN 80 MG TAB CHEW	OTC	48 every 10 days	

ACETAMINOPHEN 80 MG/0.8 ML DRP	OTC	
ACETAMINOPHEN INFANT DROPS	OTC	30 every 7 days
BETATEMP 160 MG/5 ML SUSP	OTC	180 every 10 days
CHILD TRIAMINIC FEVER SYRUP	OTC	180 every 10 days
CVS ACETAMINOPHEN 325 MG TAB	OTC	100 every 26 days
CVS ACETAMINOPHEN 8 HOUR CAPLT	OTC	100 every 15 days
INFANT'S TYLENOL SUSP DROP	OTC	
RA ACETAMINOPHEN 500 MG CAPLET	OTC	100 every 26 days
RA ACETAMINOPHEN 500 MG TABLET	OTC	100 every 26 days
RA ACETAMINOPHEN ER TABLET	OTC	100 every 15 days

ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
HYDROCODONE BT-IBUPROFEN TAB	QL	5/day	

ANALGESICS, NARCOTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUPRENEX 0.3 MG/ML AMPUL	Y		
CARISOPRODOL CPD-CODEINE TAB	QL	3/day	
DILAUDID-5 1 MG/ML LIQUID	GP		
ENDOCET 10-325 MG TABLET	QL	12/day	
ENDOCET 10-650 MG TABLET	QL	6/day	
ENDOCET 5-325 TABLET	QL	12/day	
ENDOCET 7.5-325 MG TABLET	QL	12/day	
ENDOCET 7.5-500 MG TABLET	QL	8/day	
ETH-OXYDOSE 20 MG/ML SOLUTION	Y		
FENTANYL 100 MCG/HR PATCH	QL	2	
FENTANYL 100 MCG/HR PATCH	QL	10 every 26 days	
FENTANYL 12 MCG/HR PATCH	QL	10 every 26 days	
FENTANYL 25 MCG/HR PATCH	QL	10 every 26 days	
FENTANYL 25 MCG/HR PATCH	QL	2	
FENTANYL 50 MCG/HR PATCH	QL	2	
FENTANYL 50 MCG/HR PATCH	QL	10 every 26 days	
FENTANYL 75 MCG/HR PATCH	QL	10 every 26 days	
FENTANYL 75 MCG/HR PATCH	QL	2	
HYDROCODON-ACETAMINOPH 2.5-500	QL	8/day	

HYDROCODON-ACETAMINOPH 7.5-325	QL	8/day
HYDROCODON-ACETAMINOPH 7.5-500	QL	6/day
HYDROCODON-ACETAMINOPH 7.5-650	QL	6/day
HYDROCODON-ACETAMINOPH 7.5-750	QL	5/day
HYDROCODON-ACETAMINOPHEN 5-325	QL	12/day
HYDROCODON-ACETAMINOPHEN 5-500	QL	8/day
HYDROCODON-ACETAMINOPHN 10-325	QL	6/day
HYDROCODON-ACETAMINOPHN 10-500	QL	6/day
HYDROCODON-ACETAMINOPHN 10-650	QL	6/day
HYDROCODON-ACETAMINOPHN 10-660	QL	6/day
HYDROCODON-ACETAMINOPHN 10-750	QL	5/day
HYDROCODONE-ACETAMINOPHEN SOLN	Y	
HYDROMORPHONE 2 MG TABLET	Y	
HYDROMORPHONE 3 MG SUPPOS	QL	6
HYDROMORPHONE 4 MG TABLET	Y	
HYDROMORPHONE 8 MG TABLET	Y	
LORTAB 5-500 TABLET	Y	
MEPERIDINE 100 MG TABLET	Y	
MEPERIDINE 50 MG TABLET	Y	
MEPERIDINE 50 MG/5 ML SOLUTION	Y	
METHADONE 10 MG/5 ML SOLUTION	Y	
METHADONE 10 MG/ML ORAL CONC	Y	
METHADONE 5 MG/5 ML SOLUTION	Y	
METHADONE HCL 10 MG TABLET	Y	
METHADONE HCL 5 MG TABLET	Y	
METHADONE INTENSOL 10 MG/ML	Y	
MORPHINE SULF 10 MG SUPPOS	QL	12
MORPHINE SULF 10 MG/5 ML SOLN	Y	
MORPHINE SULF 20 MG SUPPOS	QL	12
MORPHINE SULF 20 MG/5 ML SOLN	Y	
MORPHINE SULF 30 MG SUPPOS	QL	12
MORPHINE SULF 5 MG SUPPOS	QL	12
MORPHINE SULF CR 100 MG TABLET	QL	3/day
MORPHINE SULF CR 15 MG TABLET	QL	3/day
MORPHINE SULF CR 200 MG TABLET	QL	3/day

MORPHINE SULF CR 30 MG TABLET	QL	3/day
MORPHINE SULF CR 60 MG TABLET	QL	3/day
MORPHINE SULF ER 100 MG TABLET	QL	3/day
MORPHINE SULF ER 15 MG TABLET	QL	3/day
MORPHINE SULF ER 200 MG TABLET	QL	3/day
MORPHINE SULF ER 30 MG TABLET	QL	3/day
MORPHINE SULF ER 60 MG TABLET	QL	3/day
MORPHINE SULFATE 20 MG/ML SOLN	Y	
MORPHINE SULFATE IR 15 MG TAB	Y	
MORPHINE SULFATE IR 30 MG TAB	Y	
OXYCODON-ACETAMINOPHEN 2.5-325	QL	12/day
OXYCODON-ACETAMINOPHEN 7.5-325	QL	12/day
OXYCODON-ACETAMINOPHEN 7.5-500	QL	8/day
OXYCODONE HCL 10 MG TABLET	Y	
OXYCODONE HCL 15 MG TABLET	Y	
OXYCODONE HCL 20 MG/ML SOLN	Y	
OXYCODONE HCL 30 MG TABLET	Y	
OXYCODONE HCL 5 MG CAPSULE	Y	
OXYCODONE HCL 5 MG TABLET	Y	
OXYCODONE HCL 5 MG/5 ML SOL	Y	
OXYCODONE-ACETAMINOPHEN 10-325	QL	12/day
OXYCODONE-ACETAMINOPHEN 10-650	QL	6/day
OXYCODONE-ACETAMINOPHEN 5-325	QL	12/day
OXYCODONE-ACETAMINOPHEN 5-500	QL	8/day
OXYCODONE-ASA 4.5-0.38-325 TAB	QL	12/day
PENTAZOCIN-ACETAMINOPHN 25-650	Y	
PENTAZOCINE-NALOXONE TABLET	Y	
PROPOXYPH-ACETAMINOPHEN 50-325	QL	12/day
PROPOXYPH-ACETAMINOPHEN 65-650	Y	
PROPOXYPH-ACETAMINOPHN 100-650	QL	6/day
PROPOXYPHENE HCL 65 MG CAP	QL	6/day
ROXICET 5-325 ORAL SOLUTION	GP	
ROXICET 5-325 TABLET	GP	
SUBOXONE 2 MG-0.5 MG SL FILM	PA	
SUBOXONE 2 MG-0.5 MG TABLET	PA	4/day

SUBOXONE 8 MG-2 MG SL FILM	PA	
SUBOXONE 8 MG-2 MG TABLET SL	PA	3/day
TRAMADOL HCL 50 MG TABLET	Y	
TRAMADOL-ACETAMINOPHN 37.5-325	QL	8/day
VICODIN HP TABLET	Y	

ANTIMIGRAINE PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
DIHYDROERGOTAMINE 1 MG/ML AM	Y		
ERGOTAMINE-CAFFEINE TABLET	Y		
RELPAX 20 MG TABLET	QL	6 every 22 days	
RELPAX 40 MG TABLET	QL	6 every 22 days	
SUMATRIPTAN 20 MG NASAL SPRAY	QL	6 every 26 days	
SUMATRIPTAN 4 MG/0.5 ML KIT	QL	2 every 22 days	
SUMATRIPTAN 4 MG/0.5 ML REFILL	QL	2 every 26 days	
SUMATRIPTAN 4 MG/0.5 ML SYRNG	QL	2 every 26 days	
SUMATRIPTAN 5 MG NASAL SPRAY	QL	6 every 26 days	
SUMATRIPTAN 6 MG/0.5 ML KIT	QL	2 every 26 days	
SUMATRIPTAN 6 MG/0.5 ML REFILL	QL	2 every 26 days	
SUMATRIPTAN 6 MG/0.5 ML SYRNG	QL	2 every 26 days	
SUMATRIPTAN 6 MG/0.5 ML VIAL	QL	2 every 26 days	
SUMATRIPTAN SUCC 100 MG TABLET	QL	9 every 26 days	
SUMATRIPTAN SUCC 25 MG TABLET	QL	9 every 26 days	
SUMATRIPTAN SUCC 50 MG TABLET	QL	9 every 26 days	
ZOMIG 2.5 MG TABLET	QL	12 every 22 days	
ZOMIG 5 MG TABLET	QL	6 every 22 days	
ZOMIG ZMT 2.5 MG TABLET	QL	12 every 22 days	
ZOMIG ZMT 5 MG TABLET	QL	6 every 22 days	

NARC.& NON-SAL.ANALGESIC, BARBITURATE & XANTHINE CMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUTALB-CAFF-ACETAMINOPH-CODEIN	Y		

NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUTALBITAL COMP-CODEINE #3 CAP	Y		

NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACETAMINOPHEN-COD #2 TABLET	Y		
ACETAMINOPHEN-COD #3 TABLET	QL	12/day	
ACETAMINOPHEN-COD #4 TABLET	QL	6/day	
ACETAMINOPHEN-CODEINE ELIXIR	Y		

NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE

Drug Name	Formulary Status	Quantity Limit	Age Limit
DICLOFENAC POT 50 MG TABLET	Y		
KETOROLAC 10 MG TABLET	QL	20 every 90 days	

URINARY TRACT ANALGESIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ELMIRON 100 MG CAPSULE	QL	3/day	

ANESTHETICS**LOCAL ANESTHETICS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
LIDOCAINE 2% VISCOUS SOLN	Y		
LIDOCAINE HCL 2% JELLY	Y		
LIDOCAINE HCL 4% SOLUTION	Y		

URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)

Drug Name	Formulary Status	Quantity Limit	Age Limit
PHENAZOPYRIDINE 100 MG TAB	Y		
PHENAZOPYRIDINE 200 MG TAB	Y		

ANTIARTHRITICS**ANALGESIC/ANTIPYRETICS, SALICYLATES**

Drug Name	Formulary Status	Quantity Limit	Age Limit
SALSALATE 500 MG TABLET	Y		
SALSALATE 750 MG TABLET	Y		

ANTI-ARTHRITIC AND CHELATING AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CUPRIMINE 250 MG CAPSULE	Y		

ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
RHEUMATREX 2.5 MG TABLET	GP		

ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR

Drug Name	Formulary Status	Quantity Limit	Age Limit
ENBREL 25 MG KIT	PA		
ENBREL 25 MG/0.5 ML SYRINGE	PA		
ENBREL 50 MG/ML SURECLICK SYR	PA		
ENBREL 50 MG/ML SYRINGE	PA		
HUMIRA 20 MG/0.4 ML SYRINGE	PA		
HUMIRA 40 MG/0.8 ML PEN	PA		
HUMIRA 40 MG/0.8 ML SYRINGE	PA		
HUMIRA CROHN'S STARTER PACK	PA		
HUMIRA PSORIASIS STARTER PACK	PA		

ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR

Drug Name	Formulary Status	Quantity Limit	Age Limit
LEFLUNOMIDE 10 MG TABLET	Y		
LEFLUNOMIDE 20 MG TABLET	Y		

COLCHICINE

Drug Name	Formulary Status	Quantity Limit	Age Limit
COLCHICINE 0.6 MG TABLET	Y		
COLCRYS 0.6 MG TABLET	Y		

GOLD SALTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
RIDAURA 3 MG CAPSULE	Y		

HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALLOPURINOL 100 MG TABLET	Y		

ALLOPURINOL 300 MG TABLET

Y

NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE**Drug Name****Formulary Status****Quantity Limit****Age Limit**

CHILDREN'S ADVIL SUSPENSION

OTC

120 every 7 days

DICLOFENAC SOD DR 50 MG TAB

Y

DICLOFENAC SOD DR 75 MG TAB

Y

DICLOFENAC SOD EC 25 MG TAB

Y

DICLOFENAC SOD EC 50 MG TAB

Y

DICLOFENAC SOD EC 75 MG TAB

Y

DICLOFENAC SOD ER 100 MG TAB

Y

ETODOLAC 200 MG CAPSULE

Y

ETODOLAC 300 MG CAPSULE

Y

ETODOLAC 400 MG TABLET

Y

ETODOLAC 500 MG TABLET

Y

ETODOLAC ER 400 MG TABLET

Y

ETODOLAC ER 500 MG TABLET

Y

ETODOLAC ER 600 MG TABLET

Y

FENOPROFEN 600 MG TABLET

Y

FLURBIPROFEN 100 MG TABLET

Y

FLURBIPROFEN 50 MG TABLET

Y

IBUPROFEN 100 MG TAB CHEW

OTC

100 every 26 days

IBUPROFEN 100 MG/5 ML SUSP

OTC

120 every 7 days

IBUPROFEN 200 MG CAPLET

OTC

100 every 26 days

IBUPROFEN 200 MG SOFTGEL

OTC

100 every 26 days

IBUPROFEN 200 MG TABLET

OTC

100 every 26 days

IBUPROFEN 400 MG TABLET

Y

IBUPROFEN 600 MG TABLET

Y

IBUPROFEN 800 MG TABLET

Y

IBUPROFEN JR STR 100 MG TAB

OTC

100 every 26 days

INDOMETHACIN 25 MG CAPSULE

Y

INDOMETHACIN 50 MG CAPSULE

Y

INDOMETHACIN ER 75 MG CAPSULE

Y

INFANT IBUPROFEN SUSP DROP

OTC

15 every 7 days

INFANT'S ADVIL CONCENTRATE DRP

OTC

15 every 7 days

KETOPROFEN 50 MG CAPSULE	Y	
KETOPROFEN 75 MG CAPSULE	Y	
KETOPROFEN ER 200 MG CAPSULE	Y	
MECLOFENAMATE 100 MG CAPSULE	Y	
MECLOFENAMATE 50 MG CAPSULE	Y	
MELOXICAM 15 MG TABLET	Y	
MELOXICAM 7.5 MG TABLET	Y	
MOTRIN 100 MG CAPLET	OTC	100 every 22 days
MOTRIN 100 MG CAPLET	OTC	100 every 26 days
MOTRIN IB 200 MG CAPLET	OTC	100 every 26 days
MOTRIN IB 200 MG GELCAP	OTC	100 every 26 days
MOTRIN IB 200 MG TABLET	OTC	100 every 26 days
NABUMETONE 500 MG TABLET	Y	
NABUMETONE 750 MG TABLET	Y	
NALFON 200 MG PULVULE	Y	
NAPROXEN 125 MG/5 ML SUSPEN	Y	
NAPROXEN 250 MG TABLET	Y	
NAPROXEN 375 MG TABLET	Y	
NAPROXEN 500 MG TABLET	Y	
NAPROXEN EC 375 MG TABLET	Y	
NAPROXEN EC 500 MG TABLET	Y	
NAPROXEN SODIUM 220 MG CAPLET	QL	3/day
NAPROXEN SODIUM 220 MG TABLET	QL	3/day
NAPROXEN SODIUM 275 MG TAB	Y	
NAPROXEN SODIUM 550 MG TAB	Y	
OXAPROZIN 600 MG CAPLET	Y	
OXAPROZIN 600 MG TABLET	Y	
PIROXICAM 10 MG CAPSULE	QL	1/day
PIROXICAM 20 MG CAPSULE	QL	1/day
RA IBUPROFEN 100 MG/5 ML SUSP	OTC	120 every 7 days
RA IBUPROFEN 200 MG CAPLET	OTC	100 every 26 days
RA IBUPROFEN 200 MG CAPSULE	OTC	100 every 26 days
RA IBUPROFEN 200 MG SOFTGEL	OTC	100 every 26 days
RA IBUPROFEN 200 MG TABLET	OTC	100 every 26 days
RA INFANT IBUPROFEN SUSP DROP	OTC	15 every 7 days

RA NAPROXEN SOD 220 MG TABLET	QL	3/day
SB IBUPROFEN 200 MG CAPLET	OTC	100 every 26 days
SB IBUPROFEN 200 MG TABLET	OTC	100 every 26 days
SB NAPROXEN SOD 220 MG CAPLET	QL	3/day
SM IBUPROFEN 100 MG/5 ML SUSP	OTC	120 every 7 days
SM IBUPROFEN 200 MG CAPLET	OTC	100 every 26 days
SM IBUPROFEN 200 MG TABLET	OTC	100 every 26 days
SM IBUPROFEN IB 100 MG TABLET	OTC	100 every 26 days
SM IBUPROFEN IB 200 MG CAPLET	OTC	100 every 26 days
SM IBUPROFEN IB 200 MG TABLET	OTC	100 every 26 days
SM INFANT IBUPROFEN SUSP DROP	OTC	15 every 7 days
SULINDAC 150 MG TABLET	Y	
SULINDAC 200 MG TABLET	Y	
TOLMETIN SODIUM 200 MG TAB	Y	
TOLMETIN SODIUM 400 MG CAP	Y	
TOLMETIN SODIUM 600 MG TAB	Y	

URICOSURIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
PROBENECID 500 MG TABLET	Y		

ANTIASTHMATICS

BETA-ADRENERGIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALBUTEROL 0.083% INHAL SOLN	Y	450	
ALBUTEROL 0.083% INHAL SOLN	Y		
ALBUTEROL 2.5 MG/0.5 ML SOL	QL	150	
ALBUTEROL 5 MG/ML SOLUTION	QL	120	
ALBUTEROL SUL 0.63 MG/3 ML SOL	Y		
ALBUTEROL SUL 1.25 MG/3 ML SOL	Y		
ALBUTEROL SULF 2 MG/5 ML SYRUP	Y		
ALBUTEROL SULFATE 2 MG TAB	Y		
ALBUTEROL SULFATE 4 MG TAB	Y		
ALBUTEROL SULFATE ER 4 MG TAB	Y		
ALBUTEROL SULFATE ER 8 MG TAB	Y		

FORADIL AEROLIZER 12 MCG CAP	QL	1 inhaler every 20 days
MAXAIR AUTOHALER 0.2 MG AERO	QL	1 inhaler every 20 days
METAPROTERENOL 10 MG TABLET	Y	
METAPROTERENOL 10 MG/5 ML SYR	Y	
METAPROTERENOL 20 MG TABLET	Y	
RELION VENTOLIN HFA 90 MCG INH	QL	2 inhalers
SEREVENT DISKUS 50 MCG	QL	2/day
TERBUTALINE SULFATE 2.5 MG TAB	Y	
TERBUTALINE SULFATE 5 MG TAB	Y	
VENTOLIN HFA 90 MCG INHALER	QL	2 inhalers

BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
COMBIVENT INHALER	QL	1 inhaler every 20 days	

BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ADVAIR 100-50 DISKUS	QL	60 every 20 days	
ADVAIR 250-50 DISKUS	QL	60 every 20 days	
ADVAIR 500-50 DISKUS	QL	60 every 20 days	
ADVAIR HFA 115-21 MCG INHALER	QL	12 every 19 days	
ADVAIR HFA 230-21 MCG INHALER	QL	12 every 19 days	
ADVAIR HFA 45-21 MCG INHALER	QL	12 every 19 days	
SYMBICORT 160-4.5 MCG INHALER	QL	1 inhaler	
SYMBICORT 80-4.5 MCG INHALER	QL	1 inhaler	

GENERAL BRONCHODILATOR AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ATROVENT HFA INHALER	QL	1 inhaler	
IPRATROPIUM BR 0.02% SOLN	Y		
SPIRIVA 18 MCG CP-HANDIHALER	Y		

LEUKOTRIENE RECEPTOR ANTAGONISTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
SINGULAIR 10 MG TABLET	QL	1/day	
SINGULAIR 4 MG GRANULES	QL	1/day	
SINGULAIR 4 MG TABLET CHEW	QL	1/day	

SINGULAIR 5 MG TABLET CHEW

QL

1/day

MAST CELL STABILIZERS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

CROMOLYN 20 MG/2 ML NEB SOLN

Y

MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)**Drug Name****Formulary Status****Quantity Limit****Age Limit**

XOLAIR 150 MG VIAL

PA

MUCOLYTICS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

ACETYLCYSTEINE 10% VIAL

Y

ACETYLCYSTEINE 20% VIAL

Y

NASAL MAST CELL STABILIZERS AGENTS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

CROMOLYN SODIUM NASAL SOLUTION

QL

26 every 26 days

CROMOLYN SODIUM NASAL SPRAY

QL

26 every 26 days

V-R NASAL ALLERGY SYM SPRAY

OTC

26 every 22 days

XANTHINES**Drug Name****Formulary Status****Quantity Limit****Age Limit**

AMINOPHYLLINE 100 MG TABLET

Y

AMINOPHYLLINE 200 MG TABLET

Y

THEO-24 ER 200 MG CAPSULE

GP

THEO-24 ER 300 MG CAPSULE

GP

THEO-24 ER 400 MG CAPSULE

GP

THEOCHRON ER 100 MG TABLET

Y

THEOCHRON ER 200 MG TABLET

Y

THEOCHRON ER 300 MG TABLET

Y

THEOPHYLLINE ER 100 MG TABLET

Y

THEOPHYLLINE ER 200 MG TABLET

Y

THEOPHYLLINE ER 300 MG TAB

Y

THEOPHYLLINE ER 400 MG TABLET

Y

THEOPHYLLINE ER 450 MG TAB

Y

THEOPHYLLINE ER 600 MG TABLET

Y

ANTIDOTES**NARCOTIC ANTAGONISTS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
NALTREXONE 50 MG TABLET	Y		
REVIA 50 MG TABLET	Y		

ANTI-HISTAMINE AND DECONGESTANT COMBINATION**1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALLERFRIM SYRUP	OTC	240 every 14 days	
AMBI 60PSE-4CPM TABLET	OTC	100 every 80 days	
DECONAMINE SR CAPSULE SA	Y		
DECONAMINE SYRUP DYE-FREE	Y		
DECONAMINE TABLET DYE-FREE	QL	100 every 80 days	
HISTAFED SYRUP	OTC	240 every 14 days	
LOHIST-D LIQUID	Y		
MAXICHLOR PSE TABLET	QL	100 every 80 days	
P-EPHED-CPM 120-8 MG CAP SA	Y		
P-EPHED-CPM SR 120-8 MG CAP	Y		
PHENYLEPH-CHLORPHEN PEDI SUSP	Y		
PROMETHAZINE VC SYRUP	Y		
PSEUDO PLUS COLD & ALLERGY TAB	OTC	100 every 80 days	
RITIFED SYRUP	OTC	240 every 14 days	
SILAFED SYRUP	OTC	240 every 14 days	
SUDOGEST COLD & ALLERGY TAB	OTC	100 every 80 days	
SUDOGEST SINUS & ALLERGY TAB	OTC	100 every 80 days	
TRIPROLIDINE-P-EPHED TABLET	OTC	24 every 7 days	
TRIPTIFED 2.5-60 MG TABLET	OTC	24 every 7 days	

ANTI-HISTAMINES**ANTI-HISTAMINES - 1ST GENERATION**

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALLER-CHLOR 4 MG TABLET	OTC	100 every 26 days	
ALLER-CHLOR SYRUP	OTC	240 every 15 days	

ALLERGY 25 MG TABLET	OTC	100 every 26 days
ALLERGY 4 MG TABLET	OTC	100 every 26 days
ALLERGY CAPSULES	OTC	100 every 26 days
ALLERGY-TIME 4 MG TABLET	OTC	100 every 26 days
BENADRYL 25 MG LIQUI-GELS	OTC	
BENADRYL ALLERGY 25 MG KAPGELS	OTC	100 every 22 days
BENADRYL ALLERGY 25 MG KAPGELS	OTC	100 every 26 days
BENADRYL ALLERGY 25 MG ULTRATB	OTC	100 every 26 days
BENADRYL ALLERGY TAB CHEW	OTC	
BENADRYL ALLERGY ULTRATAB	OTC	100 every 22 days
CHLORPHENIRAMINE 4 MG TABLET	OTC	100 every 26 days
CHLOR-TRIMETON ALLERGY	OTC	100 every 22 days
CLEMASTINE 0.5 MG/5 ML SYRUP	Y	
CLEMASTINE 0.67 MG/5 ML SYRUP	Y	
CLEMASTINE FUM 1.34 MG TABLET	Y	2/day
CLEMASTINE FUM 2.68 MG TAB	Y	
CVS ALLERGY 12.5 MG/5 ML ELIX	OTC	240 every 15 days
CVS ALLERGY 12.5 MG/5 ML LIQ	OTC	240 every 15 days
CVS ALLERGY 25 MG CAPLET	OTC	100 every 26 days
CVS ALLERGY 25 MG CAPSULE	OTC	100 every 26 days
CVS ALLERGY 25 MG SOFTGEL	OTC	100 every 26 days
CVS ALLERGY 25 MG TABLET	OTC	100 every 26 days
CVS ALLERGY 4 MG TABLET	OTC	100 every 26 days
CVS ALLERGY GELCAP	OTC	100 every 26 days
CYPROHEPTADINE 2 MG/5 ML SYRUP	Y	
CYPROHEPTADINE 4 MG TABLET	Y	
DAILYHIST-1 1.34 MG TABLET	OTC	2/day
DEXCHLORPHEN 2 MG/5 ML SYRUP	Y	
DEXCHLORPHENIRAMINE 6 MG TAB	Y	
DIPHENHYDRAMINE 12.5 MG/5 ML	OTC	240 every 15 days
DIPHENHYDRAMINE 25 MG CAPLET	OTC	100 every 26 days
DIPHENHYDRAMINE 25 MG CAPSULE	OTC	100 every 26 days
DIPHENHYDRAMINE 50 MG CAPSULE	OTC	100 every 26 days
DIPHENHYDRAMINE 50 MG/ML SYRNG	Y	
DIPHENHYDRAMINE 50 MG/ML VIAL	Y	

DIPHENHYDRAMINE COUGH SYRUP	OTC	240 every 15 days
DIPHENHYDRAMINE LIQUID	OTC	240 every 15 days
ED-CHLORTAN 4 MG TABLET	OTC	100 every 26 days
EQL ALLERGY 12.5 MG/5 ML LIQ	OTC	240 every 15 days
EQL ALLERGY 25 MG CAPSULE	OTC	100 every 26 days
EQL ALLERGY 25 MG TABLET	OTC	100 every 26 days
EQL ALLERGY 4 MG TABLET	OTC	100 every 26 days
GNP ALLERGY 25 MG TABLET	OTC	100 every 26 days
GNP ALLERGY 4 MG TABLET	OTC	100 every 26 days
HYDROXYZINE 10 MG/5 ML SYRUP	Y	
HYDROXYZINE HCL 10 MG TABLET	Y	
HYDROXYZINE HCL 25 MG TABLET	Y	
HYDROXYZINE HCL 50 MG TABLET	Y	
HYDROXYZINE PAM 100 MG CAP	Y	
HYDROXYZINE PAM 25 MG CAP	Y	
HYDROXYZINE PAM 50 MG CAP	Y	
PROMETHAZINE 12.5 MG TABLET	Y	
PROMETHAZINE 25 MG TABLET	Y	
PROMETHAZINE 50 MG TABLET	Y	
PROMETHAZINE 6.25 MG/5 ML SYRP	Y	
PUB ALLERGY 25 MG CAPSULE	OTC	100 every 26 days
RA ALLERGY 25 MG TABLET	OTC	100 every 26 days
RA CHLORPHENIRAMINE 4 MG TAB	OTC	100 every 26 days
SB CHLORPHENIRAMINE 4 MG TAB	OTC	100 every 26 days

ANTIHISTAMINES - 2ND GENERATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALAVERT 10 MG TABLET	OTC	1/day	
ALL DAY ALLERGY 1 MG/ML SYRUP	OTC	10mL/day	
ALL DAY ALLERGY 10 MG CHEW TAB	OTC	1/day	
ALL DAY ALLERGY 10 MG TABLET	OTC	1/day	
ALL DAY ALLERGY 5 MG CHEW TAB	OTC	1/day	
ALL DAY ALLERGY RLF 10 MG TAB	OTC	1/day	
CETIRIZINE HCL 1 MG/ML SYRUP	QL	10mL/day	
CETIRIZINE HCL 10 MG CHEW TAB	QL	1/day	

CETIRIZINE HCL 10 MG TABLET	QL	1/day
CETIRIZINE HCL 5 MG CHEW TAB	QL	1/day
CETIRIZINE HCL 5 MG TABLET	QL	1/day
CHILD ALL DAY ALLERGY 1 MG/ML	OTC	10mL/day
CHILD ALL DAY ALLERGY 1 MG/ML	OTC	
CLEAR-ATADINE 10 MG TABLET	OTC	1/day
GNP ALL DAY ALLERGY 10 MG TAB	OTC	1/day
GNP CHLD ALL DAY ALLER 1 MG/ML	OTC	10mL/day
LORATADINE 10 MG TABLET	OTC	1/day
LORATADINE 5 MG/5 ML SYRUP	OTC	10mL/day
NON-DROWSY ALLERGY 10 MG TAB	OTC	1/day
RA CETIRIZINE HCL 10 MG TABLET	QL	1/day
RA LORATADINE 10 MG TABLET	OTC	1/day
RA LORATADINE 5 MG/5 ML SYRUP	OTC	10mL/day
SB LORATADINE 10 MG TABLET	OTC	1/day
SM ALL DAY ALLERGY 1 MG/ML SYR	OTC	10mL/day
SM ALL DAY ALLERGY 10 MG TAB	OTC	1/day
SM LORATADINE 10 MG TABLET	OTC	1/day
SM LORATADINE 5 MG/5 ML SYRUP	OTC	10mL/day
TAVIST ND 10 MG TABLET	OTC	1/day

EYE ANTIHISTAMINES

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALAWAY 0.025% EYE DROPS	OTC	10 every 18 days	
KETOTIFEN FUM 0.025% EYE DROPS	OTC	10 every 18 days	
REFRESH 0.025% EYE DROPS	OTC	10 every 18 days	
ZADITOR 0.025% EYE DROPS	OTC	10 every 18 days	

ANTIINFECTIVES

ABSORBABLE SULFONAMIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
GANTRISIN PED 500 MG/5 ML SUS	Y		
SULFADIAZINE 500 MG TABLET	Y		
SULFAMETHOXAZOLE-TMP DS TABLET	Y		
SULFAMETHOXAZOLE-TMP SS TABLET	Y		

SULFAMETHOXAZOLE-TMP SUSP	Y
SULFASALAZINE 500 MG TABLET	Y
SULFASALAZINE DR 500 MG TAB	Y

AMINOGLYCOSIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
NEOMYCIN 500 MG TABLET	Y		

ANTITUBERCULAR ANTIBIOTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
RIFAMPIN 150 MG CAPSULE	Y		
RIFAMPIN 300 MG CAPSULE	Y		

CEPHALOSPORINS - 1ST GENERATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
CEFADROXIL 1 GM TABLET	Y		
CEFADROXIL 250 MG/5 ML SUSP	QL	100ml every 10 days	
CEFADROXIL 500 MG CAPSULE	Y		
CEFADROXIL 500 MG/5 ML SUSP	QL	75ml every 7 days	
CEPHALEXIN 125 MG/5 ML SUSP	QL	14 day supply	
CEPHALEXIN 250 MG CAPSULE	QL	14 day supply	
CEPHALEXIN 250 MG/5 ML SUSP	QL	14 day supply	
CEPHALEXIN 500 MG CAPSULE	QL	14 day supply	

CEPHALOSPORINS - 2ND GENERATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
CEFACLOR 125 MG/5 ML SUSP	Y		
CEFACLOR 250 MG CAPSULE	Y		
CEFACLOR 250 MG/5 ML SUSP	Y		
CEFACLOR 375 MG/5 ML SUSPEN	Y		
CEFACLOR 500 MG CAPSULE	Y		
CEFACLOR ER 500 MG TABLET	QL	28 every 14 days	
CEFPROZIL 125 MG/5 ML SUSP	QL	200 every 8 days	
CEFPROZIL 250 MG TABLET	QL	20 every 8 days	
CEFPROZIL 250 MG/5 ML SUSP	QL	200 every 8 days	
CEFPROZIL 500 MG TABLET	QL	20 every 8 days	
CEFUROXIME 125 MG/5 ML SUSP	Y		

CEFUROXIME AXETIL 250 MG TAB Y
 CEFUROXIME AXETIL 500 MG TAB Y

CEPHALOSPORINS - 3RD GENERATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
CEFDINIR 125 MG/5 ML SUSP	Y		
CEFDINIR 250 MG/5 ML SUSP	Y		
CEFDINIR 300 MG CAPSULE	Y		
CEFTRIAZONE 1 GM PIGGYBACK	Y		
CEFTRIAZONE 1 GM VIAL	Y		
CEFTRIAZONE 10 GM VIAL	Y		
CEFTRIAZONE 2 GM ADD VIAL	Y		
CEFTRIAZONE 2 GM PIGGYBACK	Y		
CEFTRIAZONE 2 GM VIAL	Y		
CEFTRIAZONE 250 MG VIAL	Y		
CEFTRIAZONE 500 MG VIAL	Y		
SUPRAX 100 MG/5 ML SUSPENSION	Y		

LINCOSAMIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
CLEOCIN 75 MG/5 ML GRANULES	GP		
CLEOCIN HCL 75 MG CAPSULE	GP		
CLINDAMYCIN 75 MG/5 ML SOLN	Y		
CLINDAMYCIN HCL 150 MG CAPSULE	Y		
CLINDAMYCIN HCL 300 MG CAPSULE	Y		

MACROLIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
AZITHROMYCIN 1 GM PWD PACKET	QL	5 day supply	
AZITHROMYCIN 100 MG/5 ML SUSP	QL	5 day supply	
AZITHROMYCIN 200 MG/5 ML SUSP	QL	5 day supply	
AZITHROMYCIN 250 MG TABLET	QL	5 day supply	
AZITHROMYCIN 500 MG TABLET	QL	10 every 23 days	
AZITHROMYCIN 600 MG TABLET	Y		
CLARITHROMYCIN 125 MG/5 ML SUS	QL	14 day supply	
CLARITHROMYCIN 250 MG TABLET	QL	2/day	

CLARITHROMYCIN 250 MG/5 ML SUS	QL	14 day supply
CLARITHROMYCIN 500 MG TABLET	QL	2/day
CLARITHROMYCIN ER 500 MG TAB	QL	28 every 28 days; 14 day supply
E.E.S. 200 MG/5 ML GRANULES	GP	
E.E.S. 200 MG/5 ML SUSPENSION	GP	
E.E.S. 400 FILMTAB	GP	
ERYPED 200 MG/5 ML GRANULES	GP	
ERY-TAB EC 250 MG TABLET	GP	
ERY-TAB EC 333 MG TABLET	GP	
ERY-TAB EC 500 MG TABLET	GP	
ERYTHROCIN 250 MG FILMTAB	GP	
ERYTHROCIN 500 MG FILMTAB	GP	
ERYTHROMYCIN 250 MG FILMTAB	Y	
ERYTHROMYCIN 500 MG FILMTAB	Y	
ERYTHROMYCIN EC 250 MG CAP	Y	
ERYTHROMYCIN ES 400 MG TAB	Y	
ERYTHROMYCIN ST 500 MG TAB	Y	
ERYTHROMYCIN-SULFISOX SUSP	Y	

NITROFURAN DERIVATIVES

Drug Name	Formulary Status	Quantity Limit	Age Limit
FURADANTIN 25 MG/5 ML SUSP	Y		
MACRODANTIN 25 MG CAPSULE	GP		
NITROFURANTOIN MCR 100 MG CAP	Y		
NITROFURANTOIN MCR 50 MG CAP	Y		
NITROFURANTOIN MONO-MCR 100 MG	Y		

PENICILLINS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMOCLAN 200-28.5/5 SUSPENSION	QL	14 day supply	
AMOCLAN 400-57/5 SUSPENSION	QL	14 day supply	
AMOCLAN 600-42.9/5 SUSP	QL	14 day supply	
AMOX TR-K CLV 200-28.5 TAB CHW	QL	14 day supply	
AMOX TR-K CLV 200-28.5/5 SUSP	QL	14 day supply	
AMOX TR-K CLV 250-125 MG TAB	QL	14 day supply	
AMOX TR-K CLV 250-62.5/5 SUSP	QL	14 day supply	

AMOX TR-K CLV 400-57 TAB CHEW	QL	14 day supply
AMOX TR-K CLV 400-57/5 SUSP	QL	14 day supply
AMOX TR-K CLV 500-125 MG TAB	QL	14 day supply
AMOX TR-K CLV 600-42.9/5 SUSP	QL	14 day supply
AMOX TR-K CLV 875-125 MG TAB	QL	14 day supply
AMOXICILLIN 125 MG TAB CHEW	Y	
AMOXICILLIN 125 MG/5 ML SUSP	Y	
AMOXICILLIN 200 MG TAB CHEW	Y	
AMOXICILLIN 200 MG/5 ML SUSP	Y	
AMOXICILLIN 250 MG CAPSULE	Y	
AMOXICILLIN 250 MG TAB CHEW	Y	
AMOXICILLIN 250 MG/5 ML SUSP	Y	
AMOXICILLIN 400 MG TAB CHEW	Y	
AMOXICILLIN 400 MG/5 ML SUSP	Y	
AMOXICILLIN 500 MG CAPSULE	Y	
AMOXICILLIN 500 MG TABLET	Y	
AMOXICILLIN 875 MG TABLET	Y	
AMPICILLIN 125 MG/5 ML SUSP	Y	
AMPICILLIN 250 MG/5 ML SUSP	Y	
AMPICILLIN TR 250 MG CAPSULE	Y	
AMPICILLIN TR 500 MG CAPSULE	Y	
AUGMENTIN 125-31.25 SUSPEN	GP	14 day supply
BICILLIN LA 1,200,000 UNITS	QL	4 per year
BICILLIN LA 2,400,000 UNITS	QL	12 per year
BICILLIN LA 600,000 UNIT/ML TB	Y	
DICLOXACILLIN 250 MG CAPSULE	Y	
DICLOXACILLIN 500 MG CAPSULE	Y	
PENICILLIN VK 125 MG/5 ML SUS	Y	
PENICILLIN VK 250 MG TABLET	Y	
PENICILLIN VK 250 MG/5 ML SUS	Y	
PENICILLIN VK 500 MG TABLET	Y	

TETRACYCLINES

Drug Name	Formulary Status	Quantity Limit	Age Limit
DOXYCYCLINE HYCLATE 100 MG CAP	Y		

DOXYCYCLINE HYCLATE 100 MG TAB	Y	
DOXYCYCLINE HYCLATE 50 MG CAP	Y	
MINOCYCLINE 100 MG CAPSULE	QL	2/day
MINOCYCLINE 50 MG CAPSULE	QL	2/day
MINOCYCLINE 75 MG CAPSULE	QL	30 every 23 days
TETRACYCLINE 250 MG CAPSULE	Y	
TETRACYCLINE 500 MG CAPSULE	Y	

VAGINAL ANTIBIOTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CLINDAMYCIN 2% VAGINAL CREAM	Y		
METROGEL-VAGINAL 0.75% GEL	QL	70	
METRONIDAZOLE VAGINAL 0.75% GL	QL	70	
VANDAZOLE VAGINAL 0.75% GEL	Y	70	

VAGINAL ANTIFUNGALS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CLOTRIM 1% VAGINAL CREAM	OTC	45 every 7 days	
CLOTRIMAZOLE 1% CREAM	OTC	45 every 7 days	
CLOTRIMAZOLE INSERT	OTC	7 every 7 days	
GYNAZOLE-1 CREAM	QL	87	
GYNE-LOTRIMIN 1% CREAM	OTC	45 every 7 days	
GYNE-LOTRIMIN 3 VAG INSERT	OTC	3 every 7 days	
MICONAZOLE 100 MG VAG SUPP	OTC	7 every 7 days	
MICONAZOLE 3 200 MG VAG SUPP	OTC	3	
MICONAZOLE 3 COMBO PACK	OTC	1 every 7 days	
MICONAZOLE 7 100 MG VAG SUPP	OTC	7 every 7 days	
MICONAZOLE 7 CREAM	OTC	45 every 7 days	
MICONAZOLE NITRATE 2% CREAM	OTC	45 every 7 days	
MONISTAT 1 6.5% OINTMENT	OTC	87.4	
MONISTAT 3 COMBO PACK	OTC	1 every 7 days	
NYSTATIN VAGINAL TABLET	Y		
RA CLOTRIMAZOLE 1% CREAM	OTC	45 every 7 days	
RA MICONAZOLE 3 COMBO PACK	OTC	1 every 7 days	
RA MICONAZOLE 7 CREAM	OTC	45 every 7 days	
SM CLOTRIMAZOLE 1% CREAM	OTC	45 every 7 days	

SM MICONAZOLE 3 COMBO PACK	OTC	1 every 7 days
SM MICONAZOLE 7 100 MG VAG SUP	OTC	7 every 7 days
SM MICONAZOLE 7 CREAM	OTC	45 every 7 days
SM MICONAZOLE NITRATE 2% CREAM	OTC	45 every 7 days
VAGISTAT-3 COMBO PACK	OTC	1 every 7 days

VANCOMYCIN AND DERIVATIVES

Drug Name	Formulary Status	Quantity Limit	Age Limit
VANCOGIN HCL 125 MG PULVULE	Y		
VANCOGIN HCL 250 MG PULVULE	Y		

ANTIINFECTIVES/MISCELLANEOUS

AMEBACIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
PAROMOMYCIN 250 MG CAPSULE	QL	24 every 90 days	

ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
METRONIDAZOLE 250 MG TABLET	Y		
METRONIDAZOLE 500 MG TABLET	Y		

ANTHELMINTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
MEBENDAZOLE 100 MG TAB CHEW	Y		

ANTIFUNGAL AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CLOTRIMAZOLE 10 MG TROCHE	Y		
FLUCONAZOLE 10 MG/ML SUSP	Y		
FLUCONAZOLE 100 MG TABLET	Y		
FLUCONAZOLE 150 MG TABLET	Y		
FLUCONAZOLE 200 MG TABLET	Y		
FLUCONAZOLE 40 MG/ML SUSP	Y		
FLUCONAZOLE 50 MG TABLET	Y		
KETOCONAZOLE 200 MG TABLET	Y		
TERBINAFINE HCL 250 MG TABLET	QL	1/day	

ANTIFUNGAL ANTIBIOTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
GRIFULVIN V 500 MG TABLET	Y		
GRISEOFULVIN 125 MG/5 ML SUSP	Y		
GRIS-PEG 125 MG TABLET	Y		
GRIS-PEG 250 MG TABLET	Y		
NYSTATIN 150,000,000 UNITS PWD	Y		
NYSTATIN 50,000,000 UNITS PWD	Y		
NYSTATIN 500,000 UNIT ORAL TAB	Y		
NYSTATIN 500,000,000 UNITS PWD	Y		

ANTILEPROTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
DAPSONE 100 MG TABLET	Y		
DAPSONE 25 MG TABLET	Y		

ANTIMALARIAL DRUGS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHLOROQUINE PH 250 MG TABLET	Y		
CHLOROQUINE PH 500 MG TABLET	Y		
HYDROXYCHLOROQUINE 200 MG TAB	Y		
MEFLOQUINE HCL 250 MG TABLET	QL	5 in prev 26 days	
PRIMAQUINE 26.3 MG TABLET	Y		

ANTI-MYCOBACTERIUM AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ETHAMBUTOL HCL 100 MG TABLET	Y		
ETHAMBUTOL HCL 400 MG TABLET	Y		
ISONIAZID 100 MG TABLET	Y		
ISONIAZID 300 MG TABLET	Y		
ISONIAZID 50 MG/5 ML SYRUP	Y		
MYCOBUTIN 150 MG CAPSULE	Y		
PYRAZINAMIDE 500 MG TABLET	Y		

ANTIVIRAL MONOCLONAL ANTIBODIES

Drug Name	Formulary Status	Quantity Limit	Age Limit
SYNAGIS 100 MG/1 ML VIAL	PA		
SYNAGIS 50 MG/0.5 ML VIAL	PA		

ANTIVIRALS, GENERAL

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACYCLOVIR 200 MG CAPSULE	Y		
ACYCLOVIR 200 MG/5 ML SUSP	Y		
ACYCLOVIR 400 MG TABLET	Y		
ACYCLOVIR 800 MG TABLET	Y		
FAMCICLOVIR 125 MG TABLET	Y		
FAMCICLOVIR 250 MG TABLET	Y		
FAMCICLOVIR 500 MG TABLET	Y		
GANCICLOVIR 250 MG CAPSULE	Y		
GANCICLOVIR 500 MG CAPSULE	Y		
TAMIFLU 12 MG/ML SUSPENSION	QL	50ml and 10 day supply per year	
TAMIFLU 30 MG GELCAP	Y		
TAMIFLU 45 MG GELCAP	Y		
TAMIFLU 75 MG GELCAP	QL	10 and 10 day supply per year	
VALACYCLOVIR HCL 1 GRAM TABLET	Y		
VALACYCLOVIR HCL 500 MG TABLET	Y		

ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB

Drug Name	Formulary Status	Quantity Limit	Age Limit
APTIVUS 250 MG CAPSULE	Y		
PREZISTA 150 MG TABLET	Y		
PREZISTA 400 MG TABLET	Y		
PREZISTA 600 MG TABLET	Y		

ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG

Drug Name	Formulary Status	Quantity Limit	Age Limit
TRUVADA 200 MG-300 MG TABLET	Y		

ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
COMBIVIR TABLET	Y		
EPZICOM TABLET	Y		
TRIZIVIR TABLET	Y		

ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.

Drug Name	Formulary Status	Quantity Limit	Age Limit
SELZENTRY 150 MG TABLET	Y		
SELZENTRY 300 MG TABLET	Y		

ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
FUZEON CONVENIENCE KIT	PA		

ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI

Drug Name	Formulary Status	Quantity Limit	Age Limit
INTELENCE 100 MG TABLET	Y		
RESCRIPTOR 100 MG TABLET	Y		
RESCRIPTOR 200 MG TABLET	Y		
SUSTIVA 100 MG CAPSULE	Y		
SUSTIVA 200 MG CAPSULE	Y		
SUSTIVA 50 MG CAPSULE	Y		
SUSTIVA 600 MG TABLET	Y		
VIRAMUNE 200 MG TABLET	Y		
VIRAMUNE 50 MG/5 ML SUSP	Y		

ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI

Drug Name	Formulary Status	Quantity Limit	Age Limit
DIDANOSINE DR 125 MG CAPSULE	Y		
DIDANOSINE DR 200 MG CAPSULE	Y		
DIDANOSINE DR 250 MG CAPSULE	Y		
DIDANOSINE DR 400 MG CAPSULE	Y		
EMTRIVA 200 MG CAPSULE	Y		
EPIVIR 10 MG/ML ORAL SOLN	Y		
EPIVIR 150 MG TABLET	Y		

EPIVIR 300 MG TABLET	Y
STAVUDINE 1 MG/ML SOLUTION	Y
STAVUDINE 15 MG CAPSULE	Y
STAVUDINE 20 MG CAPSULE	Y
STAVUDINE 30 MG CAPSULE	Y
STAVUDINE 40 MG CAPSULE	Y
VIDEX 2 GM PEDIATRIC SOLN	Y
VIDEX 4 GM PEDIATRIC SOLN	Y
ZIAGEN 20 MG/ML SOLUTION	Y
ZIAGEN 300 MG TABLET	Y
ZIDOVUDINE 100 MG CAPSULE	Y
ZIDOVUDINE 300 MG TABLET	Y
ZIDOVUDINE 50 MG/5 ML SYRUP	Y

ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI

Drug Name	Formulary Status	Quantity Limit	Age Limit
VIREAD 300 MG TABLET	Y		

ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
KALETRA 100-25 MG TABLET	Y		
KALETRA 200-50 MG TABLET	Y		
KALETRA 400-100/5 ML ORAL SOLU	Y		

ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CRIXIVAN 100 MG CAPSULE	Y		
CRIXIVAN 200 MG CAPSULE	Y		
CRIXIVAN 400 MG CAPSULE	Y		
INVIRASE 200 MG CAPSULE	Y		
INVIRASE 500 MG TABLET	Y		
LEXIVA 700 MG TABLET	Y		
NORVIR 100 MG SOFTGEL CAP	Y		
NORVIR 100 MG TABLET	Y		
NORVIR 80 MG/ML SOLUTION	Y		
REYATAZ 100 MG CAPSULE	Y		

REYATAZ 150 MG CAPSULE	Y
REYATAZ 200 MG CAPSULE	Y
REYATAZ 300 MG CAPSULE	Y
VIRACEPT 250 MG TABLET	Y
VIRACEPT 625 MG TABLET	Y
VIRACEPT POWDER	Y

ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR

Drug Name	Formulary Status	Quantity Limit	Age Limit
ISENTRESS 400 MG TABLET	Y		

ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI

Drug Name	Formulary Status	Quantity Limit	Age Limit
ATRIPLA TABLET	Y		

CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.

Drug Name	Formulary Status	Quantity Limit	Age Limit
TRIMETHOPRIM 100 MG TABLET	Y		

HEPATITIS C TREATMENT AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
PEGASYS 180 MCG/0.5 ML CONV.PK	PA		
PEGASYS 180 MCG/ML VIAL	PA		
RIBAVIRIN 200 MG CAPSULE	PA		
RIBAVIRIN 200 MG TABLET	PA		
RIBAVIRIN 400 MG TABLET	PA		
RIBAVIRIN 600 MG TABLET	PA		

INSECTICIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
LICE BEDDING SPRAY	OTC		
RA LICE BEDDING SPRAY	OTC		
SM LICE BEDDING SPRAY	OTC		

QUINOLONES

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVELOX 400 MG TABLET	QL	21 every 23 days	
CIPRO 10% SUSPENSION	GP	14 day supply	

CIPRO 5% SUSPENSION	GP	14 day supply
CIPROFLOXACIN HCL 100 MG TAB	QL	14 day supply
CIPROFLOXACIN HCL 250 MG TAB	QL	14 day supply
CIPROFLOXACIN HCL 500 MG TAB	QL	14 day supply
CIPROFLOXACIN HCL 750 MG TAB	QL	14 day supply
OFLOXACIN 200 MG TABLET	QL	28 every 26 days
OFLOXACIN 300 MG TABLET	QL	28 every 26 days
OFLOXACIN 400 MG TABLET	QL	28 every 26 days

ANTINEOPLASTICS

ALKYLATING AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALKERAN 2 MG TABLET	Y		
CEENU 10 MG CAPSULE	Y		
CEENU 100 MG CAPSULE	Y		
CEENU 40 MG CAPSULE	Y		
CYCLOPHOSPHAMIDE 25 MG TAB	Y		
CYCLOPHOSPHAMIDE 50 MG TABLET	Y		
DROXIA 200 MG CAPSULE	Y		
DROXIA 300 MG CAPSULE	Y		
DROXIA 400 MG CAPSULE	Y		
HYDROXYUREA 500 MG CAPSULE	Y		
LEUKERAN 2 MG TABLET	Y		
MYLERAN 2 MG TABLET	Y		
TEMODAR 100 MG CAPSULE	Y		
TEMODAR 20 MG CAPSULE	Y		
TEMODAR 250 MG CAPSULE	Y		
TEMODAR 5 MG CAPSULE	Y		

ANTIANDROGENIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BICALUTAMIDE 50 MG TABLET	Y		
FLUTAMIDE 125 MG CAPSULE	Y		
NILANDRON 150 MG TABLET	Y		

ANTIMETABOLITES

Drug Name	Formulary Status	Quantity Limit	Age Limit
MERCAPTOPYRINE 50 MG TABLET	Y		
METHOTREXATE 1 GM/40 ML VIAL	Y		
METHOTREXATE 2.5 MG TABLET	Y		
METHOTREXATE 25 MG/ML VIAL	Y		
METHOTREXATE 250 MG/10 ML VIAL	Y		
METHOTREXATE 50 MG/2 ML VIAL	Y		
THIOGUANINE TABLOID 40 MG TB	Y		
XELODA 150 MG TABLET	Y		
XELODA 500 MG TABLET	Y		

ANTINEOPLASTIC - AROMATASE INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ANASTROZOLE 1 MG TABLET	Y		
AROMASIN 25 MG TABLET	Y		
FEMARA 2.5 MG TABLET	Y		

ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.

Drug Name	Formulary Status	Quantity Limit	Age Limit
LEUPROLIDE 2WK 1 MG/0.2 ML KT	PA		
LUPRON DEPOT 22.5 MG 3MO KIT	PA		
LUPRON DEPOT 7.5 MG KIT	PA		
LUPRON DEPOT-4 MONTH KIT	PA		

ANTINEOPLASTICS,MISCELLANEOUS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ETOPOSIDE 50 MG CAPSULE	Y		
LYSODREN 500 MG TABLET	Y		
MATULANE 50 MG CAPSULE	Y		

SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)

Drug Name	Formulary Status	Quantity Limit	Age Limit
FARESTON 60 MG TABLET	QL	4/day	
TAMOXIFEN 10 MG TABLET	Y		
TAMOXIFEN 20 MG TABLET	Y		

SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)

Drug Name	Formulary Status	Quantity Limit	Age Limit
TARGRETIN 75 MG SOFTGEL	Y		

STEROID ANTINEOPLASTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
EMCYT 140 MG CAPSULE	Y		
MEGESTROL 20 MG TABLET	Y		
MEGESTROL 40 MG TABLET	Y		

TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
FLUOROPLEX 1% CREAM	Y		
FLUOROURACIL 2% TOPICAL SOLN	Y		
FLUOROURACIL 5% CREAM	Y		
FLUOROURACIL 5% TOP SOLUTION	Y		

ANTIPARKINSON DRUGS**ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC**

Drug Name	Formulary Status	Quantity Limit	Age Limit
BENZTROPINE MES 0.5 MG TAB	Y		
BENZTROPINE MES 1 MG TABLET	Y		
BENZTROPINE MES 2 MG TABLET	Y		
TRIHEXYPHENIDYL 2 MG TABLET	Y		
TRIHEXYPHENIDYL 2 MG/5 ML ELX	Y		
TRIHEXYPHENIDYL 5 MG TABLET	Y		

ANTIPARKINSONISM DRUGS,OTHER

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMANTADINE 100 MG CAPSULE	Y		
AMANTADINE 50 MG/5 ML SYRUP	Y		
BROMOCRIPTINE 2.5 MG TABLET	Y		
BROMOCRIPTINE 5 MG CAPSULE	Y		
CARBIDOPA-LEVO ER 25-100 TAB	Y		
CARBIDOPA-LEVO ER 50-200 TAB	Y		
CARBIDOPA-LEVODOPA 10-100 TAB	Y		

CARBIDOPA-LEVODOPA 25-100 TAB	Y	
CARBIDOPA-LEVODOPA 25-250 TAB	Y	
MIRAPEX 0.75 MG TABLET	GP	3/day
PRAMIPEXOLE 0.125 MG TABLET	Y	
PRAMIPEXOLE 0.25 MG TABLET	Y	
PRAMIPEXOLE 0.5 MG TABLET	Y	
PRAMIPEXOLE 1 MG TABLET	Y	
PRAMIPEXOLE 1.5 MG TABLET	Y	
ROPINIROLE HCL 0.25 MG TABLET	QL	3/day
ROPINIROLE HCL 0.5 MG TABLET	QL	3/day
ROPINIROLE HCL 1 MG TABLET	QL	3/day
ROPINIROLE HCL 2 MG TABLET	QL	3/day
ROPINIROLE HCL 3 MG TABLET	QL	3/day
ROPINIROLE HCL 4 MG TABLET	QL	3/day
ROPINIROLE HCL 5 MG TABLET	QL	3/day
SELEGILINE HCL 5 MG CAPSULE	Y	
SELEGILINE HCL 5 MG TABLET	Y	
TASMAR 100 MG TABLET	QL	3/day

AUTONOMIC DRUGS

ADRENERGIC VASOPRESSOR AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
MIDODRINE HCL 10 MG TABLET	Y		
MIDODRINE HCL 2.5 MG TABLET	Y		
MIDODRINE HCL 5 MG TABLET	Y		

ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMPHETAMINE SALTS 10 MG TAB	QL	3/day	
AMPHETAMINE SALTS 12.5 MG TB	QL	3/day	
AMPHETAMINE SALTS 15 MG TAB	QL	3/day	
AMPHETAMINE SALTS 20 MG TABLET	QL	3/day	
AMPHETAMINE SALTS 30 MG TAB	QL	2/day	
AMPHETAMINE SALTS 5 MG TAB	QL	4/day	
AMPHETAMINE SALTS 7.5 MG TAB	QL	4/day	

D-AMPHETAMINE ER 10 MG CAPSULE	QL	1/day
D-AMPHETAMINE ER 15 MG CAPSULE	QL	1/day
D-AMPHETAMINE ER 5 MG CAPSULE	QL	1/day
DEXTROAMP-AMPHET ER 10 MG CAP	QL	1/day
DEXTROAMP-AMPHET ER 15 MG CAP	QL	1/day
DEXTROAMP-AMPHET ER 20 MG CAP	QL	1/day
DEXTROAMP-AMPHET ER 25 MG CAP	QL	1/day
DEXTROAMP-AMPHET ER 30 MG CAP	QL	1/day
DEXTROAMP-AMPHET ER 5 MG CAP	QL	1/day
DEXTROAMPHETAMINE 10 MG TAB	QL	4/day
DEXTROAMPHETAMINE 5 MG TAB	QL	6/day

ANAPHYLAXIS THERAPY AGENTS

Drug Name

ADRENALIN 0.3 MG AUTO-INJECT	Y
EPINEPHRINE 0.3 MG AUTO-INJECT	Y
EPIPEN 0.3 MG AUTO-INJECTOR	Y
EPIPEN JR 0.15 MG AUTO-INJECT	Y

Formulary Status

Quantity Limit

Age Limit

BETA-ADRENERGIC BLOCKING AGENTS

Drug Name

ACEBUTOLOL 200 MG CAPSULE	Y
ACEBUTOLOL 400 MG CAPSULE	Y
ATENOLOL 100 MG TABLET	Y
ATENOLOL 25 MG TABLET	Y
ATENOLOL 50 MG TABLET	Y
BETAXOLOL 10 MG TABLET	Y
BETAXOLOL 20 MG TABLET	Y
METOPROLOL SUCC ER 100 MG TAB	Y
METOPROLOL SUCC ER 200 MG TAB	Y
METOPROLOL SUCC ER 25 MG TAB	Y
METOPROLOL SUCC ER 50 MG TAB	Y
METOPROLOL TARTRATE 100 MG TAB	Y
METOPROLOL TARTRATE 25 MG TAB	Y
METOPROLOL TARTRATE 50 MG TAB	Y
NADOLOL 20 MG TABLET	Y

Formulary Status

Quantity Limit

Age Limit

NADOLOL 40 MG TABLET	Y
NADOLOL 80 MG TABLET	Y
PINDOLOL 10 MG TABLET	Y
PINDOLOL 5 MG TABLET	Y
PROPRANOLOL 10 MG TABLET	Y
PROPRANOLOL 20 MG TABLET	Y
PROPRANOLOL 20 MG/5 ML SOLN	Y
PROPRANOLOL 40 MG TABLET	Y
PROPRANOLOL 40 MG/5 ML SOLN	Y
PROPRANOLOL 60 MG TABLET	Y
PROPRANOLOL 80 MG TABLET	Y
PROPRANOLOL ER 120 MG CAPSULE	Y
PROPRANOLOL ER 160 MG CAPSULE	Y
PROPRANOLOL ER 60 MG CAPSULE	Y
PROPRANOLOL ER 80 MG CAPSULE	Y
SOTALOL 120 MG TABLET	Y
SOTALOL 160 MG TABLET	Y
SOTALOL 240 MG TABLET	Y
SOTALOL 80 MG TABLET	Y
SOTALOL AF 120 MG TABLET	Y
SOTALOL AF 160 MG TABLET	Y
SOTALOL AF 80 MG TABLET	Y
TIMOLOL MALEATE 10 MG TABLET	Y
TIMOLOL MALEATE 20 MG TABLET	Y
TIMOLOL MALEATE 5 MG TABLET	Y

BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED

Drug Name	Formulary Status	Quantity Limit	Age Limit
ATENOLOL-CHLORTHAL 50-25 TB	Y		
ATENOLOL-CHLORTHALIDONE 100-25	Y		
BISOPROLOL-HCTZ 10-6.25 MG TAB	Y		
BISOPROLOL-HCTZ 2.5-6.25 MG TB	Y		
BISOPROLOL-HCTZ 5-6.25 MG TAB	Y		
PROPRANOLOL-HCTZ 40-25 MG TAB	Y		
PROPRANOLOL-HCTZ 80-25 MG TAB	Y		

CHOLINESTERASE INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ARICEPT 10 MG TABLET	QL	1/day	
ARICEPT 23 MG TABLET	Y		
ARICEPT 5 MG TABLET	QL	1/day	
EXELON 2 MG/ML ORAL SOLUTION	QL	120ml every 23 days	
EXELON 4.6 MG/24HR PATCH	QL	1 patch	
EXELON 9.5 MG/24HR PATCH	QL	1 patch	
MESTINON 180 MG TIMESPAN	GP		
MESTINON 60 MG/5 ML SYRUP	GP		
PYRIDOSTIGMINE BR 60 MG TABLET	Y		
RIVASTIGMINE 1.5 MG CAP	QL	2/day	
RIVASTIGMINE 3 MG CAPSULE	QL	2/day	
RIVASTIGMINE 4.5 MG CAPSULE	QL	2/day	
RIVASTIGMINE 6 MG CAPSULE	QL	2/day	

PARASYMPATHETIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BETHANECHOL 10 MG TABLET	Y		
BETHANECHOL 25 MG TABLET	Y		
BETHANECHOL 5 MG TABLET	Y		
BETHANECHOL 50 MG TABLET	Y		
PILOCARPINE HCL 5 MG TABLET	Y		
PILOCARPINE HCL 7.5 MG TABLET	Y		

BIOLOGICALS**ANTISERA**

Drug Name	Formulary Status	Quantity Limit	Age Limit
HYPERRHO S-D SYRINGE	Y	150	

BLOOD**ANTICOAGULANTS, COUMARIN TYPE**

Drug Name	Formulary Status	Quantity Limit	Age Limit
COUMADIN 1 MG TABLET	GP		
COUMADIN 10 MG TABLET	GP		

COUMADIN 2 MG TABLET	GP
COUMADIN 2.5 MG TABLET	GP
COUMADIN 3 MG TABLET	GP
COUMADIN 4 MG TABLET	GP
COUMADIN 5 MG TABLET	GP
COUMADIN 6 MG TABLET	GP
COUMADIN 7.5 MG TABLET	GP
JANTOVEN 1 MG TABLET	Y
JANTOVEN 10 MG TABLET	Y
JANTOVEN 2 MG TABLET	Y
JANTOVEN 2.5 MG TABLET	Y
JANTOVEN 3 MG TABLET	Y
JANTOVEN 4 MG TABLET	Y
JANTOVEN 5 MG TABLET	Y
JANTOVEN 6 MG TABLET	Y
JANTOVEN 7.5 MG TABLET	Y
WARFARIN SODIUM 1 MG TABLET	Y
WARFARIN SODIUM 10 MG TABLET	Y
WARFARIN SODIUM 2 MG TABLET	Y
WARFARIN SODIUM 2.5 MG TABLET	Y
WARFARIN SODIUM 3 MG TABLET	Y
WARFARIN SODIUM 4 MG TABLET	Y
WARFARIN SODIUM 5 MG TABLET	Y
WARFARIN SODIUM 6 MG TABLET	Y
WARFARIN SODIUM 7.5 MG TABLET	Y

ANTIFIBRINOLYTIC AGENTS

Drug Name

AMINOCAPROIC ACID 25% SOLUTION
 AMINOCAPROIC ACID 500 MG TAB

Formulary Status

Y
 Y

Quantity Limit

Age Limit

HEMATINICS, OTHER

Drug Name

PROCRIT 10,000 UNITS/ML VIAL
 PROCRIT 2,000 UNITS/ML VIAL
 PROCRIT 20,000 UNITS/ML VIAL

Formulary Status

PA
 PA
 PA

Quantity Limit

Age Limit

PLATELET AGGREGATION INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AGGRENOX CAPSULE SA	QL	60 every 20 days	
CILOSTAZOL 100 MG TABLET	Y		
CILOSTAZOL 50 MG TABLET	Y		
DIPYRIDAMOLE 25 MG TABLET	Y		
DIPYRIDAMOLE 50 MG TABLET	Y		
DIPYRIDAMOLE 75 MG TABLET	Y		
PLAVIX 75 MG TABLET	Y		
TICLOPIDINE 250 MG TABLET	Y		

CARDIAC DRUGS**ANTIARRHYTHMICS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMIODARONE HCL 200 MG TABLET	Y		
AMIODARONE HCL 400 MG TABLET	Y		
DISOPYRAMIDE 100 MG CAPSULE	Y		
DISOPYRAMIDE 150 MG CAP SA	Y		
DISOPYRAMIDE 150 MG CAPSULE	Y		
FLECAINIDE ACETATE 100 MG TAB	Y		
FLECAINIDE ACETATE 150 MG TAB	Y		
FLECAINIDE ACETATE 50 MG TAB	Y		
MEXILETINE 150 MG CAPSULE	Y		
MEXILETINE 200 MG CAPSULE	Y		
MEXILETINE 250 MG CAPSULE	Y		
NORPACE CR 100 MG CAPSULE	GP		
PACERONE 200 MG TABLET	Y		
PROPAFENONE HCL 150 MG TABLET	Y		
PROPAFENONE HCL 225 MG TAB	Y		
PROPAFENONE HCL 300 MG TAB	Y		
QUINIDINE GLUC ER 324 MG TAB	Y		
QUINIDINE SULF ER 300 MG TAB	Y		
QUINIDINE SULFATE 200 MG TAB	Y		
QUINIDINE SULFATE 300 MG TAB	Y		

CALCIUM CHANNEL BLOCKING AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMLODIPINE BESYLATE 10 MG TAB	QL	1/day	
AMLODIPINE BESYLATE 2.5 MG TAB	QL	1/day	
AMLODIPINE BESYLATE 5 MG TAB	QL	1/day	
CARDIZEM CD 360 MG CAPSULE	GP	1/day	
CARDIZEM LA 120 MG TABLET	GP	1/day	
CARTIA XT 120 MG CAPSULE	QL	1/day	
CARTIA XT 180 MG CAPSULE	QL	1/day	
CARTIA XT 240 MG CAPSULE	QL	2/day	
CARTIA XT 300 MG CAPSULE	QL	1/day	
DILT XR 120 MG CAPSULE	QL	1/day	
DILT XR 180 MG CAPSULE	QL	1/day	
DILT XR 240 MG CAPSULE	QL	2/day	
DILT-CD 120 MG CAPSULE	QL	1/day	
DILT-CD 180 MG CAPSULE	QL	2/day	
DILT-CD 240 MG CAPSULE	QL	2/day	
DILT-CD ER 300 MG CAPSULE	QL	1/day	
DILTIA XT 120 MG CAPSULE	QL	1/day	
DILTIA XT 180 MG CAPSULE	QL	1/day	
DILTIA XT 240 MG CAPSULE	QL	2/day	
DILTIAZEM 120 MG TABLET	QL	2/day	
DILTIAZEM 24HR CD 120 MG CAP	QL	1/day	
DILTIAZEM 24HR CD 180 MG CAP	QL	2/day	
DILTIAZEM 24HR CD 240 MG CAP	QL	2/day	
DILTIAZEM 24HR CD 300 MG CAP	QL	1/day	
DILTIAZEM 24HR ER 120 MG CAP	QL	1/day	
DILTIAZEM 24HR ER 180 MG CAP	QL	2/day	
DILTIAZEM 24HR ER 180 MG TAB	Y		
DILTIAZEM 24HR ER 240 MG CAP	QL	2/day	
DILTIAZEM 24HR ER 240 MG TAB	Y		
DILTIAZEM 24HR ER 300 MG CAP	QL	1/day	
DILTIAZEM 24HR ER 300 MG TAB	Y		
DILTIAZEM 24HR ER 360 MG TAB	Y		

DILTIAZEM 24HR ER 420 MG TAB	Y	
DILTIAZEM 30 MG TABLET	QL	4/day
DILTIAZEM 60 MG TABLET	QL	4/day
DILTIAZEM 90 MG TABLET	QL	3/day
DILTIAZEM ER 120 MG 12-HR CAP	QL	2/day
DILTIAZEM ER 120 MG CAPSULE	QL	1/day
DILTIAZEM ER 180 MG CAPSULE	QL	1/day
DILTIAZEM ER 240 MG CAPSULE	QL	2/day
DILTIAZEM ER 60 MG 12-HR CAP	QL	2/day
DILTIAZEM ER 90 MG 12-HR CAP	QL	2/day
DILTIAZEM HCL ER 240 MG CAP	QL	2/day
DILTIAZEM HCL ER 300 MG CAP	QL	1/day
DILTIAZEM HCL ER 360 MG CAP	QL	1/day
DILTIAZEM HCL ER 420 MG CAP	QL	1/day
DILTZAC ER 120 MG CAPSULE	QL	1/day
DILTZAC ER 180 MG CAPSULE	QL	1/day
DILTZAC ER 240 MG CAPSULE	QL	2/day
DILTZAC ER 300 MG CAPSULE	QL	1/day
DILTZAC ER 360 MG CAPSULE	QL	1/day
FELODIPINE ER 10 MG TABLET	QL	1/day
FELODIPINE ER 2.5 MG TABLET	QL	1/day
FELODIPINE ER 5 MG TABLET	QL	1/day
NICARDIPINE 20 MG CAPSULE	Y	
NICARDIPINE 30 MG CAPSULE	Y	
NIFEDIAC CC 30 MG TABLET	QL	1/day
NIFEDIAC CC 60 MG TABLET	QL	1/day
NIFEDIAC CC 90 MG TABLET	QL	1/day
NIFEDIPINE 10 MG CAPSULE	Y	
NIFEDIPINE 20 MG CAPSULE	Y	
NIFEDIPINE ER 30 MG TABLET	QL	1/day
NIFEDIPINE ER 60 MG TABLET	QL	1/day
NIFEDIPINE ER 60 MG TABLET	QL	2/day
NIFEDIPINE ER 90 MG TABLET	QL	1/day
NISOLDIPINE ER 17 MG TABLET	QL	1/day
NISOLDIPINE ER 20 MG TABLET	QL	1/day

NISOLDIPINE ER 25.5 MG TABLET	QL	1/day
NISOLDIPINE ER 30 MG TABLET	QL	2/day
NISOLDIPINE ER 34 MG TABLET	QL	1/day
NISOLDIPINE ER 40 MG TABLET	QL	1/day
NISOLDIPINE ER 8.5 MG TABLET	QL	1/day
TAZTIA XT 120 MG CAPSULE	QL	1/day
TAZTIA XT 180 MG CAPSULE	QL	1/day
TAZTIA XT 240 MG CAPSULE	QL	2/day
TAZTIA XT 300 MG CAPSULE	QL	1/day
TAZTIA XT 360 MG CAPSULE	QL	1/day
VERAPAMIL 120 MG TABLET	Y	
VERAPAMIL 360 MG CAP PELLETT	Y	
VERAPAMIL 40 MG TABLET	Y	
VERAPAMIL 80 MG TABLET	Y	
VERAPAMIL ER 120 MG CAPSULE	Y	
VERAPAMIL ER 120 MG TABLET	QL	1/day
VERAPAMIL ER 180 MG CAPSULE	Y	
VERAPAMIL ER 180 MG TABLET	QL	2/day
VERAPAMIL ER 240 MG CAPSULE	Y	
VERAPAMIL ER 240 MG TABLET	QL	2/day

DIGITALIS GLYCOSIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
DIGOXIN 125 MCG TABLET	Y		
DIGOXIN 250 MCG TABLET	Y		
DIGOXIN 50 MCG/ML SOLUTION	Y		

VASODILATORS,CORONARY

Drug Name	Formulary Status	Quantity Limit	Age Limit
ISORDIL 40 MG TABLET	GP		
ISOSORBIDE DN 10 MG TABLET	Y		
ISOSORBIDE DN 2.5 MG TAB SL	Y		
ISOSORBIDE DN 20 MG TABLET	Y		
ISOSORBIDE DN 30 MG TABLET	Y		
ISOSORBIDE DN 5 MG TABLET	Y		
ISOSORBIDE DN 5 MG TABLET SL	Y		

ISOSORBIDE DN ER 40 MG TABLET	Y	
ISOSORBIDE MN 10 MG TABLET	Y	
ISOSORBIDE MN 20 MG TABLET	Y	
ISOSORBIDE MN ER 120 MG TAB	Y	
ISOSORBIDE MN ER 30 MG TABLET	Y	
ISOSORBIDE MN ER 60 MG TABLET	Y	
NITRO-DUR 0.3 MG/HR PATCH	GP	30 patches
NITRO-DUR 0.8 MG/HR PATCH	GP	30 patches
NITROGLYCERIN 0.1 MG/HR PATCH	QL	1/day
NITROGLYCERIN 0.2 MG/HR PATCH	QL	1/day
NITROGLYCERIN 0.4 MG/HR PATCH	QL	1/day
NITROGLYCERIN 0.6 MG/HR PTCH	QL	1/day
NITROGLYCERIN 2% OINTMENT	Y	
NITROGLYCERIN ER 2.5 MG CAP	Y	
NITROGLYCERIN ER 6.5 MG CAP	Y	
NITROLINGUAL 0.4 MG SPRAY	Y	
NITROSTAT 0.4 MG TABLET SL	GP	
NITROSTAT 0.6 MG TABLET SL	GP	

CARDIOVASCULAR

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMLODIPINE-BENAZEPRIL 10-20 MG	QL	1/day	
AMLODIPINE-BENAZEPRIL 2.5-10	QL	1/day	
AMLODIPINE-BENAZEPRIL 5-10 MG	QL	1/day	
AMLODIPINE-BENAZEPRIL 5-20 MG	QL	1/day	
LOTREL 10-40 MG CAPSULE	GP	1/day	
LOTREL 5-40 MG CAPSULE	GP	1/day	

ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC

Drug Name	Formulary Status	Quantity Limit	Age Limit
CAPTOPRIL-HCTZ 25-15 MG TABLET	Y		
CAPTOPRIL-HCTZ 25-25 MG TABLET	Y		
CAPTOPRIL-HCTZ 50-15 MG TABLET	Y		
CAPTOPRIL-HCTZ 50-25 MG TABLET	Y		

ENALAPRIL-HCTZ 10-25 MG TABLET	QL	2/day
ENALAPRIL-HCTZ 5-12.5 MG TAB	QL	1/day
LISINOPRIL-HCTZ 10-12.5 MG TAB	QL	1/day
LISINOPRIL-HCTZ 20-12.5 MG TAB	QL	2/day
LISINOPRIL-HCTZ 20-25 MG TAB	QL	2/day

ALPHA/BETA-ADRENERGIC BLOCKING AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CARVEDILOL 12.5 MG TABLET	QL	2/day	
CARVEDILOL 25 MG TABLET	QL	4/day	
CARVEDILOL 3.125 MG TABLET	QL	2/day	
CARVEDILOL 6.25 MG TABLET	QL	2/day	
LABETALOL HCL 100 MG TABLET	Y		
LABETALOL HCL 200 MG TABLET	Y		
LABETALOL HCL 300 MG TABLET	Y		

ALPHA-ADRENERGIC BLOCKING AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
DOXAZOSIN MESYLATE 1 MG TAB	QL	1/day	
DOXAZOSIN MESYLATE 2 MG TAB	QL	1/day	
DOXAZOSIN MESYLATE 4 MG TAB	QL	1/day	
DOXAZOSIN MESYLATE 8 MG TAB	QL	2/day	
PRAZOSIN 1 MG CAPSULE	QL	4/day	
PRAZOSIN 2 MG CAPSULE	QL	4/day	
PRAZOSIN 5 MG CAPSULE	QL	4/day	
TERAZOSIN 1 MG CAPSULE	QL	2/day	
TERAZOSIN 10 MG CAPSULE	QL	2/day	
TERAZOSIN 2 MG CAPSULE	QL	2/day	
TERAZOSIN 5 MG CAPSULE	QL	2/day	

ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB

Drug Name	Formulary Status	Quantity Limit	Age Limit
EXFORGE HCT 10-160-12.5 MG TAB	QL	1/day	
EXFORGE HCT 10-160-25 MG TAB	QL	1/day	
EXFORGE HCT 10-320-25 MG TAB	QL	1/day	
EXFORGE HCT 5-160-12.5 MG TAB	QL	1/day	

EXFORGE HCT 5-160-25 MG TAB QL 1/day

ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVALIDE 150-12.5 MG TABLET	QL	1/day	
AVALIDE 300-12.5 MG TABLET	QL	1/day	
AVALIDE 300-25 MG TABLET	QL	1/day	
DIOVAN HCT 160-12.5 MG TAB	QL	1/day	
DIOVAN HCT 160-25 MG TABLET	QL	1/day	
DIOVAN HCT 320-12.5 MG TAB	QL	1/day	
DIOVAN HCT 320-25 MG TABLET	QL	1/day	
DIOVAN HCT 80-12.5 MG TABLET	QL	1/day	
LOSARTAN-HCTZ 100-12.5 MG TAB	QL	1/day	
LOSARTAN-HCTZ 100-25 MG TAB	QL	1/day	
LOSARTAN-HCTZ 50-12.5 MG TAB	QL	1/day	

ANGIOTENSIN RECEPTOR ANTAGNST & CALC.CHANNEL BLOCKR

Drug Name	Formulary Status	Quantity Limit	Age Limit
EXFORGE 10-160 MG TABLET	QL	1/day	
EXFORGE 10-320 MG TABLET	QL	1/day	
EXFORGE 5-160 MG TABLET	QL	1/day	
EXFORGE 5-320 MG TABLET	QL	1/day	

ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
LOVASTATIN 10 MG TABLET	QL	1/day	
LOVASTATIN 20 MG TABLET	QL	1/day	
LOVASTATIN 40 MG TABLET	QL	2/day	
PRAVASTATIN SODIUM 10 MG TAB	QL	1/day	
PRAVASTATIN SODIUM 20 MG TAB	QL	1/day	
PRAVASTATIN SODIUM 40 MG TAB	QL	1/day	
PRAVASTATIN SODIUM 80 MG TAB	QL	1/day	
SIMVASTATIN 10 MG TABLET	QL	1/day	
SIMVASTATIN 20 MG TABLET	QL	1/day	
SIMVASTATIN 40 MG TABLET	QL	1/day	
SIMVASTATIN 5 MG TABLET	QL	1/day	

SIMVASTATIN 80 MG TABLET

QL

1/day

ANTIHYPERTENSIVES, ACE INHIBITORS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

BENAZEPRIL HCL 10 MG TABLET

Y

BENAZEPRIL HCL 20 MG TABLET

Y

BENAZEPRIL HCL 40 MG TABLET

Y

BENAZEPRIL HCL 5 MG TABLET

Y

CAPTOPRIL 100 MG TABLET

QL

3/day

CAPTOPRIL 12.5 MG TABLET

QL

3/day

CAPTOPRIL 25 MG TABLET

QL

3/day

CAPTOPRIL 50 MG TABLET

QL

3/day

ENALAPRIL MALEATE 10 MG TAB

QL

2/day

ENALAPRIL MALEATE 2.5 MG TAB

QL

2/day

ENALAPRIL MALEATE 20 MG TAB

QL

2/day

ENALAPRIL MALEATE 5 MG TABLET

QL

2/day

FOSINOPRIL SODIUM 10 MG TAB

QL

2/day

FOSINOPRIL SODIUM 20 MG TAB

QL

2/day

FOSINOPRIL SODIUM 40 MG TAB

QL

2/day

LISINOPRIL 10 MG TABLET

QL

1/day

LISINOPRIL 2.5 MG TABLET

QL

1/day

LISINOPRIL 20 MG TABLET

QL

1/day

LISINOPRIL 30 MG TABLET

QL

1/day

LISINOPRIL 40 MG TABLET

QL

2/day

LISINOPRIL 5 MG TABLET

QL

1/day

QUINAPRIL 10 MG TABLET

QL

2/day

QUINAPRIL 20 MG TABLET

QL

2/day

QUINAPRIL 40 MG TABLET

QL

2/day

QUINAPRIL 5 MG TABLET

QL

2/day

RAMIPRIL 1.25 MG CAPSULE

QL

2/day

RAMIPRIL 10 MG CAPSULE

QL

2/day

RAMIPRIL 2.5 MG CAPSULE

QL

2/day

RAMIPRIL 5 MG CAPSULE

QL

2/day

ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVAPRO 150 MG TABLET	QL	1/day	
AVAPRO 300 MG TABLET	QL	1/day	
AVAPRO 75 MG TABLET	QL	1/day	
DIOVAN 160 MG TABLET	QL	1/day	
DIOVAN 320 MG TABLET	QL	1/day	
DIOVAN 40 MG TABLET	QL	1/day	
DIOVAN 80 MG TABLET	QL	1/day	
LOSARTAN POTASSIUM 100 MG TAB	QL	1/day	
LOSARTAN POTASSIUM 25 MG TAB	QL	1/day	
LOSARTAN POTASSIUM 50 MG TAB	QL	1/day	

ANTIHYPERTENSIVES, SYMPATHOLYTIC

Drug Name	Formulary Status	Quantity Limit	Age Limit
CLONIDINE 0.1 MG/DAY PATCH	QL	4 every 22 days	
CLONIDINE 0.2 MG/DAY PATCH	QL	4 every 22 days	
CLONIDINE 0.3 MG/DAY PATCH	QL	4 every 22 days	
CLONIDINE HCL 0.1 MG TABLET	Y		
CLONIDINE HCL 0.2 MG TABLET	Y		
CLONIDINE HCL 0.3 MG TABLET	Y		
CLORPRES 0.1-15 TABLET	Y		
CLORPRES 0.2-15 TABLET	Y		
CLORPRES 0.3-15 TABLET	Y		
GUANABENZ ACETATE 4 MG TAB	Y		
GUANABENZ ACETATE 8 MG TAB	Y		
GUANFACINE 1 MG TABLET	Y		
GUANFACINE 2 MG TABLET	Y		
METHYLDOPA 250 MG TABLET	Y		
METHYLDOPA 500 MG TABLET	Y		
RESERPINE 0.1 MG TABLET	Y		
RESERPINE 0.25 MG TABLET	Y		

ANTIHYPERTENSIVES, VASODILATORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
HYDRALAZINE 10 MG TABLET	Y		
HYDRALAZINE 100 MG TABLET	Y		
HYDRALAZINE 25 MG TABLET	Y		
HYDRALAZINE 50 MG TABLET	Y		
HYDRA-ZIDE 25-25 CAPSULE	Y		
HYDRA-ZIDE 50-50 CAPSULE	Y		
MINOXIDIL 10 MG TABLET	Y		
MINOXIDIL 2.5 MG TABLET	Y		

BILE SALT SEQUESTRANTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHOLESTYRAMINE LIGHT PACKET	Y		
CHOLESTYRAMINE LIGHT POWDER	Y		
CHOLESTYRAMINE PACKET	Y		
CHOLESTYRAMINE POWDER	Y		
PREVALITE PACKET	Y		
PREVALITE POWDER	Y		

LIPOTROPICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
FENOFIBRATE 134 MG CAPSULE	QL	1/day	
FENOFIBRATE 160 MG TABLET	QL	1/day	
FENOFIBRATE 200 MG CAPSULE	QL	1/day	
FENOFIBRATE 54 MG TABLET	QL	1/day	
FENOFIBRATE 67 MG CAPSULE	QL	1/day	
GEMFIBROZIL 600 MG TABLET	Y		
LOFIBRA 134 MG CAPSULE	QL	1/day	
LOFIBRA 160 MG TABLET	QL	1/day	
LOFIBRA 200 MG CAPSULE	QL	1/day	
LOFIBRA 54 MG TABLET	QL	1/day	
LOFIBRA 67 MG CAPSULE	QL	1/day	
NIACOR 500 MG TABLET	Y		
TRICOR 145 MG TABLET	QL	1/day	

TRICOR 48 MG TABLET

QL

1/day

CNS DRUGS**ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS****Drug Name****Formulary Status****Quantity Limit****Age Limit**

NAMENDA 10 MG TABLET

QL

2/day

NAMENDA 10 MG/5 ML SOLUTION

Y

NAMENDA 5 MG TABLET

QL

2/day

NAMENDA 5-10 MG TITRATION PK

QL

2/day

ANTICONVULSANTS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

CARBAMAZEPINE 100 MG TAB CHEW

Y

CARBAMAZEPINE 100 MG/5 ML SUSP

Y

CARBAMAZEPINE 200 MG TABLET

Y

CARBAMAZEPINE XR 200 MG TABLET

Y

CARBAMAZEPINE XR 400 MG TABLET

Y

CARBATROL ER 100 MG CAPSULE

Y

CARBATROL ER 200 MG CAPSULE

Y

CARBATROL ER 300 MG CAPSULE

Y

CLONAZEPAM 0.5 MG TABLET

QL

6/day

CLONAZEPAM 1 MG TABLET

QL

6/day

CLONAZEPAM 2 MG TABLET

QL

6/day

DIASTAT 2.5 MG PEDI SYSTEM

QL

2 every 23 days

DIASTAT ACUDIAL 12.5-15-20 MG

QL

1 every 26 days

DIASTAT ACUDIAL 5-7.5-10 MG KT

QL

1 every 26 days

DIAZEPAM 10 MG RECTAL GEL

QL

1 every 90 days

DIAZEPAM 2.5 MG RECTAL GEL

QL

2 every 23 days

DIAZEPAM 20 MG RECTAL GEL

QL

1 every 90 days

DILANTIN 100 MG CAPSULE

GP

DILANTIN 125 MG/5 ML SUSP

GP

DILANTIN 30 MG CAPSULE

GP

DILANTIN 50 MG INFATAB

GP

DIVALPROEX SOD DR 125 MG TAB

Y

DIVALPROEX SOD DR 250 MG TAB

Y

DIVALPROEX SOD DR 500 MG TAB	Y	
DIVALPROEX SOD ER 250 MG TAB	Y	
DIVALPROEX SOD ER 500 MG TAB	Y	
DIVALPROEX SODIUM 125 MG CAP	Y	
ETHOSUXIMIDE 250 MG CAPSULE	Y	
ETHOSUXIMIDE 250 MG/5 ML SYRP	Y	
FELBATOL 400 MG TABLET	Y	
FELBATOL 600 MG TABLET	Y	
FELBATOL 600 MG/5 ML SUSP	Y	
GABAPENTIN 100 MG CAPSULE	QL	6/day
GABAPENTIN 300 MG CAPSULE	QL	6/day
GABAPENTIN 400 MG CAPSULE	QL	6/day
GABAPENTIN 600 MG TABLET	QL	6/day
GABAPENTIN 800 MG TABLET	QL	4/day
GABITRIL 12 MG TABLET	Y	
GABITRIL 16 MG TABLET	Y	
GABITRIL 2 MG TABLET	Y	
GABITRIL 4 MG TABLET	Y	
LAMICTAL TAB START KIT (BLUE)	GP	
LAMICTAL TB START KIT (ORANGE)	GP	
LAMOTRIGINE 100 MG TABLET	QL	3/day
LAMOTRIGINE 150 MG TABLET	QL	3/day
LAMOTRIGINE 200 MG TABLET	QL	3/day
LAMOTRIGINE 25 MG DISPER TAB	Y	
LAMOTRIGINE 25 MG TABLET	Y	
LAMOTRIGINE 5 MG DISPER TABLET	Y	
LEVETIRACETAM 1,000 MG TABLET	QL	4/day
LEVETIRACETAM 100 MG/ML SOLN	Y	
LEVETIRACETAM 250 MG TABLET	QL	3/day
LEVETIRACETAM 500 MG TABLET	QL	3/day
LEVETIRACETAM 750 MG TABLET	QL	4/day
NEURONTIN 250 MG/5 ML SOLN	GP	16mL/day
OXCARBAZEPINE 150 MG TABLET	Y	
OXCARBAZEPINE 300 MG TABLET	Y	
OXCARBAZEPINE 300 MG/5 ML SUSP	Y	

OXCARBAZEPINE 600 MG TABLET	Y	
PHENYTEK 200 MG CAPSULE	Y	
PHENYTEK 300 MG CAPSULE	Y	
PHENYTOIN 125 MG/5 ML SUSP	Y	
PHENYTOIN SOD EXT 100 MG CAP	Y	
PHENYTOIN SOD EXT 200 MG CAP	Y	
PHENYTOIN SOD EXT 300 MG CAP	Y	
PRIMIDONE 250 MG TABLET	Y	
PRIMIDONE 50 MG TABLET	Y	
TEGRETOL 100 MG TABLET CHEW	GP	
TEGRETOL 100 MG/5 ML SUSP	GP	
TEGRETOL 200 MG TABLET	GP	
TEGRETOL XR 100 MG TABLET	GP	
TOPIRAGEN 100 MG TABLET	Y	240 every 23 days
TOPIRAGEN 200 MG TABLET	Y	240 every 23 days
TOPIRAGEN 25 MG TABLET	Y	240 every 23 days
TOPIRAGEN 50 MG TABLET	Y	240 every 23 days
TOPIRAMATE 100 MG TABLET	Y	240 every 23 days
TOPIRAMATE 15 MG SPRINKLE CAP	Y	240 every 23 days
TOPIRAMATE 200 MG TABLET	Y	240 every 23 days
TOPIRAMATE 25 MG SPRINKLE CAP	Y	240 every 23 days
TOPIRAMATE 25 MG TABLET	Y	240 every 23 days
TOPIRAMATE 50 MG TABLET	Y	240 every 23 days
VALPROIC ACID 250 MG CAPSULE	Y	
VALPROIC ACID 250 MG/5 ML SYR	Y	
ZONISAMIDE 100 MG CAPSULE	Y	
ZONISAMIDE 25 MG CAPSULE	Y	
ZONISAMIDE 50 MG CAPSULE	Y	

CONTRACEPTIVES

CONTRACEPTIVES,INJECTABLE

Drug Name	Formulary Status	Quantity Limit	Age Limit
MEDROXYPROGESTERONE 150 MG/ML	QL	1 every 68 days	

CONTRACEPTIVES,ORAL

Drug Name	Formulary Status	Quantity Limit	Age Limit
APRI 28 DAY TABLET	QL	28	
ARANELLE 28 TABLET	QL	28	
AVIANE-28 TABLET	QL	28	
AZURETTE 28 DAY TABLET	QL	28	
BALZIVA 28 TABLET	QL	28	
CAMILA TABLET	QL	28	
CAZIAN 28 DAY TABLET	QL	28	
CESIA 28 DAY TABLET	QL	28	
CRYSSELLE-28 TABLET	QL	28	
ENPRESSE-28 TABLET	QL	28	
ERRIN 0.35 MG TABLET	QL	28	
FEMCON FE TABLET	QL	28	
GIANVI 3 MG-0.02 MG TABLET	QL	28	
GILDESS FE 1.5-30 TABLET	QL	28	
GILDESS FE 1-20 TABLET	QL	28	
JOLIVETTE TABLET	QL	28	
JUNEL 1.5-30 TABLET	QL	21	
JUNEL 1-20 TABLET	QL	21	
JUNEL FE 1.5-30 TABLET	QL	28	
JUNEL FE 1-20 TABLET	QL	28	
KARIVA 28 DAY TABLET	QL	28	
KELNOR 1-35 28 TABLET	QL	28	
LEENA 28 TABLET	QL	28	
LESSINA-28 TABLET	QL	28	
LEVORA-28 TABLET	QL	28	
LOW-OGESTREL-28 TABLET	QL	28	
LUTERA-28 TABLET	QL	28	
LYBREL 90-20 MCG TABLET	QL	28	
MICROGESTIN 21 1.5-30 TAB	QL	21	
MICROGESTIN 21 1-20 TABLET	QL	21	
MICROGESTIN FE 1.5-30 TAB	QL	28	
MICROGESTIN FE 1-20 TABLET	QL	28	

MONONESSA 28 TABLET	QL	28
NECON 0.5-35-28 TABLET	QL	28
NECON 10-11-28 TABLET	QL	28
NECON 1-35-28 TABLET	QL	28
NECON 1-50-28 TABLET	QL	28
NECON 7-7-7-28 TABLET	QL	28
NEXT CHOICE 0.75 MG TABLET	QL	4/year
NORA-BE TABLET	QL	28
NORETHINDRONE 0.35 MG TABLET	QL	28
NORTREL 0.5-35 TABLET	QL	28
NORTREL 1-35 TABLET	QL	21
NORTREL 1-35 TABLET	QL	28
NORTREL 7-7-7-28 TABLET	QL	28
OCELLA 3 MG-0.03 MG TABLET	QL	28
OGESTREL TABLET	QL	28
ORTHO TRI-CYCLEN LO TABLET	QL	28
OVCON-50 28 TABLET	QL	28
PLAN B ONE-STEP 1.5 MG TABLET	QL	1
PORTIA-28 TABLET	QL	28
PREVIFEM TABLET	QL	28
RECLIPSEN 28 DAY TABLET	QL	28
SOLIA 0.15-0.03 MG TABLET	QL	28
SPRINTEC 28 DAY TABLET	QL	28
SRONYX 0.10-0.02 MG TABLET	QL	28
TILIA FE 28 TABLET	QL	28
TRI-LEGEST FE-28 DAY TABLET	QL	28
TRI-LO-SPRINTEC TABLET	QL	28
TRINESSA TABLET	QL	28
TRI-PREVIFEM TABLET	QL	28
TRI-SPRINTEC TABLET	QL	28
TRIVORA-28 TABLET	QL	28
VELIVET 28 DAY TABLET	QL	28
YAZ 28 TABLET	GP	28
ZARAH TABLET	QL	28
ZENCHENT 0.4-35 TABLET	QL	28

ZOVIA 1-35E TABLET

QL 28

ZOVIA 1-50E TABLET

QL 28

CONTRACEPTIVES,TRANSDERMAL**Drug Name****Formulary Status****Quantity Limit****Age Limit**

ORTHO EVRA PATCH

QL 1

ORTHO EVRA PATCH

QL 3

COUGH/COLD PREPARATIONS**ANTITUSSIVES,NON-NARCOTIC****Drug Name****Formulary Status****Quantity Limit****Age Limit**

ADULT ROBITUSSIN COUGH SYRUP

OTC

BENZONATATE 100 MG CAPSULE

Y

BENZONATATE 200 MG CAPSULE

Y

COUGH SUPPRESSANT SYRUP

OTC

ROBITUSSIN PEDIATRIC COUGH SYP

OTC

DECONGESTANT-EXPECTORANT COMBINATIONS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

ALTARUSSIN PE SYRUP

QL 240 every 10 days

AMBI 60PSE-400GFN TABLET

OTC

CONGESTAC TABLET

OTC

CONGEST-EZE 60-400 MG CAPLET

OTC

EXEFEN-IR TABLET

Y

MAXIFED TABLET

Y

MUCINEX D ER TABLET

OTC

EXPECTORANTS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

ALTARUSSIN 100 MG/5 ML SYRUP

QL 240 every 7 days

CHILDREN'S MUCUS RELIEF LIQ

OTC 240 every 14 days

CHILD'S MUCINEX 100 MG/5 ML LQ

OTC 240 every 7 days

DIABETIC TUSSIN EX LIQUID

OTC 240 every 7 days

EXPECTORANT 100 MG/5 ML SYRUP

OTC 240 every 7 days

EXPECTORANT 200 MG TABLET

OTC

GANIDIN NR 100 MG/5 ML LIQUID

Y 240 every 7 days

GUAIFENESIN 100 MG/5 ML SYRUP	OTC	240 every 7 days
GUAIFENESIN 200 MG TABLET	OTC	
GUIATUSS 100 MG/5 ML SYRUP	OTC	240 every 7 days
IOPHEN NR LIQUID	Y	240 every 7 days
MUCINEX ER 600 MG TABLET	OTC	
ORGAN-I NR 200 MG TABLET	Y	
ORGANIDIN NR 200 MG TABLET	Y	
Q-TUSSIN 100 MG/5 ML SYRUP	OTC	240 every 7 days
RA EXPECTORANT COUGH SYRUP	OTC	240 every 7 days
RA MUCUS RELIEF ER 600 MG TAB	OTC	
REFENESEN 200 MG TABLET	OTC	
RI-TUSSIN SYRUP	OTC	240 every 7 days
ROBAFEN 100 MG/5 ML SYRUP	OTC	240 every 7 days
ROBITUSSIN CHEST CONGEST LIQ	OTC	240 every 7 days
SB COUGH CONTROL SYRUP	OTC	240 every 7 days
SCOT-TUSSIN 100 MG/5 ML LIQ	OTC	240 every 7 days
SILTUSSIN DAS LIQUID	OTC	240 every 7 days
SILTUSSIN SA 100 MG/5 ML SYR	OTC	240 every 7 days
TUSSIN 100 MG/5 ML SYRUP	OTC	240 every 7 days
TUSSIN HONEY SYRUP	OTC	240 every 7 days

NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST

Drug Name	Formulary Status	Quantity Limit	Age Limit
PROMETHAZINE VC-CODEINE SYRUP	QL	180	

NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE

Drug Name	Formulary Status	Quantity Limit	Age Limit
PROMETHAZINE-CODEINE SYRUP	QL	180	

NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.

Drug Name	Formulary Status	Quantity Limit	Age Limit
HYDROCODONE-HOMATROPINE TAB	Y		
TUSSIGON TABLET	Y		

NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
BRONTEX LIQUID	Y		

BRONTEX TABLET	Y	
CHERATUSSIN AC SYRUP	OTC	180
CODEINE-GUAIFEN 10MG-200MG LIQ	QL	180
EXECLEAR-C SYRUP	QL	180
GANI-TUSS NR LIQUID	Y	180
GUAIFENESIN-CODEINE LIQUID	QL	180
GUAIFENESIN-CODEINE SYRUP	QL	180
IOPHEN-C NR LIQUID	Y	180
MYTUSSIN AC SYRUP	OTC	180
ROBAFEN AC SYRUP	QL	180
TUSSO-C SYRUP	Y	180

NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST

Drug Name	Formulary Status	Quantity Limit	Age Limit
BROMALINE DM COLD-COUGH ELX	OTC	180	
BROMFED DM COUGH SYRUP	QL	180	
BROTAPP DM LIQUID	OTC	180	
CARBOFED DM SYRUP	QL	180	
PEDIACARE COUGH-COLD LIQUID	OTC	180	
Q-TAPP DM ELIXIR	OTC	180	
SILDEC-DM SYRUP	QL	180	
TRIAMINIC COLD & COUGH LIQUID	OTC		

NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.

Drug Name	Formulary Status	Quantity Limit	Age Limit
PROMETHAZINE-DM SYRUP	QL	180	

NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHERACOL D COUGH FORMULA	OTC	240 every 14 days	
DIABETIC TUSSIN DM LIQUID	OTC	240 every 14 days	
EXPECTORANT DM COUGH SYRUP	OTC	240 every 14 days	
GANI-TUSS-DM NR LIQUID	QL	240 every 14 days	
GUAIFENESIN DM SYRUP	OTC	240 every 14 days	
GUAIFENESIN-DM NR LIQUID	QL	240 every 14 days	
GUIATUSS DM SYRUP	OTC	240 every 10 days	

IOPHEN DM LIQUID	QL	240 every 14 days
MEDI-TUSSIN DM DIABETIC LIQ	OTC	240 every 14 days
MEDI-TUSSIN DM SYRUP	OTC	240 every 14 days
MUCINEX DM ER 600-30 MG TABLET	OTC	
Q-TUSSIN DM SYRUP	OTC	240 every 14 days
Q-TUSSIN-DM SYRUP	OTC	240 every 14 days
RA ANTI-TUSSIVE DM SYRUP	OTC	240 every 14 days
RA TUSSIN COUGH LIQUID	OTC	240 every 14 days
RA TUSSIN DM SYRUP	OTC	240 every 14 days
RI-TUSSIN DM SYRUP	OTC	240 every 14 days
ROBAFEN-DM CLEAR SYRUP	OTC	240 every 14 days
ROBAFEN-DM SYRUP	OTC	240 every 14 days
ROBITUSSIN-COUGH-CHEST-CONG LQ	OTC	240 every 14 days
ROBITUSSIN-DM COUGH SYRUP	OTC	240 every 14 days
ROBITUSSIN-DM SYRUP	OTC	240 every 14 days
SB COUGH CONTROL DM SYRUP	OTC	240 every 14 days
SILTUSSIN DM COUGH SYRUP	OTC	240 every 14 days
SILTUSSIN DM DAS LIQUID	OTC	240 every 14 days
SM TUSSIN CLEAR SYRUP	OTC	240 every 14 days
SM TUSSIN DM SYRUP	OTC	240 every 14 days
TUSNEL DIABETIC LIQUID	QL	240 every 14 days
TUSSIN DM CLEAR LIQUID	OTC	240 every 14 days
TUSSIN DM CLEAR SYRUP	OTC	240 every 14 days
TUSSIN DM COUGH SYRUP	OTC	240 every 14 days
TUSSIN DM LIQUID	OTC	240 every 14 days
TUSSIN DM SYRUP	OTC	240 every 14 days
ULTRA DM FREE & CLEAR LIQUID	OTC	240 every 14 days
VICKS PEDIATRIC 44E LIQUID	OTC	240 every 14 days

SYMPATHOMIMETIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHILDS SUDAFED 15 MG/5 ML LIQ	OTC		
PSEUDOEPHED 30 MG/5 ML SYRUP	OTC	120 every 10 days	
PSEUDOEPHEDRINE 30 MG TABLET	OTC	100 every 26 days	
PSEUDOEPHEDRINE 60 MG TABLET	OTC	100 every 22 days	

DIAGNOSTIC**BLOOD SUGAR DIAGNOSTICS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
ASCENSIA AUTODISC STRIPS	Y	200 every 22 days	
ASCENSIA AUTODISC TEST STRP	Y	200 every 22 days	
BREEZE 2 DISC TEST STRIP	Y	200 every 22 days	
CONTOUR TEST STRIPS	Y	200 every 22 days	

URINE ACETONE TEST AIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
KETONE CARE TEST STRIPS	OTC	150	

URINE MULTIPLE TEST AIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
COMBISTIX REAGENT STRIPS	OTC		
HEMA-COMBISTIX REAGENT STRIPS	OTC	150	
LABSTIX REAGENT STRIPS	OTC	150	
MULTISTIX 5 STRIPS	OTC		
MULTISTIX 7 REAGENT STRIPS	OTC		
MULTISTIX 8 SG REAGENT STRIPS	OTC		
MULTISTIX 9 REAGENT STRIPS	OTC		
MULTISTIX 9 SG REAGENT STRIPS	OTC		
MULTISTIX REAGENT STRIPS	OTC		
URISTIX 4 REAGENT STRIPS	OTC		
URISTIX REAGENT STRIPS	OTC		

URINE TEST AIDS,MISCELLANEOUS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALBUSTIX REAGENT STRIPS	OTC	150	

DIURETICS**CARBONIC ANHYDRASE INHIBITORS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACETAZOLAMIDE 125 MG TABLET	Y		
ACETAZOLAMIDE 250 MG TABLET	Y		

ACETAZOLAMIDE ER 500 MG CAP	Y
METHAZOLAMIDE 25 MG TABLET	Y
METHAZOLAMIDE 50 MG TABLET	Y

LOOP DIURETICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUMETANIDE 0.5 MG TABLET	Y		
BUMETANIDE 1 MG TABLET	Y		
BUMETANIDE 2 MG TABLET	Y		
FUROSEMIDE 10 MG/ML SOLUTION	Y		
FUROSEMIDE 20 MG TABLET	Y		
FUROSEMIDE 40 MG TABLET	Y		
FUROSEMIDE 40 MG/5 ML SOLN	Y		
FUROSEMIDE 80 MG TABLET	Y		

POTASSIUM SPARING DIURETICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMILORIDE HCL 5 MG TABLET	Y		
DYRENIUM 100 MG CAPSULE	Y		
SPIRONOLACTONE 100 MG TABLET	Y		
SPIRONOLACTONE 25 MG TABLET	Y		
SPIRONOLACTONE 50 MG TABLET	Y		

POTASSIUM SPARING DIURETICS IN COMBINATION

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALDACTAZIDE 50-50 TABLET	GP		
AMILORIDE HCL-HCTZ 5-50 MG TAB	Y		
SPIRONOLACTONE-HCTZ 25-25 TAB	Y		
TRIAMTERENE-HCTZ 37.5-25 MG CP	Y		
TRIAMTERENE-HCTZ 37.5-25 MG TB	Y		
TRIAMTERENE-HCTZ 50-25 MG CAP	Y		
TRIAMTERENE-HCTZ 75-50 MG TAB	Y		

THIAZIDE AND RELATED DIURETICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHLOROTHIAZIDE 250 MG TABLET	Y		
CHLOROTHIAZIDE 500 MG TABLET	Y		

CHLORTHALIDONE 25 MG TABLET	Y
CHLORTHALIDONE 50 MG TABLET	Y
DIURIL 250 MG/5 ML ORAL SUSP	Y
HYDROCHLOROTHIAZIDE 12.5 MG CP	Y
HYDROCHLOROTHIAZIDE 25 MG TAB	Y
HYDROCHLOROTHIAZIDE 50 MG TAB	Y
INDAPAMIDE 1.25 MG TABLET	Y
INDAPAMIDE 2.5 MG TABLET	Y
METHYCLOTHIAZIDE 5 MG TABLET	Y
METOLAZONE 10 MG TABLET	Y
METOLAZONE 2.5 MG TABLET	Y
METOLAZONE 5 MG TABLET	Y
THALITONE 15 MG TABLET	Y

EENT PREPS

ARTIFICIAL TEARS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ARTIFICIAL TEAR OINTMENT	OTC	3.5 every 7 days	
BION TEARS EYE DROPS	OTC	28 every 15 days	
DRY EYES OINTMENT	OTC	3.5 every 7 days	
LUBRIFRESH PM OINTMENT	OTC	3.5 every 7 days	
RA LUBRICANT EYE DROPS	OTC	28 every 15 days	
REFRESH CELLUVISC 1% EYE DROPS	OTC	30 every 15 days	
REFRESH EYE DROPS	OTC	30ml every 7 days	
REFRESH LIQUIGEL 1% EYE DROPS	OTC	15ml every 7 days	
REFRESH TEARS 0.5% DROPS	OTC	15 every 7 days	
TEARS AGAIN DROPS	OTC	15 every 15 days	
TEARS AGAIN MC EYE DROPS	OTC	15 every 15 days	
TEARS NATURALE FREE DROPS	OTC	28 every 15 days	
TEARS NATURALE-II EYE DROPS	OTC	15 every 15 days	

EAR PREPARATIONS, MISC. ANTI-INFECTIVES

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACETASOL HC EAR DROPS	Y		
ACETIC ACID 2% EAR SOLUTION	Y		
ACETIC ACID-HC EAR DROPS	Y		

VOSOL 2% OTIC SOLUTION

Y

EAR PREPARATIONS,ANTIBIOTICS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

NEOMYCIN-POLYMYXIN-HC EAR SUSP

Y

NEOMYCIN-POLYMYXIN-HC EAR SOLN

Y

NEOMYCIN-POLYMYXIN-HC EAR SUSP

Y

OFLOXACIN 0.3% EAR DROPS

Y

EAR PREPARATIONS,EAR WAX REMOVERS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

CARBAMIDE PEROXIDE 6.5% DRP

OTC

15 every 15 days

DEBROX 6.5% EAR DROPS

OTC

15 every 15 days

EAR DROPS 6.5%

OTC

15 every 15 days

EAR WAX DROPS 6.5%

OTC

15 every 15 days

RA EAR DROPS 6.5%

OTC

15 every 15 days

SM EAR DROPS

OTC

15 every 15 days

EAR PREPARATIONS,LOCAL ANESTHETICS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

A-B OTIC EAR DROPS

Y

ANTIPYRINE-BENZOCAINE EAR DROP

Y

AURODEX OTIC SOLUTION

Y

AUROGUARD OTIC SOLUTION

Y

OTIC EDGE OTIC SOLUTION

Y

TREAGAN OTIC DROPS

Y

EYE ANTIBIOTIC-CORTICOID COMBINATIONS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

CORTOMYCIN EYE OINTMENT

QL

7gm

NEO-BACIT-POLY-HC EYE OINT

QL

7gm

NEOMYCIN-POLY-HC EYE DROPS

Y

NEOMYC-POLYM-DEXAMET EYE OINTM

QL

7gm

NEOMYC-POLYM-DEXAMETH EYE DROP

QL

5 every 18 days

POLY-DEX EYE DROPS

QL

5 every 18 days

POLY-DEX EYE OINTMENT

QL

7gm

TOBRADEX EYE OINTMENT

GP

3.5 every 18 days

TOBRAMYCIN-DEXAMETH OPHTH SUSP

QL

5 every 18 days

EYE ANTIINFLAMMATORY AGENTS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

ALREX 0.2% EYE DROPS

QL

5 every 18 days

DEXAMETHASONE 0.1% EYE DROP

QL

5ml every 10 days

DEXASOL 0.1% EYE DROPS

QL

5ml every 10 days

DICLOFENAC 0.1% EYE DROPS

Y

FLAREX 0.1% EYE DROPS

QL

5ml every 18 days

FLUOROMETHOLONE 0.1% DROPS

QL

5 every 18 days

FLURBIPROFEN 0.03% EYE DROP

QL

5 every 10 days

FML FORTE 0.25% EYE DROPS

QL

5 every 18 days

FML S.O.P. 0.1% OINTMENT

QL

3.5 every 18 days

KETOROLAC 0.4% OPHTH SOLUTION

Y

KETOROLAC 0.5% OPHTH SOLUTION

QL

5 every 18 days

PRED MILD 0.12% EYE DROPS

QL

5 every 18 days

PREDNISOL 1% EYE DROPS

QL

15ml every 18 days

PREDNISOLONE AC 1% EYE DROP

QL

5 every 18 days

PREDNISOLONE SOD 1% EYE DROP

QL

15ml every 18 days

TRIESENCE 40 MG/ML VIAL

QL

30ml

VEXOL 1% EYE DROPS

QL

5 every 18 days

EYE ANTIVIRALS**Drug Name****Formulary Status****Quantity Limit****Age Limit**

TRIFLURIDINE 1% EYE DROPS

QL

7.5 every 18 days

EYE PREPARATIONS, MISCELLANEOUS (OTC)**Drug Name****Formulary Status****Quantity Limit****Age Limit**

ARTIFICIAL TEARS EYE OINT

OTC

3.5 every 15 days

REFRESH P.M. OINTMENT

OTC

3.5gm every 7 days

TEARS AGAIN EYE OINTMENT

OTC

3.5 every 15 days

EYE SULFONAMIDES**Drug Name****Formulary Status****Quantity Limit****Age Limit**

BLEPH-10 10% EYE DROPS

QL

15ml every 18 days

BLEPHAMIDE EYE DROPS

GP

10ml every 10 days

BLEPHAMIDE EYE OINTMENT

GP

7gm

SULFACETAMIDE 10% EYE DROPS	QL	15ml every 18 days
SULFAMIDE 10% EYE DROPS	QL	15ml every 18 days
SULF-PRED 0.25% EYE DROPS	QL	10ml every 10 days
SULF-PRED 10-0.23% EYE DROPS	QL	10ml every 10 days
SULF-PRED 10-0.25% EYE DROPS	QL	10ml every 10 days

EYE VASOCONSTRICTORS (OTC ONLY)

Drug Name	Formulary Status	Quantity Limit	Age Limit
NAPHCON-A EYE DROPS	OTC	15 every 18 days	
VISINE-A EYE DROPS	OTC	15 every 18 days	

EYE VASOCONSTRICTORS (RX ONLY)

Drug Name	Formulary Status	Quantity Limit	Age Limit
AK-CON 0.1% EYE DROPS	Y		
AK-DILATE 2.5% EYE DROPS	GP		
ALTAFRIN 10% EYE DROPS	Y		
ALTAFRIN 2.5% EYE DROPS	Y		
NAPHAZOLINE 0.1% EYE DROPS	Y		
NEOFRIN 10% EYE DROPS	Y		
NEOFRIN 2.5% EYE DROPS	Y		
PHENYLEPHRINE 2.5% EYE DROP	Y		

MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALPHAGAN P 0.1% DROPS	GP	15ml every 26 days	
AZOPT 1% EYE DROPS	QL	10 every 34 days	
BRIMONIDINE 0.2% EYE DROP	QL	5 every 18 days	
BRIMONIDINE TARTRATE 0.15% DRP	QL	15 every 26 days	
CARTEOLOL HCL 1% EYE DROPS	QL	5 every 18 days	
DORZOLAMIDE HCL 2% EYE DROPS	QL	10 every 18 days	
DORZOLAMIDE-TIMOLOL EYE DROPS	QL	10 every 18 days	
ISOPTO CARBACHOL 1.5% DROPS	QL	15ml every 18 days	
ISOPTO CARBACHOL 3% DROPS	QL	15ml every 18 days	
LEVOBUNOLOL 0.25% EYE DROPS	QL	5 every 18 days	
LEVOBUNOLOL 0.5% EYE DROPS	QL	5 every 18 days	
PILOCARPINE 1% EYE DROPS	QL	15ml every 18 days	

PILOCARPINE 2% EYE DROPS	QL	15ml every 18 days
PILOCARPINE 4% EYE DROPS	QL	15ml every 18 days
TIMOLOL 0.25% EYE DROPS	QL	5 every 18 days
TIMOLOL 0.25% GEL-SOLUTION	QL	5 every 18 days
TIMOLOL 0.5% EYE DROPS	QL	5 every 18 days
TIMOLOL 0.5% GEL-SOLUTION	QL	5 every 18 days
TRAVATAN Z 0.004% EYE DROP	QL	5ml every 18 days
XALATAN 0.005% EYE DROPS	QL	2.5 every 18 days

MYDRIATICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ATROPINE 1% EYE DROPS	QL	5ml every 18 days	
ATROPINE 1% EYE OINTMENT	QL	7gm	
HOMATROPAIRE 5% EYE DROPS	QL	5ml every 18 days	
ISOPTO HOMATROPINE 2% DROPS	QL	5ml every 18 days	
ISOPTO HOMATROPINE 5% DROPS	QL	5ml every 18 days	
MYDRAL 0.5% EYE DROPS	QL	15ml every 18 days	
MYDRAL 1% EYE DROPS	QL	15ml every 18 days	
TROPICACYL 0.5% EYE DROPS	QL	15ml every 18 days	
TROPICACYL 1% EYE DROPS	QL	15ml every 18 days	
TROPICAMIDE 0.5% EYE DROPS	QL	15ml every 18 days	
TROPICAMIDE 1% EYE DROPS	QL	15ml every 18 days	

NASAL ANTI-INFLAMMATORY STEROIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
FLUTICASONE PROP 50 MCG SPRAY	QL	16 every 20 days	
VERAMYST 27.5 MCG NASAL SPRAY	QL	10	

NOSE PREPARATIONS, MISCELLANEOUS (RX)

Drug Name	Formulary Status	Quantity Limit	Age Limit
IPRATROPIUM 0.03% SPRAY	QL	180	
IPRATROPIUM 0.06% SPRAY	QL	90	

NOSE PREPARATIONS, VASOCONSTRICTORS(OTC)

Drug Name	Formulary Status	Quantity Limit	Age Limit
AFRIN 0.05% NASAL SPRAY	OTC	15	
AFRIN 0.05% NOSE SPRAY	OTC	15	

AFRIN SINUS SPRAY	OTC	15
NEO-SYNEPHRINE 0.25% SPRAY	OTC	15 every 15 days
NEO-SYNEPHRINE 0.5% SPRAY	OTC	15 every 15 days
NEO-SYNEPHRINE 1% SPRAY	OTC	15 every 15 days
VICKS SINEX 0.5% SPRAY	OTC	15 every 15 days
VICKS SINEX LA SPRAY	OTC	15 every 15 days

OPHTHALMIC ANTIBIOTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AK-POLY-BAC EYE OINTMENT	QL	7gm	
BACITRACIN 500 UNIT/GM OINTMNT	QL	7gm	
ERYTHROMYCIN EYE OINTMENT	QL	7	
GENTAK 3 MG/GM EYE OINTMENT	QL	7gm	
GENTAMICIN 3 MG/ML EYE DROPS	QL	15ml every 18 days	
GENTASOL 3 MG/ML EYE DROPS	Y		
NEOMYC-BACIT-POLYMIK EYE OINTM	QL	7gm	
NEOMYC-POLYM-GRAMICID EYE DROP	QL	10ml every 15 days	
NEOSPORIN EYE DROPS	GP	10ml every 15 days	
OFLOXACIN 0.3% EYE DROPS	QL	5 every 18 days	
POLYMYXIN B-TMP EYE DROPS	QL	10ml every 15 days	
TOBRAMYCIN 0.3% EYE DROPS	QL	5 every 18 days	
TOBRASOL 0.3% EYE DROPS	QL	5 every 18 days	
TOBREX 0.3% EYE OINTMENT	GP	3.5 every 18 days	
VIGAMOX 0.5% EYE DROPS	QL	3ml every 7 days	
ZYMAR 0.3% EYE DROPS	QL	5ml every 15 days	

OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE

Drug Name	Formulary Status	Quantity Limit	Age Limit
RESTASIS 0.05% EYE EMULSION	PA	2/day	

OPHTHALMIC MAST CELL STABILIZERS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALOCRIAL 2% EYE DROPS	QL	5 every 18 days	
ALOMIDE 0.1% EYE DROPS	QL	10 every 18 days	
CROLOM 4% EYE DROPS	QL	10 every 18 days	
CROMOLYN 4% EYE DROPS	QL	10 every 18 days	

OPHTHALMIC PREPARATIONS, MISCELLANEOUS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALTACHLORE 5% OINTMENT	Y	7gm	
ALTACHLORE 5% OPHTH SOLN	Y	30ml	
MURO-128 2% EYE DROPS	OTC		
MURO-128 5% EYE DROPS	OTC		
MURO-128 5% EYE OINTMENT	OTC	7gm	
SOCHLOR 5% EYE DROPS	OTC	30ml	
SOCHLOR 5% EYE OINTMENT	OTC	7gm	
SODIUM CHLORIDE 5% EYE DROP	OTC		
SODIUM CHLORIDE 5% EYE OINT	OTC	7gm	

OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CIPRODEX OTIC SUSPENSION	Y		

ELECT/CALORIC/H2O**CALCIUM REPLACEMENT**

Drug Name	Formulary Status	Quantity Limit	Age Limit
CALCIUM 500 + VIT D 200 TABLET	OTC	100 every 26 days	
CALCIUM 600 + VIT D 200 TABLET	OTC	100 every 26 days	
CALCIUM 600 + VIT D TABLET	OTC	100 every 26 days	
CALCIUM CARB 500 MG TAB CHEW	OTC		
CALCIUM GLUCONATE 500 MG TAB	Y		
CALCIUM-VITAMIN D TABLET	OTC	100 every 26 days	
CALTRATE 600 W-D TABLET	OTC	100 every 26 days	
CALTRATE-600 WITH VIT D TAB	OTC	100 every 26 days	
OS-CAL 500+D CAPLET	OTC		
OS-CAL 500+D TABLET	OTC		
OYSCO 500+D TABLET	OTC	100 every 26 days	
OYSCO D TABLET	OTC	100 every 26 days	
OYST CAL D 500 MG TABLET	OTC	100 every 26 days	
OYST-CAL-D 500 MG TABLET	OTC	100 every 26 days	
OYSTER SHELL CALCIUM-VIT D TAB	OTC	100 every 26 days	
RA HI-CAL PLUS VITAMIN D TAB	OTC	100 every 26 days	

RA OYSTER SHELL-VIT D TABLET	OTC	100 every 26 days
SM CALCIUM 500 + VIT D 400 TAB	OTC	100 every 26 days
SM CALCIUM 600 + VIT D TABLET	OTC	100 every 26 days

ELECTROLYTE DEPLETERS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CALCIUM ACETATE 667 MG CAPSULE	Y		
CALCIUM ACETATE 667 MG GELCAP	Y		
CALPHRON 667 MG TABLET	Y		
ELIPHOS 667 MG TABLET	Y		
KALEXATE POWDER	Y		
KIONEX 15 GM/60 ML SUSPENSION	Y		
KIONEX POWDER	Y		
RENAGEL 400 MG TABLET	Y		
RENAGEL 800 MG TABLET	Y		
REVELA 800 MG TABLET	Y		
SODIUM POLYSTYRENE SULF PWD	Y		
SPS 15 GM/60 ML SUSPENSION	Y		
SPS 30 GM/120 ML ENEMA	Y		

ELECTROLYTE MAINTENANCE

Drug Name	Formulary Status	Quantity Limit	Age Limit
ENFALYTE NURSETTE SOLUTION	QL	1 bottle	
ORALYTE ELECTROLYTE SOLN	QL	1 bottle	
ORALYTE FREEZER POPS	QL	1 bottle	
ORALYTE SOLUTION	QL	1 bottle	
RA PEDIATRIC FREEZER POPS	Y		

FLUORIDE PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
GEL-KAM 0.63% DENTAL RINSE	QL	45	
JUST FOR KIDS 0.4% GEL	QL	45	
NEUTRAL SODIUM FLUORIDE	Y		
OMNII 0.4% DENTAL GEL	QL	45	
PHOS-FLUR 1.1% GEL	Y	56	
PHOS-FLUR ORAL RINSE	OTC		

PREVIDENT 1.1% GEL	Y	56
RENAF FLUORIDE 0.25 MG TB CHEW	Y	
RENAF FLUORIDE 0.5 MG TAB CHEW	Y	
RENAF FLUORIDE 1 MG TAB CHEW	Y	
SODIUM FLUORIDE 0.25 (0.55) MG	Y	
SODIUM FLUORIDE 0.5 MG(1.1 MG)	Y	
SODIUM FLUORIDE 0.5 MG/ML DROP	Y	
SODIUM FLUORIDE 1 MG (2.2 MG)	Y	
SODIUM FLUORIDE 1.1% CREAM	QL	51
STANNOUS FLUOR 0.63% RINSE	QL	45

HYPERGLYCEMICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
GLUCAGEN 1 MG HYPOKIT	QL	1 every 22 days	
GLUCAGEN 1 MG VIAL	Y	150	
GLUCAGON 1 MG EMERGENCY KIT	QL	1 every 26 days	
RA GLUCOSE TABLET CHEW	OTC		

IODINE CONTAINING AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
SSKI 1 GM/ML SOLUTION	Y		

IRON REPLACEMENT

Drug Name	Formulary Status	Quantity Limit	Age Limit
FERGON 27 MG TABLET	OTC		
FER-IRON 15 MG/1 ML DROPS	OTC	50 every 26 days	
FERRO-TIME 325 MG TABLET	OTC	100 every 26 days	
FERROUS GLUCONATE 240 MG TAB	OTC		
FERROUS GLUCONATE 324 MG TAB	OTC	100 every 22 days	
FERROUS GLUCONATE 5 GRAIN TAB	OTC	100 every 26 days	
FERROUS SULF 15 MG IRON/ML DRP	OTC	50 every 26 days	
FERROUS SULF 15 MG IRON/ML DRP	OTC	50 every 22 days	
FERROUS SULF 220 MG/5 ML ELIX	OTC		
FERROUS SULF 75 (15) MG/0.6 ML	OTC	50 every 22 days	
FERROUS SULF EC 325 MG TABLET	OTC	100 every 22 days	
FERROUS SULFATE 325 MG TABLET	OTC	100 every 22 days	

FERROUS SULFATE 325 MG TABLET

OTC

100 every 26 days

MAGNESIUM SALTS REPLACEMENT

Drug Name

Formulary Status

Quantity Limit

Age Limit

MAGNESIUM OXIDE 400 MG TABLET

OTC

PHOSPHATE REPLACEMENT

Drug Name

Formulary Status

Quantity Limit

Age Limit

NEUTRA-PHOS PACKET

Y

PHOS-NAK PACKET

Y

POTASSIUM REPLACEMENT

Drug Name

Formulary Status

Quantity Limit

Age Limit

K EFFERVESCENT 25 MEQ TABLET

Y

KLOR-CON 10 MEQ TABLET

Y

KLOR-CON 20 MEQ PACKET

Y

KLOR-CON 8 MEQ TABLET

Y

KLOR-CON M10 TABLET

Y

KLOR-CON M20 TABLET

Y

POTASSIUM 25 MEQ TABLET EFF

Y

POTASSIUM CL 10% (20 MEQ/15 ML

Y

POTASSIUM CL 20% (40 MEQ/15 ML

Y

POTASSIUM CL ER 10 MEQ CAPSULE

Y

POTASSIUM CL ER 10 MEQ TABLET

Y

POTASSIUM CL ER 20 MEQ TABLET

Y

POTASSIUM CL ER 8 MEQ TABLET

Y

URINARY PH MODIFIERS

Drug Name

Formulary Status

Quantity Limit

Age Limit

CYTRA-2 ORAL SOLUTION

Y

ORACIT ORAL SOLUTION

Y

PHOSPHA 250 NEUTRAL TABLET

Y

POTASSIUM CITRATE ER 10 MEQ TB

Y

POTASSIUM CITRATE ER 5 MEQ TAB

Y

SOD CITRATE-CITRIC ACID SOLN

Y

GASTROINTESTINAL

AMMONIA INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ENULOSE 10 GM/15 ML SOLUTION	Y		
GENERLAC 10 GM/15 ML SOLUTION	Y		
LACTULOSE 10 GM/15 ML SOLUTION	Y		

ANTACIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALUMINUM HYDROXIDE GEL	OTC		
ALUMINUM HYDROXIDE GEL CONC	OTC		
ANTACID TABLET ASST'D	OTC		
CALCIUM CARB 500 MG TAB CHEW	OTC	150 every 26 days	
FOAMING ANTACID LIQUID	OTC	360 every 26 days	
FOAMING ANTACID TABLET CHEW	OTC		
GAVISCON TABLET CHEW	OTC		
GERI-MOX ANTACID SUSPENSION	OTC		
MAALOX ADVANCED SUSPENSION	OTC		
MAALOX ADVANCED TAB CHEW	OTC		
MAALOX MAXIMUM STRENGTH SUSP	OTC		
MAGNESIUM-ALUMINUM SUSPENSION	OTC	720 every 26 days	
MYLANTA DOUBLE-STRENGTH LIQ	OTC		
MYLANTA LIQ	OTC		
MYLANTA LIQUID	OTC		
RULOX SUSPENSION	OTC		
SM FOAMING ANTACID TABLET CHEW	OTC		
SODIUM BICARB 650 MG TABLET	OTC		
TUMS TABLET CHEWABLE	OTC	150 every 22 days	

ANTICHOLINERGICS,QUATERNARY AMMONIUM

Drug Name	Formulary Status	Quantity Limit	Age Limit
GLYCOPYRROLATE 1 MG TABLET	Y		
GLYCOPYRROLATE 2 MG TABLET	Y		
PROPANTHELINE 15 MG TABLET	Y		

ANTICHOLINERGICS/ANTISPASMODICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
DICYCLOMINE 10 MG CAPSULE	Y		
DICYCLOMINE 10 MG/5 ML SYRUP	Y		
DICYCLOMINE 20 MG TABLET	Y		

ANTIDIARRHEALS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BISMUTH TABLET CHEW	OTC	30 every 10 days	
CVS ANTI-DIARRHEA 2 MG CAPLET	OTC	48 every 10 days	
DIPHENOXYLATE-ATROPINE LIQ	Y		
DIPHENOXYLATE-ATROPINE TABLET	Y		
IMPERIM 2 MG TABLET	OTC	48 every 10 days	
KAOPECTATE 262 MG/15 ML SUSP	OTC	240 every 22 days	
LONOX TABLET	Y		
LOPERAMIDE 1 MG/5 ML LIQUID	OTC	120 every 10 days	
LOPERAMIDE 2 MG CAPSULE	Y		
PEPTO-BISMOL CAPLET	OTC	40 every 10 days	
PEPTO-BISMOL MAX STR SUSP	OTC	240 every 22 days	
PEPTO-BISMOL SUSPENSION	OTC	240 every 22 days	
SB ANTI-DIARRHEA 2 MG CAPLET	OTC	48 every 10 days	
STOMACH RLF 262 MG/15 ML SUSP	OTC		
ULTRA A-D 2 MG CAPLET	OTC	48 every 10 days	

ANTIEMETIC/ANTIVERTIGO AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ANTIVERT 50 MG TABLET	GP		
COMPRO 25 MG SUPPOSITORY	Y	12	
DIMENHYDRINATE 50 MG TABLET	OTC	12 every 7 days	
DRAMAMINE II 25 MG TABLET	OTC		
DRAMAMINE LESS DROWSY 25 MG TB	OTC		
DRONABINOL 10 MG CAPSULE	PA	3/day	
DRONABINOL 2.5 MG CAPSULE	PA	6/day	
DRONABINOL 5 MG CAPSULE	PA	6/day	
EMETROL ORAL SOLUTION	OTC		

MARINOL 10 MG CAPSULE	PA	
MARINOL 2.5 MG CAPSULE	PA	
MARINOL 5 MG CAPSULE	PA	
MECLIZINE 12.5 MG TABLET	Y	
MECLIZINE 25 MG TABLET	Y	
MECLIZINE 25 MG TABLET CHEW	Y	
MOTION SICKNESS 25 MG TABLET	OTC	
ONDANSETRON 4 MG/5 ML SOLUTION	QL	50 every 25 days
ONDANSETRON HCL 4 MG TABLET	QL	30 every 25 days
ONDANSETRON HCL 8 MG TABLET	QL	30 every 25 days
ONDANSETRON ODT 4 MG TABLET	QL	30 every 25 days
ONDANSETRON ODT 8 MG TABLET	QL	30 every 25 days
PHENADOZ 12.5 MG SUPPOSITORY	QL	12
PHENADOZ 25 MG SUPPOSITORY	QL	12
PROCHLORPERAZINE 10 MG TAB	Y	
PROCHLORPERAZINE 25 MG SUPP	QL	12
PROCHLORPERAZINE 5 MG TABLET	Y	
PROMETHAZINE 12.5 MG SUPPOS	QL	12
PROMETHAZINE 25 MG SUPPOSITORY	QL	12
PROMETHEGAN 12.5 MG SUPPOS	QL	12
PROMETHEGAN 25 MG SUPP	QL	12
PROMETHEGAN 50 MG SUPPOSITORY	QL	12
RA MOTION SICKNESS RLF TB CHEW	OTC	
SM MOTION SICKNES 25 MG TABLET	OTC	
TRIMETHOBENZAMIDE 300 MG CAP	Y	

ANTIFLATULENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
GAS-X TABLET CHEWABLE	OTC	100 every 22 days	
INF GAS REL 20 MG/0.3 ML DROP	OTC	30 every 15 days	
INFANT GAS RELIEF DROPS	OTC	30 every 15 days	
INFANTS GAS RELIEF DROPS	OTC	30 every 15 days	
INFANTS' MYLICON GAS RLF DROPS	OTC	30 every 15 days	
MYLANTA GAS 125 MG TAB CHEW	OTC		
SIMETHICONE 125 MG TAB CHEW	OTC		

SIMETHICONE 40 MG/0.6 ML DROP	OTC	30 every 15 days
SIMETHICONE 80 MG TAB CHEW	OTC	
SIMETHICONE DROPS	OTC	30 every 15 days

ANTI-ULCER PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CARAFATE 1 GM/10 ML SUSP	Y		
MISOPROSTOL 100 MCG TABLET	Y		
MISOPROSTOL 200 MCG TABLET	Y		
SUCRALFATE 1 GM TABLET	Y		

ANTI-ULCER-H.PYLORI AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
HELIDAC THERAPY	QL	150	

BELLADONNA ALKALOIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
HYOSCYAMINE 0.125 MG TAB SL	Y		
HYOSCYAMINE 0.125 MG/ML DROP	Y		
HYOSCYAMINE 125 MCG/5 ML ELIX	Y		
HYOSCYAMINE ER 0.375 MG TAB	Y		
HYOSCYAMINE SULF 0.125 MG TAB	Y		
HYOSYNE 0.125 MG/ML DROP	Y		
HYOSYNE 125 MCG/5 ML ELIXIR	Y		
SYMAX-SL 0.125 MG TABLET SL	Y		
SYMAX-SR 0.375 MG TABLET	Y		

BILE SALTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
URSODIOL 250 MG TABLET	Y		
URSODIOL 300 MG CAPSULE	Y		
URSODIOL 500 MG TABLET	Y		

CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX

Drug Name	Formulary Status	Quantity Limit	Age Limit
MESALAMINE 4 GM/60 ML ENEMA	Y		

DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT

Drug Name	Formulary Status	Quantity Limit	Age Limit
ASACOL EC 400 MG TABLET	Y		
PENTASA 250 MG CAPSULE	Y		
PENTASA 500 MG CAPSULE	Y		

EMETICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
IPECAC SYRUP	OTC	30 every 10 days	

HEMORRHOIDAL PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
TUCKS HEMORRHOIDAL OINTMENT	OTC	28.3 every 10 days	
TUCKS SUPPOSITORY	OTC	12 every 7 days	

HISTAMINE H2-RECEPTOR INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACID CONTROL 150 MG TABLET	OTC		
ACID CONTROL 75 MG TABLET	OTC		
ACID REDUCER 150 MG TABLET	OTC		
ACID REDUCER 20 MG TABLET	OTC		
ACID REDUCER 200 MG TABLET	OTC	4/day	
ACID REDUCER 75 MG TABLET	OTC		
CIMETIDINE 200 MG TABLET	QL	4/day	
CIMETIDINE 300 MG TABLET	Y		
CIMETIDINE 300 MG/5 ML SOLN	Y		
CIMETIDINE 400 MG TABLET	Y		
CIMETIDINE 800 MG TABLET	Y		
CVS ACID REDUCER 150 MG TABLET	OTC		
CVS ACID REDUCER 75 MG TABLET	OTC		
EQ ACID REDUCER 75 MG TABLET	OTC		
EQL ACID REDUCER 200 MG TABLET	OTC	4/day	
FAMOTIDINE 20 MG TABLET	Y		
FAMOTIDINE 40 MG TABLET	Y		
GNP ACID CONTROL 150 MG TABLET	OTC		
GNP ACID CONTROL 75 MG TABLET	OTC		

GNP ACID REDUCER 20 MG TABLET	OTC	
PEPCID AC 20 MG TABLET	OTC	
PV ACID REDUCER 150 MG TABLET	OTC	
PV ACID REDUCER 20 MG TABLET	OTC	
PV ACID REDUCER 75 MG TABLET	OTC	
RA ACID REDUCER 150 MG TABLET	OTC	
RA ACID REDUCER 20 MG TABLET	OTC	
RA ACID REDUCER 200 MG TABLET	OTC	4/day
RA ACID REDUCER 75 MG TABLET	OTC	
RA RANITIDINE 75 MG TABLET	Y	
RANITIDINE 15 MG/ML SYRUP	Y	
RANITIDINE 150 MG CAPSULE	Y	
RANITIDINE 150 MG TABLET	Y	
RANITIDINE 150 MG/10 ML SYRUP	Y	
RANITIDINE 300 MG CAPSULE	Y	
RANITIDINE 300 MG TABLET	Y	
RANITIDINE 75 MG TABLET	Y	
SM ACID REDUCER 150 MG TABLET	OTC	
SM ACID REDUCER 200 MG TABLET	OTC	4/day
SM ACID REDUCER 75 MG TABLET	OTC	

INTESTINAL MOTILITY STIMULANTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
METOCLOPRAMIDE 10 MG TABLET	Y		
METOCLOPRAMIDE 5 MG TABLET	Y		
METOCLOPRAMIDE 5 MG/5 ML SYRUP	Y		

LAXATIVES AND CATHARTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMITIZA 24 MCG CAPSULES	Y		
AMITIZA 8 MCG CAPSULE	Y		
BISACODYL EC 5 MG TABLET	OTC	100 every 26 days	
CITRATE OF MAGNESIA SOLN	OTC		
CLEARLAX POWDER	OTC		
COLACE 100 MG CAPSULE	OTC		
COLACE 50 MG CAPSULE	OTC		

COLACE 60 MG/15 ML SYRUP	OTC	
COLACE-T 100 MG CAPSULE	OTC	
CONSTULOSE 10 GM/15 ML SOLN	Y	
DOCUSATE CAL 240 MG CAPSULE	OTC	
DOCUSATE SOD 20 MG/5 ML SYRUP	OTC	
DOCUSATE SOD 50 MG/5 ML LIQ	OTC	
DOCUSATE SOD 50 MG/5 ML LIQUID	OTC	
DOCUSATE SODIUM 100 MG CAPSULE	OTC	4/day
DOCUSATE SODIUM 100 MG SOFTGEL	OTC	4/day
DOCUSATE SODIUM 250 MG CAPSULE	OTC	4/day
DOCUSATE SODIUM 250 MG SOFTGEL	OTC	4/day
DULCOLAX SS 100 MG SOFTGEL	OTC	4/day
FIBER LAXATIVE 625 MG CAPLET	OTC	100 every 26 days
FIBER LAXATIVE 625 MG TABLET	OTC	100 every 26 days
GAVILAX POWDER	OTC	
GOLYTELY PACKET	GP	
HALFLYTELY BOWEL PREP KIT	Y	
HALFLYTELY-FLAVOR PACKS KIT	Y	
KONSYL ORANGE POWDER	OTC	
KONSYL POWDER	OTC	
KONSYL-ORANGE POWDER	OTC	
LACTULOSE 10 GM/15 ML SOLUTION	Y	
LAX STOOL SOFTENER-SENNA TAB	OTC	4/day
LAXMAR POWDER	OTC	
LAXMAR POWDER ORANGE	OTC	
MAGNESIUM CITRATE SOLUTION	OTC	
METAFIBER POWDER	OTC	
METAMUCIL OT POWDER	OTC	
METAMUCIL POWDER	OTC	
MINERAL OIL	OTC	
MINERAL OIL LAXATIVE	OTC	
MINERAL OIL, HEAVY	OTC	
MIRALAX POWDER	GP	
MOVIPREP POWDER KIT	Y	
NATURAL VEGETABLE FIBER POWDER	OTC	

PEG 3350 ELECTROLYTE SOLN	Y	
PEG-3350 AND ELECTROLYTES SOLN	Y	
PERI-COLACE TABLET	OTC	4/day
POLYETHYLENE GLYCOL 3350 POWD	Y	
RA BISACODYL EC 5 MG TABLET	OTC	100 every 26 days
RA CITRATE OF MAGNESIA SOLN	OTC	
RA MINERAL OIL EXTRA HEAVY	OTC	
RA MINERAL OIL EXTRA-HEAVY	OTC	
RA SENNA TABLET	OTC	100 every 26 days
REGULOID POWDER	OTC	
REGULOID POWDER ORANGE	OTC	
SB BISACODYL EC 5 MG TABLET	OTC	100 every 26 days
SB DOCUSATE SOD 100 MG CAPSULE	OTC	4/day
SB DOCUSATE SOD 100 MG SOFTGEL	OTC	4/day
SB FIBER LAXATIVE 625 MG TAB	OTC	100 every 26 days
SB FIBER LAXATIVE POWDER	OTC	
SB POLYETHYLENE GLYCOL 3350	Y	
SENEXON-S TABLET	OTC	4/day
SENNA CONCENTRATE TABLET	OTC	100 every 26 days
SENNA LAXATIVE 8.6 MG TAB	OTC	100 every 26 days
SENNA LAXATIVE TABLET	OTC	100 every 26 days
SENNA SYRUP	OTC	240 every 26 days
SENNA TABLET	OTC	100 every 26 days
SENNA-GEN NF TABLET	OTC	100 every 26 days
SENNA-TIME 8.6 MG TABLET	OTC	100 every 26 days
SEKOKOT-S TABLET	OTC	4/day
SM CLEARLAX POWDER	OTC	
SM DOCUSATE CAL 240 MG SOFTGEL	OTC	
SM FIBER LAXATIVE 625 MG TAB	OTC	100 every 26 days
SM FIBER SMOOTH POWDER	OTC	
SM FIBER SMOOTH TEXTURE PWD	OTC	
SM MAGNESIUM CITRATE SOLUTION	OTC	
SM MINERAL OIL HEAVY	OTC	
VEGETABLE LAXATIVE POWDER	OTC	

LAXATIVES, LOCAL/RECTAL

Drug Name	Formulary Status	Quantity Limit	Age Limit
BISACODYL 10 MG SUPPOSITORY	OTC	12	
FLEET BISACODYL 10 MG ENEMA	OTC	74	
GLYCERIN ADULT SUPPOSITORY	OTC	12 every 26 days	
GLYCERIN INFANT SUPPOSITORY	OTC	12 every 26 days	
GLYCERIN PEDIATRIC SUPPOS	OTC	12 every 26 days	
MINERAL OIL ENEMA	OTC	266	
MINERAL OIL ENEMA	OTC	270	
RA BISACODYL 10 MG SUPPOSITORY	OTC	12	
RA GLYCERIN ADULT SUPPOSITORY	OTC	12 every 26 days	
RA GLYCERIN PEDIATRIC SUPP	OTC	12 every 26 days	
SB GLYCERIN ADULT SUPPOSITORY	OTC	12 every 26 days	
SB GLYCERIN INFANT SUPP	OTC	12 every 26 days	
SM GLYCERIN ADULT SUPPOSITORY	OTC	12 every 26 days	
SM GLYCERIN PEDIATRIC SUPPO	OTC	12 every 26 days	
SM MINERAL OIL ENEMA	OTC	270	

PANCREATIC ENZYMES

Drug Name	Formulary Status	Quantity Limit	Age Limit
CREON 10 EC CAPSULE	Y		
CREON 20 EC CAPSULE	Y		
CREON 5 EC CAPSULE	Y		
CREON DR 12,000 UNITS CAPSULE	Y		
CREON DR 24,000 UNITS CAPSULE	Y		
CREON DR 6,000 UNITS CAPSULE	Y		
PANCRELIPASE 5,000 DR CAPSULE	Y		
ULTRASE EC CAPSULE	Y		
ULTRASE MT-12 EC CAPSULE	Y		
ULTRASE MT-18 EC CAPSULE	Y		
ULTRASE MT-20 EC CAPSULE	Y		
VIOKASE 16 TABLET	Y		
VIOKASE 8 TABLET	Y		
VIOKASE POWDER	Y		

PROTON-PUMP INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
OMEPRAZOLE DR 10 MG CAPSULE	QL	1/day	
OMEPRAZOLE DR 20 MG CAPSULE	QL	2/day	
OMEPRAZOLE DR 40 MG CAPSULE	QL	2/day	
PREVACID 24HR DR 15 MG CAPSULE	QL	2/day	

RECTAL PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
PROCTOCREAM-HC 2.5% CREAM	Y		
PROCTOSOL-HC 2.5% CREAM	QL	85.05	
TUCKS HYDROCORTISONE OINTMENT	OTC	19.8 every 15 days	

HORMONES**ANDROGENIC AGENTS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
ANDROGEL 1% GEL PUMP	Y	150 every 26 days	
ANDROGEL 1%(5G) GEL PACKET	Y	150 every 26 days	
ANDROID 10 MG CAPSULE	Y		
OXANDROLONE 10 MG TABLET	PA		
OXANDROLONE 2.5 MG TABLET	PA		
TESTRED 10 MG CAPSULE	Y		

ANTIDIURETIC AND VASOPRESSOR HORMONES

Drug Name	Formulary Status	Quantity Limit	Age Limit
DESMOPRESSIN 0.1 MG/ML SOL	QL	15	
DESMOPRESSIN 0.1 MG/ML SPRAY	QL	15 every 26 days	
DESMOPRESSIN ACETATE 0.1 MG TB	Y		
DESMOPRESSIN ACETATE 0.2 MG TB	Y		

BONE RESORPTION INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CALCITONIN-SALMON 200 UNITS SP	QL	22.2	

ESTROGENIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ESTRACE 0.5 MG TABLET	Y		
ESTRADERM 0.05 MG PATCH	QL	1	
ESTRADERM 0.05 MG PATCH	QL	8	
ESTRADERM 0.1 MG PATCH	QL	1	
ESTRADERM 0.1 MG PATCH	QL	8	
ESTRADIOL 0.05 MG/DAY PATCH	QL	4	
ESTRADIOL 0.1 MG/DAY PATCH	QL	4	
ESTRADIOL 0.5 MG TABLET	Y		
ESTRADIOL 1 MG TABLET	Y		
ESTRADIOL 2 MG TABLET	Y		
ESTRADIOL TDS 0.025 MG/DAY	QL	4	
ESTRADIOL TDS 0.075 MG/DAY	QL	4	
ESTROPIPATE 0.625(0.75 MG) TAB	Y		
ESTROPIPATE 1.25(1.5 MG) TAB	Y		
ESTROPIPATE 2.5(3 MG) TAB	Y		
FEMHRT 1-5 TABLET	Y		
MENEST 0.3 MG TABLET	Y		
MENEST 0.625 MG TABLET	Y		
MENEST 1.25 MG TABLET	Y		
MENEST 2.5 MG TABLET	Y		
PREMARIN 0.3 MG TABLET	Y		
PREMARIN 0.45 MG TABLET	Y		
PREMARIN 0.625 MG TABLET	Y		
PREMARIN 0.9 MG TABLET	Y		
PREMARIN 1.25 MG TABLET	Y		
PREMPHASE 0.625-5 MG TABLET	Y		
PREMPRO 0.3 MG-1.5 MG TABLET	Y		
PREMPRO 0.45-1.5 MG TABLET	Y		
PREMPRO 0.625-2.5 MG TABLET	Y		
PREMPRO 0.625-5 MG TABLET	Y		
VIVELLE-DOT 0.025 MG PATCH	QL	8	
VIVELLE-DOT 0.0375 MG PATCH	QL	1	

VIVELLE-DOT 0.0375 MG PATCH	QL	8
VIVELLE-DOT 0.05 MG PATCH	QL	1
VIVELLE-DOT 0.05 MG PATCH	QL	8
VIVELLE-DOT 0.075 MG PATCH	QL	8
VIVELLE-DOT 0.075 MG PATCH	QL	1
VIVELLE-DOT 0.1 MG PATCH	QL	8
VIVELLE-DOT 0.1 MG PATCH	QL	1

GLUCOCORTICOIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
A-METHAPRED 125 MG VIAL	Y		
A-METHAPRED 40 MG UNIVIAL	Y		
A-METHAPRED 40 MG VIAL	Y		
ASMANEX TWISTHALER 110 MCG #30	QL	1 inhaler	
ASMANEX TWISTHALER 220 MCG #14	QL	1 inhaler	
ASMANEX TWISTHALER 220 MCG #30	QL	1 inhaler	
ASMANEX TWISTHALER 220 MCG #60	QL	1 inhaler	
ASMANEX TWISTHALR 220 MCG #120	QL	1 inhaler	
BAYCADRON 0.5 MG/5 ML ELIXIR	Y		
BUDESONIDE 0.25 MG/2 ML SUSP	QL	4mL/day	
BUDESONIDE 0.5 MG/2 ML SUSP	QL	4mL/day	
CORTISONE 25 MG TABLET	Y		
DEPO-MEDROL 20 MG/ML VIAL	GP		
DEXAMETHASONE 0.5 MG TABLET	Y		
DEXAMETHASONE 0.5 MG/5 ML ELX	Y		
DEXAMETHASONE 0.5 MG/5 ML LIQ	Y		
DEXAMETHASONE 0.75 MG TABLET	Y		
DEXAMETHASONE 1 MG TABLET	Y		
DEXAMETHASONE 1 MG/1 ML SOLN	Y		
DEXAMETHASONE 1.5 MG TABLET	Y		
DEXAMETHASONE 2 MG TABLET	Y		
DEXAMETHASONE 4 MG TABLET	Y		
DEXAMETHASONE 6 MG TABLET	Y		
FLOVENT 100 MCG DISKUS	QL	80 every 20 days	
FLOVENT 250 MCG DISKUS	QL	80 every 20 days	
FLOVENT 50 MCG DISKUS	QL	80 every 20 days	

FLOVENT HFA 110 MCG INHALER	QL	1 inhaler every 20 days
FLOVENT HFA 220 MCG INHALER	QL	1 inhaler every 20 days
FLOVENT HFA 44 MCG INHALER	QL	1 inhaler every 20 days
HYDROCORTISONE 10 MG TABLET	Y	
HYDROCORTISONE 20 MG TABLET	Y	
HYDROCORTISONE 5 MG TABLET	Y	
MEDROL 2 MG TABLET	GP	
METHYLPREDNISOLONE 125 MG VIAL	Y	
METHYLPREDNISOLONE 16 MG TAB	Y	
METHYLPREDNISOLONE 32 MG TAB	Y	
METHYLPREDNISOLONE 4 MG DOSEPK	Y	
METHYLPREDNISOLONE 4 MG TABLET	Y	
METHYLPREDNISOLONE 40 MG VIAL	Y	
METHYLPREDNISOLONE 40 MG/ML VL	Y	
METHYLPREDNISOLONE 500 MG VIAL	Y	
METHYLPREDNISOLONE 8 MG TAB	Y	
METHYLPREDNISOLONE 80 MG/ML VL	Y	
METHYLPREDNISOLONE SS 1 GM VL	Y	
PREDNISOLONE 15 MG/5 ML SOLN	Y	
PREDNISOLONE 15 MG/5 ML SYRUP	Y	
PREDNISOLONE 5 MG/5 ML SOLN	Y	
PREDNISOLONE 5 MG/5 ML SYRUP	Y	
PREDNISOLONE 6.7 MG/5 ML SOLN	Y	
PREDNISON 1 MG TABLET	Y	
PREDNISON 10 MG TABLET	Y	
PREDNISON 2.5 MG TABLET	Y	
PREDNISON 20 MG TABLET	Y	
PREDNISON 5 MG TABLET	Y	
PREDNISON 5 MG/5 ML SOLUTION	Y	
PREDNISON 5 MG/ML SOLUTION	Y	
PREDNISON 50 MG TABLET	Y	
PULMICORT 0.25 MG/2 ML RESPUL	Y	
PULMICORT 0.5 MG/2 ML RESPULE	Y	
PULMICORT 1 MG/2 ML RESPULE	Y	
QVAR 40 MCG INHALER	QL	1 inhaler every 20 days

QVAR 80 MCG INHALER	QL	1 inhaler every 20 days
SOLU-MEDROL 2,000 MG VIAL	GP	
STERAPRED 5 MG TABLET UNIPAK	Y	
TRIAMCINOLONE ACET 10MG/ML SUS	Y	
TRIAMCINOLONE ACET 40MG/ML SUS	Y	
ZEMA-PAK 13 DAY 1.5 MG TABLET	Y	

GROWTH HORMONES

Drug Name	Formulary Status	Quantity Limit	Age Limit
NORDITROPIN 15 MG/1.5 ML CRTG	PA		
NORDITROPIN 5 MG/1.5 ML CRTG	PA		
NORDITROPIN FLEXPPO 10 MG/1.5	PA		
NORDITROPIN FLEXPPO 15 MG/1.5	PA		
NORDITROPIN FLEXPPO 5 MG/1.5	PA		
NORDITROPIN NORDIFLEX 30 MG/3	PA		
NORDITROPIN NORDIFLEX 5 MG/1.5	PA		
NORDITROPIN NORDIFLX 10 MG/1.5	PA		
NORDITROPIN NORDIFLX 15 MG/1.5	PA		

LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
LUPRON DEPOT 11.25 MG 3MO KIT	PA		
LUPRON DEPOT 3.75 MG KIT	PA		

LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY

Drug Name	Formulary Status	Quantity Limit	Age Limit
LUPRON DEPOT-PED 11.25 MG KIT	PA		
LUPRON DEPOT-PED 15 MG KIT	PA		
LUPRON DEPOT-PED 7.5 MG KIT	PA		

MINERALOCORTICIDS

Drug Name	Formulary Status	Quantity Limit	Age Limit
FLUDROCORTISONE 0.1 MG TABLET	Y		

OXYTOCICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
METHERGINE 0.2 MG TABLET	Y		

PROGESTATIONAL AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AYGESTIN 5 MG TABLET	QL	90 every 26 days	
MEDROXYPROGESTERONE 10 MG TAB	Y		
MEDROXYPROGESTERONE 2.5 MG TAB	Y		
MEDROXYPROGESTERONE 5 MG TAB	Y		
NORETHINDRONE 5 MG TABLET	QL	90 every 26 days	
PROMETRIUM 100 MG CAPSULE	Y		
PROMETRIUM 200 MG CAPSULE	Y		

RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)

Drug Name	Formulary Status	Quantity Limit	Age Limit
COLOCORT 100 MG ENEMA	Y	120	
HYDROCORTISONE 100 MG ENEMA	Y		

VAGINAL ESTROGEN PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
PREMARIN VAGINAL CREAM-APPL	QL	85	

HYPOGLYCEMICS**ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.**

Drug Name	Formulary Status	Quantity Limit	Age Limit
JANUMET 50-1,000 MG TABLET	QL	2/day	
JANUMET 50-500 MG TABLET	QL	2/day	

ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTOR AGONIST)

Drug Name	Formulary Status	Quantity Limit	Age Limit
BYETTA 10 MCG DOSE PEN INJ	PA		
BYETTA 5 MCG DOSE PEN INJ	PA		

ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACARBOSE 100 MG TABLET	Y		
ACARBOSE 25 MG TABLET	Y		
ACARBOSE 50 MG TABLET	Y		

ANTIHYPERTENSIVE, DPP-4 INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
JANUVIA 100 MG TABLET	QL	1/day	
JANUVIA 25 MG TABLET	QL	1/day	
JANUVIA 50 MG TABLET	QL	1/day	

ANTIHYPERTENSIVE, INSULIN-RELEASE STIMULANT TYPE

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHLORPROPAMIDE 100 MG TABLET	Y		
CHLORPROPAMIDE 250 MG TABLET	Y		
GLIMEPIRIDE 1 MG TABLET	Y		
GLIMEPIRIDE 2 MG TABLET	Y		
GLIMEPIRIDE 4 MG TABLET	Y		
GLIPIZIDE 10 MG TABLET	Y		
GLIPIZIDE 5 MG TABLET	Y		
GLIPIZIDE ER 10 MG TABLET	Y		
GLIPIZIDE ER 2.5 MG TABLET	Y		
GLIPIZIDE ER 5 MG TABLET	Y		
GLIPIZIDE XL 10 MG TABLET	Y		
GLIPIZIDE XL 2.5 MG TABLET	Y		
GLIPIZIDE XL 5 MG TABLET	Y		
GLYBURIDE 1.25 MG TABLET	Y		
GLYBURIDE 2.5 MG TABLET	Y		
GLYBURIDE 5 MG TABLET	Y		
GLYBURIDE MICRO 1.5 MG TAB	Y		
GLYBURIDE MICRO 3 MG TABLET	Y		
GLYBURIDE MICRO 6 MG TABLET	Y		
NATEGLINIDE 120 MG TABLET	QL	3/day	
NATEGLINIDE 60 MG TABLET	QL	3/day	
PRANDIN 0.5 MG TABLET	QL	4/day	
PRANDIN 1 MG TABLET	QL	4/day	
PRANDIN 2 MG TABLET	QL	8/day	
TOLAZAMIDE 250 MG TABLET	Y		
TOLAZAMIDE 500 MG TABLET	Y		
TOLBUTAMIDE 500 MG TABLET	Y		

ANTIHYPERTENSIVE, INSULIN-RESPONSE ENHANCER (N-S)

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACTOPLUS MET 15 MG-500 MG TAB	QL	3/day	
ACTOPLUS MET 15 MG-850 MG TAB	QL	3/day	
ACTOS 15 MG TABLET	QL	1/day	
ACTOS 30 MG TABLET	QL	1/day	
ACTOS 45 MG TABLET	QL	1/day	
AVANDIA 2 MG TABLET	QL	2/day	
AVANDIA 4 MG TABLET	QL	2/day	
AVANDIA 8 MG TABLET	QL	1/day	

ANTIHYPERTENSIVE,BIGUANIDE TYPE(NON-SULFONYLUREA)

Drug Name	Formulary Status	Quantity Limit	Age Limit
METFORMIN HCL 1,000 MG TABLET	QL	2/day	
METFORMIN HCL 500 MG TABLET	QL	5/day	
METFORMIN HCL 850 MG TABLET	QL	3/day	
METFORMIN HCL ER 500 MG TABLET	QL	4/day	
METFORMIN HCL ER 750 MG TABLET	QL	2/day	

ANTIHYPERTENSIVE,INSULIN-REL STIM.& BIGUANIDE COMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
GLYBURIDE-METFORMIN 2.5-500 MG	Y		
GLYBURIDE-METFORMIN 5-500 MG	Y		
GLYBURIDE-METFORMIN 1.25-250 MG	Y		

ANTIHYPERTENSIVE,INSULIN-RESPONSE & RELEASE COMB.

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVANDARYL 4 MG-1 MG TABLET	QL	2/day	
AVANDARYL 4 MG-2 MG TABLET	QL	2/day	
AVANDARYL 4 MG-4 MG TABLET	QL	2/day	
DUETACT 30-2 MG TABLET	QL	1/day	
DUETACT 30-4 MG TABLET	QL	1/day	

ANTIHYPERTENSIVE,INSUL-RESP.ENHANCER & BIGUANIDE COMB

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVANDAMET 2 MG-1,000 MG TAB	QL	2/day	

AVANDAMET 2 MG-500 MG TABLET	QL	2/day
AVANDAMET 4 MG-1,000 MG TABLET	QL	2/day
AVANDAMET 4 MG-500 MG TABLET	QL	2/day

INSULINS

Drug Name	Formulary Status	Quantity Limit	Age Limit
APIDRA 100 UNITS/ML VIAL	Y		
APIDRA SOLOSTAR 100 UNITS/ML	Y		
HUMALOG 100 UNITS/ML CARTRIDGE	Y		
HUMALOG 100 UNITS/ML KWIKPEN	Y		
HUMALOG 100 UNITS/ML PEN	Y		
HUMALOG 100 UNITS/ML VIAL	Y		
HUMALOG MIX 50-50 KWIKPEN	Y		
HUMALOG MIX 50-50 PEN	Y		
HUMALOG MIX 50-50 VIAL	Y		
HUMALOG MIX 75-25 KWIKPEN	Y		
HUMALOG MIX 75-25 PEN	Y		
HUMALOG MIX 75-25 VIAL	Y		
HUMULIN 50-50 VIAL	OTC		
HUMULIN 70-30 PEN	OTC		
HUMULIN 70-30 VIAL	OTC		
HUMULIN N 100 UNITS/ML PEN	OTC		
HUMULIN N 100 UNITS/ML VIAL	OTC		
HUMULIN R 100 UNITS/ML VIAL	OTC		
LANTUS 100 UNITS/ML CARTRIDGE	Y		
LANTUS 100 UNITS/ML VIAL	Y		
LEVEMIR 100 UNITS/ML VIAL	Y		
LEVEMIR FLEXPEN 100 UNITS/ML	Y		
NOVOLIN 70-30 100 UNIT/ML VIAL	OTC		
NOVOLIN 70-30 INNOLET	OTC		
NOVOLIN 70-30 U100 CARTRIDGE	OTC		
NOVOLIN N 100 UNIT/ML CARTRIDG	OTC		
NOVOLIN N 100 UNIT/ML INNOLET	OTC		
NOVOLIN N 100 UNITS/ML VIAL	OTC		
NOVOLIN R 100 UNIT/ML CARTRIDG	OTC		

NOVOLIN R 100 UNIT/ML INNOLET	OTC
NOVOLIN R 100 UNITS/ML VIAL	OTC
NOVOLOG 100 UNIT/ML CARTRIDGE	Y
NOVOLOG 100 UNIT/ML VIAL	Y
NOVOLOG FLEXPEN SYRINGE	Y
NOVOLOG MIX 70-30 FLEXPEN SYRN	Y
NOVOLOG MIX 70-30 VIAL	Y
RELION NOVOLIN 70-30 VIAL	OTC
RELION NOVOLIN N 100 UNITS/ML	OTC
RELION NOVOLIN R 100 UNITS/ML	OTC

IMMUNOSUPPRESANT

IMMUNOSUPPRESSIVES

Drug Name	Formulary Status	Quantity Limit	Age Limit
AZATHIOPRINE 50 MG TABLET	Y		
CELLCEPT 200 MG/ML ORAL SUSP	GP		
CYCLOSPORINE 100 MG CAPSULE	Y		
CYCLOSPORINE 100 MG/ML SOLN	Y		
CYCLOSPORINE 25 MG CAPSULE	Y		
CYCLOSPORINE 25 MG SOFTGEL	Y		
CYCLOSPORINE 50 MG SOFTGEL	Y		
CYCLOSPORINE MODIFIED 100 MG	Y		
CYCLOSPORINE MODIFIED 25 MG	Y		
GENGRAF 100 MG CAPSULE	Y		
GENGRAF 100 MG/ML SOLUTION	Y		
GENGRAF 25 MG CAPSULE	Y		
MYCOPHENOLATE 250 MG CAPSULE	Y		
MYCOPHENOLATE 500 MG TABLET	Y		
MYFORTIC 180 MG TABLET	Y		
MYFORTIC 360 MG TABLET	Y	120 every 26 days	
PROGRAF 0.5 MG CAPSULE	GP		
PROGRAF 1 MG CAPSULE	GP		
PROGRAF 5 MG CAPSULE	GP		
RAPAMUNE 1 MG TABLET	Y		
RAPAMUNE 1 MG/ML ORAL SOLN	Y		

RAPAMUNE 2 MG TABLET	Y
SANDIMMUNE 100 MG/ML SOLN	GP
TACROLIMUS 0.5 MG CAPSULE	Y
TACROLIMUS 1 MG CAPSULE	Y
TACROLIMUS 5 MG CAPSULE	Y

TOPICAL IMMUNOSUPPRESSIVE AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ELIDEL 1% CREAM	Y		

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG

DIABETIC SUPPLIES

Drug Name	Formulary Status	Quantity Limit	Age Limit
CONTOUR METER	QL	1/year	

DURABLE MEDICAL EQUIPMENT,MISC(GROUP 1)

Drug Name	Formulary Status	Quantity Limit	Age Limit
FINGERSTIX LANCETS	Y	200 every 26 days	
MICROLET LANCETS	Y	200 every 26 days	
SINGLE-LET LANCETS	Y	200 every 26 days	

RESPIRATORY AIDS,DEVICES,EQUIPMENT

Drug Name	Formulary Status	Quantity Limit	Age Limit
COOL MIST HUMIDIFIER	QL	1/year	< 21 only
HUMIDIFIER	QL	1/year	< 21 only
HUMIDIFIER, ULTRASONIC	QL	1/year	< 21 only
VAPORIZER 3 GALLON	QL, < age 21 only	1/year	< 21 only

MUSCLE RELAXANTS

SKELETAL MUSCLE RELAXANTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BACLOFEN 10 MG TABLET	QL	5/day	
BACLOFEN 20 MG TABLET	QL	4/day	
CARISOPRODOL 350 MG TABLET	QL	4/day	
CARISOPRODOL COMPOUND TAB	QL	3/day	
CHLORZOXAZONE 500 MG TABLET	QL	6/day	

CYCLOBENZAPRINE 10 MG TABLET	Y	
CYCLOBENZAPRINE 5 MG TABLET	Y	
DANTROLENE SODIUM 100 MG CAP	QL	4/day
DANTROLENE SODIUM 25 MG CAP	QL	4/day
DANTROLENE SODIUM 50 MG CAP	QL	4/day
METHOCARBAMOL 500 MG TABLET	QL	16/day
METHOCARBAMOL 750 MG TABLET	QL	10/day
ORPHENADRINE COMP FORTE TAB	Y	
ORPHENADRINE COMP TABLET	Y	
ORPHENADRINE ER 100 MG TABLET	QL	2/day
TIZANIDINE HCL 2 MG TABLET	QL	3/day
TIZANIDINE HCL 4 MG TABLET	QL	6/day

PRE-NATAL VITAMINS

PRENATAL VITAMIN PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ADVANCED NATALCARE TABLET	Y		
ADVANCED-RF NATALCARE TAB	Y		
COMPLETENATE TABLET CHEW	Y		
COMPLETE-RF PRENATAL TABLET	Y		
CO-NATAL FA TABLET	Y		
ED CYTE F TABLET	Y		
INATAL ADVANCE TABLET	Y		
INATAL GT TABLET	Y		
INATAL ULTRA TABLET	Y		
LACTOCAL-F TABLET	Y		
MATERNITY VITAMIN	Y		
M-VIT CAPLET	Y		
MYNATAL ADVANCE TABLET	Y		
MYNATAL CAPSULE	Y		
MYNATAL PLUS CAPTAB	Y		
MYNATAL ULTRACAPLET	Y		
MYNATAL-Z CAPTAB	Y		
MYNATE 90 PLUS CAPLET SA	Y		
NATAFORT TABLET	Y		

NATACARE GLOSSTABS	Y	
NATACARE PIC FORTE TABLET	Y	
NATACARE PIC TABLET	Y	
NATACARE PLUS TABLET	Y	
NATACARE RX TABLET	Y	
NATATAB CFE TABLET	Y	
NATATAB FA TABLET	Y	
NATATAB RX TABLET	Y	
O-CAL PRENATAL TABLET	Y	
POLY IRON PN FORTE TABLET	Y	
POLY IRON PN TABLET	Y	
PRENACARE TABLET	Y	
PRENAPLUS TABLET	Y	
PRENATABS FA TABLET	Y	
PRENATABS RX TABLET	Y	
PRENATAL 1 PLUS 1 TABLET	Y	
PRENATAL 19 CHEWABLE TABLET	Y	
PRENATAL AD TABLET	Y	
PRENATAL FORMULA TABLET	Y	
PRENATAL LOW IRON TABLET	Y	
PRENATAL MR 90 FE TABLET SA	Y	
PRENATAL MTR TABLET	Y	
PRENATAL MULTIVIT W IRON TB	OTC	100 every 80 days
PRENATAL PLUS IRON TABLET	Y	
PRENATAL PLUS TABLET	Y	
PRENATAL RX 1 TABLET	Y	
PRENATAL RX TABLET	Y	
PRENATAL TABLET	QL	100 every 80 days
PRENATAL VITAMIN TABLET	QL	100 every 80 days
PRENATAL VITAMINS TABLET	QL	100 every 80 days
PRENATAL WITH IRON TABLET	OTC	100 every 80 days
PRENATAL Z TABLET	Y	
PRENAVITE TABLET	QL	100 every 80 days
RE PRENATAL MULTIVIT W-IRON TB	Y	
RE-NATA 29 OB PRENATAL TABLET	Y	

SM PRENATAL VITAMINS TABLET	QL	100 every 80 days
STUART PRENATAL TABLET	QL	100 every 80 days
TRI RX TABLET	Y	
TRIADVANCE TABLET	Y	
TRICARE PRENATAL TABLET	Y	
TRINATAL RX 1 TABLET	Y	
ULTRA NATALCARE TABLET	Y	
VINACAL PRENATAL TABLET	Y	
VINATAL FORTE TABLET	Y	
VINATE C TABLET	Y	
VINATE CALCIUM PRENATAL TABLET	Y	
VINATE CARE CHEWABLE TABLET	Y	
VINATE GT TABLET	Y	
VINATE ONE TABLET	Y	
VINATE ULTRA TABLET	Y	
VINATE-M TABLET	Y	

PSYCHOTHERAPEUTIC DRUGS

ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
MIRTAZAPINE 15 MG ODT	Y		
MIRTAZAPINE 15 MG RPD DISLV TB	Y		
MIRTAZAPINE 15 MG TABLET	Y		
MIRTAZAPINE 30 MG ODT	Y		
MIRTAZAPINE 30 MG TABLET	Y		
MIRTAZAPINE 45 MG ODT	Y		
MIRTAZAPINE 45 MG RPD DISLV TB	Y		
MIRTAZAPINE 45 MG TABLET	Y		
MIRTAZAPINE 7.5 MG TABLET	Y		

ANTI-ANXIETY DRUGS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALPRAZOLAM 0.25 MG TABLET	QL	6/day	
ALPRAZOLAM 0.5 MG TABLET	QL	6/day	
ALPRAZOLAM 1 MG TABLET	QL	6/day	

ALPRAZOLAM 2 MG TABLET	QL	3/day
BUSPIRONE HCL 10 MG TABLET	Y	
BUSPIRONE HCL 15 MG TABLET	Y	
BUSPIRONE HCL 30 MG TABLET	Y	
BUSPIRONE HCL 5 MG TABLET	Y	
BUSPIRONE HCL 7.5 MG TABLET	Y	
CHLORDIAZEPOXIDE 10 MG CAPSULE	QL	10/day
CHLORDIAZEPOXIDE 25 MG CAPSULE	Y	
CHLORDIAZEPOXIDE 5 MG CAPSULE	Y	
CLORAZEPATE 1.5 MG TABLET	QL	6/day
CLORAZEPATE 3.75 MG TABLET	QL	4/day
CLORAZEPATE 7.5 MG TABLET	QL	4/day
DIAZEPAM 10 MG TABLET	QL	4/day
DIAZEPAM 2 MG TABLET	QL	4/day
DIAZEPAM 5 MG TABLET	QL	4/day
DIAZEPAM 5 MG/5 ML SOLUTION	Y	
DIAZEPAM 5 MG/ML ORAL CONC	Y	
LORAZEPAM 0.5 MG TABLET	QL	6/day
LORAZEPAM 1 MG TABLET	QL	6/day
LORAZEPAM 2 MG TABLET	QL	4/day
LORAZEPAM 2 MG/ML ORAL CONCENT	Y	
LORAZEPAM INTENSOL 2 MG/ML	Y	
MEPROBAMATE 200 MG TABLET	Y	
MEPROBAMATE 400 MG TABLET	Y	
OXAZEPAM 10 MG CAPSULE	QL	8/day
OXAZEPAM 1.5 MG CAPSULE	QL	4/day
OXAZEPAM 30 MG CAPSULE	QL	4/day
TRANXENE SD 11.25 MG TABLET	QL	1/day
TRANXENE SD 22.5 MG TAB	QL	1/day

ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES

Drug Name	Formulary Status	Quantity Limit	Age Limit
ORAP 1 MG TABLET	Y		
ORAP 2 MG TABLET	Y		

ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED

Drug Name	Formulary Status	Quantity Limit	Age Limit
ABILIFY 1 MG/ML SOLUTION	QL	10mL/day	PA < 6
ABILIFY 10 MG TABLET	QL	1/day	PA < 6
ABILIFY 15 MG TABLET	QL	1/day	PA < 6
ABILIFY 2 MG TABLET	QL	1/day	PA < 6
ABILIFY 20 MG TABLET	QL	1/day	PA < 6
ABILIFY 30 MG TABLET	QL	1/day	PA < 6
ABILIFY 5 MG TABLET	QL	1/day	PA < 6
ABILIFY DISCMELT 10 MG TABLET	QL	1/day	PA < 6
ABILIFY DISCMELT 15 MG TABLET	QL	1/day	PA < 6

ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
LOXAPINE 10 MG CAPSULE	Y		
LOXAPINE 25 MG CAPSULE	Y		
LOXAPINE 5 MG CAPSULE	Y		
LOXAPINE 50 MG CAPSULE	Y		
LOXITANE 10 MG CAPSULE	Y		
LOXITANE 25 MG CAPSULE	Y		
LOXITANE 5 MG CAPSULE	Y		
LOXITANE 50 MG CAPSULE	Y		

ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG

Drug Name	Formulary Status	Quantity Limit	Age Limit
CLOZAPINE 100 MG TABLET	QL	9/day	PA < 6
CLOZAPINE 200 MG TABLET	QL	4/day	PA < 6
CLOZAPINE 25 MG TABLET	QL	3/day	PA < 6
CLOZAPINE 50 MG TABLET	QL	2/day	PA < 6
GEODON 20 MG CAPSULE	QL	2/day	PA < 6
GEODON 40 MG CAPSULE	QL	2/day	PA < 6
GEODON 60 MG CAPSULE	QL	2/day	PA < 6
GEODON 80 MG CAPSULE	QL	2/day	PA < 6
RISPERDAL CONSTA 12.5 MG SYR	PA		
RISPERDAL CONSTA 25 MG SYR	PA		

RISPERDAL CONSTA 37.5 MG SYR	PA		
RISPERDAL CONSTA 50 MG SYR	PA		
RISPERIDONE 0.25 MG TABLET	QL	2/day	PA < 6
RISPERIDONE 0.5 MG ODT	QL	2/day	PA < 6
RISPERIDONE 0.5 MG ODT	QL, PA < age 6	2/day	PA < 6
RISPERIDONE 0.5 MG ODT	QL, PA < age 6	2/day	
RISPERIDONE 0.5 MG TABLET	QL	2/day	PA < 6
RISPERIDONE 1 MG ODT	QL	1/day	PA < 6
RISPERIDONE 1 MG TABLET	QL	2/day	PA < 6
RISPERIDONE 1 MG/ML SOLUTION	QL	3mL/day	PA < 6
RISPERIDONE 2 MG ODT	QL, PA < age 6	2/day	
RISPERIDONE 2 MG ODT	QL	2/day	PA < 6
RISPERIDONE 2 MG ODT	QL, PA < age 6	2/day	PA < 6
RISPERIDONE 2 MG TABLET	QL	2/day	PA < 6
RISPERIDONE 3 MG ODT	QL	2/day	PA < 6
RISPERIDONE 3 MG TABLET	QL	2/day	PA < 6
RISPERIDONE 4 MG ODT	QL	2/day	PA < 6
RISPERIDONE 4 MG TABLET	QL	2/day	PA < 6
RISPERIDONE M-TAB 0.5 MG ODT	QL, PA < age 6	4/day	PA < 6
RISPERIDONE M-TAB 1 MG ODT	QL, PA < age 6	1/day	PA < 6
RISPERIDONE M-TAB 2 MG ODT	QL, PA < age 6	2/day	PA < 6
RISPERIDONE M-TAB 3 MG ODT	QL, PA < age 6	3/day	PA < 6
RISPERIDONE M-TAB 4 MG ODT	QL, PA < age 6	2/day	PA < 6
SEROQUEL 100 MG TABLET	QL	2/day	PA < 6
SEROQUEL 200 MG TABLET	QL	2/day	PA < 6
SEROQUEL 25 MG TABLET	QL	4/day	PA < 6
SEROQUEL 300 MG TABLET	QL	2/day	PA < 6
SEROQUEL 400 MG TABLET	QL	2/day	PA < 6
SEROQUEL 50 MG TABLET	QL	3/day	PA < 6
SEROQUEL XR 150 MG TABLET	QL, PA < age 6	1/day	
SEROQUEL XR 200 MG TABLET	QL	1/day	PA < 6
SEROQUEL XR 300 MG TABLET	QL	2/day	PA < 6
SEROQUEL XR 400 MG TABLET	QL	2/day	PA < 6
SEROQUEL XR 50 MG TABLET	QL, PA < age 6	2/day	
ZYPREXA 10 MG TABLET	QL	1/day	PA < 6

ZYPREXA 1.5 MG TABLET	QL	1/day	PA < 6
ZYPREXA 2.5 MG TABLET	QL	1/day	PA < 6
ZYPREXA 20 MG TABLET	QL	1/day	PA < 6
ZYPREXA 5 MG TABLET	QL	1/day	PA < 6
ZYPREXA 7.5 MG TABLET	QL	1/day	PA < 6
ZYPREXA ZYDIS 10 MG TABLET	QL	1/day	PA < 6
ZYPREXA ZYDIS 15 MG TABLET	QL	1/day	PA < 6
ZYPREXA ZYDIS 20 MG TABLET	QL	1/day	PA < 6
ZYPREXA ZYDIS 5 MG TABLET	QL	1/day	PA < 6

ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES

Drug Name	Formulary Status	Quantity Limit	Age Limit
NAVANE 20 MG CAPSULE	GP		
THIOTHIXENE 1 MG CAPSULE	Y		
THIOTHIXENE 10 MG CAPSULE	Y		
THIOTHIXENE 2 MG CAPSULE	Y		
THIOTHIXENE 5 MG CAPSULE	Y		

ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES

Drug Name	Formulary Status	Quantity Limit	Age Limit
HALDOL DECANOATE 50 AMPUL	GP		
HALOPERIDOL 0.5 MG TABLET	Y		
HALOPERIDOL 1 MG TABLET	Y		
HALOPERIDOL 10 MG TABLET	Y		
HALOPERIDOL 2 MG TABLET	Y		
HALOPERIDOL 20 MG TABLET	Y		
HALOPERIDOL 5 MG TABLET	Y		
HALOPERIDOL DEC 100 MG/ML VIAL	Y		
HALOPERIDOL DEC 50 MG/ML VIAL	Y		
HALOPERIDOL LAC 2 MG/ML CONC	Y		
HALOPERIDOL LAC 5 MG/ML VIAL	Y		

ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES

Drug Name	Formulary Status	Quantity Limit	Age Limit
MOBAN 10 MG TABLET	Y		
MOBAN 25 MG TABLET	Y		

MOBAN 5 MG TABLET Y
 MOBAN 50 MG TABLET Y

ANTI-PSYCHOTICS,PHENOTHIAZINES

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHLORPROMAZINE 10 MG TABLET	Y		
CHLORPROMAZINE 100 MG TABLET	Y		
CHLORPROMAZINE 200 MG TABLET	Y		
CHLORPROMAZINE 25 MG TABLET	Y		
CHLORPROMAZINE 50 MG TABLET	Y		
FLUPHENAZINE 1 MG TABLET	Y		
FLUPHENAZINE 10 MG TABLET	Y		
FLUPHENAZINE 2.5 MG TABLET	Y		
FLUPHENAZINE 2.5 MG/5 ML ELIX	Y		
FLUPHENAZINE 2.5 MG/ML VIAL	Y		
FLUPHENAZINE 5 MG TABLET	Y		
FLUPHENAZINE 5 MG/ML CONC	Y		
FLUPHENAZINE DEC 25 MG/ML VL	QL	10 every 26 days	
PERPHENAZINE 16 MG TABLET	Y		
PERPHENAZINE 2 MG TABLET	Y		
PERPHENAZINE 4 MG TABLET	Y		
PERPHENAZINE 8 MG TABLET	Y		
THIORIDAZINE 10 MG TABLET	Y		
THIORIDAZINE 100 MG TABLET	Y		
THIORIDAZINE 25 MG TABLET	Y		
THIORIDAZINE 50 MG TABLET	Y		
TRIFLUOPERAZINE 1 MG TABLET	Y		
TRIFLUOPERAZINE 10 MG TABLET	Y		
TRIFLUOPERAZINE 2 MG TABLET	Y		
TRIFLUOPERAZINE 5 MG TABLET	Y		

BIPOLAR DISORDER DRUGS

Drug Name	Formulary Status	Quantity Limit	Age Limit
LITHIUM CARBONATE 150 MG CAP	Y		
LITHIUM CARBONATE 300 MG CAP	Y		
LITHIUM CARBONATE 300 MG TAB	Y		

LITHIUM CARBONATE 600 MG CAP	Y
LITHIUM CARBONATE ER 300 MG TB	Y
LITHIUM ER 450 MG TABLET	Y

MAOIS - NON-SELECTIVE & IRREVERSIBLE

Drug Name	Formulary Status	Quantity Limit	Age Limit
TRANLYCYPROMINE SULF 10 MG TAB	Y		

NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUDEPRION SR 100 MG TABLET	QL	2/day	
BUDEPRION SR 150 MG TABLET	QL	2/day	
BUDEPRION XL 150 MG TABLET	QL	1/day	
BUDEPRION XL 300 MG TABLET	QL	1/day	
BUPROPION HCL 100 MG TABLET	QL	4/day	
BUPROPION HCL 75 MG TABLET	QL	4/day	
BUPROPION HCL SR 100 MG TABLET	QL	2/day	
BUPROPION HCL SR 200 MG TAB	QL	2/day	
BUPROPION HCL XL 150 MG TABLET	QL	1/day	
BUPROPION HCL XL 300 MG TABLET	QL	1/day	
BUPROPION SR 150 MG TABLET	QL	2/day	

SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)

Drug Name	Formulary Status	Quantity Limit	Age Limit
CITALOPRAM 10 MG/5 ML SOLUTION	QL	15mL/day	
CITALOPRAM HBR 10 MG TABLET	QL	1/day	
CITALOPRAM HBR 20 MG TABLET	QL	1.5/day	
CITALOPRAM HBR 40 MG TABLET	QL	1.5/day	
FLUOXETINE 20 MG/5 ML SOLUTION	QL	5mL/day	
FLUOXETINE HCL 10 MG CAPSULE	QL	3/day	
FLUOXETINE HCL 10 MG TABLET	QL	3/day	
FLUOXETINE HCL 20 MG CAPSULE	QL	4/day	
FLUOXETINE HCL 20 MG TABLET	QL	4/day	
FLUOXETINE HCL 40 MG CAPSULE	QL	2/day	
FLUVOXAMINE MALEATE 100 MG TAB	QL	3/day	
FLUVOXAMINE MALEATE 25 MG TAB	QL	1/day	

FLUVOXAMINE MALEATE 50 MG TAB	QL	1.5/day
PAROXETINE HCL 10 MG TABLET	QL	1/day
PAROXETINE HCL 10 MG/5 ML SUSP	QL	15mL/day
PAROXETINE HCL 20 MG TABLET	QL	1/day
PAROXETINE HCL 30 MG TABLET	QL	2/day
PAROXETINE HCL 40 MG TABLET	QL	1/day
SERTRALINE 20 MG/ML ORAL CONC	Y	
SERTRALINE HCL 100 MG TABLET	QL	2/day
SERTRALINE HCL 25 MG TABLET	QL	1/day
SERTRALINE HCL 50 MG TABLET	QL	1.5/day

SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)

Drug Name	Formulary Status	Quantity Limit	Age Limit
NEFAZODONE HCL 100 MG TABLET	Y		
NEFAZODONE HCL 150 MG TABLET	Y		
NEFAZODONE HCL 200 MG TABLET	Y		
NEFAZODONE HCL 250 MG TABLET	Y		
NEFAZODONE HCL 50 MG TABLET	Y		
TRAZODONE 100 MG TABLET	Y		
TRAZODONE 150 MG TABLET	Y		
TRAZODONE 300 MG TABLET	Y		
TRAZODONE 50 MG TABLET	Y		

SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)

Drug Name	Formulary Status	Quantity Limit	Age Limit
EFFEXOR XR 150 MG CAPSULE	GP	1/day	
EFFEXOR XR 37.5 MG CAPSULE	GP	1/day	
EFFEXOR XR 75 MG CAPSULE	GP	1/day	
VENLAFAXINE HCL 100 MG TABLET	QL	3/day	
VENLAFAXINE HCL 25 MG TABLET	QL	3/day	
VENLAFAXINE HCL 37.5 MG TABLET	QL	3/day	
VENLAFAXINE HCL 50 MG TABLET	QL	3/day	
VENLAFAXINE HCL 75 MG TABLET	QL	3/day	
VENLAFAXINE HCL ER 150 MG CAP	QL	1/day	
VENLAFAXINE HCL ER 150 MG TAB	QL	1/day	
VENLAFAXINE HCL ER 225 MG TAB	QL	1/day	

VENLAFAXINE HCL ER 37.5 MG CAP	QL	1/day
VENLAFAXINE HCL ER 37.5 MG TAB	QL	1/day
VENLAFAXINE HCL ER 75 MG CAP	QL	1/day
VENLAFAXINE HCL ER 75 MG TAB	QL	1/day

TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHLORDIAZEPO-AMITRIPTYL 5-12.5	QL	6/day	
CHLORDIAZEPOX-AMITRIPTYL 10-25	QL	6/day	

TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS

Drug Name	Formulary Status	Quantity Limit	Age Limit
PERPHEN-AMITRIP 2 MG-10 MG TAB	Y		
PERPHEN-AMITRIP 2 MG-25 MG TAB	Y		
PERPHEN-AMITRIP 4 MG-10 MG TAB	Y		
PERPHEN-AMITRIP 4 MG-25 MG TAB	Y		
PERPHEN-AMITRIP 4 MG-50 MG TAB	Y		

TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMITRIPTYLINE HCL 10 MG TAB	Y		
AMITRIPTYLINE HCL 100 MG TAB	Y		
AMITRIPTYLINE HCL 150 MG TAB	Y		
AMITRIPTYLINE HCL 25 MG TAB	Y		
AMITRIPTYLINE HCL 50 MG TAB	Y		
AMITRIPTYLINE HCL 75 MG TAB	Y		
AMOXAPINE 100 MG TABLET	Y		
AMOXAPINE 150 MG TABLET	Y		
AMOXAPINE 25 MG TABLET	Y		
AMOXAPINE 50 MG TABLET	Y		
CLOMIPRAMINE 25 MG CAPSULE	Y		
CLOMIPRAMINE 50 MG CAPSULE	Y		
CLOMIPRAMINE 75 MG CAPSULE	Y		
DESIPRAMINE 10 MG TABLET	Y		
DESIPRAMINE 100 MG TABLET	Y		
DESIPRAMINE 150 MG TABLET	Y		

DESIPRAMINE 25 MG TABLET	Y
DESIPRAMINE 50 MG TABLET	Y
DESIPRAMINE 75 MG TABLET	Y
DOXEPIN 10 MG CAPSULE	Y
DOXEPIN 10 MG/ML ORAL CONC	Y
DOXEPIN 100 MG CAPSULE	Y
DOXEPIN 150 MG CAPSULE	Y
DOXEPIN 25 MG CAPSULE	Y
DOXEPIN 50 MG CAPSULE	Y
DOXEPIN 75 MG CAPSULE	Y
IMIPRAMINE HCL 10 MG TABLET	Y
IMIPRAMINE HCL 25 MG TABLET	Y
IMIPRAMINE HCL 50 MG TABLET	Y
MAPROTILINE 25 MG TABLET	Y
MAPROTILINE 50 MG TABLET	Y
MAPROTILINE 75 MG TABLET	Y
NORTRIPTYLINE 10 MG/5 ML SOL	Y
NORTRIPTYLINE HCL 10 MG CAP	Y
NORTRIPTYLINE HCL 25 MG CAP	Y
NORTRIPTYLINE HCL 50 MG CAP	Y
NORTRIPTYLINE HCL 75 MG CAP	Y
PROTRIPTYLINE HCL 10 MG TABLET	Y
PROTRIPTYLINE HCL 5 MG TABLET	Y

TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY

Drug Name	Formulary Status	Quantity Limit	Age Limit
CONCERTA ER 18 MG TABLET	QL	1/day	
CONCERTA ER 27 MG TABLET	QL	1/day	
CONCERTA ER 36 MG TABLET	QL	2/day	
CONCERTA ER 54 MG TABLET	QL	1/day	
DEXMETHYLPHENIDATE 10 MG TAB	QL	2/day	
DEXMETHYLPHENIDATE 2.5 MG TAB	QL	2/day	
DEXMETHYLPHENIDATE 5 MG TAB	QL	2/day	
METADATE ER 20 MG TABLET	QL	3/day	
METHYLIN 10 MG TABLET	QL	3/day	

METHYLIN 20 MG TABLET	QL	3/day
METHYLIN 5 MG TABLET	QL	3/day
METHYLIN ER 10 MG TABLET	QL	3/day
METHYLIN ER 20 MG TABLET	QL	3/day
METHYLPHENIDATE 10 MG TABLET	Y	
METHYLPHENIDATE 20 MG TABLET	Y	
METHYLPHENIDATE 5 MG TABLET	Y	
METHYLPHENIDATE ER 20 MG TAB	QL	3/day
METHYLPHENIDATE SR 20 MG TAB	QL	3/day

TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE

Drug Name	Formulary Status	Quantity Limit	Age Limit
STRATTERA 10 MG CAPSULE	QL	2/day	
STRATTERA 100 MG CAPSULE	QL	1/day	
STRATTERA 18 MG CAPSULE	QL	4/day	
STRATTERA 25 MG CAPSULE	QL	2/day	
STRATTERA 40 MG CAPSULE	QL	2/day	
STRATTERA 60 MG CAPSULE	QL	1/day	
STRATTERA 80 MG CAPSULE	QL	1/day	

SEDATIVE/HYPNOTICS

BARBITURATES

Drug Name	Formulary Status	Quantity Limit	Age Limit
PHENOBARBITAL 100 MG TABLET	Y		
PHENOBARBITAL 15 MG TABLET	Y		
PHENOBARBITAL 16.2 MG TABLET	Y		
PHENOBARBITAL 20 MG/5 ML ELIX	Y		
PHENOBARBITAL 30 MG TABLET	Y		
PHENOBARBITAL 32.4 MG TABLET	Y		
PHENOBARBITAL 60 MG TABLET	Y		
PHENOBARBITAL 64.8 MG TABLET	Y		
PHENOBARBITAL 97.2 MG TABLET	Y		

SEDATIVE-HYPNOTICS, NON-BARBITURATE

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALLERGY RELIEF 25 MG TABLET	OTC	100 every 26 days	

CHLORAL HYDRATE 500 MG/5 ML	Y	
DIPHENHYDRAMINE 25 MG TABLET	OTC	100 every 26 days
ESTAZOLAM 1 MG TABLET	QL	1/day
ESTAZOLAM 2 MG TABLET	QL	1/day
FLURAZEPAM 15 MG CAPSULE	QL	1/day
FLURAZEPAM 30 MG CAPSULE	QL	1/day
SIMPLY SLEEP 25 MG CAPLET	OTC	100 every 26 days
TEMAZEPAM 15 MG CAPSULE	QL	1/day
TEMAZEPAM 30 MG CAPSULE	QL	1/day
TRIAZOLAM 0.125 MG TABLET	QL	2/day
TRIAZOLAM 0.25 MG TABLET	QL	1/day
ZOLPIDEM TARTRATE 10 MG TABLET	QL	1/day
ZOLPIDEM TARTRATE 5 MG TABLET	QL	1/day

SKIN PREPS

ACNE AGENTS,SYSTEMIC

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMNESTEEM 10 MG CAPSULE	Y		
AMNESTEEM 20 MG CAPSULE	Y		
AMNESTEEM 40 MG CAPSULE	Y		
CLARAVIS 10 MG CAPSULE	Y		
CLARAVIS 20 MG CAPSULE	Y		
CLARAVIS 30 MG CAPSULE	Y		PA > 21
CLARAVIS 40 MG CAPSULE	Y		
SOTRET 10 MG CAPSULE	Y		
SOTRET 20 MG CAPSULE	Y		
SOTRET 30 MG CAPSULE	Y		
SOTRET 40 MG CAPSULE	Y		

ACNE AGENTS, TOPICAL

Drug Name	Formulary Status	Quantity Limit	Age Limit
BENZACLIN GEL 35G PUMP	GP		
BENZACLIN GEL 50G PUMP	GP		
CLINDAMYCIN-BENZOYL PEROX GEL	Y		
SODIUM SULFACETAMIDE 10% LOT	Y		

SULFACETAMIDE SOD 10% TOP SUSP

Y

ANTIPERSPIRANTS

Drug Name

HYPERCARE 20% SOLUTION

Formulary Status

Y

Quantity Limit

Age Limit

ANTIPRURITICS, TOPICAL

Drug Name

ALLERGY 2% CREAM

ANTI-ITCH 2% CREAM

BANOPHEN ANTI-ITCH 2% CREAM

CVS ANTI-ITCH 2% CREAM

DIPHENHIST WITH ZINC CREAM

DIPHENHYDRAMINE HCL 2% CREAM

GNP ANTI-ITCH 2% CREAM

RA DIPHENHYDRAMINE 2% CREAM

SM ALLERGY 2% CREAM

SM ANTI-ITCH 2% CREAM

Formulary Status

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

Quantity Limit

Age Limit

ANTIPSORIATIC AGENTS, SYSTEMIC

Drug Name

8-MOP 10 MG CAPSULE

Formulary Status

Y

Quantity Limit

Age Limit

ANTIPSORIATICS AGENTS

Drug Name

CALCIPOTRIENE 0.005% SOLUTION

Formulary Status

Y

Quantity Limit

Age Limit

ANTISEBORRHEIC AGENTS

Drug Name

SELENIUM SULF 2.5% SHAMPOO

SELENIUM SULFIDE 2.5% LOTION

Formulary Status

Y

Y

Quantity Limit

Age Limit

ASTRINGENTS

Drug Name

A-MANTLE CREAM

Formulary Status

QL

Quantity Limit

30 every 10 days

Age Limit

EMOLLIENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AMLACTIN 12% CREAM	Y		
AMLACTIN 12% LOTION	Y		
AMMONIUM LACTATE 12% CREAM	Y		
AMMONIUM LACTATE 12% LOTION	Y		
LACLOTION 12% LOTION	Y		
RISABAL-PH CREAM	OTC		

HYPOPIGMENTATION AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
HYDROQUINONE 4% CREAM	Y		
LUSTRA 4% CREAM	Y		

IMMUNOMODULATORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
IMIQUIMOD 5% CREAM	QL	48/year	

IRRITANTS/COUNTER-IRRITANTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BETATAR GEL SHAMPOO	OTC		
CAPSAICIN 0.025% CREAM	OTC	60 every 20 days	
CAPSAICIN 0.075% CREAM	OTC	60 every 20 days	
DOAK TAR SHAMPOO	OTC		
IONIL T SHAMPOO	OTC		
RA THERAPEUTIC 2% SHAMPOO	OTC		
SM ANTI-DANDRUFF 0.5% SHAMPOO	OTC		
THERA-GEL 0.5% SHAMPOO	OTC		
X-SEB T PLUS SHAMPOO	OTC		
ZOSTRIX DIABETIC 0.075% CREAM	OTC	60 every 20 days	
ZOSTRIX HP 0.075% CREAM	OTC	60 every 20 days	

KERATOLYTICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACNE TREATMENT CREAM	OTC		
BENZAC AC WASH 10% LIQUID	GP		

BENZAC AC WASH 5% LIQUID	GP	
BENZAC W WASH 10% LIQUID	GP	
BENZAC W WASH 5% LIQUID	GP	
BENZOYL PEROXIDE 10% GEL	Y	
BENZOYL PEROXIDE 10% WASH	Y	
BENZOYL PEROXIDE 2.5% GEL	Y	
BENZOYL PEROXIDE 2.5% WASH	Y	
BENZOYL PEROXIDE 5% GEL	Y	
BENZOYL PEROXIDE 5% WASH	Y	
BENZOYL PEROXIDE 6% CLEANSER	Y	
CARMOL 40 CREAM	Y	
CLEARSKIN CREAM	OTC	
CONDYLOX 0.5% GEL	GP	
DESQUAM-X 5% WASH	Y	
DUOFILM LIQUID	QL	15 every 26 days
GNP ACNE TREATMENT CREAM	OTC	
OSCION 6% CLEANSER	Y	
PODOCON-25 LIQUID	Y	
PODOFILOX 0.5% TOPICAL SOLN	Y	
RA ACNE TREATMENT 10% CREAM	OTC	
UREA 40% CREAM	Y	
VANAMIDE 40% CREAM	Y	

PROTECTIVES

Drug Name	Formulary Status	Quantity Limit	Age Limit
CALAMINE LOTION	OTC	240 every 7 days	
CALAMINE SUSPENSION	OTC	240 every 7 days	
DESITIN DIAPER RASH OINTMENT	OTC		
RA CALAMINE LOTION	OTC	240 every 7 days	
RA ZINC OXIDE OINTMENT	OTC		
SM CALAMINE LOTION	OTC	240 every 7 days	
ZINC OXIDE 20% OINTMENT	OTC		
ZINC OXIDE OINTMENT	OTC		

SM TRIPLE ANTIBIOTIC OINTMENT	OTC	30 every 10 days
SM TRIPLE ANTIBIOTIC PLUS OINT	OTC	30 every 10 days
TRIPLE ANTIBIOTIC OINTMENT	OTC	30 every 10 days
TRIPLE ANTIBIOTIC PLUS OINT	OTC	30 every 10 days
TRIPLE ANTIBIOTIC PLUS OINTMNT	OTC	30 every 10 days
TRIPLE ANTIBIOTIC XTRA OINT	OTC	30 every 10 days

TOPICAL ANTIFUNGALS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ANTIFUNGAL 1% CREAM	OTC	30 every 7 days	
ANTI-FUNGAL 1% LIQUID	OTC	30 every 26 days	
ANTIFUNGAL 2% CREAM	OTC	15 every 7 days	
ATHLETE'S 1% FOOT CREAM	OTC		
ATHLETES FOOT 1% CREAM	OTC		
ATHLETE'S FOOT 1% CREAM	OTC	30 every 7 days	
CICLOPIROX 0.77% CREAM	Y	500	
CICLOPIROX 0.77% GEL	Y	424	
CICLOPIROX 0.77% TOPICAL SUSP	Y		
CICLOPIROX 8% SOLUTION	QL	6.6 every 68 days	
CLOTRIM ANTIFUNGAL CREAM	OTC	30 every 7 days	
CLOTRIMAZOLE 1% CREAM	QL	30 every 7 days	
CLOTRIMAZOLE 1% SOLUTION	QL	30 every 26 days	
CLOTRIMAZOLE-BETAMETHASONE CRM	QL	15 every 14 days	
CLOTRIMAZOLE-BETAMETHASONE LOT	Y		
CVS ATHLETE'S FOOT 1% CREAM	OTC		
DESENEX MAX 1% CREAM	OTC		
GNP ANTIFUNGAL 1% CREAM	OTC	30 every 7 days	
KETOCONAZOLE 2% CREAM	Y		
KETOCONAZOLE 2% SHAMPOO	Y		
LAMISIL 1% CREAM	OTC		
LAMISIL 1% SOLUTION	Y		
LAMISIL AF DEFENSE 1% POWDER	OTC	45 every 7 days	
LAMISIL AF DEFENSE CRM TO POWD	OTC	15 every 7 days	
LAMISIL AT 1% CREAM	OTC		
LAMISIL AT 1% SPRAY	OTC		

LOTRIMIN AF 2% POWDER	OTC	70 every 15 days
MICATIN 2% CREAM	OTC	15 every 7 days
MICONAZOLE NITRATE 2% CREAM	OTC	15 every 7 days
NEOSPORIN AF 2% SPRAY POWDER	OTC	85 every 10 days
NEOSPORIN AF CREAM	OTC	15 every 7 days
NYAMYC 100,000 UNITS/GM POWDER	Y	
NYSTATIN 100,000 UNIT/GM CREAM	Y	
NYSTATIN 100,000 UNIT/GM POWD	Y	
NYSTATIN 100,000 UNITS/GM OINT	Y	
NYSTATIN-TRIAMCINOLONE CREAM	Y	
NYSTATIN-TRIAMCINOLONE OINTM	Y	
NYSTOP 100,000 UNITS/GM POWDER	Y	
PEDI-DRI TOPICAL POWDER	Y	
RA ANTIFUNGAL 2% CREAM	OTC	15 every 7 days
RA ATHLETE'S 1% FOOT CREAM	OTC	30 every 7 days
RA CLOTRIMAZOLE AF CREAM	QL	30 every 7 days
SM ANTIFUNGAL 1% CREAM	OTC	30 every 7 days
SM ATHLETE'S 1% FOOT CREAM	OTC	
SM CLOTRIMAZOLE AF 1% CREAM	QL	30 every 7 days
SM MICONAZOLE NITRATE 2% CREAM	OTC	15 every 7 days
TERBINAFINE 1% CREAM	OTC	
TERBINAFINE HCL 1% CREAM	OTC	
TOLNAFTATE 1% CREAM	OTC	15 every 7 days
TOLNAFTATE 1% POWDER	OTC	45 every 7 days
TOLNAFTATE 1% SOLUTION	OTC	10 every 22 days
TOLNAFTATE AF 1% CREAM	OTC	15 every 7 days
ZEASORB-AF 2% POWDER	OTC	70 every 15 days

TOPICAL ANTI-INFLAMMATORY STEROIDAL

Drug Name	Formulary Status	Quantity Limit	Age Limit
ANTI-ITCH 1% CREAM	OTC	30 every 7 days	
ANTI-ITCH 1% OINTMENT	OTC	30 every 7 days	
APEXICON 0.05% OINTMENT	Y		
AQUANIL HC 1% LOTION	OTC		
BETA HC 1% LOTION	OTC		

BETAMETHASONE DP 0.05% CRM	Y		
BETAMETHASONE DP 0.05% LOT	Y		
BETAMETHASONE DP 0.05% OINT	Y		
BETAMETHASONE DP AUG 0.05% OIN	QL	30 every 10 days	
BETAMETHASONE VA 0.1% CREAM	Y		
BETAMETHASONE VA 0.1% LOTION	Y		
BETAMETHASONE VALER 0.1% OINTM	Y		
BETA-VAL 0.1% CREAM	Y		
BETA-VAL 0.1% LOTION	Y		
CAPEX SHAMPOO	Y		
CLOBETASOL 0.05% CREAM	Y		
CLOBETASOL 0.05% GEL	Y		
CLOBETASOL 0.05% OINTMENT	Y		
CLOBETASOL 0.05% SOLUTION	Y		
CORMAX 0.05% CREAM	Y		
CORMAX 0.05% OINTMENT	Y		
CORTAID 1% CREAM	OTC	30 every 7 days	
CORTIZONE-10 1% CREME	OTC	30 every 7 days	
CORTIZONE-10 1% OINTMENT	OTC	30 every 7 days	
CORTIZONE-10 PLUS 1% CREME	OTC	30 every 7 days	
CORTIZONE-10 PLUS CREME	OTC	30 every 7 days	
CVS ANTI-ITCH 1% CREAM	OTC	30 every 7 days	
DERMA-SMOOTH-FS BODY OIL	Y		< 18 only
DERMA-SMOOTH-FS SCALP OIL	Y		< 18 only
DESONIDE 0.05% CREAM	Y		
DESONIDE 0.05% LOTION	Y		
DESONIDE 0.05% OINTMENT	Y		
DESOWEN 0.05% OINTMENT	Y		
DIFLORASONE 0.05% CREAM	Y		
DIFLORASONE 0.05% OINTMENT	Y		
FLUOCINOLONE 0.01% CREAM	Y		
FLUOCINOLONE 0.01% SOLUTION	Y		
FLUOCINOLONE 0.025% CREAM	Y		
FLUOCINOLONE 0.025% OINT	Y		
FLUOCINONIDE 0.05% CREAM	Y		

FLUOCINONIDE 0.05% GEL	Y	
FLUOCINONIDE 0.05% OINTMENT	Y	
FLUOCINONIDE 0.05% SOLUTION	Y	
FLUTICASONE PROP 0.05% CREAM	Y	
HALOBETASOL PROP 0.05% CREAM	Y	
HALOBETASOL PROP 0.05% OINTMNT	Y	
HYDROCORTISONE 0.5% CREAM	QL	30 every 7 days
HYDROCORTISONE 0.5% OINTMENT	QL	30 every 7 days
HYDROCORTISONE 1% CREAM	QL	30 every 7 days
HYDROCORTISONE 1% LOTION	Y	
HYDROCORTISONE 1% OINTMENT	QL	30 every 7 days
HYDROCORTISONE 2.5% CREAM	Y	
HYDROCORTISONE 2.5% LOTION	Y	
HYDROCORTISONE 2.5% OINTMENT	Y	
HYDROCORTISONE PLUS 1% CREAM	QL	30 every 7 days
HYDROCORTISONE PLUS 12 1% CRM	QL	30 every 7 days
HYDROCORTISONE VAL 0.2% CREAM	Y	
HYDROCORTISONE VAL 0.2% OINTMT	Y	
HYDROCORTISONE-ALOE 1% CREAM	QL	30 every 7 days
ITCH-X HC 1% LOTION	OTC	
KENALOG AEROSOL SPRAY	GP	
LOKARA 0.05% LOTION	Y	
MOMETASONE FUROATE 0.1% CREAM	QL	15 every 14 days
MOMETASONE FUROATE 0.1% OINT	QL	15 every 14 days
MOMETASONE FUROATE 0.1% SOLN	QL	30 every 14 days
PREPARATION H 1% CREAM	OTC	30 every 7 days
RA ANTI-ITCH 1% CREAM	OTC	30 every 7 days
RA HYDROCORTISONE 0.5% CRM	QL	30 every 7 days
RA HYDROCORTISONE 1% CREAM	QL	30 every 7 days
RA HYDROCORTISONE 1% OINT	QL	30 every 7 days
RA SCALP-CORT 1% LOTION	OTC	
RECORT PLUS 1% CREAM	QL	30 every 7 days
SARNOL-HC 1% LOTION	OTC	
SM HYDROCORTISONE 0.5% CREAM	QL	30 every 7 days
SM HYDROCORTISONE 1% CREAM	QL	30 every 7 days

SM HYDROCORTISONE 1% OINTMENT	QL	30 every 7 days
TRIAMCINOLONE 0.025% CREAM	Y	
TRIAMCINOLONE 0.025% LOTION	Y	
TRIAMCINOLONE 0.025% OINT	Y	
TRIAMCINOLONE 0.05% OINT	Y	
TRIAMCINOLONE 0.1% CREAM	Y	
TRIAMCINOLONE 0.1% LOTION	Y	
TRIAMCINOLONE 0.1% OINTMENT	Y	
TRIAMCINOLONE 0.5% CREAM	Y	
TRIAMCINOLONE 0.5% OINTMENT	Y	

TOPICAL ANTIPARASITICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ACTICIN 5% CREAM	QL	120 every 6 months	
EURAX 10% CREAM	Y		
EURAX 10% LOTION	Y		
LINDANE 1% LOTION	Y		
LINDANE 1% SHAMPOO	Y		
PERMETHRIN 1% LOTION	QL	120 every 22 days	
PERMETHRIN 5% CREAM	QL	120 every 6 months	
SB LICE TREATMENT RINSE	QL	120 every 22 days	
SM LICE TREATMENT PERMETHRIN	QL	120 every 22 days	
V-R LICE CREAM RINSE	OTC	120 every 22 days	

TOPICAL ANTIVIRALS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ZOVIRAX 5% OINTMENT	Y		

TOPICAL LOCAL ANESTHETICS

Drug Name	Formulary Status	Quantity Limit	Age Limit
LIDOCAINE 5% OINTMENT	Y		
LIDOCAINE-PRILOCAINE CREAM	Y	150	
LIDOCAINE-PRILOCAINE CREAM	Y		

TOPICAL PREPARATIONS,ANTIBACTERIALS

Drug Name	Formulary Status	Quantity Limit	Age Limit
BETASEPT 4% SURGICAL SCRUB	OTC	120 every 10 days	

TOPICAL SULFONAMIDES

Drug Name	Formulary Status	Quantity Limit	Age Limit
SILVER SULFADIAZINE 1% CRM	Y		
SOD SULFACETAMIDE-SULFUR LOTN	Y		
SODIUM SULF-SULFUR CLEANSER	Y		
SSD 1% CREAM	Y		
SSD AF 1% CREAM	Y		
THERMAZENE 1% CREAM	Y		

TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES

Drug Name	Formulary Status	Quantity Limit	Age Limit
SANTYL OINTMENT	Y		

VITAMIN A DERIVATIVES

Drug Name	Formulary Status	Quantity Limit	Age Limit
TRETINOIN 0.01% GEL	Y		
TRETINOIN 0.025% CREAM	Y		
TRETINOIN 0.025% GEL	Y		
TRETINOIN 0.05% CREAM	Y		
TRETINOIN 0.1% CREAM	Y		

VITAMIN A DERIVATIVES, TOPICAL COSMETIC AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
REFISSA 0.05% CREAM	Y		

SMOKING DETERRENTS**SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)**

Drug Name	Formulary Status	Quantity Limit	Age Limit
LDR NICOTINE 2 MG CHEWING GUM	OTC		
LDR NICOTINE 4 MG CHEWING GUM	OTC		
NICODERM CQ 14 MG/24HR PATCH	OTC	28	
NICODERM CQ 21 MG/24HR PATCH	OTC	28	
NICODERM CQ 7 MG/24HR PATCH	OTC	28	
NICORELIEF 2 MG GUM	OTC		
NICORELIEF 4 MG GUM	OTC		
NICORETTE 2 MG CHEWING GUM	GP		

NICOTINE 14 MG/24HR PATCH	OTC	28
NICOTINE 2 MG CHEWING GUM	OTC	
NICOTINE 2 MG LOZENGE	OTC	
NICOTINE 21 MG/24HR PATCH	OTC	28
NICOTINE 4 MG CHEWING GUM	OTC	
NICOTINE 4 MG LOZENGE	OTC	
NICOTINE 7 MG/24HR PATCH	OTC	28
NICOTINE TRANSDERMAL SYSTEM	OTC	28
NICOTROL NS 10 MG/ML SPRAY	QL	60
RA NICOTINE 14 MG/24HR PATCH	OTC	28
RA NICOTINE 2 MG CHEWING GUM	OTC	
RA NICOTINE 2 MG LOZENGE	OTC	
RA NICOTINE 21 MG/24HR PATCH	OTC	28
RA NICOTINE 4 MG CHEWING GUM	OTC	
RA NICOTINE 4 MG LOZENGE	OTC	
RA NICOTINE 7 MG/24HR PATCH	OTC	28
SM NICOTINE 2 MG CHEWING GUM	OTC	
SM NICOTINE 2 MG LOZENGE	OTC	
SM NICOTINE 4 MG CHEWING GUM	OTC	
SM NICOTINE 4 MG LOZENGE	OTC	
SM NICOTINE 7 MG/24HR PATCH	OTC	28
THRIVE NICOTINE 2 MG GUM	OTC	
THRIVE NICOTINE 4 MG GUM	OTC	

SMOKING DETERRENTS, OTHER

Drug Name	Formulary Status	Quantity Limit	Age Limit
BUPROBAN 150 MG TABLET	Y		
BUPROPION SR 150 MG TABLET	QL	2/day	

THYROID PREPS

ANTITHYROID PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
METHIMAZOLE 10 MG TABLET	Y		
METHIMAZOLE 5 MG TABLET	Y		
PROPYLTHIOURACIL 50 MG TABLET	Y		

THYROID HORMONES

Drug Name	Formulary Status	Quantity Limit	Age Limit
ARMOUR THYROID 120 MG TABLET	GP		
ARMOUR THYROID 15 MG TABLET	GP		
ARMOUR THYROID 180 MG TABLET	GP		
ARMOUR THYROID 240 MG TABLET	GP		
ARMOUR THYROID 30 MG TABLET	GP		
ARMOUR THYROID 300 MG TABLET	GP		
ARMOUR THYROID 60 MG TABLET	GP		
ARMOUR THYROID 90 MG TABLET	GP		
LEVOTHYROXINE 100 MCG TABLET	Y		
LEVOTHYROXINE 112 MCG TABLET	Y		
LEVOTHYROXINE 125 MCG TABLET	Y		
LEVOTHYROXINE 137 MCG TABLET	Y		
LEVOTHYROXINE 150 MCG TABLET	Y		
LEVOTHYROXINE 175 MCG TABLET	Y		
LEVOTHYROXINE 200 MCG TABLET	Y		
LEVOTHYROXINE 25 MCG TABLET	Y		
LEVOTHYROXINE 300 MCG TABLET	Y		
LEVOTHYROXINE 50 MCG TABLET	Y		
LEVOTHYROXINE 75 MCG TABLET	Y		
LEVOTHYROXINE 88 MCG TABLET	Y		
LIOETHYRONINE SOD 25 MCG TAB	Y		
LIOETHYRONINE SOD 5 MCG TAB	Y		
LIOETHYRONINE SOD 50 MCG TAB	Y		
THYROID 32.5 MG TABLET	Y		

UNCLASSIFIED DRUG PRODUCTS**AGENTS TO TREAT MULTIPLE SCLEROSIS**

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVONEX ADMIN PACK 30 MCG VL	PA		
AVONEX PREFILLED SYR 30 MCG	PA		
COPAXONE 20 MG INJECTION KIT	PA		

ANTI-ALCOHOLIC PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ANTABUSE 250 MG TABLET	Y		
ANTABUSE 500 MG TABLET	Y		

APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.

Drug Name	Formulary Status	Quantity Limit	Age Limit
MEGACE 40 MG/ML ORAL SUSP	PA		
MEGACE ES 625 MG/5 ML SUSP	PA		
MEGESTROL ACET 40 MG/ML SUSP	PA		

BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
AVODART 0.5 MG SOFTGEL	Y		
FINASTERIDE 5 MG TABLET	Y		
TAMSULOSIN HCL 0.4 MG CAPSULE	Y		

BONE RESORPTION INHIBITORS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ALENDRONATE SODIUM 10 MG TAB	QL	1/day	
ALENDRONATE SODIUM 35 MG TAB	QL	4/month	
ALENDRONATE SODIUM 40 MG TAB	QL	1/day	
ALENDRONATE SODIUM 5 MG TABLET	QL	1/day	
ALENDRONATE SODIUM 70 MG TAB	QL	4/month	
EVISTA 60 MG TABLET	QL	1/day	

BULK CHEMICALS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CAFFEINE CITRATE POWD PURIF	Y		
COAL TAR SOLN USP-NF	OTC		
COAL TAR SOLUTION	OTC		
COAL TAR TOPICAL SOLUTION	OTC		

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

Drug Name	Formulary Status	Quantity Limit	Age Limit
LEUCOVORIN CALCIUM 10 MG TAB	Y		
LEUCOVORIN CALCIUM 15 MG TAB	Y		

LEUCOVORIN CALCIUM 25 MG TAB	Y
LEUCOVORIN CALCIUM 5 MG TAB	Y

DENTAL AIDS AND PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHLORHEXIDINE 0.12% RINSE	Y		
PERIOGARD 0.12% ORAL RINSE	Y		
TRIAMCINOLONE 0.1% PASTE	QL	45	

METALLIC POISON,AGENTS TO TREAT

Drug Name	Formulary Status	Quantity Limit	Age Limit
CHEMET 100 MG CAPSULE	Y		

URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT

Drug Name	Formulary Status	Quantity Limit	Age Limit
DETROL 1 MG TABLET	QL	2/day	
DETROL 2 MG TABLET	QL	2/day	
DETROL LA 2 MG CAPSULE	QL	1/day	
DETROL LA 4 MG CAPSULE	QL	1/day	
OXYBUTYNIN 5 MG TABLET	QL	4/day	
OXYBUTYNIN 5 MG/5 ML SYRUP	Y		
OXYBUTYNIN CL ER 10 MG TABLET	QL	2/day	
OXYBUTYNIN CL ER 15 MG TABLET	QL	2/day	
OXYBUTYNIN CL ER 5 MG TABLET	QL	1/day	

VEHICLES

Drug Name	Formulary Status	Quantity Limit	Age Limit
ORA SWEET ORAL SYRUP	Y		
ORA-BLEND SUSPENSION	Y		
ORA-SWEET ORAL SYRUP	Y		

VITAMINS

ANTIOXIDANT MULTIVITAMIN COMBINATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
I-VITE TABLET	OTC		
OCUVITE TABLET	OTC		
SM OPTI-VITAMIN TABLET	OTC		

FOLIC ACID PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
FOLIC ACID 0.4 MG TABLET	OTC	100 every 26 days	
FOLIC ACID 0.8 MG TABLET	OTC	100 every 26 days	
FOLIC ACID 1 MG TABLET	Y		
FOLIC ACID 1,000 MCG TABLET	Y		
FOLIC ACID 400 MCG TABLET	OTC	100 every 26 days	
FOLIC ACID 800 MCG TABLET	OTC	100 every 26 days	
RA FOLIC ACID 0.4 MG TABLET	OTC	100 every 26 days	
RA FOLIC ACID 400 MCG TABLET	OTC	100 every 26 days	
RA FOLIC ACID 800 MCG TABLET	OTC	100 every 26 days	
SM FOLIC ACID 0.4 MG TABLET	OTC	100 every 26 days	

MULTIVITAMIN PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
A THRU Z SELECT WOMEN'S TABLET	OTC	136 every 80 days	
ANTIOXIDANT VITAMIN TABLET	OTC		
BEE-ZEE TABLET	OTC		
CEROVITE ADVANCED FORM TAB	OTC	100 every 34 days	
HAIR, SKIN & NAILS CAPLET	OTC		
HAIR,SKIN & NAILS CAPLET	OTC		
ICAPS PLUS TABLET	OTC		
MEGA MULTIVITAMIN-MINERAL TAB	OTC		
MEGA MULTIVIT-CHELATED MIN TAB	OTC		
MULTIPLE VITAMIN W-MINERALS TB	OTC		
MULTIVIT WITH MINERALS CAP	OTC	100 every 80 days	
MULTIVIT-MINERALS TABLET	OTC		
MYVITALIFE SOFT-GEL CAPSULE	OTC	100 every 80 days	
ONE DAILY MEN'S 50+ TABLET	OTC		
RA HAIR, SKIN & NAILS TABLET	OTC		
RA ONE DAILY ENERGY TABLET	OTC		
TAB-A-VITE-MINERALS TABLET	OTC		

NIACIN PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
NIACIN 1,000 MG TABLET SA	QL	100 every 22 days	
NIACIN 100 MG CAPLET	QL	100 every 22 days	
NIACIN 100 MG TABLET	QL	100 in prev 22 days	
NIACIN 100 MG TABLET	QL	100 every 22 days	
NIACIN 250 MG CAPSULE SA	QL	100 every 22 days	
NIACIN 250 MG TABLET	QL	100 every 26 days	
NIACIN 250 MG TABLET SA	QL	100 every 26 days	
NIACIN 250 MG TR TABLET	QL	100 every 22 days	
NIACIN 50 MG CAPLET	QL	100 every 22 days	
NIACIN 50 MG TABLET	QL	100 every 22 days	
NIACIN 50 MG TABLET	QL	100 every 26 days	
NIACIN 500 MG CAPLET SA	QL	100 every 22 days	
NIACIN 500 MG CAPSULE SA	QL	100 every 22 days	
NIACIN 500 MG TABLET	QL	100 every 26 days	
NIACIN 500 MG TABLET	QL	100 every 22 days	
NIACIN 500 MG TABLET SA	QL	100 every 26 days	
NIACIN 500 MG TABLET SA	QL	100 every 22 days	
NIACIN 750 MG TABLET SA	QL	100 every 22 days	
NIACIN TD 250 MG CAPSULE SA	QL	100 every 22 days	
RA NIACIN 100 MG TABLET	QL	100 every 22 days	
SLO-NIACIN 500 MG TABLET	OTC	100 every 26 days	

PEDIATRIC VITAMIN PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
MULTIVIT-FLUOR 0.25 MG TAB CHW	Y		
MULTIVIT-FLUOR 0.25 MG/ML DROP	Y		
MULTIVIT-FLUOR 0.5 MG/ML DROP	Y		
MULTIVIT-FLUORIDE 1 MG TAB CHW	Y		
MULT-VIT-FLUOR 0.5 MG TAB CHW	Y		
POLYVIT-FLUORIDE 0.25 MG DRP	Y		

VITAMIN A PREPARATIONS**Drug Name**

RA VITAMIN A 10,000 UNIT SFTGL
 VITAMIN A 10,000 UNITS CAPSULE
 VITAMIN A 8,000 UNIT CAPSULE
 VITAMIN A 8,000 UNITS SOFTGEL

Formulary Status

OTC
 OTC
 OTC
 OTC

Quantity Limit

100 every 26 days
 100 every 26 days
 100 every 26 days
 100 every 26 days

Age Limit**VITAMIN B PREPARATIONS****Drug Name**

B COMPLEX CAPSULE
 B-50 BALANCED TABLET
 BALANCED B-100 TABLET
 BALANCED B-50 TABLET
 B-COMPLEX WITH B12 TABLET
 B-PLEX TABLET
 NEPHROCAPS SOFTGEL
 RA BALANCED B-50 TABLET
 RA B-COMPLEX TABLET
 RA B-COMPLEX-VITAMIN B-12 TAB
 RENAL CAPS SOFTGEL
 RENALPREN SOFTGEL
 RENATABS TABLET
 RENA-VITE RX TABLET
 RENO CAPS SOFTGEL
 SM BALANCED B-50 TABLET
 SM NATURAL BALANCED B-100 TAB
 TRIPHROCAPS SOFTGEL
 VITAMIN B COMPLEX CAPSULE

Formulary Status

OTC
 OTC
 OTC
 OTC
 OTC
 Y
 Y
 OTC
 OTC
 OTC
 Y
 Y
 Y
 Y
 OTC
 OTC
 Y
 OTC

Quantity Limit**Age Limit****VITAMIN B1 PREPARATIONS****Drug Name**

RA VITAMIN B-1 100 MG TABLET
 SM VITAMIN B-1 100 MG TABLET
 VITAMIN B-1 100 MG TABLET

Formulary Status

OTC
 OTC
 OTC

Quantity Limit**Age Limit**

VITAMIN B12 PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CYANOCOBALAMIN 1,000 MCG/ML	Y		
RA VIT B12 1,000 MCG TAB SA	OTC		
SM VITAMIN B12 1,000 MCG TAB	OTC		
SM VITAMIN B-12 100 MCG TABLET	OTC		
SM VITAMIN B-12 500 MCG TABLET	OTC		
VITAMIN B-12 1,000 MCG TAB SA	OTC		
VITAMIN B-12 1,000 MCG TABLET	OTC		
VITAMIN B12 1,000 MCG TR TAB	OTC		
VITAMIN B-12 100 MCG TABLET	OTC		
VITAMIN B12 500 MCG TABLET	OTC		
VITAMIN B-12 500 MCG TABLET	OTC		
V-R VITAMIN B12 100 MCG TABLET	OTC		

VITAMIN B6 PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
RA VITAMIN B-6 50 MG TABLET	OTC	100 every 26 days	
SM VITAMIN B-6 100 MG TABLET	OTC	100 every 22 days	
VITAMIN B-6 100 MG TABLET	OTC	100 every 22 days	
VITAMIN B-6 100 MG TABLET	OTC	100 every 26 days	
VITAMIN B-6 50 MG TABLET	OTC	100 every 26 days	
V-R VITAMIN B-6 100 MG TABLET	OTC	100 every 22 days	
V-R VITAMIN B-6 50 MG TAB	OTC	100 every 26 days	

VITAMIN C PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
ASCORBIC ACID 500 MG TABLET	OTC	100 every 22 days	
RA VIT C-ROSE HIPS 500 MG TAB	OTC	100 every 26 days	
RA VITAMIN C 1,000 MG TAB SA	OTC		
RA VITAMIN C 1,000 MG TABLET	OTC		
RA VITAMIN C 250 MG TABLET	OTC	100 every 26 days	
RA VITAMIN C 500 MG TAB CHEW	OTC	100 every 26 days	
RA VITAMIN C 500 MG TABLET	OTC	100 every 26 days	
RA VITAMIN C TR 500 MG CAPLET	OTC		

RA VITAMIN C TR 500 MG TABLET	OTC	
SM VIT C 500 MG TABLET CHEW	OTC	100 every 26 days
SM VITAMIN C 1,000 MG TABLET	OTC	
SM VITAMIN C 250 MG TABLET	OTC	100 every 26 days
SM VITAMIN C 500 MG TABLET	OTC	100 every 26 days
SM VITAMIN C SR 500 MG TABLET	OTC	
VITAMIN C 1,000 MG CAPLET	OTC	
VITAMIN C 1,000 MG TABLET	OTC	
VITAMIN C 100 MG TABLET	OTC	100 every 26 days
VITAMIN C 100 MG TABLET CHEW	OTC	
VITAMIN C 250 MG TABLET	OTC	100 every 26 days
VITAMIN C 250 MG TABLET CHEW	OTC	100 every 26 days
VITAMIN C 500 MG CAPLET	OTC	100 every 26 days
VITAMIN C 500 MG TABLET	OTC	100 every 26 days
VITAMIN C 500 MG TABLET CHEW	OTC	100 every 26 days
VITAMIN C 500 MG/5 ML LIQUID	OTC	
VITAMIN C 500 MG/5 ML SYRUP	OTC	
VITAMIN C TR 500 MG CAPLET	OTC	
VITAMIN C TR 500 MG TABLET	OTC	
V-R VIT C 250 MG TABLET CHEW	OTC	100 every 26 days
V-R VIT C 500 MG TABLET CHEW	OTC	100 every 26 days
V-R VITAMIN C 1,000 MG TABLET	OTC	
V-R VITAMIN C 500 MG TABLET	OTC	100 every 26 days

VITAMIN D PREPARATIONS

Drug Name	Formulary Status	Quantity Limit	Age Limit
CALCITRIOL 0.25 MCG CAPSULE	Y		
CALCITRIOL 0.5 MCG CAPSULE	Y		
CALCITRIOL 1 MCG/ML SOLUTION	Y		
SM VITAMIN D3 1,000 UNIT TAB	OTC		
VIT D2 1.25 MG (50,000 UNIT)	Y		
VITAMIN D 1,000 UNIT TABLET	OTC		
VITAMIN D 1,000 UNITS SOFTGEL	OTC		
VITAMIN D 400 UNIT TABLET	OTC		
VITAMIN D3 1,000 UNIT TABLET	OTC		

VITAMIN E PREPARATIONS**Drug Name**

RA VITAMIN E 1,000 UNITS SFTGL

RA VITAMIN E 200 UNIT SOFTGEL

SM VITAMIN E 1,000 UNIT SFTGEL

SM VITAMIN E 200 UNIT SOFTGEL

VITAMIN E 1,000 UNITS CAPSULE

VITAMIN E 1,000 UNITS SOFTGEL

VITAMIN E 100 UNIT CAPSULE

VITAMIN E 200 UNIT CAPSULE

VITAMIN E 200 UNIT SOFTGEL

VITAMIN E 400 UNIT SOFTGEL

VITAMIN E 600 UNIT CAPSULE

Formulary Status

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

OTC

Quantity Limit

100 every 26 days

100 every 26 days

100 every 26 days

100 every 26 days

100 every 22 days

Age Limit**VITAMIN K PREPARATIONS****Drug Name**

MEPHYTON 5 MG TABLET

Formulary Status

Y

Quantity Limit**Age Limit**