

*Comprehensive*  
**PREFERRED DRUG LIST**

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Absolute Total Care



## Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 1441 Main Street, Suite 900, Columbia, SC 29201; by phone at: 1-866-433-6041 (TTY: 711); or by email at: [ATC.MBRsvc@centene.com](mailto:ATC.MBRsvc@centene.com).

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الإنكليزية فإن خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयदु आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတိက ကညီ ကျိအယိ, နမူနာ ကျိအတိမၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နီတံၤဘၣ်သ့န့ၣ်လီၤ. ကိး  
866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)።

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

## **Pharmacy Program**

Absolute Total Care is committed to providing appropriate, high quality, and cost effective drug therapy to all Absolute Total Care members. Absolute Total Care works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Absolute Total Care covers prescription medications and certain over-the-counter (OTC) medications when ordered by a South Carolina Medicaid enrolled, Absolute Total Care practitioner. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

## **Preferred Drug List**

The Absolute Total Care Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The Absolute Total Care PDL is continually evaluated by the Absolute Total Care Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the Absolute Total Care Medical Director, Absolute Total Care Pharmacy Director, and several South Carolina physicians, pharmacists, and other healthcare professionals.

## **Pharmacy Benefit Manager**

Absolute Total Care works with Envolve Pharmacy Solutions to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care PDL may require PA, and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM).

## **Specialty Drugs**

Certain medications are only covered when supplied by Absolute Total Care specialty pharmacy provider. The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs, such as biopharmaceuticals and injectables, require PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director oversee the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provide staff pharmacists who can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Give you information, materials, and ongoing support to help you take the drugs to appropriately manage your health condition

A list of Absolute Total Care preferred specialty products can be found on the last page of the PDL and on the Total Care website ([www.AbsoluteTotalCare.com](http://www.AbsoluteTotalCare.com)) under Specialty Preferred Drug List.

## **Dispensing Limits**

Drugs may be dispensed up to a maximum of thirty-one (31) days supply for each new prescription or refill. A total of 80% of the days supply or 25 days must have elapsed before the prescription can be refilled for non-controlled-substance PDL drugs. A total of 90% of the days supply must have elapsed before the prescription can be refilled for controlled substances and narcotic PDL drugs.

## **Monthly Prescription Limit**

The prescription or refill limit for Absolute Total Care members age 21 and above is up to four (4) non-override covered prescriptions per month. If override criteria is met an additional three (3) prescriptions are allowed for a maximum of seven (7) prescriptions per month.

Routine exceptions to the monthly prescription limit for adult beneficiaries are:

- Insulin syringes used in the administration of home parenteral therapies
- Home-administered parenteral therapies (however, insulin counts toward monthly limit)
- Approved physician-administered parenteral therapies
- Aerosolized pentamidine
- Clozapine therapy
- Family planning pharmaceuticals, supplies and devices

Medications used to treat the following conditions are overrideable up to a maximum of three (3) prescriptions per month:

- Acute sickle cell disease
- Behavioral health disorder
- Cancer
- Cardiac disease (including hyperlipidemia)
- Diabetes
- End stage lung disease
- End stage renal disease (ESRD)
- HIV/AIDS
- Hypertension
- Life-threatening illness (not otherwise specified)
- Organ transplant
- Terminal stage of an illness

## **Appropriate Use and Safety Edits**

The health and safety of the member is a priority for Absolute Total Care. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

## **Prior Authorizations**

Some medications listed on the Absolute Total Care PDL may require PA. The information should be submitted by the practitioner or pharmacist to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**. This document can be found on the Absolute Total Care website.

Absolute Total Care will cover the medication if it is determined that:

1. There is a medical reason the member needs the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the Absolute Total Care P&T Committee. If the request is approved, Envolve Pharmacy Solutions notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, Absolute Total Care will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

## **Step Therapy**

Some medications listed on the Absolute Total Care PDL may require specific medications to be used before the member can receive the step therapy medication. If Absolute Total Care has a record that the required medication was tried first the step therapy medications are automatically covered. If Absolute Total Care does not have a record that the required medication was tried, the member's practitioner may be required to provide additional information. If authorization is not granted, Absolute Total Care will notify the member and their practitioner and provide information regarding the appeal process.

## **Quantity Limits**

Absolute Total Care may limit how much of a certain medication a member can get at one time. If the practitioner feels the member has a medical reason for getting a greater amount, a PA may be requested. If Absolute Total Care does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

## **Age Limits**

Some medications on the Absolute Total Care PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

## **Gender Limits**

Some medications on the Absolute Total Care PDL may be limited to one gender. These limits are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Gender limits align with current FDA alerts for the appropriate use of pharmaceuticals.

## Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's practitioner can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.

For a MN request Absolute Total Care requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the Absolute Total Care P&T Committee. If the request is approved, Envolve Pharmacy Solutions notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, Absolute Total Care will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

## Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 5 day supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 5 day supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 5 day supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy may **call Envolve Pharmacy Solutions at 1-888-929-3790** for a prescription override to submit the 5 day medication supply for payment.

## Exclusions

The following drug categories are not part of the Absolute Total Care PDL and are not covered by the 5 day emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the PDL)
- Infusion supplies
- Hepatitis C Agents\*

\*Effective **July 1, 2015** all drugs used in the treatment of Hepatitis C will be provided by the Department of Health and Human Services (DHHS). Any member of Absolute Total Care who is presently treated with a Hepatitis C agent prior to July 1, 2015 will continue to get their medication from Acaria Health Specialty Pharmacy with no interruption. Any Absolute Total Care member requesting a Hepatitis C agent *after* July 1, 2015 will need to have their physician send the prior authorization (PA) request to:

- Magellan Clinical Call Center
- Phone: 1-866-247-1181
- Fax: 1-888-603-7696

### **Newly Approved Products**

Absolute Total Care reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If Absolute Total Care does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

### **Over-the-Counter Medications**

Absolute Total Care covers a variety of OTC medications. These medications can be found throughout the Absolute Total Care PDL. Absolute Total Care covers OTC products listed on the PDL if the member has a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

### **Generic Drugs**

When generic drugs are available, the brand name drug will not be covered without Absolute Total Care authorization. Generic drugs have the same active ingredient and work the same as brand name drugs. Therefore treatment failure must be directly attributable to the member's use of a generic for the brand name drug. If the member or their practitioner feels a brand name drug is medically necessary, the practitioner must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not grant authorization, we will notify the member and their practitioner and provide information regarding the appeal process.

### **Drug Efficacy Study and Implementation (DESI) Drugs**

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by Absolute Total Care.

## Filling a Prescription

A member can have prescriptions filled at an Absolute Total Care network pharmacy. If the member decides to have a prescription filled at a network pharmacy they can locate a pharmacy near them by contacting **Absolute Total Care Member Services at 1-866-433-6041**. A member can also log onto Absolute Total Care's website at [www.absolutetotalcare.com](http://www.absolutetotalcare.com) and look under the "For Members" tab for a Pharmacy link that allows them to locate a pharmacy. The member can type in their address and/or zip code and see what pharmacies are close by. At the pharmacy the member will need to provide the pharmacist with the prescription and their Absolute Total Care ID card.

While travelling a distance beyond 30 miles from the South Carolina border members are allowed a one-time fill of their medication. All necessary prescriptions are required to be filled on the same day for a maximum of 31 days supply.

## Copayments

The copayment amount for all applicable prescriptions is \$3.40 per prescription. Providers are responsible for collecting copayments. Service must be rendered despite a member's ability to pay. If a member is unable to pay at the time of service, the member is still responsible for the copayment amount. The following is a list of Absolute Total Care members that are exempt from copayment:

- From birth to the date of their 19th birthday
- Living in long-term care facilities
- Receiving hospice care
- Family planning prescriptions
- During pregnancy
- Enrolled in South Carolina Department of Disabilities and Special Needs' Mental Retardation or Related Disabilities or Head and Spinal Cord Injuries waiver program.
- Enrolled in DHHS VENT, HIV/AIDS, SC Choice, or elderly and disabled waiver program.

Effective May 1, 2015, Absolute Total Care will waive copays for all members on designated prescription drug list (PDL) agents in the following categories:

- Asthma
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes

Therefore, any member who gets a prescription for an Asthma, COPD or Diabetes medication that is on the prescription drug list (PDL) will have a \$0.00 copay for such medications. These medications will still count towards the monthly prescription limit.



## Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

DS/DU:	Days Supply per Dosage Unit
Max Days Sply:	Maximum Days Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Days Supply
PA:	Prior Authorization
Pkg Size:	Package Size

## Contact Information

Absolute Total Care  
Phone: 1-866-433-6041  
Fax: 1-855-865-9469  
Website: [www.absolutetotalcare.com](http://www.absolutetotalcare.com)

AcariaHealth Specialty Pharmacy  
Phone: 1-855-535-1815  
Fax: 1-855-217-0926  
Website: [www.acariahealth.com](http://www.acariahealth.com)

Involve Pharmacy Solutions  
PA Phone: 1-866-399-0928  
PA Fax: 1-866-399-0929  
Help Desk: 1-800-460-8988





Magellan Clinical Call Center  
(Hepatitis C PA requests)  
PA Phone: 1-866-247-1181  
PA Fax: 1-888-603-7696

## LEGEND

TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.
AL	Age Limit	Drug is limited to specific age.
MDD	Max Daily Dose	A limit on the number of times the drug can be taken per day.
MPL	Max Package Limit	A limit on the amount of drug covered per prescription.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days Supply	There is a limit on the amount of this drug that is covered.
C	Custom	This drug has unique restrictions.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

# LIST OF COVERED OVER-THE-COUNTER MEDICATIONS

The Absolute Total Care pharmacy program covers a variety of OTC products. The products listed below are covered when the member has a prescription from a licensed clinician that meets all the legal requirements for a prescription and has it filled at a Absolute Total Care network pharmacy. Covered products are available in quantities up to a thirty (30) days supply. All other OTC drugs except insulins require PA. Please note that generic products must be prescribed when available.



















BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<b>ANALGESICS</b>			
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>			
<i>Aspirin</i>	<i>aspirin (suppos 300 mg, suppos 600 mg)</i>	generic	 12 / 31 days
<i>Aspirin</i>	<i>aspirin (tab 81 mg, tab 325 mg, tab delayed release 500 mg)</i>	generic	
<i>St Joseph Aspirin</i>	<i>aspirin (tab chew 81 mg, tab delayed release 81 mg)</i>	generic	
<i>Tri-Buffered Aspirin</i>	<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	generic	
<i>Buffasal</i>	<i>aspirin buffered tab 325 mg</i>	generic	
<i>Aspirin EC</i>	<i>aspirin tab delayed release 325 mg</i>	generic	
<i>Ibuprofen Junior Strength</i>	<i>ibuprofen chew tab 100 mg</i>	generic	
<i>Childrens Ibuprofen</i>	<i>ibuprofen susp 100 mg/5ml</i>	generic	
<i>Infants Ibuprofen</i>	<i>ibuprofen susp 40 mg/ml</i>	generic	
<i>Motrin IB</i>	<i>ibuprofen tab 200 mg</i>	generic	
<i>All Day Pain Relief</i>	<i>naproxen sodium tab 220 mg</i>	generic	 62 / 31 days
<b>ANESTHETICS</b>			
<b>LOCAL ANESTHETICS</b>			
<i>Regenecare HA</i>	<i>lidocaine hcl gel 2%</i>	generic	 31 / 31 days  Pkg Size 30: Package Limit=1/claim   Pkg Size 15: Package Limit=2/claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
SMOKING CESSATION AGENTS			
<i>Nicotine</i>	<i>nicotine (patch 24hr 21 mg/24hr, patch 24hr 14 mg/24hr)</i>	generic	MDD 1 per day MDS 180 / 365 days
<i>Nicotine</i>	NICOTINE 21-14-7 MG/24HR KIT <i>nicotine</i>	BRAND	MPL 2 / 365 days MDS 180 / 365 days
<i>Thrive</i>	<i>nicotine polacrilex (gum 2 mg, gum 4 mg)</i>	generic	MDD 24 per day MDS 180 / 365 days
<i>Nicotine Polacrilex</i>	<i>nicotine polacrilex (lozenge 2 mg, lozenge 4 mg)</i>	generic	MDD 20 per day MDS 180 / 365 days
EQ Nicotine	<i>nicotine td patch 24hr 7 mg/24hr</i>	generic	MDD 1 per day MDS 180 / 365 days
ANTIEMETICS			
ANTIEMETICS, OTHER			
<i>Wal-Dram</i>	<i>dimenhydrinate tab 50 mg</i>	generic	QL 24 / claim
<i>Dramamine</i>	DRAMAMINE 50 MG CHEW TAB <i>dimenhydrinate</i>	BRAND	QL 24 / claim
<i>Motion Sickness Relief</i>	<i>meclizine hcl chew tab 25 mg</i>	generic	
<i>Meclizine HCl</i>	<i>meclizine hcl tab 12.5 mg</i>	generic	
<i>Dramamine Less Drowsy</i>	<i>meclizine hcl tab 25 mg</i>	generic	
ANTIFUNGALS			
<i>Desenex</i>	<i>clotrimazole cream 1%</i>	generic	MPL 1 / 31 days
<i>Clotrimazole</i>	<i>clotrimazole soln 1%</i>	generic	MPL 1 / claim
<i>Clotrimazole</i>	<i>clotrimazole vaginal cream 1%</i>	generic	QL 45 / 31 days
RA Clotrimazole 3	<i>clotrimazole vaginal cream 2%</i>	generic	QL 31 / 31 days
<i>Anti-Fungal</i>	<i>miconazole nitrate cream 2%</i>	generic	QL 45 / 31 days












BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
EQL Miconazole 3 Applicator	<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	generic	
<i>Miconazole 7</i>	<i>miconazole nitrate vaginal cream 2%</i>	generic	QL 45 / 31 days
<i>Miconazole 3</i>	<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	generic	QL 45 / 31 days
<i>Vagistat-3</i>	<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	generic	MPL 1 / claim
<i>Miconazole 7</i>	<i>miconazole nitrate vaginal suppos 100 mg</i>	generic	QL 7 / 31 days
<i>Tioconazole-1</i>	<i>tioconazole vaginal oint 6.5%</i>	generic	
ANTIPARASITICS			
ANTIHELMINTHICS			
<i>Pin-X</i>	PIN-X 720.5 MG CHEW TAB <i>pyrantel pamoate</i>	BRAND	QL 4 / claim MFL 1 / 30 days
<i>Reeses Pinworm Medicine</i>	<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	generic	QL 60 / claim MFL 1 / 30 days
BLOOD GLUCOSE REGULATORS			
GLYCEMIC AGENTS			
CVS Glucose	CVS GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Dex4 Quick Dissolve Glucose</i>	DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Glucose</i>	<i>dextrose (diabetic use) (chew tab 4 gm, 4 gm chew tab)</i>	generic	QL 50 / 30 days
GNP Glucose	GNP GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
GNP Quick Dissolve Glucose	GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Leader Quick Dissolve Glucose</i>	LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
MS Quick Dissolve Glucose	MS QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
SM Glucose	SM GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
Ultilet Glucose	ULTILET GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
Walgreens Glucose	WALGREENS GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
CARDIOVASCULAR AGENTS			
DYSLIPIDEMICS, OTHER			
Sea-Omega	<i>*omega-3 fatty acids cap 1000 mg**</i>	generic	MDD 6 per day
KP Fish Oil	<i>*omega-3 fatty acids cap 1200 mg**</i>	generic	MDD 6 per day
Omega-3 Fish Oil	<i>*omega-3 fatty acids cap 500 mg**</i>	generic	MDD 6 per day
Niacin ER	<i>niacin (er 1000 mg tab er, tab cr 500 mg, tab cr 750 mg, tab cr 1000 mg)</i>	generic	
Slo-Niacin	<i>niacin tab cr 250 mg</i>	generic	
CENTRAL NERVOUS SYSTEM AGENTS			
CENTRAL NERVOUS SYSTEM, OTHER			
Q-PAP Infants	<i>acetaminophen soln 100 mg/ml</i>	generic	QL 30 / claim
Acetaminophen	<i>acetaminophen soln 160 mg/5ml</i>	generic	
Infants Silapap	INFANTS SILAPAP 100 MG/ML SOLUTION <i>acetaminophen</i>	BRAND	
DENTAL AND ORAL AGENTS			
Biotene Moisturizing Mouth	BIOTENE MOISTURIZING MOUTH SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
Biotene OralBalance Dry Mouth	BIOTENE ORALBALANCE DRY MOUTH LIQUID <i>artificial saliva</i>	BRAND	QL 900 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
CVS Dry Mouth	CVS DRY MOUTH SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
<i>Dry Mouth Spray</i>	DRY MOUTH SPRAY SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
<i>Moi-Stir</i>	MOI-STIR SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
<i>Mouth Kote</i>	MOUTH KOTE SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
<i>Oral Relief Spray</i>	ORAL RELIEF SPRAY SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
RA Dry Mouth	RA DRY MOUTH SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
DERMATOLOGICAL AGENTS			
DML	<i>*emollient - lotion**</i>	generic	
<i>Lan-O-Soothe</i>	<i>*lanolin cream***</i>	generic	
<i>Triple Antibiotic</i>	<i>*neomycin-bacitracin-polymyxin oint***</i>	generic	QL 31 / 31 days
<i>Minerin</i>	<i>*skin protectants misc - cream***</i>	generic	
SM Skin Cleanser Gentle	<i>*soap &amp; cleansers - lotion***</i>	generic	
A-200	A-200 0.33-4 % GEL <i>pyrethrins-piperonyl butoxide</i>	BRAND	
<i>Acne Medication 5</i>	ACNE MEDICATION 5 5 % LOTION <i>benzoyl peroxide</i>	BRAND	
<i>Bacitracin</i>	<i>bacitracin oint 500 unit/gm</i>	generic	MPL 1 / claim
<i>Bacitracin Zinc</i>	<i>bacitracin zinc oint 500 unit/gm</i>	generic	QL 30 / claim MPL 1 / claim
<i>PanOxyl Aqua</i>	<i>benzoyl peroxide gel 10%</i>	generic	
<i>Benzoyl Peroxide</i>	<i>benzoyl peroxide gel 2.5%</i>	generic	
KP Benzoyl Peroxide	<i>benzoyl peroxide gel 5%</i>	generic	
<i>PanOxyl Wash</i>	<i>benzoyl peroxide liq 10%</i>	generic	
KP Benzoyl Peroxide Wash	<i>benzoyl peroxide liq 5%</i>	generic	
<i>Acne 10</i>	<i>benzoyl peroxide lotion 10%</i>	generic	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Anti-Itch</i>	<i>camphor &amp; menthol lotion 0.5-0.5%</i>	generic	 1 / claim
<i>Capsaicin</i>	<i>capsaicin cream 0.025%</i>	generic	 62 / 31 days  1 / claim
<i>Trixaicin HP</i>	<i>capsaicin cream 0.075%</i>	generic	 1 / claim
<i>Capsaicin HP</i>	<i>capsaicin cream 0.1%</i>	generic	 1 / claim
<i>Capzasin-P</i>	CAPZASIN-P 0.035 % CREAM <i>capsaicin</i>	BRAND	 1 / claim
<i>Castiva Warming</i>	CASTIVA WARMING 0.035 % LOTION <i>capsaicin</i>	BRAND	 1 / claim
<i>Clean &amp; Clear Advantage 3-in-1</i>	CLEAN & CLEAR ADVANTAGE 3-IN-1 5 % LOTION <i>benzoyl peroxide</i>	BRAND	
<i>Therapeutic</i>	<i>coal tar shampoo 0.5%</i>	generic	
<i>Dibucaine</i>	<i>dibucaine oint 1%</i>	generic	 31 / 31 days  1 / claim
<i>Dibucaine</i>	<i>dibucaine rectal ointment 1%</i>	generic	 31 / 31 days  1 / claim
SM Allergy Maximum Strength	<i>diphenhydramine hcl cream 2%</i>	generic	
<i>Hydrocortisone</i>	<i>hydrocortisone cream 0.5%</i>	generic	 1 / claim
<i>Anti-Itch Maximum Strength</i>	<i>hydrocortisone cream 1%</i>	generic	 1 / claim
<i>Aquanil HC</i>	<i>hydrocortisone lotion 1%</i>	generic	 1 / claim
<i>Hydrocortisone</i>	<i>hydrocortisone oint 1%</i>	generic	 60 / 30 days  1 / 30 days
<i>Hydrocortisone-Aloe</i>	<i>hydrocortisone-aloe vera cream 1%</i>	generic	 1 / claim
<i>Keralyt</i>	KERALYT 3 % GEL <i>salicylic acid</i>	BRAND	
<i>AmLactin</i>	<i>lactic acid (ammonium lactate) (cream, lotion)</i>	generic	 1 / 31 days
<i>Licide Treatment</i>	LICIDE TREATMENT KIT <i>pyrethrins-piperonyl butoxide</i>	BRAND	



BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>AneCream</i>	<i>lidocaine cream 4%</i>	generic	 1 / claim(s)
<i>Double Antibiotic + Pain Rlf</i>	<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	generic	 15 / 31 days  1 / claim
<i>NeuroMed7</i>	NEUROMED7 4 % CREAM <i>lidocaine hcl</i>	BRAND	 1 / claim(s)
<i>Permethrin</i>	<i>permethrin lotion 1%</i>	generic	 124 / 31 days  Pkg Size 60: 2/claim Pkg Size 120: 1/claim
RA Lice Solution	<i>permethrin spray &amp; pyrethins- piperonyl butoxide shamp kit</i>	generic	
<i>Hemorrhoidal</i>	<i>phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%</i>	generic	 12 / 31 days
QC Hemorrhoidal	<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	generic	
CVS Hemorrhoidal	<i>phenylephrine-mineral oil- petrolatum oint 0.25-14-74.9%</i>	generic	
<i>Hemorrhoidal</i>	<i>phenylephrine-shark liver oil- mo-pet oint 0.25-3-14-71.9%</i>	generic	 31 / 31 days
<i>Polysporin</i>	POLYSPORIN 500-10000 UNIT/GM POWDER <i>bacitracin-polymyxin b</i>	BRAND	
<i>Predator</i>	PREDATOR 4 % CREAM <i>lidocaine hcl</i>	BRAND	 1 / claim(s)
<i>Complete Lice Treatment</i>	<i>pyreth-piperonyl butox sham- permeth aero-nit remover gel kit</i>	generic	
<i>Pronto Plus-Lice Killing</i>	<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	generic	
<i>Lice Killing Maximum Strength</i>	<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	generic	
RA Arthritis Pain Relief	RA ARTHRITIS PAIN RELIEF 0.075 % CREAM <i>capsaicin</i>	BRAND	
<i>SchoolTime Shampoo</i>	SCHOOLTIME SHAMPOO SHAMPOO <i>nit remover</i>	BRAND	 1 / 14 days
<i>Anti-Dandruff</i>	<i>selenium sulfide lotion 1%</i>	generic	 1 / claim
KP Terbinafine Hydrochloride	<i>terbinafine hcl cream 1%</i>	generic	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tolnaftate</i>	<i>tolnaftate cream 1%</i>	generic	QL 30 / claim
<i>Xolido XP</i>	XOLIDO XP 4 % CREAM <i>lidocaine hcl</i>	BRAND	MPL 1 / claim(s)
<i>Zinc Oxide</i>	<i>zinc oxide oint 20%</i>	generic	MPL 1 / claim
GASTROINTESTINAL AGENTS			
GASTROINTESTINAL AGENTS, OTHER			
<i>Maalox Regular Strength</i>	<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	generic	QL 720 / 30 days
<i>Aluminum Hydroxide Gel</i>	<i>aluminum hydroxide gel susp 320 mg/5ml</i>	generic	
<i>Soothe</i>	<i>bismuth subsalicylate chew tab 262 mg</i>	generic	
<i>Stomach Relief</i>	<i>bismuth subsalicylate susp 262 mg/15ml</i>	generic	
<i>Calcium Antacid</i>	<i>calcium carbonate (antacid) chew tab 500 mg</i>	generic	
<i>Anti-Diarrheal</i>	<i>loperamide hcl (cap 2 mg, liq 1 mg/5ml (0.2 mg/ml))</i>	generic	
<i>Anti-Diarrheal</i>	<i>loperamide hcl tab 2 mg</i>	generic	MDD 2 per day
<i>Magnesium Oxide</i>	<i>magnesium oxide tab 400 mg</i>	generic	
<i>Simethicone</i>	<i>simethicone chew tab 80 mg</i>	generic	
<i>Infants Simethicone</i>	<i>simethicone susp 40 mg/0.6ml</i>	generic	QL 31 / 31 days
<i>Sodium Bicarbonate</i>	<i>sodium bicarbonate (antacid) (tab 325 mg, tab 650 mg)</i>	generic	QL 100 / 31 days
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS			
<i>Axid AR</i>	AXID AR 75 MG TAB <i>nizatidine</i>	BRAND	
<i>Heartburn Relief</i>	<i>cimetidine tab 200 mg</i>	generic	
<i>Acid Reducer</i>	<i>famotidine tab 10 mg</i>	generic	
<i>Acid Reducer Maximum Strength</i>	<i>famotidine tab 20 mg</i>	generic	
<i>KLS Acid Reducer Max St</i>	<i>ranitidine hcl tab 150 mg</i>	generic	
<i>Acid Reducer</i>	<i>ranitidine hcl tab 75 mg</i>	generic	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<b>LAXATIVES</b>			
<i>Ex-Lax Ultra</i>	<i>bisacodyl ec tab dr 5 mg</i>	generic	<b>MDD</b> 1 per day
<i>Gentle Laxative</i>	<i>bisacodyl laxative suppos 10 mg</i>	generic	<b>QL</b> 12 / claim
<i>Fiber Laxative</i>	<i>calcium polycarbophil tab 625 mg</i>	generic	<b>MDD</b> 10 per day
<i>Enema</i>	<i>complete ready-to-use enema enema 7-19 gm/118ml</i>	generic	
<i>Stool Softener</i>	<i>docusate sodium cap 100 mg</i>	generic	<b>MDD</b> 3 per day
<i>D.O.S.</i>	<i>docusate sodium cap 250 mg</i>	generic	<b>MDD</b> 3 per day
<i>RA Col-Rite</i>	<i>docusate sodium cap 50 mg</i>	generic	
<i>Docusate Sodium</i>	<i>docusate sodium liquid 150 mg/15ml</i>	generic	
<i>Diecto</i>	<i>docusate sodium syrup 60 mg/15ml</i>	generic	
<i>DOK</i>	<i>docusate sodium tab 100 mg</i>	generic	
<i>Sani-Supp Adult</i>	<i>glycerin suppos 2 gm</i>	generic	
<i>Magnesium Citrate</i>	<i>magnesium citrate solution 1.745 gm/30ml</i>	generic	
<i>Milk of Magnesia</i>	<i>milk of magnesia suspension 400 mg/5ml</i>	generic	<b>QL</b> 992 / 31 days
<i>Smooth LAX</i>	<i>polyethylene glycol 3350 oral powder</i>	generic	<b>MDD</b> 34 per day
<i>Konsyl</i>	<i>psyllium (fiber cap 0.52 gm, psyllium powder 28.3%, psyllium powder 30.9%)</i>	generic	
<i>Wal-Mucil</i>	<i>psyllium (powder 48.57%, powder 58.6%)</i>	generic	
<i>Psyllium Husk</i>	<i>psyllium powder 100%</i>	generic	
<i>Natural Fiber Therapy</i>	<i>psyllium powder 30%</i>	generic	
<i>SB Fib Lax Orange</i>	<i>psyllium powder 33%</i>	generic	
<i>Genfiber</i>	<i>psyllium powder 50%</i>	generic	
<i>Natural Fiber Laxative</i>	<i>psyllium powder 68%</i>	generic	
<i>Senna-Gen</i>	<i>senna tab 8.6 mg</i>	generic	
<i>Senna S</i>	<i>senna-docusate sodium tab 8.6-50 mg</i>	generic	<b>MDD</b> 4 per day
<i>Sorbitol</i>	<i>sorbitol (laxative) (oral solution, rectal solution)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
PROTON PUMP INHIBITORS			
<i>Lansoprazole</i>	<i>lansoprazole cap delayed release 15 mg</i>	generic	<b>MDD</b> 4 per day <b>C</b> OTC Covered Only
<i>NexIUM 24HR</i>	NEXIUM 24HR 20 MG CAP DR <i>esomeprazole magnesium</i>	BRAND	<b>MDD</b> 2 per day <b>C</b> OTC Covered Only
PX Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
KLS Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
GNP Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
SM Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
CVS Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
EQ Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
SB Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
<i>Omeprazole</i>	<i>omeprazole delayed release tab 20 mg</i>	generic	<b>MDD</b> 4 per day
HM Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
RA Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
TGT Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
EQL Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
SW Omeprazole	OMEPRAZOLE DELAYED RELEASE TAB 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day













BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>PriLOSEC OTC</i>	PRILOSEC OTC 20 MG TAB DR <i>omeprazole magnesium</i>	BRAND	MDD 1 Per Day
GENITOURINARY AGENTS			
GENITOURINARY AGENTS, OTHER			
<i>Encare</i>	ENCARE 100 MG SUPPOS <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
<i>Gynol II</i>	GYNOL II 2 % GEL <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
<i>Options Gynol II Contraceptive</i>	OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
VCF Vaginal Contraceptive	VCF VAGINAL CONTRACEPTIVE 28 % FILM <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
PROGESTINS			
<i>My Way</i>	<i>levonorgestrel tab 1.5 mg</i>	generic	QL 1 / 21 days MFL 4 / 365 days
METABOLIC BONE DISEASE AGENTS			
D3-50	<i>cholecalciferol cap 50000 unit</i>	generic	QL 8 / 30 days
MISCELLANEOUS THERAPEUTIC AGENTS			
<i>Restore Contact Layer</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea IV Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>TheraGauze</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	
SM Sterile	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity AMD Antimicrobial Spnge</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Excilon IV Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	
EQL Gauze Sterile	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity Non-Adherent Strips</i>	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Restore Trio Absorbent Dress</i>	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads &amp; dressings</i>	BRAND	
GNP Sterile Pads	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea Drain Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Biatain Adhesive Foam Dressing</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Copa Plus Hydrophilic Foam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>CarraSmart</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>CarraSmart Foam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Optifoam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Steri-Pad Sterile</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>DermaLevin Adhesive</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Kerlix Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
J & J Gauze Sponges 16-Ply	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Restore Foam Dressing</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity Dressing Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Bordered Gauze</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
J & J Gauze Sponges 8-Ply	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Biatain Foam Dressing</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Copa Island Bordered Foam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Flexzan</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
CVS Gauze	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curex All-Purpose Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea X-Ray Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
RA Gauze Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Allewyn Plus Cavity</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Gauze Sponge</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Covrsite Cover Dressing</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
J & J Gauze Sponges 12-Ply	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Nu Gauze General-Use Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Restore Odor Absorbing Dress</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Ray-Tec X-Ray Detectable Spnge</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
RA All Purpose Dressings	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Vistec X-Ray Detectable Sponge</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Allevyn Thin</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dressing Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Excilon Drain Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
RA Dressing Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Covrsite Plus Composite Dress</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads &amp; dressings</i>	BRAND	
<i>Nose Clip</i>	*respiratory therapy supplies - misc**	generic	QL 1 / 360 days
<i>Disposable Paper</i>	*respiratory therapy supplies - mouthpieces**	generic	QL 1 / 180 days
<i>Feverall</i>	<i>acetaminophen (suppos 120 mg, suppos 325 mg)</i>	generic	QL 12 / 31 days
SM Pain Reliever Jr St	<i>acetaminophen chew tab 160 mg</i>	generic	
<i>Childrens Non-Aspirin</i>	<i>acetaminophen chew tab 80 mg</i>	generic	
<i>Childrens Aspirin Free</i>	<i>acetaminophen elixir 160 mg/5ml</i>	generic	
<i>Ed-APAP</i>	<i>acetaminophen liquid 160 mg/5ml</i>	generic	








BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Acetaminophen</i>	<i>acetaminophen suppos 650 mg</i>	generic	 12 / 31 days
<i>Pain Relief Childrens</i>	<i>acetaminophen susp 160 mg/5ml</i>	generic	 240 / claim
<i>Infants Pain Reliever</i>	<i>acetaminophen susp 80 mg/0.8ml</i>	generic	
<i>Genebs</i>	<i>acetaminophen tab 325 mg</i>	generic	
<i>Pain Relief Extra Strength</i>	<i>acetaminophen tab 500 mg</i>	generic	
<i>Adult Aerosol Mask</i>	ADULT AEROSOL MASK MISC <i>respiratory therapy supplies</i>	BRAND	 1 / 360 days
AIRS Pediatric Aerosol Mask	AIRS PEDIATRIC AEROSOL MASK MISC <i>respiratory therapy supplies</i>	BRAND	 1 / 360 days
<i>Alcohol Prep</i>	ALCOHOL SWABS (*ALCOHOL SWABS***, ALCOHOL PREP 70 % PAD) <i>alcohol swabs</i>	BRAND	 400 / claim
<i>ReliOn Alcohol Swabs</i>	ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i>	BRAND	 400 / claim
GNP Alcohol Swabs	ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i>	BRAND	 400 / claim
SM Alcohol Prep	ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i>	BRAND	 400 / claim
<i>Alcohol Swabs</i>	ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	 400 / claim
BD Swab Single Use Regular	BD SWAB SINGLE USE REGULAR PAD <i>alcohol swabs</i>	BRAND	 400 / claim
<i>Bubbles The Fish II Pedi Mask</i>	BUBBLES THE FISH II PEDI MASK MISC <i>respiratory therapy supplies</i>	BRAND	 1 / 360 days
<i>Chlorhexidine Gluconate</i>	<i>chlorhexidine gluconate liquid 4%</i>	generic	
<i>Trustex Ria Lub/Spermicide</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	 36 / 30 days
<i>Trustex Lub/Spermicide XL</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	 36 / 30 days


BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Trustex Color Condoms + Lube</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Natural Condoms + Lube</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Premium Condoms Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Lubricated Ex Large</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kimono PS</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trojan Supras Spermicidal</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kimono Plus</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trojan Twisted Pleasure</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Reality Latex/Ultra Thin</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kimono</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kameleon Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trojan Magnum Warm Sensations</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Kimono PS Plus</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Lubricated/Spermicide</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex-Nonoxynol-9/Rib/Stud</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Reality Latex/Ultra Textured</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Elexa Stimulating</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Lub/Ribbed/Studded</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kimono Sensation</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Fantasy Lubricated/Spermicide</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kimono Micro Thin Plus</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Ria Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Lubricated Extra St</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Elexa Ultra Sensitive</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Kimono Sensation Plus</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Maxx</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Lub/Spermicide Ex St</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Aimco Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Maxx Plus</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Fantasy Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Elexa Natural Feel</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Cone Mask</i>	CONE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Cromolyn Sodium</i>	<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	generic	QL 26 / 30 days
<i>Curity Alcohol Preps</i>	CURITY ALCOHOL PREPS 70% PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Curity Alcohol Swabs</i>	CURITY ALCOHOL SWABS PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
CVS Alcohol Prep Swabs	CVS ALCOHOL PREP SWABS 70% PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
CVS Alcohol Swabs	CVS ALCOHOL SWABS PAD <i>alcohol swabs</i>	BRAND	 400 / claim
CVS Prep	CVS PREP 70 % PAD <i>alcohol swabs</i>	BRAND	 400 / claim
<i>Earloop Mask</i>	EARLOOP MASK MISC <i>respiratory therapy supplies</i>	BRAND	 1 / 360 days
<i>Easy Touch Alcohol Prep Medium</i>	EASY TOUCH ALCOHOL PREP MEDIUM 70 % PAD <i>alcohol swabs</i>	BRAND	 400 / claim
<i>Fifty50 Alcohol Prep</i>	FIFTY50 ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	BRAND	 400 / claim
<i>Gauze Pads</i>	<i>gauze pads &amp; dressings (pads pads 2" 2"***, pads pads 3" 3"***)</i>	generic	
<i>Kendall Hydrophilic Foam Plus</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity All Purpose Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea Non-Woven Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea Gauze Sponge</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Kendall Hydrophilic Foam Dress</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
RA Sterile	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sterile</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea Type VII Gauze</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity Gauze Sponge</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
SM Gauze	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Mirasorb Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
EQL Gauze	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea IV Drain Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Tegaderm Foam</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Island Gard-GRX</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Versiva XC</i>	GAUZE PADS & DRESSINGS (PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Polymem Dressing</i>	GAUZE PADS & DRESSINGS (PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity Cover Sponge</i>	GAUZE PADS & DRESSINGS (PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Ginger Root</i>	<i>ginger (zingiber officinalis) cap 250 mg</i>	generic	<b>MDD</b> 4 per day
<i>Nova Max Plus Ketone Test</i>	KETONE BLOOD TEST (TEST STRIP, TEST STRIP) <i>ketone blood test</i>	BRAND	<b>QL</b> 30 / 30 days
<i>Kimono Micro Thin</i>	KIMONO MICRO THIN MISC <i>condoms latex non-lubricated - male</i>	BRAND	 Pkg Size 12: Package Limit=1/30 days   Pkg Size 3: Package Limit=4/30 days
HPA Lanolin	<i>lanolin</i>	generic	
<i>Meijer Alcohol Swabs</i>	MEIJER ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	<b>QL</b> 400 / claim
KP Melatonin	<i>melatonin tab 3 mg</i>	generic	<b>MDD</b> 1 per day
<i>Melatonin</i>	<i>melatonin tab 5 mg</i>	generic	<b>MDD</b> 1 per day
<i>MicroElite Battery</i>	MICROELITE BATTERY MISC <i>respiratory therapy supplies</i>	BRAND	<b>QL</b> 1 / 360 days
<i>MicroElite Filter Replacements</i>	MICROELITE FILTER REPLACEMENTS MISC <i>respiratory therapy supplies</i>	BRAND	<b>QL</b> 1 / 360 days
<i>MiniElite Filter Replacements</i>	MINIELITE FILTER REPLACEMENTS MISC <i>respiratory therapy supplies</i>	BRAND	<b>QL</b> 1 / 360 days
<i>Afrin Saline Nasal Mist</i>	<i>nasal moisturizing spray solution 0.65 %</i>	generic	<b>MPL</b> 1 / claim
OFF Deep Woods	OFF DEEP WOODS AEROSOL <i>diethyltoluamide (deet)</i>	BRAND	<b>MPL</b> 1 / claim <b>MFL</b> 2 / 30 days
OFF Deep Woods Dry	OFF DEEP WOODS DRY AEROSOL <i>diethyltoluamide (deet)</i>	BRAND	<b>MPL</b> 1 / claim <b>MFL</b> 2 / 30 days
<i>Pediatric Aerosol Mask</i>	PEDIATRIC AEROSOL MASK MISC <i>respiratory therapy supplies</i>	BRAND	<b>QL</b> 1 / 360 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Pediatric Mouthpiece</i>	PEDIATRIC MOUTHPIECE MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Lice Treatment</i>	<i>permethrin creme rinse 1%</i>	generic	
<i>Nasal Decongestant PE Max St</i>	<i>phenylephrine hcl tab 10 mg</i>	generic	QL 24 / claim
<i>Polyethylene Glycol 3350</i>	<i>polyethylene glycol 3350 powder</i>	generic	MDD 34 per day
<i>Precision Xtra Ketone</i>	PRECISION XTRA KETONE STRIP <i>ketone blood test</i>	BRAND	QL 30 / 30 days
<i>Sudafed 12 Hour</i>	<i>pseudoephedrine hcl er tab er 12h 120 mg</i>	generic	QL 62 / 31 days
GNP Suphedrin	<i>pseudoephedrine hcl liq 15 mg/5ml</i>	generic	
<i>Pseudoephedrine HCl</i>	<i>pseudoephedrine hcl tab 30 mg</i>	generic	
KP Pseudoephedrine HCl	<i>pseudoephedrine hcl tab 60 mg</i>	generic	
PTS Panels Ketone Test	PTS PANELS KETONE TEST STRIP <i>ketone blood test</i>	BRAND	QL 30 / 30 days
QC Alcohol Swabs	QC ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
RA Alcohol Swabs	RA ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Replacement Filters</i>	REPLACEMENT FILTERS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Sami the Seal Filters</i>	SAMI THE SEAL FILTERS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
SB Alcohol Prep	SB ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Shopko Alcohol Swabs</i>	SHOPKO ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Sidestream Adult Face Mask</i>	SIDESTREAM ADULT FACE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days










BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sidestream Pediatric Face Mask</i>	SIDESTREAM PEDIATRIC FACE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Sidestream Pls Adult Face Mask</i>	SIDESTREAM PLS ADULT FACE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Gas-X Infant Drops</i>	<i>simethicone liquid 40 mg/0.6ml</i>	generic	QL 31 / 31 days
<i>Sorbitol</i>	<i>sorbitol (70 % solution, solution (bulk))</i>	generic	
TGT Alcohol Swabs	TGT ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Trustex Non-Lubricated</i>	TRUSTEX NON-LUBRICATED MISC <i>condoms latex non-lubricated - male</i>	BRAND	C Pkg Size 12: Package Limit=1/30 days   Pkg Size 3: Package Limit=4/30 days
<i>Trustex Ria Non-Lubricated</i>	TRUSTEX RIA NON-LUBRICATED MISC <i>condoms latex non-lubricated - male</i>	BRAND	C Pkg Size 12: Package Limit=1/30 days   Pkg Size 3: Package Limit=4/30 days
<i>Tubing/Wing Tip</i>	TUBING/WING TIP MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Ultilet Alcohol Swab</i>	ULTILET ALCOHOL SWAB PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Ultilet Alcohol Swabs</i>	ULTILET ALCOHOL SWABS PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Ultrathon Insect Repellent 8</i>	ULTRATHON INSECT REPELLENT 8 25 % AEROSOL <i>diethyltoluamide (deet)</i>	BRAND	MPL 1 / claim MFL 2 / 30 days
<i>Ultrathon Insect Repellent</i>	ULTRATHON INSECT REPELLENT LOTION 34.34 % (DEET) <i>diethyltoluamide (deet)</i>	BRAND	MPL 1 / claim MFL 2 / 30 days
<i>Webcol Alcohol Prep Large</i>	WEBCOL ALCOHOL PREP LARGE 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Webcol Alcohol Prep Medium</i>	WEBCOL ALCOHOL PREP MEDIUM 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
OPHTHALMIC AGENTS			
OPHTHALMIC AGENTS, OTHER			
<i>Refresh P.M.</i>	<i>*artificial tear ophth ointment***</i>	generic	QL 4 / claim
<i>Systane Nighttime</i>	<i>*white petrolatum-mineral oil ophth ointment***</i>	generic	MPL 1 / claim
<i>Artificial Tears</i>	ARTIFICIAL TEARS 0.4 % SOLUTION <i>hypromellose (ophth)</i>	BRAND	
<i>Natures Tears</i>	<i>hypromellose ophth soln 0.4%</i>	generic	QL 15 / claim
<i>ZyrTEC Itchy Eye</i>	<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	generic	MPL 1 / 31 days
<i>Visine-A</i>	<i>naphazoline w/ pheniramine ophth soln 0.025-0.3%</i>	generic	MPL 1 / 30 days C Pkg Size 15: Package Limit=1/30 days
TGT Eye Allergy Relief	<i>naphazoline w/ pheniramine ophth soln 0.027-0.315%</i>	generic	QL 15 / 30 days MPL 1 / 30 days
<i>Artificial Tears</i>	<i>polyvinyl alcohol ophth soln 1.4%</i>	generic	QL 31 / 31 days
<i>Tetrahydrozoline HCl</i>	<i>tetrahydrozoline hcl ophth soln 0.05%</i>	generic	MPL 1 / 30 days
OTIC AGENTS			
<i>Earwax Treatment Drops</i>	<i>carbamide peroxide 6.5% otic soln</i>	generic	QL 15 / 31 days
RESPIRATORY TRACT/PULMONARY AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
<i>Nasal Allergy 24 Hour</i>	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	generic	QL 17 / 30 days AL At least 2 yrs old
ANTIHISTAMINES			
<i>Aler-Dryl</i>	ALER-DRYL 50 MG TAB <i>diphenhydramine hcl</i>	BRAND	MDD 4 per day
<i>Cetirizine HCl</i>	<i>cetirizine hcl (chew tab 10 mg, tab 5 mg)</i>	generic	MDD 1 per day
<i>All Day Allergy Childrens</i>	<i>cetirizine hcl allergy child solution 5 mg/5ml</i>	generic	QL 240 / claim AL Up to 12 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Wal-Zyr Childrens	<i>cetirizine hcl chew tab 5 mg</i>	generic	MDD 1 per day
KLS Aller-Tec	<i>cetirizine hcl tab 10 mg</i>	generic	MDD 1 per day
Wal-itin	<i>childrens loratadine syrup 5 mg/5ml</i>	generic	QL 240 / claim
Ed Chlorped Jr	<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	generic	
Allergy 4 Hour	<i>chlorpheniramine maleate tab 4 mg</i>	generic	QL 120 / claim
Clemastine Fumarate	<i>clemastine fumarate tab 1.34 mg</i>	generic	MDD 2 per day
Allergy Relief	<i>diphenhydramine hcl (cap 25 mg, tab 25 mg)</i>	generic	MDD 4 per day
KP DiphenhydrAMINE HCl	<i>diphenhydramine hcl cap 50 mg</i>	generic	MDD 4 per day
DiphenhydrAMINE HCl	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	generic	QL 240 / claim
Allergy Relief Childrens	<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	generic	QL 240 / claim
Quenalin	<i>diphenhydramine hcl syrup 12.5 mg/5ml</i>	generic	QL 240 / claim
KP Fexofenadine HCl	<i>fexofenadine hcl tab 180 mg</i>	generic	MDD 1 per day
Aller-Ease	<i>fexofenadine hcl tab 60 mg</i>	generic	MDD 2 per day
Triaminic Allerchews	<i>loratadine allergy relief tab disp 10 mg</i>	generic	MDD 1 per day
Loratadine	<i>loratadine tab 10 mg</i>	generic	MDD 1 per day
RESPIRATORY TRACT AGENTS, OTHER			
Triaminic Cough/Sore Throat	<i>acetaminophen w/ dm liq 160-5 mg/5ml</i>	generic	
Biospec DMX	BIOSPEC DMX 15-25 MG/5ML LIQUID <i>dextromethorphan-guaifenesin</i>	BRAND	
Childrens Cold & Allergy	<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i>	generic	QL 120 / claim MFL 1 / 30 days
Wal-tap Cold/Allergy	<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	generic	QL 120 / claim MFL 1 / 30 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>All Day Allergy-D</i>	<i>cetirizine-pseudoephedrine tab sr 12hr 5-120 mg</i>	generic	<b>MDD</b> 2 per day
EQ Cold Plus	<i>chlorphen-pseudoephedrine w/ apap cap 2-30-325 mg</i>	generic	
<i>Trigofen</i>	<i>chlorpheniramine &amp; phenylephrine liquid 1-2 mg/ml</i>	generic	<b>MDD</b> 1 per day
<i>Cardec</i>	<i>chlorpheniramine &amp; phenylephrine liquid 1-3.5 mg/ml</i>	generic	<b>QL</b> 30 / claim
<i>Robitussin Cough/Cold Long-Act</i>	<i>chlorpheniramine-dm liquid 2-15 mg/5ml</i>	generic	<b>QL</b> 240 / claim
<i>Cold &amp; Flu Relief Nighttime D</i>	COLD & FLU RELIEF NIGHTTIME D 60-12.5-30-1000 MG/30ML LIQUID <i>pseudoephed-doxyl-dm w/apap</i>	BRAND	
<i>Decon-A</i>	DECON-A 2-5 MG/ML LIQUID <i>brompheniramine &amp; phenyleph</i>	BRAND	
<i>Cough DM</i>	<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	generic	
<i>Nighttime Cold/Flu Relief</i>	<i>dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml</i>	generic	
<i>Robitussin To Go Cgh/Chest DM</i>	<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	generic	<b>QL</b> 240 / claim
<i>Wal-Tussin Cough/Chest DM Max</i>	<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	generic	<b>QL</b> 240 / claim
<i>NeoTuss</i>	<i>dextromethorphan-guaifenesin liquid 30-200 mg/5ml</i>	generic	
<i>Mucus Relief Cough Childrens</i>	<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	generic	
<i>Tussin DM</i>	<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	generic	<b>QL</b> 240 / claim
<i>Mucus-DM</i>	<i>dextromethorphan-guaifenesin tab sr 12hr 30-600 mg</i>	generic	<b>QL</b> 210 / claim <b>MDD</b> 2 per day
<i>Robitussin Cold+Flu Daytime</i>	<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	generic	
<i>Dimetapp Long Act Cough/Cold</i>	DIMETAPP LONG ACT COUGH/COLD 1-7.5 MG/5ML SYRUP <i>chlorpheniramine-dm</i>	BRAND	<b>QL</b> 240 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
ED Bron GP	ED BRON GP 5-100 MG/5ML LIQUID <i>phenylephrine-guaifenesin</i>	BRAND	
Q-Tussin	<i>guaifenesin liquid 100 mg/5ml</i>	generic	QL 240 / 6 days
<i>Tussin Mucus+Chest Congestion</i>	<i>guaifenesin syrup 100 mg/5ml</i>	generic	QL 240 / 6 days
<i>GuaifENesin ER</i>	<i>guaifenesin tab sr 12hr 1200 mg</i>	generic	
<i>Mucus Relief ER</i>	<i>guaifenesin tab sr 12hr 600 mg</i>	generic	QL 40 / claim MDD 2 per day MFL 1 / 30 days
<i>Guaifenesin-Codeine</i>	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	generic	
<i>Little Remedies for Colds</i>	LITTLE REMEDIES FOR COLDS 2.5-1.25-80 MG/ML LIQUID <i>dextromethorphan-phenylephrine-acetaminophen</i>	BRAND	
<i>LoHist-D</i>	LOHIST-D 2-30 MG/5ML LIQUID <i>chlorpheniramine &amp; pseudoeph</i>	BRAND	QL 240 / claim
<i>Wal-itin D</i>	<i>loratadine &amp; pseudoephedrine tab sr 12hr 5-120 mg</i>	generic	MDD 2 per day
<i>Allergy/Congestion Relief</i>	<i>loratadine &amp; pseudoephedrine tab sr 24hr 10-240 mg</i>	generic	MDD 1 per day
<i>Mucinex D</i>	MUCINEX D 60-600 MG TAB ER 12H <i>pseudoephedrine-guaifenesin</i>	BRAND	QL 210 / claim
<i>ZoDen DM</i>	<i>phenylephrine-chlorphen-dm liquid 1.5-1-3 mg/ml</i>	generic	QL 60 / 6 days
<i>Tri-Dex PE</i>	<i>phenylephrine-chlorphen-dm liquid 10-2-15 mg/5ml</i>	generic	QL 240 / claim
<i>Ed-A-Hist DM</i>	<i>phenylephrine-chlorphen-dm liquid 10-4-15 mg/5ml</i>	generic	QL 240 / claim
<i>Cardec DM</i>	<i>phenylephrine-chlorphen-dm liquid 3.5-1-3 mg/ml</i>	generic	QL 30 / 6 days MPL 2 / 31 days
<i>Triaminic Cold/Cough Day Time</i>	PHENYLEPHRINE-DM (SOLUTION, SYRUP) <i>phenylephrine-dm</i>	BRAND	QL 240 / claim
<i>Sudafed PE Cold &amp; Cough Child</i>	<i>phenylephrine-dm soln 2.5-5 mg/5ml</i>	generic	QL 240 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Despec</i>	<i>phenylephrine-guaifenesin liqd 5-100 mg/5ml</i>	generic	 240 / 6 days
EQL Nighttime Cold/Flu Relief	<i>pseudoeph-doxylamine-dm w/ apap cap 30-6.25-15-325 mg</i>	generic	
<i>Vicks NyQuil D Cold &amp; Flu</i>	<i>pseudoeph-doxylamine-dm w/apap liq 60-12.5-30-1000 mg/30ml</i>	generic	
Q-Tapp DM	<i>pseudoephed-bromphen-dm elixir 15-1-5 mg/5ml</i>	generic	 240 / claim
<i>Dimetane DX</i>	<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	generic	 240 / claim
<i>Kidkare Cough/Cold</i>	<i>pseudoephed-chlorphen-dm liq 15-1-5 mg/5ml</i>	generic	 240 / claim
GNP Day Time D Cold/Flu	<i>pseudoephedrine w/ apap-dm cap 30-325-15 mg</i>	generic	
<i>Cheratussin DAC</i>	<i>pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml</i>	generic	 240 / 6 days
<i>Tussin CF</i>	<i>pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml</i>	generic	 240 / 6 days
<i>Mucus D</i>	<i>pseudoephedrine-guaifenesin tab sr 12hr 120-1200 mg</i>	generic	
<i>Pseudoephedrine-Guaifenesin ER</i>	<i>pseudoephedrine-guaifenesin tab sr 12hr 60-600 mg</i>	generic	
RA Ibuprofen Cold Childrens	<i>pseudoephedrine-ibuprofen susp 15-100 mg/5ml</i>	generic	
<i>Wal-Profen Cold &amp; Sinus</i>	<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	generic	
PX Daytime Multi-Symptom	PX DAYTIME MULTI-SYMPTOM 30-325-15 MG CAP <i>pseudoephedrine-acetaminophen-dextromethorphan</i>	BRAND	
PX Nitetime Multi-Symptom	PX NITETIME MULTI-SYMPTOM 30-6.25-15-325 MG CAP <i>pseudoephed-doxyl-dm w/apap</i>	BRAND	
<i>Scot-Tussin Senior</i>	SCOT-TUSSIN SENIOR 15-200 MG/5ML LIQUID <i>dextromethorphan-guaifenesin</i>	BRAND	
<i>Nasal Mist</i>	<i>sodium chloride aero soln 0.9%</i>	generic	 240 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
SLEEP DISORDER AGENTS			
SLEEP DISORDERS, OTHER			
<i>Wal-Som Maximum Strength</i>	<i>diphenhydramine hcl (sleep) cap 50 mg</i>	generic	
<i>Nighttime Sleep Aid</i>	<i>diphenhydramine hcl (sleep) tab 25 mg</i>	generic	MDD 1 per day
<i>Sominex Maximum Strength</i>	<i>diphenhydramine hcl (sleep) tab 50 mg</i>	generic	
<i>Sleep Aid</i>	<i>doxylamine succinate (sleep) tab 25 mg</i>	generic	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES			
ELECTROLYTE/MINERAL REPLACEMENT			
<i>Oralyte</i>	<i>*oral electrolyte solution***</i>	generic	
<i>Calcium Carbonate</i>	<i>calcium carbonate susp 1250 mg/5ml (500 mg/5ml elemental ca)</i>	generic	QL 500 / 30 days
<i>Calcium</i>	<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	generic	
<i>Os-Cal Calcium + D3</i>	<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	generic	
<i>Calcium + D3</i>	<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	generic	QL 62 / 31 days
<i>Calcium 600-D</i>	<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	generic	QL 62 / 31 days
<i>QC Calcium 600 +D3</i>	<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	generic	QL 62 / 31 days
<i>Oyster Shell Calcium/D</i>	<i>calcium carbonate-vitamin d (tab 250 mg-125, tab 500 mg-200)</i>	generic	
<i>Calcium 500 + D</i>	<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	generic	
<i>Calcium 600+D</i>	<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	generic	QL 62 / 31 days
<i>Calcarb 600/D</i>	<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	generic	QL 62 / 31 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ferretts</i>	FERRETTTS 325 (106 FE) MG TAB <i>ferrous fumarate</i>	BRAND	
<i>Ferrocite</i>	<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	generic	
<i>Ferrous Fumarate</i>	<i>ferrous fumarate tab 325 mg (106 mg elemental fe)</i>	generic	MDD 2 per day
<i>Ferrous Gluconate</i>	<i>ferrous gluconate (324 fe) mg tab, tab 324 mg mg elemental iron))</i>	generic	QL 100 / 31 days AL Up to 50 yrs old
<i>Ferrous Gluconate</i>	<i>ferrous gluconate (tab 325 mg (36 mg elemental fe), tab 325 mg (37.5 mg elemental fe), tab 325 mg)</i>	generic	QL 100 / 30 days AL Up to 50 yrs old
<i>Ferrous Gluconate</i>	<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	generic	
<i>Ferrous Sulfate</i>	<i>ferrous sulfate (elixir 220 mg/5ml (44 mg/5ml elemental fe), 324 (65 fe) mg tab dr, tab ec 324 mg (65 mg fe equivalent), tab ec 325 mg (65 mg fe equivalent))</i>	generic	AL Up to 50 yrs old
<i>Ferrous Sulfate</i>	<i>ferrous sulfate soln 75 mg/0.6ml (15 mg/0.6ml elemental fe)</i>	generic	MDD 3.4 per day
<i>Fer-Iron</i>	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	generic	MDD 3.4 per day
<i>Iron</i>	<i>ferrous sulfate tab 28 mg (elemental fe)</i>	generic	
KP Ferrous Sulfate	<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	generic	AL Up to 50 yrs old
<i>Iron Chews Pediatric</i>	IRON CHEWS PEDIATRIC 15 MG CHEW TAB <i>carbonyl iron</i>	BRAND	
<i>Magnesium Oxide - Mg Supplement</i>	<i>magnesium oxide cap 400 mg (elemental mg) (mg supplement)</i>	generic	
<i>Magnesium Oxide</i>	<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	generic	
<i>Oysco 500</i>	<i>oyster shell calcium tab 500 mg</i>	generic	
<i>Parva-Cal</i>	PARVA-CAL 500-200 MG-UNIT TAB <i>calcium-ergocalciferol</i>	BRAND	



BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
RA Calcium Hi-Cal/Vitamin D	RA CALCIUM HI-CAL/VITAMIN D 500-200 MG-UNIT TAB <i>calcium-cholecalciferol</i>	BRAND	
RA Oyster Shell Calcium/D	RA OYSTER SHELL CALCIUM/D 500-200 MG-UNIT TAB <i>calcium carbonate-vitamin d</i>	BRAND	
Orazinc	<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	generic	QL 100 / 30 days
Vitamin B Complex-C	<i>*b-complex w/ c cap**</i>	generic	QL 31 / 31 days
One-Tablet-Daily	<i>*multiple vitamin tab**</i>	generic	QL 31 / 31 days
Stress/Zinc	<i>*multiple vitamins w/ iron tab**</i>	generic	QL 31 / 31 days
ICaps MV	<i>*multiple vitamins w/ minerals tab**</i>	generic	QL 31 / 31 days
Chewable Vite Childrens	<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i>	generic	MDD 1 per day
Baby Vitamin	<i>*pediatric multiple vitamin w/ c soln 35 mg/ml**</i>	generic	QL 50 / claim
Baby Vitamin/Iron	<i>*pediatric multiple vitamins w/ iron drops 10 mg/ml**</i>	generic	QL 60 / claim
Tri-Vitamin	<i>*pediatric vitamins adc drops 1500 unit-400 unit-35 mg/ml***</i>	generic	QL 50 / claim
Prenatal Vitamins	<i>*prenatal multivitamins &amp; minerals w/iron &amp; fa tab 0.8 mg***</i>	generic	AL Up to 50 yrs old
Prenatal Vitamins	<i>*prenatal vit w/ fe fumarate-fa tab 28-0.8 mg***</i>	generic	AL Up to 50 yrs old
Lipogen SG	<i>*vitamins w/ lipotropics cap**</i>	generic	QL 31 / 31 days
Vitamin C	<i>ascorbic acid (chew tab 500 mg, tab 250 mg, tab 500 mg, tab 1000 mg)</i>	generic	QL 100 / 31 days
B Complex	<i>b-complex vitamins (cap**, tab**)</i>	generic	QL 31 / 31 days
Pronutrients Vitamin D3	<i>cholecalciferol cap 1000 unit</i>	generic	QL 100 / claim
Vitamin D3	<i>cholecalciferol cap 2000 unit</i>	generic	QL 100 / claim
Vitamin D3	<i>cholecalciferol cap 5000 unit</i>	generic	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
CVS Prenatal	CVS PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
EQL Prenatal Formula	EQL PRENATAL FORMULA 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Folic Acid</i>	<i>folic acid tab 1 mg</i>	generic	
<i>Folic Acid</i>	<i>folic acid tab 400 mcg</i>	generic	MDD 1 per day
KP Folic Acid	<i>folic acid tab 800 mcg</i>	generic	MDD 1 per day
<i>Polycose</i>	GLUCOSE POLYMER (380/100 G POWDER, 380/100 G LIQUID, LIQUID, POWDER) <i>glucose polymer</i>	BRAND	MPL 1 / 30 days
GNP PreNatal	GNP PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
GNP Prenatal Vitamins	GNP PRENATAL VITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
HM Prenatal	HM PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Key-E</i>	KEY-E 400 UNIT CHEW TAB <i>vitamin e</i>	BRAND	QL 62 / 31 days
KP Prenatal Multivitamins	KP PRENATAL MULTIVITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
KPN Prenatal	KPN PRENATAL 0.1 MG TAB <i>prenatal multivit-min w/fe-fa</i>	BRAND	AL Up to 50 yrs old
<i>Mission Prenatal</i>	MISSION PRENATAL 30-0.4MG TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Mission Prenatal FA</i>	MISSION PRENATAL FA 30-0.8MG TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	AL Up to 50 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Mission Prenatal HP</i>	MISSION PRENATAL HP 30-0.8MG TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Niacin ER</i>	<i>niacin (cap 250 mg, cap 500 mg)</i>	generic	
<i>Niacin</i>	<i>niacin tab 500 mg</i>	generic	
<i>Nutricion Porvida</i>	NUTRICION PORVIDA 0.25 MG TAB <i>prenatal multivit-min w/fe-fa</i>	BRAND	AL Up to 50 yrs old
<i>Perry Prenatal</i>	PERRY PRENATAL 13.5-0.4 MG CAP <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
PNV Prenatal Plus Multivitamin	PNV PRENATAL PLUS MULTIVITAMIN 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days AL Up to 50 yrs old
<i>Nu-Iron</i>	<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	generic	MDD 1 per day
<i>Prenatal</i>	PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>PreNatal Formula</i>	PRENATAL FORMULA 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>PreserVision AREDS</i>	PRESERVISION AREDS 7160-113 TAB <i>multiple vitamins w/ minerals</i>	BRAND	QL 31 / 31 days
<i>ProRenal + D</i>	PRORENAL + D 8MG-800MCG TAB <i>multiple vitamins w/ minerals</i>	BRAND	QL 31 / 31 days
PX Prenatal Multivitamins	PX PRENATAL MULTIVITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Vitamin B-6</i>	<i>pyridoxine hcl (tab 25 mg, tab 100 mg)</i>	generic	
<i>Pyridoxine HCl</i>	<i>pyridoxine hcl tab 50 mg</i>	generic	
QC Prenatal	QC PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
RA Prenatal	RA PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
RA Prenatal Formula	RA PRENATAL FORMULA 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
B-2	<i>riboflavin (tab 50 mg, tab 100 mg)</i>	generic	QL 100 / 31 days
<i>Vitamin B-2</i>	<i>riboflavin tab 25 mg</i>	generic	QL 100 / 31 days
SM Prenatal Vitamins	SM PRENATAL VITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Stuart Prenatal</i>	STUART PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
TH Prenatal Vitamins	TH PRENATAL VITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>TheraNatal Core Nutrition</i>	THERANATAL CORE NUTRITION 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days AL Up to 50 yrs old
<i>Vitamin B-1</i>	<i>thiamine hcl (tab 50 mg, tab 250 mg)</i>	generic	QL 100 / 31 days
<i>Thiamine HCl</i>	<i>thiamine hcl tab 100 mg</i>	generic	QL 100 / 31 days
B-1	<i>thiamine hcl tab 500 mg</i>	generic	QL 100 / 31 days
SM Vitamin B1	<i>thiamine mononitrate tab 100 mg</i>	generic	QL 100 / 31 days
<i>Tri-Vi-Sol/Iron</i>	TRI-VI-SOL/IRON 10 MG/ML SOLUTION <i>pediatric vitamins acd w/ iron</i>	BRAND	QL 50 / claim
<i>Vitamin E</i>	<i>vitamin e (cap 200, cap 400)</i>	generic	QL 62 / 31 days
KP Vitamin E	<i>vitamin e cap 100 unit</i>	generic	QL 62 / 31 days

# LIST OF COVERED PRESCRIPTION MEDICATIONS

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANALGESICS			
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS			
<i>Butalbital-Aspirin-Caffeine</i>	<i>butalbital-aspirin-caffeine tab 50-325-40 mg</i>	generic	<b>MDD</b> 4 per day
<i>Celecoxib</i>	<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i>	generic	<b>QL</b> 62 / 31 days <b>PA</b>
<i>Diclofenac Potassium</i>	<i>diclofenac potassium tab 50 mg</i>	generic	
<i>Diclofenac Sodium</i>	<i>diclofenac sodium (tab 25 mg, tab 50 mg, tab 75 mg)</i>	generic	
<i>Diclofenac Sodium ER</i>	<i>diclofenac sodium tab sr 24hr 100 mg</i>	generic	
<i>Diflunisal</i>	<i>diflunisal tab 500 mg</i>	generic	
<i>Etodolac</i>	<i>etodolac (cap 200 mg, cap 300 mg, tab 400 mg, tab 500 mg)</i>	generic	
<i>Etodolac ER</i>	<i>etodolac er (tab 24hr 600 mg, tab 24hr 400 mg, tab 24hr 500 mg)</i>	generic	
<i>Flurbiprofen</i>	<i>flurbiprofen (tab 50 mg, tab 100 mg)</i>	generic	
<i>Ibuprofen</i>	<i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>	generic	
<i>Indomethacin</i>	<i>indomethacin (cap 25 mg, cap 50 mg)</i>	generic	
<i>Indomethacin ER</i>	<i>indomethacin cap cr 75 mg</i>	generic	
<i>Ketoprofen</i>	<i>ketoprofen (cap 50 mg, cap 75 mg)</i>	generic	
<i>Ketoprofen ER</i>	KETOPROFEN ER (CAP SR 24HR 200 MG, ER 200 MG CAP ER 24H) <i>ketoprofen</i>	BRAND	
<i>Ketorolac Tromethamine</i>	<i>ketorolac tromethamine tab 10 mg</i>	generic	<b>QL</b> 20 / 30 days <b>AL</b> At least 17 yrs old
<i>Meloxicam</i>	<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Nabumetone</i>	<i>nabumetone (tab 500 mg, tab 750 mg)</i>	generic	
<i>Naproxen</i>	<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg)</i>	generic	
<i>Naproxen DR</i>	<i>naproxen dr (tab ec 375 mg, tab ec 500 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Naproxen Sodium</i>	<i>naproxen sodium (tab 275 mg, tab 550 mg)</i>	generic	
<i>Oxaprozin</i>	<i>oxaprozin tab 600 mg</i>	generic	
<i>Piroxicam</i>	<i>piroxicam (cap 10 mg, cap 20 mg)</i>	generic	
<i>Salsalate</i>	<i>salsalate (tab 500 mg, tab 750 mg)</i>	generic	
<i>Sulindac</i>	<i>sulindac (tab 150 mg, tab 200 mg)</i>	generic	
<b>OPIOID ANALGESICS, LONG-ACTING</b>			
<i>FentaNYL</i>	<i>fentanyl (patch 72hr 25, patch 72hr 12, patch 72hr 100, patch 72hr 75, patch 72hr 50)</i>	generic	<b>MDD</b> 0.33 per day
<i>Methadone HCl</i>	<i>methadone hcl tab 10 mg</i>	generic	<b>MDD</b> 10 per day
<i>Methadone HCl</i>	<i>methadone hcl tab 5 mg</i>	generic	<b>QL</b> 124 / 31 days
<i>Morphine Sulfate ER</i>	<i>morphine sulfate er (er tab er 15 mg, er tab er 30 mg, er tab er 100 mg, er tab er 200 mg, tab cr 60 mg)</i>	generic	<b>MDD</b> 3 per day
<b>OPIOID ANALGESICS, SHORT-ACTING</b>			
<i>Acetaminophen-Codeine</i>	<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	generic	<b>MDD</b> 30 per day
<i>Acetaminophen-Codeine #2</i>	<i>acetaminophen w/ codeine tab 300-15 mg</i>	generic	<b>QL</b> 186 / 31 days
<i>Acetaminophen-Codeine #3</i>	<i>acetaminophen w/ codeine tab 300-30 mg</i>	generic	<b>QL</b> 186 / 31 days
<i>Acetaminophen-Codeine #4</i>	<i>acetaminophen w/ codeine tab 300-60 mg</i>	generic	<b>QL</b> 186 / 31 days
<i>Butalbital-APAP-Caff-Cod</i>	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	generic	<b>QL</b> 124 / 31 days
<i>Butalbital-ASA-Caff-Codeine</i>	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	generic	<b>QL</b> 124 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Codeine Sulfate	codeine sulfate (tab 15 mg, tab 30 mg, tab 60 mg)	generic	
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen (tab 5-325 mg, tab 7.5-650 mg, tab 10-500 mg, tab 10-650 mg, tab 10-325 mg)	generic	MDD 6 per day
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen (tab 7.5-325 mg, tab 7.5-500 mg)	generic	MDD 8 per day
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	generic	MDD 180 per day
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen soln 7.5-500 mg/15ml	generic	MDD 120 per day
Vicodin HP	hydrocodone-acetaminophen tab 10-660 mg	generic	MDD 6 per day
Co-Gesic	hydrocodone-acetaminophen tab 5-500 mg	generic	MDD 8 per day
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen tab 7.5-750 mg	generic	MDD 5 per day
HYDROmorphine HCl	hydromorphone hcl suppos 3 mg	generic	QL 62 / 31 days
HYDROmorphine HCl	hydromorphone hcl tab 2 mg	generic	MDD 8 per day
HYDROmorphine HCl	hydromorphone hcl tab 4 mg	generic	
HYDROmorphine HCl	hydromorphone hcl tab 8 mg	generic	MDD 4 per day
Meperidine HCl	meperidine hcl (tab 50 mg, tab 100 mg)	generic	MDD 6 per day
Meperidine HCl	meperidine hcl oral soln 50 mg/5ml	generic	
Morphine Sulfate	morphine sulfate (soln 10, soln 20)	generic	QL 500 / 31 days
Morphine Sulfate	morphine sulfate (suppos 5 mg, suppos 10 mg, suppos 20 mg, suppos 30 mg)	generic	QL 24 / 31 days
Morphine Sulfate	morphine sulfate (tab 15 mg, tab 30 mg)	generic	MDD 6 per day
Morphine Sulfate (Concentrate)	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	generic	QL 240 / claim
OxyCODONE HCl	oxycodone hcl (cap 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	generic	MDD 6 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>OxyCODONE HCl</i>	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	generic	QL 120 / claim
<i>OxyCODONE HCl</i>	<i>oxycodone hcl soln 5 mg/5ml</i>	generic	
<i>OxyCODONE HCl</i>	<i>oxycodone hcl tab 5 mg</i>	generic	QL 186 / 31 days
<i>Roxicet</i>	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	generic	QL 186 / 31 days
<i>Oxycodone-Acetaminophen</i>	<i>oxycodone-acetaminophen (cap 5-500 mg, tab 7.5-325 mg, tab 7.5-500 mg, tab 10-650 mg, tab 10-325 mg)</i>	generic	QL 186 / 31 days
<i>Oxycodone-Aspirin</i>	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	generic	QL 186 / 31 days
<i>Roxicet</i>	ROXICET 5-325 MG/5ML SOLUTION <i>oxycodone w/ acetaminophen</i>	BRAND	
<i>TraMADol HCl</i>	<i>tramadol hcl tab 50 mg</i>	generic	MDD 8 per day
<i>Tramadol-Acetaminophen</i>	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	generic	QL 124 / 31 days
ANESTHETICS			
LOCAL ANESTHETICS			
<i>Lidocaine Viscous</i>	<i>lidocaine hcl viscous soln 2%</i>	generic	QL 100 / claim
<i>Lidocaine-Prilocaine</i>	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	generic	QL 30 / claim MPL 1 / claim
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
ALCOHOL DETERRENTS/ANTI-CRAVING			
<i>Disulfiram</i>	<i>disulfiram tab 250 mg</i>	generic	
<i>Naltrexone HCl</i>	<i>naltrexone hcl tab 50 mg</i>	generic	
OPIOID DEPENDENCE TREATMENTS			
<i>Suboxone</i>	SUBOXONE (2-0.5 MG FILM, 4-1 MG FILM) <i>buprenorphine hcl-naloxone hcl dihydrate</i>	BRAND	PA MDD 1 per day
<i>Suboxone</i>	SUBOXONE (8-2 MG FILM, 12-3 MG FILM) <i>buprenorphine hcl-naloxone hcl dihydrate</i>	BRAND	PA MDD 2 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>OPIOID REVERSAL AGENTS</b>			
<i>Naloxone HCl</i>	<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, inj 1 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	generic	QL 2 / 90 days
<i>Narcan</i>	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML <i>naloxone hcl</i>	BRAND	QL 4 / 90 days
<b>SMOKING CESSATION AGENTS</b>			
<i>Buproban</i>	<i>bupropion hcl (smoking deterrent) tab sr 12hr 150 mg</i>	generic	MDD 2 per day MDS 180 / 365 days
<i>Chantix</i>	CHANTIX (0.5 MG TAB, 1 MG TAB) <i>varenicline tartrate</i>	BRAND	MDD 2 per day MDS 180 / 365 days
<i>Chantix Continuing Month Pak</i>	CHANTIX CONTINUING MONTH PAK 1 MG TAB <i>varenicline tartrate</i>	BRAND	MDD 2 per day MDS 180 / 365 days
<i>Chantix Starting Month Pak</i>	CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB <i>varenicline tartrate</i>	BRAND	MPL 2 / 365 days MDS 180 / 365 days
<i>Nicotrol</i>	NICOTROL 10 MG INHALER <i>nicotine</i>	BRAND	QL 504 / 30 days MDS 180 / 365 days
<i>Nicotrol NS</i>	NICOTROL NS 10 MG/ML SOLUTION <i>nicotine</i>	BRAND	QL 120 / 30 days MDS 180 / 365 days
<b>ANTIBACTERIALS</b>			
<b>AMINOGLYCOSIDES</b>			
<i>Gentamicin Sulfate</i>	<i>gentamicin sulfate cream 0.1%</i>	generic	QL 31 / 31 days C Pkg Size 15: Package Limit=2/claim   Pkg Size 30: Package Limit=1/claim
<i>Gentamicin Sulfate</i>	<i>gentamicin sulfate oint 0.1%</i>	generic	QL 31 / 31 days C Pkg Size 30: Package Limit=1/claim   Pkg Size 15: Package Limit=2/claim
<i>Gentak</i>	<i>gentamicin sulfate ophth oint 0.3%</i>	generic	QL 4 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Gentamicin Sulfate</i>	<i>gentamicin sulfate ophth soln 0.3%</i>	generic	<b>MPL</b> 2 / claim
<i>Neomycin Sulfate</i>	<i>neomycin sulfate tab 500 mg</i>	generic	
<i>TobraDex</i>	TOBRADEX 0.3-0.1 % OINTMENT <i>tobramycin-dexamethasone</i>	BRAND	<b>QL</b> 4 / 31 days
<i>Tobramycin</i>	<i>tobramycin ophth soln 0.3%</i>	generic	<b>QL</b> 5 / 31 days
<i>Tobramycin Sulfate</i>	<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), inj 2 gm/50ml (40 mg/ml) (base equiv), inj 10 mg/ml (base equivalent), inj 80 mg/2ml (40 mg/ml) (base equiv), inj 80 mg/2ml (40 mg/ml))</i>	generic	<b>PA</b>
<i>Tobramycin Sulfate in Saline</i>	TOBRAMYCIN SULFATE IN SALINE 1.2-0.9 MG/ML-% SOLUTION <i>tobramycin sulfate in saline</i>	BRAND	<b>PA</b>
<i>Tobrex</i>	TOBREX 0.3 % OINTMENT <i>tobramycin (ophth)</i>	BRAND	
ANTIBACTERIALS, OTHER			
<i>Phosphasal</i>	<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	generic	
<i>Clindamycin HCl</i>	<i>clindamycin hcl (cap 150 mg, cap 300 mg)</i>	generic	
<i>Clindamycin Palmitate HCl</i>	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	generic	<b>QL</b> 300 / claim
<i>Clindamycin Phosphate</i>	<i>clindamycin phosphate (lotion 1%, soln 1%, vaginal cream 2%)</i>	generic	
<i>Clindamycin Phosphate</i>	<i>clindamycin phosphate gel 1%</i>	generic	<b>MPL</b> 1 / claim
<i>Erythromycin-Sulfisoxazole</i>	<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	generic	
<i>First-Vancomycin 25</i>	FIRST-VANCOMYCIN 25 25 MG/ML SOLUTION <i>vancomycin hcl</i>	BRAND	<b>MPL</b> 1 / 90 days
<i>First-Vancomycin 50</i>	FIRST-VANCOMYCIN 50 50 MG/ML SOLUTION <i>vancomycin hcl</i>	BRAND	<b>MPL</b> 1 / 90 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Methenamine Mandelate</i>	<i>methenamine mandelate (tab 0.5 gm, tab 1 gm)</i>	generic	
<i>MetroNIDAZOLE</i>	<i>metronidazole (cream 0.75 %, gel 0.75 %)</i>	generic	QL 45 / 30 days
<i>MetroNIDAZOLE</i>	<i>metronidazole (lotion 0.75%, tab 250 mg, tab 500 mg)</i>	generic	
<i>Vandazole</i>	<i>metronidazole vaginal gel 0.75%</i>	generic	QL 45 / 30 days MPL 1 / claim
<i>Mupirocin Calcium</i>	<i>mupirocin calcium cream 2%</i>	generic	MPL 1 / 31 days
<i>Mupirocin</i>	<i>mupirocin oint 2%</i>	generic	MPL 1 / 31 days
<i>Nitrofurantoin Macrocrystal</i>	<i>nitrofurantoin macrocrystal (cap 50 mg, cap 100 mg)</i>	generic	
<i>Nitrofurantoin Monohyd Macro</i>	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	generic	
<i>Nitrofurantoin</i>	<i>nitrofurantoin susp 25 mg/5ml</i>	generic	AL Up to 6 yrs old MDD 40 per day
<i>Sivextro</i>	<i>SIVEXTRO 200 MG TAB tedizolid phosphate</i>	BRAND	QL 6 / claim PA
<i>Trimethoprim</i>	<i>trimethoprim tab 100 mg</i>	generic	
<i>Vancomycin HCl</i>	<i>vancomycin hcl cap 125 mg</i>	generic	MDD 4 per day
<i>Vancomycin HCl</i>	<i>vancomycin hcl cap 250 mg</i>	generic	MDD 8 per day
<i>Vancomycin HCl</i>	<i>vancomycin hcl for inj 1000 mg</i>	generic	QL 14 / claim
<i>Vancomycin HCl</i>	<i>vancomycin hcl for inj 500 mg</i>	generic	QL 14 / 30 days
<b>BETA-LACTAM, CEPHALOSPORINS</b>			
<i>Cefaclor</i>	<i>cefaclor (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, for susp 375 mg/5ml)</i>	generic	
<i>Cefadroxil</i>	<i>cefadroxil (cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	generic	
<i>Cefdinir</i>	<i>cefdinir (susp 125, susp 250)</i>	generic	MPL 1 / claim
<i>Cefdinir</i>	<i>cefdinir cap 300 mg</i>	generic	QL 20 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Cefprozil</i>	<i>cefprozil (tab 250 mg, tab 500 mg)</i>	generic	QL 20 / claim
<i>Cefprozil</i>	<i>cefprozil for susp 125 mg/5ml</i>	generic	AL Up to 12 yrs old MPL 2 / claim
<i>Cefprozil</i>	<i>cefprozil for susp 250 mg/5ml</i>	generic	AL Up to 12 yrs old MPL 1 / claim
<i>Ceftin</i>	CEFTIN 250 MG/5ML RECON SUSP <i>cefuroxime axetil</i>	BRAND	AL Up to 12 yrs old MPL 1 / claim
<i>CefTRIAXone Sodium</i>	<i>ceftriaxone sodium (inj 1 gm, inj 250 mg, inj 500 mg, iv soln 1 gm)</i>	generic	QL 3 / claim MFL 1 / 30 days
<i>Cefuroxime Axetil</i>	<i>cefuroxime axetil (tab 250 mg, tab 500 mg)</i>	generic	QL 20 / claim
<i>Cefuroxime Axetil</i>	<i>cefuroxime axetil for susp 125 mg/5ml</i>	generic	AL Up to 12 yrs old MPL 1 / claim
<i>Cephalexin</i>	<i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	generic	
BETA-LACTAM, PENICILLINS			
<i>Amoxicillin-Pot Clavulanate ER</i>	<i>amoxicillin &amp; k clavulanate tab sr 12hr 1000-62.5 mg</i>	generic	QL 40 / 30 days
<i>Amoxicillin</i>	AMOXICILLIN (125 MG CHEW TAB, (TRIHYDRATE) CAP 250 MG, (TRIHYDRATE) CAP 500 MG, (TRIHYDRATE) CHEW TAB 125 MG, (TRIHYDRATE) CHEW TAB 250 MG, (TRIHYDRATE) FOR SUSP 125 MG/5ML, (TRIHYDRATE) FOR SUSP 200 MG/5ML, (TRIHYDRATE) FOR SUSP 250 MG/5ML, 250 MG CHEW TAB, (TRIHYDRATE) FOR SUSP 400 MG/5ML, (TRIHYDRATE) TAB 875 MG) <i>amoxicillin</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Amoxicillin-Pot Clavulanate</i>	<i>amoxicillin-pot clavulanate (susp 200-28.5, susp 250-62.5)</i>	generic	<b>MPL</b> 1 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>amoxicillin-pot clavulanate (susp 400-57, susp 600-42.9)</i>	generic	<b>MPL</b> 2 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>amoxicillin-pot clavulanate (tab 250-125 mg, tab 500-125 mg)</i>	generic	<b>QL</b> 30 / claim
<i>Ampicillin</i>	<i>ampicillin (125 mg/5ml recon susp, 250 mg/5ml recon susp, cap 250 mg, cap 500 mg)</i>	generic	
<i>Augmentin</i>	AUGMENTIN 125-31.25 MG/5ML RECON SUSP <i>amoxicillin &amp; pot clavulanate</i>	BRAND	<b>MPL</b> 1 / claim
<i>Dicloxacillin Sodium</i>	<i>dicloxacillin sodium (cap 250 mg, cap 500 mg)</i>	generic	
<i>Penicillin V Potassium</i>	<i>penicillin v potassium (for soln 125 mg/5ml, for soln 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	generic	
<b>MACROLIDES</b>			
<i>Azithromycin</i>	<i>azithromycin for susp 100 mg/5ml</i>	generic	<b>MPL</b> 1 / claim
<i>Azithromycin</i>	<i>azithromycin for susp 200 mg/5ml</i>	generic	<b>C</b> Pkg Size 15: Package Limit=1/claim   Pkg Size 22.5: Package Limit=2/claim   Pkg Size 30: Package Limit=2/claim
<i>Zithromax</i>	<i>azithromycin powd pack for susp 1 gm</i>	generic	<b>QL</b> 2 / claim
<i>Azithromycin</i>	<i>azithromycin tab 250 mg</i>	generic	<b>QL</b> 6 / claim
<i>Azithromycin</i>	<i>azithromycin tab 500 mg</i>	generic	<b>MDD</b> 4 per day
<i>Azithromycin</i>	<i>azithromycin tab 600 mg</i>	generic	<b>QL</b> 8 / 28 days
<i>Clarithromycin</i>	<i>clarithromycin (tab 250 mg, tab 500 mg)</i>	generic	<b>QL</b> 28 / claim
<i>Clarithromycin</i>	<i>clarithromycin for susp 125 mg/5ml</i>	generic	<b>MPL</b> 1 / claim
<i>Clarithromycin</i>	<i>clarithromycin for susp 250 mg/5ml</i>	generic	<b>MPL</b> 2 / claim
<i>Clarithromycin ER</i>	<i>clarithromycin tab sr 24hr 500 mg</i>	generic	<b>QL</b> 14 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ery-Tab</i>	ERY-TAB (250 MG TAB DR, 333 MG TAB DR, 500 MG TAB DR) <i>erythromycin base</i>	BRAND	
<i>EryPed 400</i>	ERYPED 400 400 MG/5ML RECON SUSP <i>erythromycin ethylsuccinate</i>	BRAND	
<i>Erythromycin</i>	<i>erythromycin (ophth oint 5 mg/gm, soln 2%)</i>	generic	
<i>Erythromycin Base</i>	<i>erythromycin base (tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)</i>	generic	
<i>Erythromycin Ethylsuccinate</i>	<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, tab 400 mg)</i>	generic	
<i>Erythromycin</i>	<i>erythromycin gel 2%</i>	generic	MPL 1 / claim
PCE	PCE (333 MG TAB DR, 500 MG TAB DR) <i>erythromycin base (coated)</i>	BRAND	
QUINOLONES			
<i>Ciloxan</i>	CILOXAN 0.3 % OINTMENT <i>ciprofloxacin hcl (ophth)</i>	BRAND	MPL 1 / claim
<i>Ciprofloxacin HCl</i>	<i>ciprofloxacin hcl (tab 250 mg, tab 500 mg, tab 750 mg)</i>	generic	
<i>Ciprofloxacin HCl</i>	<i>ciprofloxacin hcl ophth soln 0.3%</i>	generic	MPL 1 / claim
<i>Ciprofloxacin HCl</i>	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	generic	QL 6 / claim
<i>LevoFLOXacin</i>	<i>levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)</i>	generic	QL 14 / claim MDD 1 per day
<i>Ofloxacin</i>	<i>ofloxacin (tab 200 mg, tab 300 mg, tab 400 mg)</i>	generic	QL 56 / claim
<i>Ofloxacin</i>	<i>ofloxacin ophth soln 0.3%</i>	generic	QL 10 / 31 days
<i>Ofloxacin</i>	<i>ofloxacin otic soln 0.3%</i>	generic	QL 10 / 31 days MPL 1 / claim
<i>Vigamox</i>	VIGAMOX 0.5 % SOLUTION <i>moxifloxacin hcl (ophth)</i>	BRAND	QL 3 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>SULFONAMIDES</b>			
<i>Silver Sulfadiazine</i>	<i>silver sulfadiazine cream 1%</i>	generic	
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium (ophth oint 10%, 10 % ointment)</i>	generic	QL 4 / 31 days
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium ophth soln 10%</i>	generic	QL 15 / 31 days
<i>Sulfamethoxazole-Trimethoprim</i>	<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg)</i>	generic	
<i>Sulfamethoxazole-TMP DS</i>	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	generic	
<b>TETRACYCLINES</b>			
<i>Doxycycline Hyclate</i>	<i>doxycycline hyclate (cap 50 mg, cap 100 mg, tab 100 mg)</i>	generic	
<i>Minocycline HCl</i>	<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg)</i>	generic	
<b>ANTICONVULSANTS</b>			
<b>ANTICONVULSANTS, OTHER</b>			
<i>LevETIRAcetam</i>	<i>levetiracetam (tab 250 mg, tab 500 mg, tab 750 mg)</i>	generic	MDD 4 per day
<i>LevETIRAcetam</i>	<i>levetiracetam oral soln 100 mg/ml</i>	generic	MDD 16 per day
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>			
<i>Ethosuximide</i>	<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	generic	
<i>Zonisamide</i>	<i>zonisamide (cap 25 mg, cap 50 mg, cap 100 mg)</i>	generic	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</b>			
<i>DiazePAM</i>	<i>diazepam (gel 2.5 mg, gel 10 mg, gel 20 mg)</i>	generic	QL 1 / claim AL Up to 21 yrs old
<i>Divalproex Sodium</i>	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	generic	
<i>Divalproex Sodium</i>	<i>divalproex sodium tab delayed release 125 mg</i>	generic	MDD 2 per day
<i>Divalproex Sodium</i>	<i>divalproex sodium tab delayed release 250 mg</i>	generic	MDD 3 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Divalproex Sodium</i>	<i>divalproex sodium tab delayed release 500 mg</i>	generic	<b>MDD</b> 7 per day
<i>Divalproex Sodium ER</i>	<i>divalproex sodium tab sr 24 hr 250 mg</i>	generic	<b>QL</b> 93 / 31 days
<i>Divalproex Sodium ER</i>	<i>divalproex sodium tab sr 24 hr 500 mg</i>	generic	<b>MDD</b> 7 per day
<i>Gabapentin</i>	<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, tab 600 mg, tab 800 mg)</i>	generic	<b>MDD</b> 4 per day
<i>Gabapentin</i>	<i>gabapentin oral soln 250 mg/5ml</i>	generic	
<i>Gabitril</i>	GABITRIL (12 MG TAB, 16 MG TAB) <i>tiagabine hcl</i>	BRAND	
PHENobarbital	<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, 30 mg tab, tab 32.4 mg, tab 60 mg, 60 mg tab, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	generic	
<i>Primidone</i>	<i>primidone (tab 50 mg, tab 250 mg)</i>	generic	
<i>TiaGABine HCl</i>	<i>tiagabine hcl (tab 2 mg, tab 4 mg)</i>	generic	
<i>Valproic Acid</i>	<i>valproic acid (valproate sodium syrup 250 mg/5ml (base equiv), valproic acid cap 250 mg)</i>	generic	
<b>GLUTAMATE REDUCING AGENTS</b>			
<i>Felbamate</i>	<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	generic	
<i>LamoTRigine</i>	<i>lamotrigine (tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)</i>	generic	
<i>Topiramate</i>	<i>topiramate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	generic	<b>MDD</b> 3 per day
<i>Topiramate</i>	<i>topiramate sprinkle cap 15 mg</i>	generic	<b>MDD</b> 6 per day
<i>Topiramate</i>	<i>topiramate sprinkle cap 25 mg</i>	generic	<b>MDD</b> 8 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>SODIUM CHANNEL AGENTS</b>			
CarBAMazepine	carbamazepine (chew tab 100 mg, susp 100 mg/5ml)	generic	
CarBAMazepine ER	carbamazepine er (tab 100 mg, tab 200 mg, tab 400 mg)	generic	
Epitol	carbamazepine tab 200 mg	generic	
Dilantin	DILANTIN 30 MG CAP phenytoin sodium extended	BRAND	
OXcarbazepine	oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)	generic	
Phenytoin	phenytoin (chew tab 50 mg, susp 125 mg/5ml)	generic	
Phenytoin Sodium Extended	phenytoin sodium extended cap 100 mg	generic	
TEGretol-XR	TEGRETOL-XR 100 MG TAB ER 12H carbamazepine	BRAND	
<b>ANTIDEMENTIA AGENTS</b>			
<b>CHOLINESTERASE INHIBITORS</b>			
Donepezil HCl	donepezil hcl (tab 5 mg, tab 10 mg)	generic	QL 31 / 31 days
Exelon	EXELON 2 MG/ML SOLUTION rivastigmine tartrate	BRAND	PA MDD 6 per day
Galantamine Hydrobromide	galantamine hydrobromide (tab 4 mg, tab 8 mg, tab 12 mg)	generic	MDD 2 per day
Galantamine Hydrobromide ER	galantamine hydrobromide er (cap 24hr 8 mg, cap 24hr 24 mg, cap 24hr 16 mg)	generic	MDD 1 per day
Galantamine Hydrobromide	galantamine hydrobromide oral soln 4 mg/ml	generic	MDD 6 per day
Rivastigmine	rivastigmine (patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)	generic	PA MDD 1 per day
Rivastigmine Tartrate	rivastigmine tartrate (cap 1.5 mg, cap 3 mg, cap 4.5 mg, cap 6 mg)	generic	PA MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>			
<i>Memantine HCl</i>	<i>memantine hcl (tab 5 mg, tab 10 mg)</i>	generic	PA MDD 2 per day
<i>Memantine HCl</i>	<i>memantine hcl oral solution 2 mg/ml</i>	generic	PA MDD 10 per day
<i>Memantine HCl</i>	<i>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</i>	generic	PA MPL 1 / 28 days
<b>ANTIDEPRESSANTS</b>			
<b>ANTIDEPRESSANTS, OTHER</b>			
<i>Budeprion SR</i>	<i>budeprion sr (er tab er 12h 150 mg, er tab er 12h 100 mg)</i>	generic	MDD 2 per day
<i>Budeprion XL</i>	<i>budeprion xl (tab 24hr 150 mg, tab 24hr 300 mg)</i>	generic	MDD 1 per day
<i>BuPROPion HCl</i>	<i>bupropion hcl (tab 75 mg, tab 100 mg)</i>	generic	MDD 3 per day
<i>BuPROPion HCl ER (SR)</i>	<i>bupropion hcl tab sr 12hr 200 mg</i>	generic	MDD 2 per day
<i>Duo-Vil 2-10</i>	<i>DUO-VIL 2-10 2-10 MG TAB perphenazine-amitriptyline</i>	BRAND	QL 124 / 31 days
<i>Duo-Vil 2-25</i>	<i>DUO-VIL 2-25 2-25 MG TAB perphenazine-amitriptyline</i>	BRAND	QL 124 / 31 days
<i>Mirtazapine</i>	<i>mirtazapine (tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	generic	MDD 1 per day
<i>Mirtazapine</i>	<i>mirtazapine (tab odt 15 mg, tab odt 30 mg, tab odt 45 mg)</i>	generic	QL 31 / 31 days
<i>Perphenazine-Amitriptyline</i>	<i>perphenazine-amitriptyline (tab 2-10 mg, 2-25 mg tab, tab 2-25 mg, tab 4-10 mg, tab 4-25 mg, tab 4-50 mg)</i>	generic	QL 124 / 31 days
<b>MONOAMINE OXIDASE INHIBITORS</b>			
<i>Phenelzine Sulfate</i>	<i>phenelzine sulfate tab 15 mg</i>	generic	
<i>Tranlycypromine Sulfate</i>	<i>tranlycypromine sulfate tab 10 mg</i>	generic	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR</b>			

Brintellix

BRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)  
vortioxetine hbr

BRAND

ST

AL

At least 18 yrs old















MDD

1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Citalopram Hydrobromide	citalopram hydrobromide (tab 10 mg, tab 20 mg)	generic	MDD 1.5 per day
Citalopram Hydrobromide	citalopram hydrobromide oral soln 10 mg/5ml	generic	
Citalopram Hydrobromide	citalopram hydrobromide tab 40 mg (base equiv)	generic	MDD 1 per day
Escitalopram Oxalate	escitalopram oxalate (tab 5 mg, tab 10 mg, tab 20 mg)	generic	MDD 1 per day
FLUoxetine HCl	fluoxetine hcl (cap 10 mg, cap 20 mg)	generic	QL 124 / 31 days
FLUoxetine HCl	fluoxetine hcl cap 40 mg	generic	AL At least 7 yrs old MDD 2 per day
FLUoxetine HCl	fluoxetine hcl solution 20 mg/5ml	generic	QL 120 / claim
FLUoxetine HCl	fluoxetine hcl tab 10 mg	generic	MDD 1 per day
Fluvoxamine Maleate	fluvoxamine maleate (tab 25 mg, tab 50 mg)	generic	QL 62 / 31 days
Fluvoxamine Maleate	fluvoxamine maleate tab 100 mg	generic	MDD 3 per day
Maprotiline HCl	maprotiline hcl (tab 25 mg, tab 50 mg, tab 75 mg)	generic	
Nefazodone HCl	nefazodone hcl (tab 50 mg, 100 mg tab, tab 100 mg, 150 mg tab, tab 150 mg, 200 mg tab, tab 200 mg, tab 250 mg)	generic	
PARoxetine HCl	paroxetine hcl (tab 10 mg, tab 30 mg, tab 40 mg)	generic	QL 62 / 31 days
PARoxetine HCl ER	paroxetine hcl er (tab 24hr 37.5 mg, tab 24hr 25 mg, tab 24hr 12.5 mg)	generic	QL 31 / 31 days
PARoxetine HCl	paroxetine hcl oral susp 10 mg/5ml (base equiv)	generic	PA MDD 40 per day
PARoxetine HCl	paroxetine hcl tab 20 mg	generic	MDD 2 per day
Selfemra	selfemra (cap 10 mg, cap 20 mg)	generic	QL 124 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Sertraline HCl	sertraline hcl oral conc 20 mg/ml	generic	QL 186 / 31 days
Sertraline HCl	sertraline hcl tab 100 mg	generic	MDD 2 per day
Sertraline HCl	sertraline hcl tab 25 mg	generic	MDD 1 per day
Sertraline HCl	sertraline hcl tab 50 mg	generic	MDD 1.5 per day
TraZODone HCl	trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)	generic	
TraZODone HCl	trazodone hcl tab 300 mg	generic	MDD 2 per day
Venlafaxine HCl	venlafaxine hcl (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)	generic	
Venlafaxine HCl ER	venlafaxine hcl er (cap 24hr 150 mg, cap 24hr 37.5 mg, cap 24hr 75 mg)	generic	QL 62 / 31 days MDD 1 per day
Venlafaxine HCl ER	venlafaxine hcl er (er 225 mg tab er 24h, tab sr 24hr 75 mg (base equivalent), tab sr 24hr 37.5 mg (base equivalent))	generic	MDD 1 per day
Venlafaxine HCl ER	venlafaxine hcl tab sr 24hr 150 mg (base equivalent)	generic	MDD 2 per day
Viibryd	VIIBRYD (10 MG TAB, 20 MG TAB, 40 MG TAB) vilazodone hcl	BRAND	PA MDD 1 per day
Viibryd	VIIBRYD 10 & 20 & 40 MG KIT vilazodone hcl	BRAND	QL 30 / 365 days PA
<b>TRICYCLICS</b>			
Amitriptyline HCl	amitriptyline hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)	generic	
Amoxapine	amoxapine (tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab, tab 150 mg)	generic	
ClomiPRAMINE HCl	clomipramine hcl cap 75 mg	generic	
Desipramine HCl	desipramine hcl (tab 10 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)	generic	
Desipramine HCl	desipramine hcl tab 25 mg	generic	MDD 2 per day
Doxepin HCl	doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Imipramine HCl</i>	<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	generic	
<i>Nortriptyline HCl</i>	<i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	generic	
<i>Nortriptyline HCl</i>	<i>nortriptyline hcl soln 10 mg/5ml</i>	generic	<b>MDD</b> 20 per day
<b>ANTIEMETICS</b>			
<b>ANTIEMETICS, OTHER</b>			
<i>Metoclopramide HCl</i>	<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml), tab 5 mg, tab 10 mg)</i>	generic	
<i>Perphenazine</i>	<i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i>	generic	<b>QL</b> 124 / 31 days
<i>Prochlorperazine Maleate</i>	<i>prochlorperazine maleate (tab 5 mg, tab 10 mg)</i>	generic	
<i>Compro</i>	<i>prochlorperazine suppos 25 mg</i>	generic	
<b>EMETOGENIC THERAPY ADJUNCTS</b>			
<i>Ondansetron HCl</i>	<i>ondansetron hcl (inj 4 mg/2ml, inj 40 mg/20ml)</i>	generic	
<i>Ondansetron HCl</i>	<i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Ondansetron HCl</i>	<i>ondansetron hcl oral soln 4 mg/5ml</i>	generic	<b>QL</b> 50 / 31 days
<i>Ondansetron HCl</i>	<i>ondansetron hcl tab 24 mg</i>	generic	<b>QL</b> 1 / 14 days
<i>Ondansetron</i>	<i>ondansetron odt (tab 4 mg, tab 8 mg)</i>	generic	<b>MDD</b> 1 per day <b>MDS</b> 90 / 365 Days
<b>ANTIFUNGALS</b>			
<i>Nystop</i>	<i>*nystatin topical powder**</i>	generic	<b>MPL</b> 1 / 31 days
<i>Econazole Nitrate</i>	<i>econazole nitrate cream 1%</i>	generic	<b>QL</b> 30 / claim
<i>Fluconazole</i>	<i>fluconazole (susp 10 mg/ml, susp 40 mg/ml)</i>	generic	<b>QL</b> 70 / claim
<i>Fluconazole</i>	<i>fluconazole (tab 100 mg, tab 200 mg)</i>	generic	
<i>Fluconazole</i>	<i>fluconazole tab 150 mg</i>	generic	<b>QL</b> 2 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Fluconazole</i>	<i>fluconazole tab 50 mg</i>	generic	 3 / 14 days
<i>Griseofulvin Microsize</i>	<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	generic	
<i>Griseofulvin Ultramicrosize</i>	<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	generic	
<i>Gynazole-1</i>	<b>GYNAZOLE-1 2 % CREAM</b> <i>butoconazole nitrate (one dose)</i>	<b>BRAND</b>	
<i>Itraconazole</i>	<i>itraconazole cap 100 mg</i>	generic	  1 per day
<i>Ketoconazole</i>	<i>ketoconazole cream 2%</i>	generic	 1 / 31 days
<i>Ketoconazole</i>	<i>ketoconazole shampoo 2%</i>	generic	 124 / 31 days
<i>Nystatin</i>	<i>nystatin cream 100000 unit/gm</i>	generic	 1 / 31 days
<i>Nystatin</i>	<i>nystatin oint 100000 unit/gm</i>	generic	 1 / claim
<i>Nystatin</i>	<i>nystatin susp 100000 unit/ml</i>	generic	 2 / claim
<i>Nystatin</i>	<i>nystatin tab 500000 unit</i>	generic	 6 per day
<i>Nystatin-Triamcinolone</i>	<i>nystatin-triamcinolone (cream, oint)</i>	generic	 1 / claim
<i>Terbinafine HCl</i>	<i>terbinafine hcl tab 250 mg</i>	generic	 90 / 120 days  1 per day
<i>Terconazole</i>	<i>terconazole (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	generic	
<b>ANTIGOUT AGENTS</b>			
<i>Allopurinol</i>	<i>allopurinol (tab 100 mg, tab 300 mg)</i>	generic	
<i>Colchicine</i>	<i>colchicine tab 0.6 mg</i>	generic	 6 / claim  1 / 30 days
<i>Colchicine-Probenecid</i>	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	generic	
<i>Probenecid</i>	<i>probenecid tab 500 mg</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS			
ERGOT ALKALOIDS			
<i>Dihydroergotamine Mesylate</i>	<i>dihydroergotamine mesylate (inj 1 mg/ml, nasal spray 4 mg/ml)</i>	generic	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS			
<i>Naratriptan HCl</i>	<i>naratriptan hcl (tab 1 mg, tab 2.5 mg)</i>	generic	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>9 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div>
<i>Relpax</i>	RELPAx (20 MG TAB, 40 MG TAB) <i>eletriptan hydrobromide</i>	BRAND	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 days</div>
<i>Rizatriptan Benzoate</i>	<i>rizatriptan benzoate (tab 5 mg, tab 10 mg)</i>	generic	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 6 yrs old</div> </div>
SUMatriptan	<i>sumatriptan nasal spray (5 mg/act, 20 mg/act)</i>	generic	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 12 yrs old</div> </div>
SUMatriptan Succinate	<i>sumatriptan succinate (inj 6, solution auto-injector 6, solution prefilled syringe 6)</i>	generic	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 12 yrs old</div> </div>
SUMatriptan Succinate	<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>9 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 12 yrs old</div> </div>
ZOLmitriptan	<i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i>	generic	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 days</div>
<i>Zomig</i>	ZOMIG 5 MG SOLUTION <i>zolmitriptan</i>	BRAND	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 days</div>
ANTIMYASTHENIC AGENTS			
PARASYMPATHOMIMETICS			
<i>Pyridostigmine Bromide</i>	<i>pyridostigmine bromide tab 60 mg</i>	generic	
<i>Pyridostigmine Bromide ER</i>	<i>pyridostigmine bromide tab cr 180 mg</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTIMYCOBACTERIALS			
ANTIMYCOBACTERIALS, OTHER			
<i>Dapsone</i>	<i>dapsone (tab 25 mg, tab 100 mg)</i>	generic	
ANTITUBERCULARS			
<i>Ethambutol HCl</i>	<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	generic	
<i>Isoniazid</i>	<i>isoniazid (50 mg/5ml syrup, tab 100 mg, tab 300 mg)</i>	generic	
<i>Pyrazinamide</i>	<i>pyrazinamide tab 500 mg</i>	generic	
<i>RifAMPin</i>	<i>rifampin (cap 150 mg, cap 300 mg)</i>	generic	
<i>Trecator</i>	TRECTOR 250 MG TAB <i>ethionamide</i>	BRAND	
ANTINEOPLASTICS			
ALKYLATING AGENTS			
<i>Alkeran</i>	ALKERAN 2 MG TAB <i>melfhalan</i>	BRAND	
<i>Cyclophosphamide</i>	<i>cyclophosphamide (tab 25 mg, 25 mg tab, 50 mg tab, tab 50 mg)</i>	generic	
<i>Leukeran</i>	LEUKERAN 2 MG TAB <i>chlorambucil</i>	BRAND	
<i>Myleran</i>	MYLERAN 2 MG TAB <i>busulfan</i>	BRAND	
ANTIANDROGENS			
<i>Bicalutamide</i>	<i>bicalutamide tab 50 mg</i>	generic	MDD 1 per day
<i>Flutamide</i>	<i>flutamide cap 125 mg</i>	generic	
ANTIESTROGENS/MODIFIERS			
<i>Fareston</i>	FARESTON 60 MG TAB <i>toremifene citrate</i>	BRAND	PA
<i>Tamoxifen Citrate</i>	<i>tamoxifen citrate (tab 10 mg, tab 20 mg)</i>	generic	



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>ANTIMETABOLITES</b>			
<i>Droxia</i>	DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) <i>hydroxyurea (sickle cell anemia)</i>	BRAND	
<i>Hydroxyurea</i>	<i>hydroxyurea cap 500 mg</i>	generic	
<i>Mercaptopurine</i>	<i>mercaptopurine tab 50 mg</i>	generic	
<i>Purixan</i>	PURIXAN 2000 MG/100ML SUSPENSION <i>mercaptopurine</i>	BRAND	AL Up to 8 yrs old
<b>ANTINEOPLASTICS, OTHER</b>			
<i>Hemangeol</i>	HEMANGEOL 4.28 MG/ML SOLUTION <i>propranolol hcl</i>	BRAND	PA
<i>Leucovorin Calcium</i>	<i>leucovorin calcium (tab 5 mg, tab 10 mg, 15 mg tab, tab 15 mg, tab 25 mg)</i>	generic	
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>			
<i>Anastrozole</i>	<i>anastrozole tab 1 mg</i>	generic	
<i>Exemestane</i>	<i>exemestane tab 25 mg</i>	generic	
<i>Letrozole</i>	<i>letrozole tab 2.5 mg</i>	generic	
<b>ANTIPARASITICS</b>			
<b>ANTIPROTOZOALS</b>			
<i>Chloroquine Phosphate</i>	<i>chloroquine phosphate (tab 250 mg, 250 mg tab)</i>	generic	
<i>Chloroquine Phosphate</i>	<i>chloroquine phosphate tab 500 mg</i>	generic	MDD 1 per day
<i>Coartem</i>	COARTEM 20-120 MG TAB <i>artemether-lumefantrine</i>	BRAND	QL 24 / claim
<i>Hydroxychloroquine Sulfate</i>	<i>hydroxychloroquine sulfate tab 200 mg</i>	generic	
<i>Mefloquine HCl</i>	<i>mefloquine hcl tab 250 mg</i>	generic	
<i>Primaquine Phosphate</i>	<i>primaquine phosphate (tab 26.3 mg (15 mg base), 26.3 mg tab)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>PEDICULICIDES/SCABICIDES</b>			
<i>Eurax</i>	EURAX 10 % CREAM <i>crotamiton</i>	BRAND	QL 62 / 31 days
<i>Eurax</i>	EURAX 10 % LOTION <i>crotamiton</i>	BRAND	MPL 1 / claim
<i>Malathion</i>	<i>malathion lotion 0.5%</i>	generic	QL 59 / claim MFL 2 / 30 days
<i>Natroba</i>	NATROBA 0.9 % SUSPENSION <i>spinosad</i>	BRAND	C AL: At least 6 months of age
<i>Acticin</i>	<i>permethrin cream 5%</i>	generic	QL 62 / 31 days C Pkg Size 60: Package Limit=1/claim   Pkg Size 10: Package Limit=6/claim
<i>Spinosad</i>	SPINOSAD 0.9 % SUSPENSION <i>spinosad</i>	BRAND	C AL: At least 6 months of age
<b>ANTIPARKINSON AGENTS</b>			
<b>ANTICHOLINERGICS</b>			
<i>Benztropine Mesylate</i>	<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	
<i>Trihexyphenidyl HCl</i>	<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	generic	
<i>Trihexyphenidyl HCl</i>	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	generic	QL 500 / 31 days
<b>ANTIPARKINSON AGENTS, OTHER</b>			
<i>Amantadine HCl</i>	<i>amantadine hcl (cap 100 mg, syrup 50 mg/5ml)</i>	generic	
<b>DOPAMINE AGONISTS</b>			
<i>Bromocriptine Mesylate</i>	<i>bromocriptine mesylate (cap 5 mg, tab 2.5 mg)</i>	generic	
<i>Pramipexole Dihydrochloride</i>	<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	generic	AL At least 18 yrs old MDD 3 per day
ROPINIRole HCl	<i>ropinirole hcl (tab 0.25 mg, tab 3 mg, tab 4 mg)</i>	generic	MDD 6 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ROPINIRole HCl	<i>ropinirole hcl (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg)</i>	generic	<b>MDD</b> 3 per day
<b>DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS</b>			
<i>Carbidopa</i>	<i>carbidopa tab 25 mg</i>	generic	
<i>Carbidopa-Levodopa</i>	<i>carbidopa-levodopa (tab 10-100 mg, tab 25-100 mg, tab 25-250 mg)</i>	generic	
<i>Carbidopa-Levodopa ER</i>	<i>carbidopa-levodopa er (tab 25-100 mg, tab 50-200 mg)</i>	generic	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>			
<i>Selegiline HCl</i>	<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	generic	
<b>ANTIPSYCHOTICS</b>			
<b>1ST GENERATION/TYPICAL</b>			
<i>ChlorproMAZINE HCl</i>	<i>chlorpromazine hcl (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	generic	<b>QL</b> 93 / 31 days
<i>ChlorproMAZINE HCl</i>	<i>chlorpromazine hcl tab 10 mg</i>	generic	<b>MDD</b> 10 per day
<i>FluPHENAZine Decanoate</i>	<i>fluphenazine decanoate inj 25 mg/ml</i>	generic	
<i>FluPHENAZine HCl</i>	<i>fluphenazine hcl (tab 1 mg, tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	
<i>Haloperidol</i>	<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg)</i>	generic	<b>QL</b> 93 / 31 days
<i>Haloperidol Decanoate</i>	<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	generic	
<i>Haloperidol Lactate</i>	<i>haloperidol lactate oral conc 2 mg/ml</i>	generic	
<i>Haloperidol</i>	<i>haloperidol tab 20 mg</i>	generic	
<i>Loxapine Succinate</i>	<i>loxapine succinate (cap 5 mg, cap 10 mg, cap 25 mg, cap 50 mg)</i>	generic	<b>QL</b> 124 / 31 days
<i>Thioridazine HCl</i>	<i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	<b>QL</b> 93 / 31 days
<i>Thiothixene</i>	<i>thiothixene (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i>	generic	<b>QL</b> 93 / 31 days
<i>Trifluoperazine HCl</i>	<i>trifluoperazine hcl (tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg)</i>	generic	<b>QL</b> 62 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>2ND GENERATION/ATYPICAL</b>			
<i>Abilify</i>	ABILIFY 1 MG/ML SOLUTION <i>aripiprazole</i>	BRAND	<span>QL</span> 750 / 30 days <span>PA</span> <span>AL</span> At least 6 yrs old
<i>Abilify Discmelt</i>	ABILIFY DISCMELT (10 MG TAB DISP, 15 MG TAB DISP) <i>aripiprazole</i>	BRAND	<span>PA</span> <span>AL</span> At least 6 yrs old <span>MDD</span> 1 per day
ARIPiprazole	<i>aripiprazole (tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	generic	<span>PA</span> <span>AL</span> At least 6 yrs old <span>MDD</span> 1 per day
<i>Nuplazid</i>	NUPLAZID 17 MG TAB <i>pimavanserin tartrate</i>	BRAND	<span>PA</span> <span>MDD</span> 2 Per Day
OLANZapine	<i>olanzapine (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)</i>	generic	<span>AL</span> At least 13 yrs old <span>MDD</span> 1 per day
QUETiapine Fumarate	<i>quetiapine fumarate (tab 100 mg, tab 300 mg)</i>	generic	<span>QL</span> 62 / 31 days <span>AL</span> At least 10 yrs old <span>MDD</span> 2 per day
QUETiapine Fumarate	<i>quetiapine fumarate (tab 200 mg, tab 400 mg)</i>	generic	<span>QL</span> 62 / 31 days <span>AL</span> At least 10 yrs old
QUETiapine Fumarate	<i>quetiapine fumarate (tab 25 mg, tab 50 mg)</i>	generic	<span>AL</span> At least 10 yrs old <span>MFL</span> 1 / years
<i>RisperiDONE</i>	<i>risperidone (odt (tab 3 mg, tab 4 mg), orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	generic	<span>AL</span> At least 5 yrs old <span>MDD</span> 2 per day
<i>RisperiDONE</i>	<i>risperidone soln 1 mg/ml</i>	generic	<span>AL</span> At least 5 yrs old <span>MDD</span> 4 per day
<i>Ziprasidone HCl</i>	<i>ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)</i>	generic	<span>AL</span> At least 18 yrs old <span>MDD</span> 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>TREATMENT-RESISTANT</b>			
<i>CloZAPine</i>	<i>clozapine (tab 25 mg, tab 50 mg)</i>	generic	<span>QL</span> 93 / 31 days <span>AL</span> At least 18 yrs old
<i>CloZAPine</i>	<i>clozapine tab 100 mg</i>	generic	<span>AL</span> At least 18 yrs old <span>MDD</span> 9 per day
<i>CloZAPine</i>	<i>clozapine tab 200 mg</i>	generic	<span>AL</span> At least 18 yrs old <span>MDD</span> 3 per day
<b>ANTISPASTICITY AGENTS</b>			
<i>Baclofen</i>	<i>baclofen (tab 10 mg, tab 20 mg)</i>	generic	
<i>TiZANidine HCl</i>	<i>tizanidine hcl (tab 2 mg (base equivalent), tab 2 mg, tab 4 mg (base equivalent), tab 4 mg)</i>	generic	
<b>ANTIVIRALS</b>			
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>			
<i>ValGANciclovir HCl</i>	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	generic	<span>MDD</span> 2 per day
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>			
<i>Zepatier</i>	<i>ZEPATIER 50-100 MG TAB elbasvir-grazoprevir</i>	BRAND	<span>PA</span> <span>MDD</span> 1 per day
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>			
<i>Genvoya</i>	<i>GENVOYA 150-150-200-10 MG TAB elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>	BRAND	<span>PA</span> <span>MDD</span> 1 per day
<i>ISENTRESS</i>	<i>ISENTRESS (100 MG PACKET, 400 MG TAB) raltegravir potassium</i>	BRAND	<span>MDD</span> 2 per day
<i>ISENTRESS</i>	<i>ISENTRESS 100 MG CHEW TAB raltegravir potassium</i>	BRAND	<span>MDD</span> 6 per day
<i>ISENTRESS</i>	<i>ISENTRESS 25 MG CHEW TAB raltegravir potassium</i>	BRAND	<span>MDD</span> 12 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Stribild</i>	STRIBILD 150-150-200-300 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>	BRAND	<b>MDD</b> 1 per day
<i>Vitekta</i>	VITEKTA (85 MG TAB, 150 MG TAB) <i>elvitegravir</i>	BRAND	<b>AL</b> At least 18 yrs old <b>MDD</b> 1 per day
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)			
<i>Atripla</i>	ATRIPLA 600-200-300 MG TAB <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	BRAND	<b>MDD</b> 1 per day
<i>Complera</i>	COMPLERA 200-25-300 MG TAB <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	BRAND	<b>MDD</b> 1 per day
<i>Edurant</i>	EDURANT 25 MG TAB <i>rilpivirine hcl</i>	BRAND	<b>MDD</b> 1 per day
<i>Intence</i>	INTELENCE (25 MG TAB, 100 MG TAB) <i>etravirine</i>	BRAND	<b>MDD</b> 4 per day
<i>Intence</i>	INTELENCE 200 MG TAB <i>etravirine</i>	BRAND	<b>MDD</b> 2 per day
<i>Nevirapine</i>	<i>nevirapine susp 50 mg/5ml</i>	generic	<b>MDD</b> 40 per day
<i>Nevirapine</i>	<i>nevirapine tab 200 mg</i>	generic	<b>MDD</b> 2 per day
<i>Nevirapine ER</i>	<i>nevirapine tab sr 24hr 100 mg</i>	generic	<b>MDD</b> 3 Per Day
<i>Nevirapine ER</i>	<i>nevirapine tab sr 24hr 400 mg</i>	generic	<b>MDD</b> 1 per day
<i>Rescriptor</i>	RESCRIPTOR 100 MG TAB <i>delavirdine mesylate</i>	BRAND	<b>MDD</b> 12 per day
<i>Rescriptor</i>	RESCRIPTOR 200 MG TAB <i>delavirdine mesylate</i>	BRAND	<b>MDD</b> 6 per day
<i>Sustiva</i>	SUSTIVA (200 MG CAP, 600 MG TAB) <i>efavirenz</i>	BRAND	<b>MDD</b> 1 per day
<i>Sustiva</i>	SUSTIVA 50 MG CAP <i>efavirenz</i>	BRAND	<b>MDD</b> 2 per day
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
<i>Abacavir Sulfate</i>	<i>abacavir sulfate tab 300 mg (base equiv)</i>	generic	<b>MDD</b> 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Descovy</i>	DESCOVY 200-25 MG TAB <i>emtricitabine-tenofovir alafenamide fumarate</i>	BRAND	MDD 1 per day
<i>Didanosine</i>	<i>didanosine (capsule 125 mg, capsule 200 mg, capsule 250 mg, capsule 400 mg)</i>	generic	MDD 1 per day
<i>Emtriva</i>	EMTRIVA 10 MG/ML SOLUTION <i>emtricitabine</i>	BRAND	MDD 24 per day
<i>Emtriva</i>	EMTRIVA 200 MG CAP <i>emtricitabine</i>	BRAND	MDD 1 per day
<i>Epzicom</i>	EPZICOM 600-300 MG TAB <i>abacavir sulfate-lamivudine</i>	BRAND	MDD 1 per day
<i>LamiVUDine</i>	<i>lamivudine oral soln 10 mg/ml</i>	generic	MDD 30 per day
<i>LamiVUDine</i>	<i>lamivudine tab 150 mg</i>	generic	MDD 2 per day
<i>LamiVUDine</i>	<i>lamivudine tab 300 mg</i>	generic	MDD 1 per day
<i>Stavudine</i>	<i>stavudine (cap 15 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>	generic	MDD 2 per day
<i>Stavudine</i>	<i>stavudine for oral soln 1 mg/ml</i>	generic	MDD 80 per day
<i>Truvada</i>	TRUVADA 200-300 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	BRAND	MDD 1 per day
<i>Videx</i>	VIDEX (2 GM RECON SOLN, 4 GM RECON SOLN) <i>didanosine</i>	BRAND	MDD 20 per day
<i>Viread</i>	VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB) <i>tenofovir disoproxil fumarate</i>	BRAND	MDD 1 per day
<i>Viread</i>	VIREAD 40 MG/GM POWDER <i>tenofovir disoproxil fumarate</i>	BRAND	QL 240 / 30 days
<i>Ziagen</i>	ZIAGEN 20 MG/ML SOLUTION <i>abacavir sulfate</i>	BRAND	MDD 30 per day
<i>Zidovudine</i>	<i>zidovudine cap 100 mg</i>	generic	MDD 6 per day
<i>Zidovudine</i>	<i>zidovudine syrup 10 mg/ml</i>	generic	MDD 60 per day
<i>Zidovudine</i>	<i>zidovudine tab 300 mg</i>	generic	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, OTHER			
<i>Selzentry</i>	SELZENTRY 150 MG TAB <i>maraviroc</i>	BRAND	MDD 2 per day
<i>Selzentry</i>	SELZENTRY 300 MG TAB <i>maraviroc</i>	BRAND	MDD 4 per day
<i>Triumeq</i>	TRIUMEQ 600-50-300 MG TAB <i>abacavir-dolutegravir-lamivudine</i>	BRAND	AL At least 18 yrs old MDD 1 per day
<i>Tybost</i>	TYBOST 150 MG TAB <i>cobicistat</i>	BRAND	AL At least 18 yrs old MDD 1 per day
ANTI-HIV AGENTS, PROTEASE INHIBITORS			
<i>Aptivus</i>	APTIVUS 100 MG/ML SOLUTION <i>tipranavir</i>	BRAND	MDD 10 per day
<i>Aptivus</i>	APTIVUS 250 MG CAP <i>tipranavir</i>	BRAND	MDD 4 per day
<i>Crixivan</i>	CRIXIVAN 200 MG CAP <i>indinavir sulfate</i>	BRAND	MDD 9 per day
<i>Crixivan</i>	CRIXIVAN 400 MG CAP <i>indinavir sulfate</i>	BRAND	MDD 6 per day
<i>Evotaz</i>	EVOTAZ 300-150 MG TAB <i>atazanavir sulfate-cobicistat</i>	BRAND	MDD 1 per day
<i>Invirase</i>	INVIRASE 200 MG CAP <i>saquinavir mesylate</i>	BRAND	MDD 10 per day
<i>Invirase</i>	INVIRASE 500 MG TAB <i>saquinavir mesylate</i>	BRAND	MDD 4 per day
<i>Kaletra</i>	KALETRA 100-25 MG TAB <i>lopinavir-ritonavir</i>	BRAND	MDD 4 per day
<i>Kaletra</i>	KALETRA 200-50 MG TAB <i>lopinavir-ritonavir</i>	BRAND	MDD 6 per day
<i>Kaletra</i>	KALETRA 400-100 MG/5ML SOLUTION <i>lopinavir-ritonavir</i>	BRAND	QL 480 / 30 days
<i>Lexiva</i>	LEXIVA 50 MG/ML SUSPENSION <i>fosamprenavir calcium</i>	BRAND	MDD 56 per day
<i>Lexiva</i>	LEXIVA 700 MG TAB <i>fosamprenavir calcium</i>	BRAND	MDD 4 per day
<i>Norvir</i>	NORVIR (100 MG CAP, 100 MG TAB) <i>ritonavir</i>	BRAND	MDD 12 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Norvir	NORVIR 80 MG/ML SOLUTION <i>ritonavir</i>	BRAND	MDD 15 per day
Prezista	PREZISTA (75 MG TAB, 600 MG TAB) <i>darunavir ethanolate</i>	BRAND	MDD 2 per day
Prezista	PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	BRAND	MDD 12 per day
Prezista	PREZISTA 150 MG TAB <i>darunavir ethanolate</i>	BRAND	MDD 3 per day
Prezista	PREZISTA 800 MG TAB <i>darunavir ethanolate</i>	BRAND	MDD 1 per day
Reyataz	REYATAZ (150 MG CAP, 200 MG CAP) <i>atazanavir sulfate</i>	BRAND	MDD 2 per day
Reyataz	REYATAZ 300 MG CAP <i>atazanavir sulfate</i>	BRAND	
Reyataz	REYATAZ 50 MG PACKET <i>atazanavir sulfate</i>	BRAND	MDD 6 per day
Viracept	VIRACEPT 250 MG TAB <i>nelfinavir mesylate</i>	BRAND	MDD 9 per day
Viracept	VIRACEPT 625 MG TAB <i>nelfinavir mesylate</i>	BRAND	MDD 4 per day
ANTI-INFLUENZA AGENTS			
Relenza Diskhaler	RELENZA DISKHALER 5 MG/BLISTER AER POW BA <i>zanamivir</i>	BRAND	AL At least 5 yrs old MPL 1 / 30 days
Tamiflu	TAMIFLU (30 MG CAP, 45 MG CAP) <i>oseltamivir phosphate</i>	BRAND	
Tamiflu	TAMIFLU 6 MG/ML RECON SUSP <i>oseltamivir phosphate</i>	BRAND	QL 120 / 30 days MFL 1 / 180 days
Tamiflu	TAMIFLU 75 MG CAP <i>oseltamivir phosphate</i>	BRAND	QL 10 / 30 days MFL 1 / 180 days
ANTIHERPETIC AGENTS			
Acyclovir	<i>acyclovir (cap 200 mg, tab 800 mg)</i>	generic	QL 50 / 30 days
Acyclovir	<i>acyclovir oint 5%</i>	generic	QL 30 / 30 days MPL 1 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Acyclovir</i>	<i>acyclovir susp 200 mg/5ml</i>	generic	<b>QL</b> 400 / 30 days
<i>Acyclovir</i>	<i>acyclovir tab 400 mg</i>	generic	<b>MDD</b> 3 per day
<i>Trifluridine</i>	<i>trifluridine ophth soln 1%</i>	generic	<b>QL</b> 8 / 31 days
<i>ValACYclovir HCl</i>	<i>valacyclovir hcl tab 1 gm</i>	generic	<b>QL</b> 21 / 31 days
<i>ValACYclovir HCl</i>	<i>valacyclovir hcl tab 500 mg</i>	generic	<b>QL</b> 60 / 30 days
<i>Zovirax</i>	<b>ZOVIRAX 5 % CREAM</b> <i>acyclovir topical</i>	BRAND	<b>MPL</b> 1 / 31 days
<b>ANXIOLYTICS</b>			
<b>ANXIOLYTICS, OTHER</b>			
<i>BusPIRone HCl</i>	<i>buspirone hcl (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg)</i>	generic	<b>MDD</b> 3 per day
<i>Meprobamate</i>	<i>meprobamate (tab 200 mg, tab 400 mg)</i>	generic	
<i>Midazolam HCl</i>	<i>midazolam hcl (inj 2 mg/2ml, inj 5 mg/ml, inj 5 mg/5ml, inj 10 mg/2ml, inj 10 mg/10ml, inj 25 mg/5ml, inj 50 mg/10ml)</i>	generic	
<b>BENZODIAZEPINES</b>			
<i>ALPRAZolam</i>	<i>alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	<b>MDD</b> 3 per day
<i>ChlordiazepOXIDE HCl</i>	<i>chlordiazepoxide hcl (cap 5 mg, cap 10 mg, cap 25 mg)</i>	generic	<b>MDD</b> 4 per day
<i>ClonazepAM</i>	<i>clonazepam (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	<b>MDD</b> 4 per day
<i>Clorazepate Dipotassium</i>	<i>clorazepate dipotassium (tab 3.75 mg, tab 7.5 mg, tab 15 mg)</i>	generic	<b>MDD</b> 3 per day
<i>DiazePAM</i>	<i>diazepam (oral soln 1 mg/ml, 5 mg/5ml solution)</i>	generic	
<i>DiazePAM</i>	<i>diazepam (tab 2 mg, tab 5 mg, tab 10 mg)</i>	generic	<b>MDD</b> 4 per day
<i>LORazepam</i>	<i>lorazepam (tab 0.5 mg, tab 2 mg)</i>	generic	<b>MDD</b> 3 per day
<i>LORazepam</i>	<i>lorazepam tab 1 mg</i>	generic	<b>MDD</b> 4 per day
<i>Oxazepam</i>	<i>oxazepam (cap 10 mg, cap 15 mg, cap 30 mg)</i>	generic	<b>MDD</b> 4 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
BIPOLAR AGENTS			
MOOD STABILIZERS			
<i>Lithium</i>	<i>lithium (oral solution 8, 8 solution)</i>	generic	QL 310 / 31 days
<i>Lithium Carbonate</i>	<i>lithium carbonate (cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg)</i>	generic	
<i>Lithium Carbonate ER</i>	<i>lithium carbonate er (tab 300 mg, tab 450 mg)</i>	generic	
BLOOD GLUCOSE REGULATORS			
ANTIDIABETIC AGENTS			
<i>Alogliptin Benzoate</i>	ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB) <i>alogliptin benzoate</i>	BRAND	MDD 1 Per Day
<i>Alogliptin-Metformin HCl</i>	ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB) <i>alogliptin-metformin hcl</i>	BRAND	MDD 1 Per Day
<i>Alogliptin-Pioglitazone</i>	ALOGLIPTIN-PIOGLITAZONE (12.5-45 MG TAB, 12.5-15 MG TAB, 12.5-30 MG TAB, 25-45 MG TAB, 25-30 MG TAB, 25-15 MG TAB) <i>alogliptin-pioglitazone</i>	BRAND	MDD 1 Per Day
<i>Bydureon</i>	BYDUREON 2 MG PEN <i>exenatide</i>	BRAND	QL 4 / 28 days AL At least 18 yrs old
<i>Bydureon</i>	BYDUREON 2 MG RECON SUSP <i>exenatide</i>	BRAND	
<i>Byetta 10 MCG Pen</i>	BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN <i>exenatide</i>	BRAND	QL 2.4 / 30 days AL At least 18 yrs old
<i>Byetta 5 MCG Pen</i>	BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN <i>exenatide</i>	BRAND	QL 1.2 / 30 days AL At least 18 yrs old
<i>Farxiga</i>	FARXIGA (5 MG TAB, 10 MG TAB) <i>dapagliflozin propanediol</i>	BRAND	ST AL At least 18 yrs old MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Glimepiride</i>	<i>glimepiride (tab 1 mg, tab 2 mg)</i>	generic	<b>MDD</b> 1 per day
<i>Glimepiride</i>	<i>glimepiride tab 4 mg</i>	generic	<b>MDD</b> 2 per day
<i>GlipiZIDE</i>	<i>glipizide (tab 5 mg, tab 10 mg)</i>	generic	
<i>GlipiZIDE ER</i>	<i>glipizide er (tab 24hr 2.5 mg, tab 24hr 5 mg, tab 24hr 10 mg)</i>	generic	
<i>GlipiZIDE-MetFORMIN HCl</i>	<i>glipizide-metformin hcl (tab 2.5-500 mg, tab 2.5-250 mg, tab 5-500 mg)</i>	generic	
<i>GlyBURIDE</i>	<i>glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)</i>	generic	
<i>GlyBURIDE Micronized</i>	<i>glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)</i>	generic	
<i>GlyBURIDE-MetFORMIN</i>	<i>glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	generic	
<i>MetFORMIN HCl</i>	<i>metformin hcl (tab 850 mg, tab 1000 mg)</i>	generic	
<i>MetFORMIN HCl</i>	<i>metformin hcl tab 500 mg</i>	generic	<b>MDD</b> 5 per day
<i>MetFORMIN HCl ER</i>	<i>metformin hcl tab sr 24hr 500 mg</i>	generic	<b>MDD</b> 4 per day
<i>MetFORMIN HCl ER</i>	<i>metformin hcl tab sr 24hr 750 mg</i>	generic	<b>MDD</b> 3 per day
<i>Nateglinide</i>	<i>nateglinide (tab 60 mg, tab 120 mg)</i>	generic	<b>MDD</b> 3 per day
<i>Pioglitazone HCl</i>	<i>pioglitazone hcl (tab 15 mg, tab 30 mg, tab 45 mg)</i>	generic	<b>MDD</b> 1 per day
<i>Pioglitazone HCl-Metformin HCl</i>	<i>pioglitazone hcl-metformin hcl (-metformin tab 15-500 mg, -metformin tab 15-850 mg)</i>	generic	<b>MDD</b> 2 per day
<i>SymLinPen 120</i>	SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN <i>pramlintide acetate</i>	BRAND	<b>QL</b> 10.8 / 30 days <b>ST</b>
<i>SymLinPen 60</i>	SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN <i>pramlintide acetate</i>	BRAND	<b>QL</b> 6 / 30 days <b>ST</b>
<i>Victoza</i>	VICTOZA 18 MG/3ML SOLN PEN <i>liraglutide</i>	BRAND	<b>PA</b> <b>MDD</b> 0.3 Per Day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>GLYCEMIC AGENTS</b>			
<i>GlucaGen Diagnostic</i>	GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN <i>glucagon hcl rdna (diagnostic)</i>	BRAND	MPL 1 / claim MFL 1 / 30 days
<i>GlucaGen HypoKit</i>	GLUCAGEN HYPOKIT 1 MG RECON SOLN <i>glucagon hcl (rdna)</i>	BRAND	MPL 1 / claim MFL 1 / 30 days
<i>Glucagon Emergency</i>	GLUCAGON EMERGENCY 1 MG KIT <i>glucagon (rdna)</i>	BRAND	MPL 1 / claim MFL 4 / 365 days
<b>INSULINS</b>			
<i>Apidra</i>	APIDRA 100 UNIT/ML SOLUTION <i>insulin glulisine</i>	BRAND	QL 40 / 30 days
<i>Apidra SoloStar</i>	APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN <i>insulin glulisine</i>	BRAND	QL 30 / 30 days AL Up to 18 yrs old
<i>HumaLOG</i>	HUMALOG 100 UNIT/ML SOLN CART <i>insulin lispro (human)</i>	BRAND	
<i>HumaLOG</i>	HUMALOG 100 UNIT/ML SOLUTION <i>insulin lispro (human)</i>	BRAND	QL 30 / 30 days
<i>HumaLOG KwikPen</i>	HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin lispro (human)</i>	BRAND	QL 30 / 30 days AL Up to 18 yrs old
<i>HumaLOG Mix 50/50</i>	HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	QL 40 / 30 days
<i>HumaLOG Mix 50/50 KwikPen</i>	HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	QL 30 / 30 days AL Up to 18 yrs old
<i>HumaLOG Mix 50/50 Pen</i>	HUMALOG MIX 50/50 PEN (50-50) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	QL 30 / 30 days AL Up to 18 yrs old
<i>HumaLOG Mix 75/25</i>	HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	QL 40 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>HumaLOG Mix 75/25 KwikPen</i>	HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumaLOG Mix 75/25 Pen</i>	HUMALOG MIX 75/25 PEN (75-25) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumaLOG Pen</i>	HUMALOG PEN 100 UNIT/ML SOLN PEN <i>insulin lispro (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumuLIN 70/30</i>	HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane &amp; reg (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>40 / 30 days</div> </div>
<i>HumuLIN 70/30 KwikPen</i>	HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin nph isophane &amp; reg (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumuLIN 70/30 Pen</i>	HUMULIN 70/30 PEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin nph isophane &amp; reg (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumuLIN N</i>	HUMULIN N 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>40 / 30 days</div> </div>
<i>HumuLIN N KwikPen</i>	HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN <i>insulin nph (human) (isophane)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumuLIN N Pen</i>	HUMULIN N PEN 100 UNIT/ML SUSP PEN <i>insulin nph (human) (isophane)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>HumuLIN R</i>	HUMULIN R 100 UNIT/ML SOLUTION <i>insulin regular (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>40 / 30 days</div> </div>
<i>Lantus</i>	LANTUS 100 UNIT/ML SOLUTION <i>insulin glargine</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> </div>
<i>Lantus SoloStar</i>	LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN <i>insulin glargine</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>Up to 18 yrs old</div> </div>
<i>NovoLIN 70/30</i>	NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane &amp; reg (human)</i>	BRAND	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>40 / 30 days</div> </div>

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>NovoLIN 70/30 ReliOn</i>	NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane &amp; reg (human)</i>	BRAND	QL 40 / 30 days
<i>NovoLIN N</i>	NOVOLIN N 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i>	BRAND	QL 40 / 30 days
<i>NovoLIN N ReliOn</i>	NOVOLIN N RELION 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i>	BRAND	QL 40 / 30 days
<i>NovoLIN R</i>	NOVOLIN R 100 UNIT/ML SOLUTION <i>insulin regular (human)</i>	BRAND	QL 40 / 30 days
<i>NovoLIN R ReliOn</i>	NOVOLIN R RELION 100 UNIT/ML SOLUTION <i>insulin regular (human)</i>	BRAND	QL 40 / 30 days
<i>NovoLOG</i>	NOVOLOG 100 UNIT/ML SOLUTION <i>insulin aspart</i>	BRAND	QL 40 / 30 days
<i>NovoLOG FlexPen</i>	NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN <i>insulin aspart</i>	BRAND	QL 30 / 30 days AL Up to 18 yrs old
<i>NovoLOG Mix 70/30</i>	NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin aspart protamine &amp; aspart (human)</i>	BRAND	QL 40 / 30 days
<i>NovoLOG Mix 70/30 FlexPen</i>	NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin aspart protamine &amp; aspart (human)</i>	BRAND	QL 30 / 30 days AL Up to 18 yrs old
<i>NovoLOG PenFill</i>	NOVOLOG PENFILL 100 UNIT/ML SOLN CART <i>insulin aspart</i>	BRAND	AL Up to 18 yrs old
<i>ReliOn 70/30</i>	RELION 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin isophane &amp; reg (human)</i>	BRAND	QL 40 / 30 days
<i>ReliOn N</i>	RELION N 100 UNIT/ML SUSPENSION <i>insulin isophane (human)</i>	BRAND	QL 40 / 30 days
<i>ReliOn R</i>	RELION R 100 UNIT/ML SOLUTION <i>insulin regular (human)</i>	BRAND	QL 40 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
ANTICOAGULANTS			
<i>Eliquis</i>	ELIQUIS (2.5 MG TAB, 5 MG TAB) <i>apixaban</i>	BRAND	MDD 4 per day
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium (inj 100 mg/ml, inj 150 mg/ml)</i>	generic	QL 14 / 7 days MFL 1 / 180 days
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium (inj 80, inj 120)</i>	generic	QL 12 / 7 days MFL 1 / 180 days
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	generic	QL 5 / 7 days MFL 1 / 180 days
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium inj 300 mg/3ml</i>	generic	QL 42 / 7 days MFL 1 / 180 days
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	generic	QL 6 / 7 days MFL 1 / 180 days
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	generic	QL 9 / 7 days MFL 1 / 180 days
<i>Heparin Sodium (Porcine)</i>	<i>heparin sodium (porcine) (inj 1000, inj 5000, inj 10000, inj 20000)</i>	generic	
<i>Heparin Sodium (Porcine) PF</i>	<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	generic	
<i>Warfarin Sodium</i>	<i>warfarin sodium (tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg)</i>	generic	
<i>Xarelto</i>	XARELTO 10 MG TAB <i>rivaroxaban</i>	BRAND	QL 35 / 180 days MDD 1 per day
<i>Xarelto</i>	XARELTO 15 MG TAB <i>rivaroxaban</i>	BRAND	MDD 2 per day
<i>Xarelto</i>	XARELTO 20 MG TAB <i>rivaroxaban</i>	BRAND	MDD 1 per day
COAGULANTS			
<i>Aminocaproic Acid</i>	<i>aminocaproic acid syrup 25%</i>	generic	QL 60 / claim



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Aminocaproic Acid</i>	<i>aminocaproic acid tab 500 mg</i>	generic	<b>QL</b> 24 / claim
<i>Tranexamic Acid</i>	<i>tranexamic acid tab 650 mg</i>	generic	<b>QL</b> 30 / 5 days <b>AL</b> 12 to 49 yrs old <b>MFL</b> 1 / month
<b>PLATELET MODIFYING AGENTS</b>			
<i>Brilinta</i>	BRILINTA (60 MG TAB, 90 MG TAB) <i>ticagrelor</i>	BRAND	<b>MDD</b> 2 per day
<i>Cilostazol</i>	<i>cilostazol (tab 50 mg, tab 100 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Clopidogrel Bisulfate</i>	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	generic	<b>MDD</b> 1 per day
<i>Dipyridamole</i>	<i>dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)</i>	generic	
<i>Effient</i>	EFFIENT (5 MG TAB, 10 MG TAB) <i>prasugrel hcl</i>	BRAND	<b>MDD</b> 1 per day
<b>CARDIOVASCULAR AGENTS</b>			
<b>ALPHA-ADRENERGIC AGONISTS</b>			
<i>CloNIDine HCl</i>	<i>clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)</i>	generic	
<i>Guanabenz Acetate</i>	<i>guanabenz acetate (tab 4 mg, tab 8 mg)</i>	generic	
<i>GuanFACINE HCl</i>	<i>guanfacine hcl (tab 1 mg, tab 2 mg)</i>	generic	
<i>Methyl dopa</i>	<i>methyl dopa (tab 250 mg, tab 500 mg)</i>	generic	
<i>Midodrine HCl</i>	<i>midodrine hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>			
<i>Doxazosin Mesylate</i>	<i>doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	generic	
<i>Prazosin HCl</i>	<i>prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)</i>	generic	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			
<i>Irbesartan</i>	<i>irbesartan (tab 75 mg, tab 150 mg, tab 300 mg)</i>	generic	<b>MDD</b> 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Losartan Potassium</i>	<i>losartan potassium (tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	MDD 1 per day
<i>Valsartan</i>	<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	generic	MDD 1 per day
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>			
<i>Benazepril HCl</i>	<i>benazepril hcl (tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
<i>Benazepril HCl</i>	<i>benazepril hcl tab 40 mg</i>	generic	MDD 2 per day
<i>Captopril</i>	<i>captopril (tab 12.5 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	MDD 3 per day
<i>Enalapril Maleate</i>	<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	MDD 2 per day
<i>Epaned</i>	EPANED 1 MG/ML RECON SOLN <i>enalapril maleate</i>	BRAND	AL Up to 8 yrs old
<i>Fosinopril Sodium</i>	<i>fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)</i>	generic	MDD 1 per day
<i>Lisinopril</i>	<i>lisinopril (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	generic	MDD 2 per day
<i>Lisinopril</i>	<i>lisinopril tab 2.5 mg</i>	generic	MDD 1 per day
<i>Quinapril HCl</i>	<i>quinapril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	generic	
<i>Ramipril</i>	<i>ramipril (cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg)</i>	generic	MDD 2 per day
<i>Trandolapril</i>	<i>trandolapril (tab 1 mg, tab 2 mg)</i>	generic	MDD 1 per day
<i>Trandolapril</i>	<i>trandolapril tab 4 mg</i>	generic	MDD 2 Per Day
<b>ANTIARRHYTHMICS</b>			
<i>Amiodarone HCl</i>	<i>amiodarone hcl tab 200 mg</i>	generic	
<i>Disopyramide Phosphate</i>	<i>disopyramide phosphate (cap 100 mg, cap 150 mg)</i>	generic	
<i>Flecainide Acetate</i>	<i>flecainide acetate (tab 50 mg, tab 100 mg, tab 150 mg)</i>	generic	
<i>Mexiletine HCl</i>	<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	generic	
<i>Norpace CR</i>	NORPACE CR 150 MG CAP ER 12H <i>disopyramide phosphate</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Propafenone HCl</i>	<i>propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)</i>	generic	
<i>QuiNIDine Gluconate ER</i>	<i>quinidine gluconate tab cr 324 mg</i>	generic	
<i>QuiNIDine Sulfate</i>	<i>quinidine sulfate (tab 200 mg, tab 300 mg)</i>	generic	
<i>QuiNIDine Sulfate ER</i>	<i>quinidine sulfate tab cr 300 mg</i>	generic	
<i>Sotalol HCl (AF)</i>	<i>sotalol hcl (af) (tab 80 mg, tab 120 mg, tab 160 mg)</i>	generic	MDD 2 per day
<i>Sotalol HCl</i>	<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	generic	
<i>Tikosyn</i>	TIKOSYN (125 MCG CAP, 250 MCG CAP, 500 MCG CAP) <i>dofetilide</i>	BRAND	
BETA-ADRENERGIC BLOCKING AGENTS			
<i>Acebutolol HCl</i>	<i>acebutolol hcl (cap 200 mg, cap 400 mg)</i>	generic	
<i>Atenolol</i>	<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	MDD 2 per day
<i>Bisoprolol Fumarate</i>	<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	generic	MDD 1 per day
<i>Carvedilol</i>	<i>carvedilol (tab 3.125 mg, tab 6.25 mg, tab 12.5 mg)</i>	generic	MDD 2 per day
<i>Carvedilol</i>	<i>carvedilol tab 25 mg</i>	generic	MDD 4 per day
<i>Coreg CR</i>	COREG CR (10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H) <i>carvedilol phosphate</i>	BRAND	MDD 1 per day
<i>Labetalol HCl</i>	<i>labetalol hcl tab 100 mg</i>	generic	MDD 3 per day
<i>Labetalol HCl</i>	<i>labetalol hcl tab 200 mg</i>	generic	MDD 6 per day
<i>Labetalol HCl</i>	<i>labetalol hcl tab 300 mg</i>	generic	MDD 8 per day
<i>Metoprolol Succinate ER</i>	<i>metoprolol succinate er (tab 24hr 100 mg, tab 24hr 50 mg (tartrate equiv), tab 24hr 100 mg (tartrate equiv), tab 24hr 25 mg (tartrate equiv), tab 24hr 25 mg)</i>	generic	MDD 1 per day
<i>Metoprolol Succinate ER</i>	<i>metoprolol succinate er (tab 24hr 200 mg, tab 24hr 200 mg (tartrate equiv))</i>	generic	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Metoprolol Tartrate</i>	<i>metoprolol tartrate (tab 25 mg, tab 100 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Metoprolol Tartrate</i>	<i>metoprolol tartrate tab 50 mg</i>	generic	<b>MDD</b> 3 per day
<i>Nadolol</i>	<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Pindolol</i>	<i>pindolol (tab 5 mg, tab 10 mg)</i>	generic	
<i>Propranolol HCl</i>	<i>propranolol hcl (oral soln 20 mg/5ml, oral soln 40 mg/5ml, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	generic	
<i>Propranolol HCl ER</i>	<i>propranolol hcl er (cap 24hr 80 mg, cap 24hr 60 mg, cap 24hr 120 mg, cap 24hr 160 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Timolol Maleate</i>	<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	
CALCIUM CHANNEL BLOCKING AGENTS			
<i>AmLODIPine Besylate</i>	<i>amlodipine besylate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	<b>MDD</b> 1 per day
<i>DiltiazEM HCl</i>	<i>diltiazem hcl (tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	generic	<b>MDD</b> 3 per day
<i>DiltiazEM HCl ER Coated Beads</i>	<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	generic	<b>MDD</b> 2 per day
<i>DiltiazEM HCl ER</i>	<i>diltiazem hcl er (cap 12hr 90 mg, cap 12hr 120 mg, cap 12hr 60 mg, cap 24hr 240 mg)</i>	generic	<b>MDD</b> 2 per day
<i>DiltiazEM HCl ER</i>	<i>diltiazem hcl er (cap 24hr 120 mg, cap 24hr 180 mg)</i>	generic	<b>MDD</b> 1 per day
<i>DiltiazEM HCl ER Beads</i>	<i>diltiazem hcl er beads (beads cap 24hr 360 mg, beads cap 24hr 180 mg, beads cap 24hr 300 mg, beads cap 24hr 120 mg, beads cap 24hr 420 mg)</i>	generic	<b>MDD</b> 1 per day
<i>DiltiazEM HCl ER Coated Beads</i>	<i>diltiazem hcl er coated beads (beads cap 24hr 300 mg, beads cap 24hr 180 mg, beads cap 24hr 120 mg)</i>	generic	<b>MDD</b> 1 per day
<i>DiltiazEM HCl ER Beads</i>	<i>diltiazem hcl extended release beads cap sr 24hr 240 mg</i>	generic	<b>MDD</b> 2 per day
<i>Felodipine ER</i>	<i>felodipine er (tab 24hr 10 mg, tab 24hr 5 mg, tab 24hr 2.5 mg)</i>	generic	<b>MDD</b> 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>NiCARdipine HCl</i>	<i>nifedipine hcl (cap 20 mg, cap 30 mg)</i>	generic	
NIFedipine	<i>nifedipine (cap 10 mg, cap 20 mg)</i>	generic	<b>MDD</b> 4 per day
NIFedipine ER	<i>nifedipine tab sr 24hr 30 mg</i>	generic	<b>MDD</b> 1 per day
<i>Nifediac CC</i>	<i>nifedipine tab sr 24hr 60 mg</i>	generic	<b>MDD</b> 2 per day
<i>Nifediac CC</i>	<i>nifedipine tab sr 24hr 90 mg</i>	generic	<b>MDD</b> 1 per day
<i>Nifedical XL</i>	<i>nifedipine tab sr 24hr osmotic release 30 mg</i>	generic	<b>MDD</b> 1 per day
<i>Nifedical XL</i>	<i>nifedipine tab sr 24hr osmotic release 60 mg</i>	generic	<b>MDD</b> 2 per day
NIFedipine ER Osmotic Release	<i>nifedipine tab sr 24hr osmotic release 90 mg</i>	generic	<b>MDD</b> 1 per day
<i>Verapamil HCl</i>	<i>verapamil hcl (40 mg tab, tab 40 mg, tab 80 mg, tab 120 mg)</i>	generic	<b>MDD</b> 3 per day
<i>Verapamil HCl ER</i>	<i>verapamil hcl er (cap 24hr 120 mg, cap 24hr 180 mg, cap 24hr 360 mg, cap 24hr 240 mg)</i>	generic	<b>MDD</b> 1 per day
<i>Verapamil HCl ER</i>	<i>verapamil hcl er (tab 120 mg, tab 180 mg, tab 240 mg)</i>	generic	<b>MDD</b> 2 per day
CARDIOVASCULAR AGENTS, OTHER			
AMILoride-HydroCHLOROthiazide	<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	generic	<b>MDD</b> 1 per day
<i>Amlodipine Besy-Benazepril HCl</i>	<i>amlodipine besy-benazepril hcl (cap 2.5-10 mg, cap 5-10 mg, cap 5-20 mg, cap 10-20 mg)</i>	generic	<b>MDD</b> 1 per day
<i>Atenolol-Chlorthalidone</i>	<i>atenolol-chlorthalidone (tab 50-25 mg, tab 100-25 mg)</i>	generic	<b>MDD</b> 2 per day
<i>Benazepril-Hydrochlorothiazide</i>	<i>benazepril-hydrochlorothiazide (tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	generic	<b>MDD</b> 1 per day
<i>Bisoprolol-Hydrochlorothiazide</i>	<i>bisoprolol-hydrochlorothiazide (tab 5-6.25 mg, tab 10-6.25 mg)</i>	generic	<b>MDD</b> 1 per day
<i>Captopril-Hydrochlorothiazide</i>	<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	generic	<b>MDD</b> 3 per day
<i>Captopril-Hydrochlorothiazide</i>	<i>captopril-hydrochlorothiazide (tab 25-25 mg, tab 25-15 mg, tab 50-15 mg)</i>	generic	<b>MDD</b> 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Digoxin</i>	<i>digoxin (oral soln 0.05 mg/ml, 0.05 mg/ml solution, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	generic	
<i>Dutoprol</i>	DUTOPROL (25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H, 100-12.5 MG TAB ER 24H) <i>metoprolol &amp; hydrochlorothiazide</i>	BRAND	MDD 1 per day
<i>Enalapril-Hydrochlorothiazide</i>	<i>enalapril-hydrochlorothiazide (tab 5-12.5 mg, tab 10-25 mg)</i>	generic	MDD 2 per day
<i>Fosinopril Sodium-HCTZ</i>	<i>fosinopril sodium-hctz (tab 10-12.5 mg, tab 20-12.5 mg)</i>	generic	MDD 1 per day
<i>Irbesartan-Hydrochlorothiazide</i>	<i>irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)</i>	generic	MDD 1 per day
<i>Lisinopril-Hydrochlorothiazide</i>	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	generic	MDD 1 per day
<i>Lisinopril-Hydrochlorothiazide</i>	<i>lisinopril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)</i>	generic	MDD 2 per day
<i>Losartan Potassium-HCTZ</i>	<i>losartan potassium-hctz (tab 50-12.5 mg, tab 100-25 mg, tab 100-12.5 mg)</i>	generic	MDD 1 per day
<i>Metoprolol-Hydrochlorothiazide</i>	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	generic	MDD 1 per day
<i>Metoprolol-Hydrochlorothiazide</i>	<i>metoprolol-hydrochlorothiazide (tab 50-25 mg, tab 100-25 mg)</i>	generic	MDD 2 per day
<i>Pentoxifylline ER</i>	<i>pentoxifylline tab cr 400 mg</i>	generic	
<i>Propranolol-HCTZ</i>	<i>propranolol-hctz (tab 40-25 mg, tab 80-25 mg)</i>	generic	
<i>Reserpine</i>	<i>reserpine (tab 0.1 mg, tab 0.25 mg)</i>	generic	
<i>Spironolactone-HCTZ</i>	<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	generic	
<i>Triamterene-HCTZ</i>	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	generic	MDD 2 per day
<i>Triamterene-HCTZ</i>	<i>triamterene-hctz (cap 37.5-25 mg, cap 50-25 mg, tab 75-50 mg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Valsartan-Hydrochlorothiazide</i>	<i>valsartan-hydrochlorothiazide (tab 80-12.5 mg, tab 160-25 mg, tab 160-12.5 mg, tab 320-25 mg, tab 320-12.5 mg)</i>	generic	<b>MDD</b> 1 per day
<b>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</b>			
<i>AcetaZOLAMIDE</i>	<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	generic	
<i>AcetaZOLAMIDE ER</i>	<i>acetazolamide cap sr 12hr 500 mg</i>	generic	
<b>DIURETICS, LOOP</b>			
<i>Bumetanide</i>	<i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	
<i>Furosemide</i>	<i>furosemide (inj 10 mg/ml, oral soln 8 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	
<i>Torseamide</i>	<i>torseamide (tab 5 mg, tab 10 mg, tab 20 mg, tab 100 mg)</i>	generic	<b>MDD</b> 1 per day
<b>DIURETICS, POTASSIUM-SPARING</b>			
<i>AMILoride HCl</i>	<i>amiloride hcl tab 5 mg</i>	generic	<b>MDD</b> 4 per day
<i>Spironolactone</i>	<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	
<b>DIURETICS, THIAZIDE</b>			
<i>Chlorothiazide</i>	<i>chlorothiazide tab 250 mg</i>	generic	<b>MDD</b> 2 per day
<i>Chlorothiazide</i>	<i>chlorothiazide tab 500 mg</i>	generic	<b>MDD</b> 4 per day
<i>Chlorthalidone</i>	<i>chlorthalidone (tab 25 mg, 25 mg tab, 50 mg tab, tab 50 mg)</i>	generic	
<i>HydroCHLOROthiazide</i>	<i>hydrochlorothiazide (cap 12.5 mg, tab 25 mg, tab 50 mg)</i>	generic	
<i>Indapamide</i>	<i>indapamide (tab 1.25 mg, tab 2.5 mg)</i>	generic	
<i>MetOLazone</i>	<i>metolazone (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>			
<i>Fenofibrate Micronized</i>	<i>fenofibrate micronized (cap 134 mg, cap 200 mg)</i>	generic	<b>MDD</b> 1 per day







BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Fenofibrate Micronized</i>	<i>fenofibrate micronized cap 67 mg</i>	generic	MDD 2 per day
<i>Fenofibrate</i>	<i>fenofibrate tab 160 mg</i>	generic	MDD 1 per day
<i>Fenofibrate</i>	<i>fenofibrate tab 54 mg</i>	generic	MDD 3 per day
<i>Gemfibrozil</i>	<i>gemfibrozil tab 600 mg</i>	generic	MDD 2 per day
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS			
<i>Atorvastatin Calcium</i>	<i>atorvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	MDD 1 per day
<i>Lovastatin</i>	<i>lovastatin (tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
<i>Lovastatin</i>	<i>lovastatin tab 40 mg</i>	generic	MDD 2 per day
<i>Pravastatin Sodium</i>	<i>pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	MDD 1 per day
<i>Simvastatin</i>	<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	generic	MDD 1 per day
DYSLIPIDEMICS, OTHER			
<i>Cholestyramine</i>	<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	generic	
<i>Cholestyramine Light</i>	<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	generic	
<i>Colestipol HCl</i>	<i>colestipol hcl (granules 5 gm, tab 1 gm)</i>	generic	
<i>Niacor</i>	NIACOR 500 MG TAB <i>niacin (antihyperlipidemic)</i>	BRAND	
<i>Vytorin</i>	VYTORIN (10-40 MG TAB, 10-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB) <i>ezetimibe-simvastatin</i>	BRAND	PA MDD 1 per day
VASODILATORS, DIRECT-ACTING ARTERIAL			
<i>HydrALAZINE HCl</i>	<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	
<i>Minoxidil</i>	<i>minoxidil tab 10 mg</i>	generic	MDD 10 per day
<i>Minoxidil</i>	<i>minoxidil tab 2.5 mg</i>	generic	MDD 3 per day

























BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>			
<i>Isosorbide Dinitrate</i>	<i>isosorbide dinitrate (sl tab 2.5 mg, sl tab 5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)</i>	generic	
<i>Isosorbide Dinitrate ER</i>	<i>isosorbide dinitrate er (er 40 mg tab er, tab cr 40 mg)</i>	generic	
<i>Isosorbide Mononitrate</i>	<i>isosorbide mononitrate (tab 10 mg, tab 20 mg)</i>	generic	MDD 2 per day
<i>Isosorbide Mononitrate ER</i>	<i>isosorbide mononitrate er (tab 24hr 120 mg, tab 24hr 60 mg, tab 24hr 30 mg)</i>	generic	MDD 1 per day
<i>Nitro-Bid</i>	NITRO-BID 2 % OINTMENT <i>nitroglycerin</i>	BRAND	
<i>Nitroglycerin</i>	<i>nitroglycerin (patch 24hr 0.4, patch 24hr 0.2, patch 24hr 0.1, patch 24hr 0.6)</i>	generic	
<i>Nitroglycerin ER</i>	<i>nitroglycerin er (cap 2.5 mg, cap 6.5 mg, cap 9 mg)</i>	generic	
<i>Nitrostat</i>	NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) <i>nitroglycerin</i>	BRAND	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>			
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>			
<i>Amphetamine-Dextroamphet ER</i>	<i>amphetamine-dextroamphet er (cap 24hr 30 mg, cap 24hr 20 mg, cap 24hr 15 mg, cap 24hr 5 mg, cap 24hr 25 mg, cap 24hr 10 mg)</i>	generic	AL 6 to 18 yrs old MDD 1 per day
<i>Amphetamine-Dextroamphetamine</i>	<i>amphetamine-dextroamphetamine (tab 5 mg, tab 20 mg)</i>	generic	AL 3 to 18 yrs old MDD 2 per day
<i>Amphetamine-Dextroamphetamine</i>	<i>amphetamine-dextroamphetamine (tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 30 mg)</i>	generic	QL 62 / 31 days AL 3 to 18 yrs old
<i>Dextroamphetamine Sulfate</i>	<i>dextroamphetamine sulfate (tab 5 mg, tab 10 mg)</i>	generic	QL 62 / 31 days AL 6 to 18 yrs old
<i>Dextroamphetamine Sulfate ER</i>	<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	generic	AL 6 to 18 yrs old MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Dextroamphetamine Sulfate ER</i>	<i>dextroamphetamine sulfate er (cap 24hr 15 mg, cap 24hr 10 mg)</i>	generic	AL 6 to 18 yrs old MDD 2 per day
<i>Vyvanse</i>	VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP) <i>lisdexamfetamine dimesylate</i>	BRAND	PA MDD 1 per day
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES			
<i>Dexmethylphenidate HCl</i>	<i>dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg)</i>	generic	MDD 2 per day
<i>Dexmethylphenidate HCl</i>	<i>dexmethylphenidate hcl tab 10 mg</i>	generic	AL 6 to 18 yrs old MDD 2 per day
<i>Methylin</i>	<i>methylin (tab 5 mg, tab 20 mg)</i>	generic	AL 3 to 18 yrs old MDD 3 per day
<i>Methylin ER</i>	<i>methylin er (tab 10 mg, tab 20 mg)</i>	generic	QL 62 / 31 days AL 6 to 18 yrs old
<i>Methylphenidate HCl ER (CD)</i>	<i>methylphenidate hcl er (cd) (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg, cap 50 mg, cap 60 mg)</i>	generic	AL 6 to 18 yrs old MDD 1 per day
<i>Methylphenidate HCl ER</i>	<i>methylphenidate hcl er (tab 18 mg, tab 27 mg, tab 54 mg)</i>	generic	AL 6 to 18 yrs old MDD 1 per day
<i>Methylin</i>	<i>methylphenidate hcl tab 10 mg</i>	generic	QL 93 / 31 days AL 3 to 18 yrs old
<i>Methylphenidate HCl ER</i>	<i>methylphenidate hcl tab sa osm 36 mg</i>	generic	QL 62 / 31 days AL 6 to 18 yrs old
CENTRAL NERVOUS SYSTEM, OTHER			
<i>Butalbital-Acetaminophen</i>	<i>butalbital-acetaminophen tab 50-325 mg</i>	generic	
<i>Promacet</i>	<i>butalbital-acetaminophen tab 50-650 mg</i>	generic	QL 124 / 31 days
<i>Margesic</i>	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	generic	QL 124 / 31 days
<i>Butalbital-APAP-Caffeine</i>	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	generic	MDD 4 per day

















BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Butalbital-APAP-Caffeine</i>	<i>butalbital-acetaminophen-caffeine tab 50-500-40 mg</i>	generic	QL 124 / 31 days
<i>Butalbital-Aspirin-Caffeine</i>	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	generic	QL 124 / 31 days
<i>Phrenilin Forte</i>	PHRENILIN FORTE 50-650 MG CAP <i>butalbital-acetaminophen</i>	BRAND	
<i>Tencon</i>	TENCON 50-325 MG TAB <i>butalbital-acetaminophen</i>	BRAND	
FIBROMYALGIA AGENTS			
DULoxetine HCl	<i>duloxetine hcl (cap 20 mg, cap 30 mg, cap 60 mg)</i>	generic	AL At least 7 yrs old MDD 1 per day
<i>Savella</i>	SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB) <i>milnacipran hcl</i>	BRAND	PA MDD 2 per day
<i>Savella Titration Pack</i>	SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC <i>milnacipran hcl</i>	BRAND	QL 55 / 365 days PA
DENTAL AND ORAL AGENTS			
<i>Chlorhexidine Gluconate</i>	<i>chlorhexidine gluconate soln 0.12%</i>	generic	
<i>Pilocarpine HCl</i>	<i>pilocarpine hcl tab 5 mg</i>	generic	MDD 6 per day
<i>Denta 5000 Plus</i>	<i>sodium fluoride cream 1.1%</i>	generic	QL 60 / month
<i>Phos-Flur</i>	<i>sodium fluoride gel 1.1% (0.5% f)</i>	generic	QL 60 / month
<i>ControlRx</i>	<i>sodium fluoride paste 1.1%</i>	generic	QL 60 / month
DERMATOLOGICAL AGENTS			
<i>Aluminum Chloride</i>	<i>aluminum chloride soln 20%</i>	generic	
<i>Amnesteem</i>	<i>amnesteem (cap 10 mg, cap 20 mg, cap 40 mg)</i>	generic	PA AL Up to 21 yrs old MDD 2 per day
<i>Analpram-HC</i>	ANALPRAM-HC 1-2.5 % LOTION <i>hydrocortisone acetate w/ pramoxine</i>	BRAND	QL 62 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Calcipotriene	calcipotriene (cream, soln (50 mcg/ml))	generic	 62 / 31 days  1 / claim
Clindamycin Phos-Benzoyl Perox	clindamycin phosphate-benzoyl peroxide gel 1-5%	generic	 1 / 30 days
Clotrimazole-Betamethasone	clotrimazole w/ betamethasone cream 1-0.05%	generic	 45 / 31 days
Clotrimazole-Betamethasone	clotrimazole w/ betamethasone lotion 1-0.05%	generic	 31 / 31 days
Elidel	ELIDEL 1 % CREAM pimecrolimus	BRAND	 30 / 30 days   At least 2 yrs old
Epifoam	EPIFOAM 1-1 % FOAM pramoxine-hc	BRAND	
Fluorouracil	fluorouracil (soln 2%, soln 5%)	generic	 10 / 31 days
Fluorouracil	fluorouracil cream 0.5%	generic	
Fluorouracil	fluorouracil cream 5%	generic	 40 / 31 days
Hydrocortisone	hydrocortisone cream 2.5%	generic	 Pkg JAR: Max Qty=120/30 days   Pkg TUBE: Package Limit=1/claim
Hydrocortisone	hydrocortisone lotion 2.5%	generic	 1 / claim
Hydrocortisone	hydrocortisone oint 2.5%	generic	
Imiquimod	imiquimod cream 5%	generic	 48 / 180 days
Lidocaine HCl	lidocaine hcl cream 3%	generic	 1 / claim
Lidocaine	lidocaine oint 5%	generic	 1 / claim  3 / month(s)
Podofilox	podofilox soln 0.5%	generic	
Selenium Sulfide	selenium sulfide lotion 2.5%	generic	 124 / 31 days  1 / claim
Sulfacetamide Sodium	sulfacetamide sodium liquid 10%	generic	
Sulfacetamide Sodium	sulfacetamide sodium lotion 10% (acne)	generic	 124 / 31 days  Pkg Size 118: Package Limit=1/claim   Pkg Size 59: Package Limit=2/claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sulfacetamide Sodium-Sulfur</i>	<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	generic	 1 / 31 days
<i>Sulfacetamide Sodium-Sulfur</i>	<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	generic	 31 / 31 days  1 / claim
<i>Sulfacetamide Sodium-Sulfur</i>	SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION <i>sulfacetamide sodium w/ sulfur</i>	BRAND	
<i>Tacrolimus</i>	<i>tacrolimus oint 0.03%</i>	generic	 30 / 30 days   At least 2 yrs old
<i>Tacrolimus</i>	<i>tacrolimus oint 0.1%</i>	generic	 30 / 30 days   At least 16 yrs old
<i>Tazorac</i>	TAZORAC (0.05 % GEL, 0.1 % GEL) <i>tazarotene</i>	BRAND	 62 / 31 days  Up to 18 yrs old  Pkg Size 30: Package Limit=2/claim
<i>Tazorac</i>	TAZORAC 0.05 % CREAM <i>tazarotene</i>	BRAND	 62 / 31 days  Up to 18 yrs old  Pkg Size 60: Package Limit=1/claim   Pkg Size 15: Package Limit=4/claim   Pkg Size 30: Package Limit=2/claim
<i>Tazorac</i>	TAZORAC 0.1 % CREAM <i>tazarotene</i>	BRAND	 62 / 31 days  Up to 18 yrs old  Pkg Size 60: Package Limit=1/claim   Pkg Size 30: Package Limit=2/claim
<i>Tretinoin</i>	<i>tretinoin (cream 0.05%, cream 0.1%)</i>	generic	 20 / claim  Up to 21 yrs old
<i>Avita</i>	<i>tretinoin cream 0.025%</i>	generic	 20 / claim  Up to 21 yrs old
<i>Tretinoin</i>	<i>tretinoin gel 0.01%</i>	generic	 15 / claim  Up to 21 yrs old

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Avita</i>	<i>tretinoin gel 0.025%</i>	generic	<b>AL</b> Up to 21 yrs old
<i>Urea</i>	<i>urea (cream, lotion)</i>	generic	
ENZYLE REPLACEMENT/MODIFIERS			
<i>Creon</i>	CREON (6000 CP DR PART, 12000 CP DR PART, 24000 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i>	BRAND	
<i>Pancreaze</i>	PANCREAZE (4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i>	BRAND	
<i>Pancrelipase (Lip-Prot-Amyl)</i>	<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i>	generic	
<i>Zenpep</i>	ZENPEP (3000-10000 CP DR PART, 5000 CP DR PART, 10000 CP DR PART, 15000 CP DR PART, 20000 CP DR PART, 25000 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i>	BRAND	
GASTROINTESTINAL AGENTS			
ANTISPASMODICS, GASTROINTESTINAL			
<i>Dicyclomine HCl</i>	<i>dicyclomine hcl (cap 10 mg, tab 20 mg)</i>	generic	
<i>Dicyclomine HCl</i>	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	generic	<b>QL</b> 496 / 31 days
<i>Glycopyrrolate</i>	<i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>	generic	<b>MDD</b> 4 per day
<i>Hyoscyamine Sulfate</i>	<i>hyoscyamine sulfate (elixir 0.125 mg/5ml, soln 0.125 mg/ml, tab 0.125 mg, tab sl 0.125 mg)</i>	generic	
<i>Ed-Spaz</i>	<i>hyoscyamine sulfate tab disp 0.125 mg</i>	generic	
<i>Hyoscyamine Sulfate ER</i>	<i>hyoscyamine sulfate tab sr 12hr 0.375 mg</i>	generic	<b>MDD</b> 4 per day
<i>PB-Hyoscy-Atropine-Scopolamine</i>	<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	generic	









BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>GASTROINTESTINAL AGENTS, OTHER</b>			
<i>Diphenoxylate-Atropine</i>	DIPHENOXYLATE-ATROPINE (DIPHENOXYLATE W/ ATROPINE LIQ MG/5ML, DIPHENOXYLATE W/ ATROPINE TAB MG, DIPHENOXYLATE-ATROPINE MG/5ML LIQUID) <i>diphenoxylate w/ atropine</i>	BRAND	
<i>Ursodiol</i>	<i>ursodiol cap 300 mg</i>	generic	
<i>Ursodiol</i>	<i>ursodiol tab 250 mg</i>	generic	MDD 7 per day
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>			
<i>Cimetidine</i>	<i>cimetidine (tab 300 mg, tab 400 mg, tab 800 mg)</i>	generic	
<i>Cimetidine HCl</i>	<i>cimetidine hcl soln 300 mg/5ml</i>	generic	
<i>Famotidine</i>	<i>famotidine tab 40 mg</i>	generic	
<i>RaNITidine HCl</i>	<i>ranitidine hcl cap 150 mg</i>	generic	MDD 2 per day
<i>RaNITidine HCl</i>	<i>ranitidine hcl cap 300 mg</i>	generic	MDD 1 per day
<i>RaNITidine HCl</i>	<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	generic	AL Up to 6 yrs old MDD 20 per day
<i>RaNITidine HCl</i>	<i>ranitidine hcl tab 300 mg</i>	generic	
<b>LAXATIVES</b>			
<i>Lactulose Encephalopathy</i>	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	generic	
<i>Lactulose</i>	<i>lactulose solution 10 gm/15ml</i>	generic	
PEG-3350/Electrolytes	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	generic	MPL 1 / claim
PEG 3350/Electrolytes	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	generic	MPL 1 / claim
PEG 3350-KCl-Na Bicarb-NaCl	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	generic	MPL 1 / claim
<b>PROTECTANTS</b>			
<i>Carafate</i>	CARAFATE 1 GM/10ML SUSPENSION <i>sucralfate</i>	BRAND	QL 420 / claim AL Up to 6 yrs old
<i>Misoprostol</i>	<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sucralfate</i>	<i>sucralfate (1 suspension, susp 1)</i>	generic	 420 / claim  Up to 6 yrs old
<i>Sucralfate</i>	<i>sucralfate tab 1 gm</i>	generic	 4 per day
<b>PROTON PUMP INHIBITORS</b>			
<i>First-Omeprazole</i>	FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION <i>omeprazole</i>	BRAND	 300 / claim
<i>Omeprazole</i>	<i>omeprazole (cap 20 mg, cap 40 mg)</i>	generic	 1 per day
<i>Omeprazole+Syrspen d SF Alka</i>	OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION <i>omeprazole</i>	BRAND	 300 / claim
<i>Pantoprazole Sodium</i>	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	generic	 1 per day
<i>Pantoprazole Sodium</i>	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	generic	 2 per day
<b>GENITOURINARY AGENTS</b>			
<b>ANTISPASMODICS, URINARY</b>			
<i>FlavoxATE HCl</i>	<i>flavoxate hcl tab 100 mg</i>	generic	
<i>Oxybutynin Chloride ER</i>	<i>oxybutynin chloride er (tab 24hr 15 mg, tab 24hr 10 mg, tab 24hr 5 mg)</i>	generic	 62 / 31 days
<i>Oxybutynin Chloride</i>	<i>oxybutynin chloride syrup 5 mg/5ml</i>	generic	 496 / 31 days
<i>Oxybutynin Chloride</i>	<i>oxybutynin chloride tab 5 mg</i>	generic	 93 / 31 days
<i>Tolterodine Tartrate</i>	<i>tolterodine tartrate (tab 1 mg, tab 2 mg)</i>	generic	 62 / 31 days
<i>Tolterodine Tartrate ER</i>	<i>tolterodine tartrate cap sr 24hr 2 mg</i>	generic	 1 per day
<i>Tolterodine Tartrate ER</i>	<i>tolterodine tartrate cap sr 24hr 4 mg</i>	generic	 31 / 31 days
<i>Trospium Chloride</i>	<i>trospium chloride tab 20 mg</i>	generic	 2 per day
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>			
<i>Finasteride</i>	<i>finasteride tab 5 mg</i>	generic	 1 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tamsulosin HCl</i>	<i>tamsulosin hcl cap 0.4 mg</i>	generic	<b>MDD</b> 2 per day
<i>Terazosin HCl</i>	<i>terazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i>	generic	
<b>GENITOURINARY AGENTS, OTHER</b>			
<i>Bethanechol Chloride</i>	<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>	generic	
<i>Cuprimine</i>	CUPRIMINE 250 MG CAP <i>penicillamine</i>	BRAND	
<i>Elmiron</i>	ELMIRON 100 MG CAP <i>pentosan polysulfate sodium</i>	BRAND	<b>MDD</b> 3 per day
<i>Phenazopyridine HCl</i>	<i>phenazopyridine hcl (tab 100 mg, tab 200 mg)</i>	generic	
<i>Phospha 250 Neutral</i>	<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	generic	<b>MDD</b> 8 per day
<i>Potassium Citrate ER</i>	<i>potassium citrate er (tab 5 (540), tab 10 (1080))</i>	generic	
<i>Sodium Chloride</i>	<i>sodium chloride irrigation soln 0.9%</i>	generic	
<i>Citric Acid-Sodium Citrate</i>	<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	generic	<b>QL</b> 500 / 30 days
<b>PHOSPHATE BINDERS</b>			
<i>Calcium Acetate (Phos Binder)</i>	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	generic	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>			
<i>Beta-Val</i>	<i>beta-val (cream, lotion)</i>	generic	
<i>Betamethasone Dipropionate Aug</i>	<i>betamethasone dipropionate augmented cream 0.05%</i>	generic	<b>MPL</b> 1 / claim
<i>Betamethasone Valerate</i>	<i>betamethasone valerate oint 0.1%</i>	generic	
<i>Clobetasol Propionate</i>	<i>clobetasol propionate (cream, gel, oint)</i>	generic	<b>MPL</b> 1 / claim
<i>Clobetasol Propionate E</i>	<i>clobetasol propionate emollient base cream 0.05%</i>	generic	<b>MPL</b> 1 / claim
<i>Cormax Scalp Application</i>	<i>clobetasol propionate soln 0.05%</i>	generic	<b>MPL</b> 1 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Cortisone Acetate</i>	<i>cortisone acetate tab 25 mg</i>	generic	
<i>Dexamethasone</i>	<i>dexamethasone (elixir 0.5 mg/5ml, soln 0.5 mg/5ml, tab 0.5 mg, 0.5 mg/5ml solution, tab 0.75 mg, 1 mg tab, tab 1 mg, tab 1.5 mg, 2 mg tab, tab 2 mg, tab 4 mg, tab 6 mg)</i>	generic	
<i>Dexamethasone Sodium Phosphate</i>	<i>dexamethasone sodium phosphate (inj 4 mg/ml, inj 20 mg/5ml, inj 120 mg/30ml)</i>	generic	QL 150 / 30 days
<i>Fludrocortisone Acetate</i>	<i>fludrocortisone acetate tab 0.1 mg</i>	generic	
<i>Fluocinonide</i>	<i>fluocinonide (cream, gel, oint, soln)</i>	generic	MPL 1 / claim
<i>Fluocinonide-E</i>	<i>fluocinonide emulsified base cream 0.05%</i>	generic	MPL 1 / claim
<i>Fluticasone Propionate</i>	<i>fluticasone propionate cream 0.05%</i>	generic	MPL 1 / 30 days
<i>Fluticasone Propionate</i>	<i>fluticasone propionate oint 0.005%</i>	generic	MPL 1 / claim
<i>Hydrocortisone</i>	<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	
<i>Hydrocortisone Butyrate</i>	<i>hydrocortisone butyrate soln 0.1%</i>	generic	
<i>MethylPREDNISolone</i>	<i>methylprednisolone (tab 4 mg, tab 8 mg, tab therapy pack 4 mg (21))</i>	generic	
<i>MethylPREDNISolone (Pak)</i>	<i>methylprednisolone tab 4 mg dose pack</i>	generic	
<i>Millipred</i>	<b>MILLIPRED 5 MG TAB</b> <i>prednisolone</i>	BRAND	
<i>Mometasone Furoate</i>	<i>mometasone furoate (cream, oint, solution (lotion))</i>	generic	MPL 1 / claim
<i>PrednisoLONE Sodium Phosphate</i>	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	generic	
<i>PrednisoLONE Sodium Phosphate</i>	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	generic	QL 240 / claim
<i>PrednisoLONE</i>	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>PredniSONE</i>	<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, oral soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (48), tab therapy pack 5 mg (21), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48), 50 mg tab)</i>	generic	
<i>PredniSONE Intensol</i>	PREDNISONE INTENSOL 5 MG/ML CONC <i>prednisone</i>	BRAND	
<i>Sterapred</i>	<i>prednisone tab 5 mg dose pack</i>	generic	
<i>Triamcinolone Acetonide</i>	<i>triamcinolone acetonide (cream 0.5%, dental paste 0.1%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.5%)</i>	generic	 1 / claim
<i>Triamcinolone Acetonide</i>	<i>triamcinolone acetonide (cream, oint)</i>	generic	
<i>Triamcinolone Acetonide</i>	<i>triamcinolone acetonide cream 0.025%</i>	generic	 Pkg JAR: Max Qty=120/30 days   Pkg TUBE: Package Limit=1/claim
<i>Veripred 20</i>	VERIPRED 20 20 MG/5ML SOLUTION <i>prednisolone sodium phosphate</i>	BRAND	 150 / claim
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
<i>Desmopressin Ace Rhinal Tube</i>	<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	generic	 5 / claim
<i>Desmopressin Acetate Spray</i>	<i>desmopressin acetate nasal spray soln 0.01%</i>	generic	 5 / claim
<i>Desmopressin Ace Spray Refrig</i>	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	generic	 5 / claim
<i>Desmopressin Acetate</i>	<i>desmopressin acetate tab 0.1 mg</i>	generic	 1 per day
<i>Desmopressin Acetate</i>	<i>desmopressin acetate tab 0.2 mg</i>	generic	 3 per day
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
ANDROGENS			
<i>Androderm</i>	ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR) <i>testosterone</i>	BRAND	 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Androxy</i>	ANDROXY 10 MG TAB <i>fluoxymesterone</i>	BRAND	
<i>Methitest</i>	METHITEST 10 MG TAB <i>methyltestosterone</i>	BRAND	
<i>Testosterone Cypionate</i>	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	generic	QL 4 / 30 days
ESTROGENS			
<i>Alora</i>	ALORA (0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) <i>estradiol</i>	BRAND	QL 8 / 28 days
<i>CombiPatch</i>	COMBIPATCH (0.05-0.14 PATCH TW, 0.05-0.25 PATCH TW) <i>estradiol &amp; norethindrone acetate</i>	BRAND	QL 8 / 28 days
<i>Velivet</i>	<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	generic	
<i>Kariva</i>	<i>desogestrel-ethinyl estradiol tab 0.15-0.02/0.01 mg (azurette, kariva, pimtrea, viorele, caziant, cesia, velivet)</i>	generic	
<i>Apri</i>	<i>desogestrel-ethinyl estradiol tab 0.15-30 mg-mcg (apri, emoquette, enskyce, reclipson, solia)</i>	generic	
<i>Gianvi</i>	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg(gianvi, loryna, nikki, vestura)</i>	generic	MDD 1 Per Day
<i>Ocella</i>	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	generic	
<i>Est Estrogens-Methyltest HS</i>	<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i>	generic	MDD 1 per day
<i>Est Estrogens-Methyltest DS</i>	<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	generic	MDD 1 per day
<i>Estrace</i>	ESTRACE 0.1 MG/GM CREAM <i>estradiol vaginal</i>	BRAND	QL 43 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Estradiol-Norethindrone Acet</i>	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	generic	MDD 1 per day
<i>Mimvey</i>	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	generic	MDD 1 per day
<i>Estradiol</i>	<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	generic	QL 4 / 28 days
<i>Estradiol</i>	<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	
<i>Estropipate</i>	<i>estropipate (3 mg tab, tab 3 mg)</i>	generic	MDD 2 per day
<i>Estropipate</i>	<i>estropipate (tab 0.75 mg, tab 1.5 mg)</i>	generic	MDD 1 per day
<i>Estropipate</i>	ESTROPIPATE 0.75 MG TAB <i>estropipate</i>	BRAND	
<i>Kelnor 1/35</i>	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg (kelnor, zovia)</i>	generic	
<i>Camrese</i>	<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (amethia, camrese, daysee)</i>	generic	QL 91 / claim
<i>Jolessa</i>	<i>levonorgest-eth estrad 91-day tab 0.15-0.03 mg (introvale, jolessa, quasense)</i>	generic	QL 91 / claim
<i>Enpresse-28</i>	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg (enpresse, levonest, myzilra, trivora)</i>	generic	
<i>Lessina</i>	<i>levonorgestrel-ethinyl estrad tab 0.1-20 mg (aubra, aviane, delyla, falmina, lessina, luter, orsythia, sronyx)</i>	generic	
<i>Levonorgestrel-Ethinyl Estrad</i>	<i>levonorgestrel-ethinyl estrad tab 0.15-30 mg (altavera, chateal, kurvelo, levora, marlissa, portia)</i>	generic	
<i>Minivelle</i>	MINIVELLE 0.0375 MG/24HR PATCH TW <i>estradiol</i>	BRAND	
<i>Necon 1/50 (28)</i>	NECON 1/50 (28) 1-50 MG-MCG TAB <i>norethindrone &amp; mestranol</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Necon 10/11 (28)</i>	NECON 10/11 (28) 35 MCG TAB <i>norethindrone-eth estradiol (biphasic)</i>	BRAND	
<i>Balziva</i>	<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg (balziva, briellyn, gildagia, philith, vyfemla, zenchent)</i>	generic	
<i>Nortrel 0.5/35 (28)</i>	<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg (necon, nortrel, wera)</i>	generic	
<i>Nortrel 1/35 (21)</i>	<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (alyacen, cyclafem, dasetta, necon, nortrel, pirmella)</i>	generic	
<i>Junel 1/20</i>	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Junel 1.5/30</i>	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Junel FE 1/20</i>	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Junel FE 1.5/30</i>	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Loestrin 24 Fe</i>	NORETHINDRONE ACE- ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (LOMEDIA) <i>norethin acet &amp; estrad-fe</i>	BRAND	
<i>Lomedia 24 FE</i>	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (lomedia)</i>	generic	
<i>Nortrel 7/7/7</i>	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg (alyacen, cyclafem, dasetta, necon, nortrel, pirmella)</i>	generic	
<i>Aranelle</i>	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg (aranelle, leena)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sprintec 28</i>	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (estarylla, mono-linyah, mononessa, previfem, sprintec)</i>	generic	
<i>Tri-Lo-Sprintec</i>	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	generic	
<i>Tri-Sprintec</i>	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg (tri-estarylla, tri-linyah, tri-previfem, tri-sprintec, trinessa)</i>	generic	
<i>Cryselle-28</i>	<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (cryselle, elinest, low-ogestrel)</i>	generic	<b>MDD</b> 2 per day
<i>Norinyl 1+50 (28)</i>	NORINYL 1+50 (28) 1-50 MG-MCG TAB <i>norethindrone &amp; mestranol</i>	BRAND	
<i>NuvaRing</i>	NUVARING 0.12-0.015 MG/24HR RING <i>etonogestrel-ethinyl estradiol</i>	BRAND	<b>QL</b> 1 / claim
<i>Ogestrel</i>	OGESTREL 0.5-50 MG-MCG TAB <i>norgestrel &amp; ethinyl estradiol</i>	BRAND	
<i>Premarin</i>	PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) <i>estrogens, conjugated</i>	BRAND	<b>MDD</b> 1 per day
<i>Premarin</i>	PREMARIN 0.625 MG/GM CREAM <i>estrogens, conjugated vaginal</i>	BRAND	<b>C</b> From age 40 and older: Max Qty=43/30 days   From age 0 through 40: Max Qty=43/365 days
<i>Prempro</i>	PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) <i>conjugated estrogens-medroxyprogesterone acetate</i>	BRAND	
<i>Zovia 1/50E (28)</i>	ZOVIA 1/50E (28) (ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG, ZOVIA 1/50E (28) 1-50 MG-MCG TAB) <i>ethynodiol diacet &amp; eth estrad</i>	BRAND	<b>MDD</b> 1.0 Per Day
<b>PROGESTERONE AGONISTS/ANTAGONISTS</b>			
<i>Ella</i>	ELLA 30 MG TAB <i>ulipristal acetate</i>	BRAND	<b>QL</b> 4 / 365 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>PROGESTINS</b>			
<i>Depo-SubQ Provera 104</i>	DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR <i>medroxyprogesterone acetate (contraceptive)</i>	BRAND	
HYDROXYprogesterone Caproate	<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	generic	<span>QL</span> 5 / 30 day(s) <span>PA</span> <span>AL</span> At least 16 yrs old
<i>Next Choice</i>	<i>levonorgestrel tab 0.75 mg</i>	generic	<span>MFL</span> 4 / 365 days
<i>Makena</i>	MAKENA 250 MG/ML OIL <i>hydroxyprogesterone caproate</i>	BRAND	<span>PA</span>
<i>MedroxyPROGESTERone Acetate</i>	<i>medroxyprogesterone acetate (im susp prefilled syr 150 mg/ml, tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	
<i>MedroxyPROGESTERone Acetate</i>	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	generic	<span>QL</span> 1 / claim
<i>Megestrol Acetate</i>	<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	generic	
<i>Norethindrone Acetate</i>	<i>norethindrone acetate tab 5 mg</i>	generic	
<i>Norethindrone</i>	<i>norethindrone tab 0.35 mg (camila, deblitane, errin, heather, jencycla, jolivette, lyza, nora-be, norlyroc, sharobel)</i>	generic	
<i>Progesterone Micronized</i>	<i>progesterone micronized cap 100 mg</i>	generic	<span>QL</span> 30 / 30 days
<i>Progesterone Micronized</i>	<i>progesterone micronized cap 200 mg</i>	generic	<span>QL</span> 20 / 30 days
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>			
<i>Raloxifene HCl</i>	<i>raloxifene hcl tab 60 mg</i>	generic	<span>MDD</span> 1 per day
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>			
<i>Armour Thyroid</i>	ARMOUR THYROID (15 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB) <i>thyroid</i>	BRAND	



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Levothyroxine Sodium</i>	<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	generic	
<i>Liothyronine Sodium</i>	<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	generic	
NP Thyroid	<i>np thyroid (tab 30 mg, tab 60 mg, tab 90 mg)</i>	generic	
<i>Thyrolar-1</i>	THYROLAR-1 60 (12.5-50) MG (MCG) TAB <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-1/2</i>	THYROLAR-1/2 30 (6.25-25) MG (MCG) TAB <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-1/4</i>	THYROLAR-1/4 15 (3.1-12.5) MG (MCG) TAB <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-2</i>	THYROLAR-2 120 (25-100) MG (MCG) TAB <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-3</i>	THYROLAR-3 180 (37.5-150) MG (MCG) TAB <i>liotrix (t3-t4)</i>	BRAND	
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
ANTITHYROID AGENTS			
<i>MethIMazole</i>	<i>methimazole (tab 5 mg, tab 10 mg)</i>	generic	
<i>Propylthiouracil</i>	<i>propylthiouracil tab 50 mg</i>	generic	
SSKI	SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	BRAND	
IMMUNOLOGICAL AGENTS			
ANGIOEDEMA (HAE) AGENTS			
<i>Kalbitor</i>	KALBITOR 10 MG/ML SOLUTION <i>ecallantide</i>	BRAND	PA

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>IMMUNE SUPPRESSANTS</b>			
<i>Azasan</i>	AZASAN (75 MG TAB, 100 MG TAB) <i>azathioprine</i>	BRAND	
<i>AzaTHIOprine</i>	<i>azathioprine tab 50 mg</i>	generic	
<i>CycloSPORINE</i>	<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	generic	
<i>CycloSPORINE Modified</i>	<i>cyclosporine modified cap 50 mg</i>	generic	
<i>Enbrel</i>	ENBREL 25 MG RECON SOLN <i>etanercept</i>	BRAND	
<i>Gengraf</i>	<i>gengraf (cap 25 mg, cap 100 mg, oral soln 100 mg/ml)</i>	generic	
<i>Hecoria</i>	<i>hecoria (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	generic	
<i>Methotrexate Sodium</i>	<i>methotrexate sodium (inj 25 mg/ml, inj 50 mg/2ml (25 mg/ml), inj 250 mg/10ml (25 mg/ml))</i>	generic	
<i>Methotrexate Sodium (PF)</i>	<i>methotrexate sodium (pf) (inj 25 mg/ml, inj 50 mg/2ml (25 mg/ml), inj 100 mg/4ml (25 mg/ml), inj 200 mg/8ml (25 mg/ml), inj 250 mg/10ml (25 mg/ml), inj 1000 mg/40ml (25 mg/ml))</i>	generic	
<i>Methotrexate</i>	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	generic	
<i>Mycophenolate Mofetil</i>	<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	generic	
<i>Mycophenolate Sodium</i>	<i>mycophenolate sodium (tab dr 180 mg, tab dr 360 mg)</i>	generic	
<i>Rapamune</i>	RAPAMUNE 1 MG/ML SOLUTION <i>sirolimus</i>	BRAND	
<i>Rheumatrex</i>	RHEUMATREX 2.5 MG TAB <i>methotrexate sodium (antirheumatic)</i>	BRAND	
<i>Sirolimus</i>	<i>sirolimus (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Trexall</i>	TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB) <i>methotrexate sodium</i>	BRAND	
IMMUNIZING AGENTS, PASSIVE			
<i>HyperRHO S/D</i>	HYPERRHO S/D 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	BRAND	
<i>RhoGAM Ultra-Filtered Plus</i>	RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	BRAND	
IMMUNOMODULATORS			
<i>Leflunomide</i>	<i>leflunomide (tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
INFLAMMATORY BOWEL DISEASE AGENTS			
AMINOSALICYLATES			
<i>Asacol</i>	ASACOL 400 MG TAB DR <i>mesalamine</i>	BRAND	MDD 12 per day
<i>Balsalazide Disodium</i>	<i>balsalazide disodium cap 750 mg</i>	generic	MDD 9 per day
<i>Delzicol</i>	DELZICOL 400 MG CAP DR <i>mesalamine</i>	BRAND	MDD 6 per day
<i>Mesalamine</i>	<i>mesalamine enema 4 gm</i>	generic	MDD 60 per day
<i>Pentasa</i>	PENTASA (250 MG CAP ER, 500 MG CAP ER) <i>mesalamine</i>	BRAND	MDD 8 per day
<i>SfRowasa</i>	SFROWASA 4 GM/60ML ENEMA <i>mesalamine</i>	BRAND	
GLUCOCORTICOIDS			
<i>Budesonide</i>	<i>budesonide delayed release particles cap 3 mg</i>	generic	
<i>Hydrocortisone</i>	<i>hydrocortisone enema 100 mg/60ml</i>	generic	
<i>Proctocream HC</i>	<i>hydrocortisone rectal cream 2.5%</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>SULFONAMIDES</b>			
<i>SulfaSALazine</i>	<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</i>	generic	
<b>METABOLIC BONE DISEASE AGENTS</b>			
<i>Alendronate Sodium</i>	<i>alendronate sodium (tab 35 mg, tab 70 mg)</i>	generic	MDD 0.15 per day
<i>Alendronate Sodium</i>	<i>alendronate sodium (tab 5 mg, tab 10 mg, tab 40 mg)</i>	generic	MDD 1 per day
<i>Alendronate Sodium</i>	<i>alendronate sodium oral soln 70 mg/75ml</i>	generic	MDD 10.8 per day
<i>Calcitonin (Salmon)</i>	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	generic	MPL 1 / claim
<i>Calcitriol</i>	<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg)</i>	generic	
<i>Etidronate Disodium</i>	<i>etidronate disodium (tab 200 mg, tab 400 mg)</i>	generic	
<i>Miacalcin</i>	MIACALCIN 200 UNIT/ML SOLUTION <i>calcitonin (salmon)</i>	BRAND	QL 2 / claim
<i>Risedronate Sodium</i>	<i>risedronate sodium (tab 35 mg, tab delayed release 35 mg)</i>	generic	QL 4 / 28 days PA
<i>Risedronate Sodium</i>	<i>risedronate sodium (tab 5 mg, tab 30 mg)</i>	generic	PA MDD 1 per day
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>			
<i>Multi-Lancet Device</i>	<i>*lancet devices***</i>	generic	QL 1 / 180 days
<i>1st Choice Lancets Super Thin</i>	1ST CHOICE LANCETS SUPER THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>1st Choice Lancets Thin</i>	1ST CHOICE LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>1st Choice Lancets Ultra Thin</i>	1ST CHOICE LANCETS ULTRA THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>1st Choice Pen Needles</i>	<i>1st choice pen needles (pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>1st Tier Unifine Pentips</i>	<i>1st tier unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	<b>MDD</b> 5 per day
<i>1st Tier Unifine Pentips Plus</i>	<i>1st tier unifine pentips plus (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	<b>MDD</b> 5 per day
<i>1st Tier Unilet ComforTouch</i>	1ST TIER UNILET COMFORTOUCH (28 MISC, 30 MISC) <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Accu-Chek Soft Touch Lancets</i>	ACCU-CHEK SOFT TOUCH LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Accu-Chek Softclix Lancet Dev</i>	ACCU-CHEK SOFTCLIX LANCET DEV MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>Adjustable Lancing Device</i>	ADJUSTABLE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>Advocate Insulin Pen Needles</i>	<i>advocate insulin pen needles (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"))</i>	generic	<b>MDD</b> 5 per day
<i>Advocate Insulin Syringe</i>	ADVOCATE INSULIN SYRINGE (ADVOCATE SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Advocate Lancing Device</i>	ADVOCATE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>Advocate Rapid-Safe Lancing</i>	ADVOCATE RAPID-SAFE LANCING MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>AF Lancets Super Thin</i>	AF LANCETS SUPER THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>AgaMatrix Ultra-Thin Lancets</i>	AGAMATRIX ULTRA-THIN LANCETS 33 GAUGE MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Alternate Site Lancing Device</i>	ALTERNATE SITE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Aqua Lance Adjustable Lancing</i>	AQUA LANCE ADJUSTABLE LANCING DEVICE <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Aurora Lancet Super Thin 30G</i>	AURORA LANCET SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Aurora Lancet Thin 23G</i>	AURORA LANCET THIN 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Aurora Pen Needles</i>	<i>aurora pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Aurora Unifine Pentips</i>	<i>aurora unifine pentips (pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Auto-Lancet Mini</i>	AUTO-LANCET MINI MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Auto-Lancet</i>	AUTO-LANCET MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Autolet Impression</i>	AUTOLET IMPRESSION MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Autolet Lancing Device</i>	AUTOLET LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Autolet Mini</i>	AUTOLET MINI MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Bayer Microlet 2 Lancing Devic</i>	BAYER MICROLET 2 LANCING DEVIC MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
BD AutoShield	BD AUTOSHIELD 29G X 8MM MISC <i>insulin pen needle</i>	BRAND	
BD Insulin Syr Ultrafine II	BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
BD Insulin Syringe	<i>bd insulin syringe (bd syringe 26g 1/2" 1 ml misc, syringe/needle u-100 1 ml 25 1", syringe/needle u-100 1 ml 25 5/8", syringe/needle u-100 1/2 ml 30 1/2", syringe/needle u-100 1 ml 27 1/2")</i>	generic	QL 150 / 30 days
BD Insulin Syringe	<i>bd insulin syringe (syringe (disp) 1 ml, syringe/needle 0.3 ml 31 x 5/16")</i>	generic	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
BD Insulin Syringe MicroFine	BD INSULIN SYRINGE MICROFINE (27G 5/8" 1 ML MISC, 28G 1/2" 0.3 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
BD Insulin Syringe Ultrafine	BD INSULIN SYRINGE ULTRAFINE (BD SYRINGE ULTRAFINE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
BD Insulin Syringe Ultrafine	<i>bd insulin syringe ultrafine (bd syringe ultrafine 31g 15/64" 1 ml misc, syringe/needle u-100 1 ml 30 1/2", syringe/needle u-100 1/2 ml 31 5/16", syringe/needle u-100 0.3 ml 30 1/2", syringe/needle u-100 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
BD Lancet Device	BD LANCET DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
BD Lancet Ultrafine 30G	BD LANCET ULTRAFINE 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CardioCom Lancing Device	CARDIOCOM LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
CareFine Pen Needles	<i>carefine pen needles (pen 30 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
CareOne Advanced Lancing Dev	CAREONE ADVANCED LANCING DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
CareOne Lancet Thin 23G	CAREONE LANCET THIN 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CareOne Lancet Ultra Thin 28G	CAREONE LANCET ULTRA THIN 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CareOne Unifine Pentips	<i>careone unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
CareOne Unifine Pentips Plus	<i>careone unifine pentips plus (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Chek-Stix Control</i>	CHEK-STIX CONTROL STRIP <i>acetone (urine) test</i>	BRAND	
<i>Chemstrip K</i>	CHEMSTRIP K STRIP <i>acetone (urine) test</i>	BRAND	
<i>Cleanlet Lancets 28G</i>	CLEANLET LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Clickfine Pen Needles</i>	<i>clickfine pen needles (pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Comfort Assured Lancets 28G</i>	COMFORT ASSURED LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Comfort Assured Lancets 33G</i>	COMFORT ASSURED LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Comfort EZ Insulin Syringe</i>	<i>comfort ez insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>Comfort EZ Insulin Syringe</i>	COMFORT EZ INSULIN SYRINGE (COMFORT EZ SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Comfort EZ Pen Needles</i>	<i>comfort ez pen needles (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Comfort Lancets</i>	COMFORT LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CVS Insulin Syringe	<i>cvs insulin syringe (0.3 ml 30, 1/2 ml 30)</i>	generic	QL 150 / 30 days
CVS Lancets 21G	CVS LANCETS 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CVS Lancets Micro Thin 33G	CVS LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CVS Lancets Original	CVS LANCETS ORIGINAL MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CVS Lancets Thin 26G	CVS LANCETS THIN 26G (26 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
CVS Lancets Thin	CVS LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CVS Lancets Ultra Thin 30G	CVS LANCETS ULTRA THIN 30G (30 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
CVS Lancing Device	CVS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
CVS Ultra Thin Lancets	CVS ULTRA THIN LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Diastar Easy Test II Lancets</i>	DIASTAR EASY TEST II LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Diastar Easy Test Lancets</i>	DIASTAR EASY TEST LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Droplet Lancets Ultra Thin 30G</i>	DROPLET LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Droplet Lancing Device</i>	DROPLET LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Drug Mart Lancets Thin 26G</i>	DRUG MART LANCETS THIN 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Drug Mart Lancets Ultra Thin</i>	DRUG MART LANCETS ULTRA THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Drug Mart Lancing Device</i>	DRUG MART LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Drug Mart Unifine Pentips</i>	<i>drug mart unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Drug Mart Unilet Lancets 28G</i>	DRUG MART UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Drug Mart Unilet Lancets 30G</i>	DRUG MART UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Duane Reade Lancet Altern Site</i>	DUANE READE LANCET ALTERN SITE 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Duane Reade Lancet Super Thin</i>	DUANE READE LANCET SUPER THIN 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Duane Reade Lancet Ultra Thin</i>	DUANE READE LANCET ULTRA THIN 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Duane Reade Unifine Pentips</i>	<i>duane reade unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
DULoxetine HCl	DULOXETINE HCL POWDER <i>duloxetine hcl (bulk)</i>	BRAND	AL At least 7 yrs old MDD 1 per day
<i>Easy Comfort Insulin Syringe</i>	<i>easy comfort insulin syringe (1 ml 30, 1/2 ml 30)</i>	generic	QL 150 / 30 days
<i>Easy Comfort Pen Needles</i>	<i>easy comfort pen needles (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"))</i>	generic	MDD 5 per day
<i>Easy Mini Lancing Device</i>	EASY MINI LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Easy Touch Insulin Syringe</i>	<i>easy touch insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 27 1/2", 1/2 ml 30 1/2", 1 ml 27 1/2")</i>	generic	QL 150 / 30 days
<i>Easy Touch Insulin Syringe</i>	EASY TOUCH INSULIN SYRINGE (EASY TOUCH SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Easy Touch Lancets 26G</i>	EASY TOUCH LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 26G/Twist</i>	EASY TOUCH LANCETS 26G/TWIST MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 28G</i>	EASY TOUCH LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 28G/Twist</i>	EASY TOUCH LANCETS 28G/TWIST 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 30G</i>	EASY TOUCH LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Easy Touch Lancets 30G/Twist</i>	EASY TOUCH LANCETS 30G/TWIST 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 32G</i>	EASY TOUCH LANCETS 32G MISC lancets	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 32G/Twist</i>	EASY TOUCH LANCETS 32G/TWIST 32 GAUGE MISC lancets	BRAND	QL 200 / 30 days
<i>Easy Touch Lancets 33G/Twist</i>	EASY TOUCH LANCETS 33G/TWIST 33 GAUGE MISC lancets	BRAND	QL 200 / 30 days
<i>Easy Touch Lancing Device</i>	EASY TOUCH LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
<i>Easy Touch Pen Needles</i>	<i>easy touch pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 6 (1/4"), pen 32 4 (5/32"), pen 32 5 (1/5" or 3/16"))</i>	generic	MDD 5 per day
EQL Color Lancets 21G	EQL COLOR LANCETS 21G MISC lancets	BRAND	QL 200 / 30 days
EQL Color Lancets Micro 33G	EQL COLOR LANCETS MICRO 33G 33 GAUGE MISC lancets	BRAND	QL 200 / 30 days
EQL Insulin Syringe	EQL INSULIN SYRINGE (EQL SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
EQL Super Thin Lancets 30G	EQL SUPER THIN LANCETS 30G MISC lancets	BRAND	QL 200 / 30 days
EQL Thin Lancets 26G	EQL THIN LANCETS 26G MISC lancets	BRAND	QL 200 / 30 days
<i>Exel Comfort Point Pen Needle</i>	<i>exel comfort point pen needle (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Ez Smart Blood Glucose Lancets</i>	EZ SMART BLOOD GLUCOSE LANCETS 28 GAUGE MISC lancets	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
EZ-Lets Lancets 21G	EZ-LETS LANCETS 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
EZ-Lets Lancets 23G	EZ-LETS LANCETS 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
EZ-Lets Lancets 26G	EZ-LETS LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
EZ-Lets Lancets 28G	EZ-LETS LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
EZ-Lets Lancets 30G	EZ-LETS LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Fifty50 Lancing Device</i>	FIFTY50 LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Fifty50 Pen Needles</i>	<i>fifty50 pen needles (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"))</i>	generic	MDD 5 per day
<i>Fifty50 Superior Comfort Syr</i>	FIFTY50 SUPERIOR COMFORT SYR (FIFTY50 SUPERIOR COMFORT SYR 31G 1 ML MISC, INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
FORA Lancets	FORA LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
FORA Lancing Device	FORA LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Formadon</i>	<i>formaldehyde solution 10%</i>	generic	QL 90 / claim
<i>Freds Pharmacy Autolet Lancing</i>	FREDS PHARMACY AUTOLET LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Freds Pharmacy Unifine Pentip+</i>	<i>freds pharmacy unifine pentip+ (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"))</i>	generic	MDD 5 per day
<i>Freds Pharmacy Unilet Lanc 28G</i>	FREDS PHARMACY UNILET LANC 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Freds Pharmacy Unilet Lanc 30G</i>	FREDS PHARMACY UNILET LANC 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>FreeStyle Precision Ins Syr</i>	FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Global Ease Inject Pen Needles</i>	<i>global ease inject pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Global Inject Ease Insulin Syr</i>	<i>global inject ease insulin syr (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>Global Inject Ease Insulin Syr</i>	GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE SYR 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Global Lancing Device</i>	GLOBAL LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>GlucoCom Lancets 28G</i>	GLUCOCOM LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>GlucoCom Lancets 30G</i>	GLUCOCOM LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Glucilet 2 Automatic Lancing</i>	GLUCOLET 2 AUTOMATIC LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>GlucoPro Insulin Syringe</i>	<i>glucopro insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>GlucoPro Insulin Syringe</i>	GLUCOPRO INSULIN SYRINGE (GLUCOPRO SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Glucosource Lancet Device</i>	GLUCOSOURCE LANCET DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Glucosource Lancets</i>	GLUCOSOURCE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>GNP Clickfine Pen Needles</i>	<i>gnp clickfine pen needles (pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>GNP Insulin Syringe</i>	GNP INSULIN SYRINGE (GNP SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
GNP Lancets	GNP LANCETS 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets 21G	GNP LANCETS 21G 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Micro Thin 33G	GNP LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Super Thin 30G	GNP LANCETS SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Thin	GNP LANCETS THIN 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Thin 26G	GNP LANCETS THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Micro Thin Lancets 33G	GNP MICRO THIN LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Super Thin Lancets 30G	GNP SUPER THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Ultra Com Insulin Syringe	GNP ULTRA COM INSULIN SYRINGE (GNP ULTRA COM SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
H&H Thinlet Lancets 26G	H&H THINLET LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H&H Thinlet Lancets 30G	H&H THINLET LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H-E-B inControl Adv Lancing	H-E-B INCONTROL ADV LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
H-E-B inControl Lancets 28G	H-E-B INCONTROL LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H-E-B inControl Lancets 30G	H-E-B INCONTROL LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
H-E-B inControl Lancets 33G	H-E-B INCONTROL LANCETS 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H-E-B inControl Pen Needles	h-e-b incontrol pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))	generic	MDD 5 per day
<i>Health Care Lancing Device</i>	HEALTH CARE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>HealthWise Lancing Pen</i>	HEALTHWISE LANCING PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Healthy Accents Lancing Device</i>	HEALTHY ACCENTS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Healthy Accents Unifine Pentip</i>	<i>healthy accents unifine pentip (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Healthy Accents Unilet Lancets</i>	HEALTHY ACCENTS UNILET LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
HM Lancets Micro Thin 33G	HM LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
HM Lancets Ultra Thin 30G	HM LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Hy-Vee Insulin Syringe</i>	<i>hy-vee insulin syringe (0.3 ml 30, 1 ml 30, 1/2 ml 30)</i>	generic	QL 150 / 30 days
<i>Hy-Vee Lancets</i>	HY-VEE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Hy-Vee Thin Lancets</i>	HY-VEE THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Inspirease Bags</i>	INSPIREASE BAGS MISC <i>spacer/aerosol-holding chamber supplies - bags</i>	BRAND	QL 3 / 180 days
<i>Inspirease Reservoir Bags</i>	INSPIREASE RESERVOIR BAGS MISC <i>spacer/aerosol-holding chamber supplies - bags</i>	BRAND	QL 3 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
HealthWise Pen Needles	insulin pen needle 29 g x 12 mm (1/2")	generic	MDD 5 per day
Pen Needles 1/2"	insulin pen needle 29 g x 12 mm (1/2")	generic	MDD 5 per day
Today's Health Pen Needles	insulin pen needle 29 g x 12 mm (1/2")	generic	MDD 5 per day
BD AutoShield	insulin pen needle 29 g x 12 mm (1/2")	generic	MDD 5 per day
Ultra-Thin II Pen Needles	insulin pen needle 29 g x 12.7 mm	generic	MDD 5 per day
BD Pen Needle Ultrafine	insulin pen needle 29 g x 12.7 mm	generic	MDD 5 per day
NovoFine Autocover	insulin pen needle 30 g x 8 mm (1/3" or 5/16")	generic	MDD 5 per day
Ultra-Thin II Mini Pen Needle	insulin pen needle 31 g x 5 mm (3/16")	generic	MDD 5 per day
PX Mini Pen Needles	insulin pen needle 31 g x 5 mm (3/16")	generic	MDD 5 per day
BD Pen Needle Mini U/F	insulin pen needle 31 g x 5 mm (3/16")	generic	MDD 5 per day
Pen Needles 3/16"	insulin pen needle 31 g x 5 mm (3/16")	generic	MDD 5 per day
Prodigy Mini Pen Needles	insulin pen needle 31 g x 5 mm (3/16")	generic	MDD 5 per day
Lite Touch Pen Needles	insulin pen needle 31 g x 5 mm (3/16")	generic	MDD 5 per day
EQL Ultra Short Pen Needle	insulin pen needle 31 g x 6 mm (1/4")	generic	MDD 5 per day
PX Extra Short Pen Needles	insulin pen needle 31 g x 6 mm (1/4")	generic	MDD 5 per day
ReliOn Mini Pen Needles	insulin pen needle 31 g x 6 mm (1/4")	generic	MDD 5 per day
HealthWise Mini Pen Needles	insulin pen needle 31 g x 6 mm (1/4")	generic	MDD 5 per day
UltiCare Mini Pen Needles	insulin pen needle 31 g x 6 mm (1/4")	generic	MDD 5 per day
Today's Health Mini Pen Needles	insulin pen needle 31 g x 6 mm (1/4")	generic	MDD 5 per day
EQL Short Pen Needle	insulin pen needle 31 g x 8 mm (1/3" or 5/16")	generic	MDD 5 per day
ReliOn Short Pen Needles	insulin pen needle 31 g x 8 mm (1/3" or 5/16")	generic	MDD 5 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>UltiCare Short Pen Needles</i>	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
<i>Ultilet Pen Needle</i>	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
<i>HealthWise Short Pen Needles</i>	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
<i>Ultra-Thin II Pen Needle Short</i>	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
<i>Prodigy Short Pen Needles</i>	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
<i>Today's Health Short Pen Needle</i>	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
BD Pen Needle Short U/F	<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
BD Pen Needle Nano U/F	<i>insulin pen needle 32 g x 4 mm (5/32")</i>	generic	MDD 5 per day
QC Unifine Pentips	<i>insulin pen needle 32 g x 4 mm (5/32")</i>	generic	MDD 5 per day
<i>Fred's Pharmacy Unifine Pentips</i>	<i>insulin pen needle 32 g x 4 mm (5/32")</i>	generic	MDD 5 per day
<i>Insupen Pen Needles</i>	<i>insulin pen needle 32 g x 4 mm (5/32")</i>	generic	MDD 5 per day
<i>UltiCare Micro Pen Needles</i>	<i>insulin pen needle 32 g x 4 mm (5/32")</i>	generic	MDD 5 per day
<i>HealthWise Unifine Pentips</i>	<i>insulin pen needle 32 g x 4 mm (5/32")</i>	generic	MDD 5 per day
<i>Insupen Sensitive</i>	<i>insulin pen needle 32 g x 6 mm (1/4")</i>	generic	MDD 5 per day
<i>Insulin Syringe</i>	<i>insulin syringe (0.3 ml 29 1/2", 0.3 ml 30 5/16", 1/2 ml 28 1/2", 1/2 ml 31 5/16", 1/2 ml 29 1/2", 1/2 ml 30 5/16", 1 ml 29 1/2", 1 ml 30 5/16")</i>	generic	QL 150 / 30 days
<i>Kmart Valu Insulin Syringe 30G</i>	<i>insulin syringe (disp) u-100 1 ml</i>	generic	MDD 5 per day
<i>Kmart Valu Insulin Syringe 29G</i>	<i>insulin syringe (disp) u-100 1 ml</i>	generic	MDD 5 per day
<i>Insulin Syringe</i>	INSULIN SYRINGE (SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Insulin Syringe/Needle</i>	<i>insulin syringe/needle (1 ml 28, 1/2 ml 27)</i>	generic	QL 150 / 30 days
EQL Ultra Comfort Insulin Syr	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	MDD 5 per day
<i>Insulin Syringe</i>	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	
<i>Monoject Ultra Comfort Syringe</i>	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	MDD 5 per day
<i>Drug Mart Ultra Comfort Syr</i>	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	MDD 5 per day
<i>Prodigy Insulin Syringe</i>	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	MDD 5 per day
BD Insulin Syringe Half-Unit	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	MDD 5 per day
BD Integra Syringe	<i>insulin syringe/needle u-100 1 ml 25 x 1"</i>	generic	QL 150 / 30 days
<i>Easy Touch Insulin Safety Syr</i>	<i>insulin syringe/needle u-100 1 ml 30 x 1/2"</i>	generic	QL 150 / 30 days
<i>Accusure Insulin Syringe</i>	<i>insulin syringe/needle u-100 1 ml 31 x 5/16"</i>	generic	MDD 5 per day
<i>VanishPoint Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 30 x 1/2"</i>	generic	QL 150 / 30 days
<i>Precision Sure-Dose Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 30 x 3/8"</i>	generic	QL 150 / 30 days
<i>Kinray Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
TRUEplus Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>ReliOn Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Fifty50 Superior Comfort Syr</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Ultra-Thin II Ins Syr Short</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Drug Mart Ultra Comfort Syr</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Advocate Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
BD Insulin Syr Ultrafine II	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Longs Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>FreeStyle Precision Ins Syr</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Leader Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
GNP Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
GNP Ultra Com Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
SM Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
QC Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Prodigy Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Ultra-Comfort Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
EQL Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Litetouch Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Accusure Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Ultilet Insulin Syringe Short</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Kroger Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
MS Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Sure-Ject Insulin Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>TopCare Ultra Comfort Ins Syr</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Monoject Ultra Comfort Syringe</i>	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
<i>Insupen Ultrafin</i>	<i>insupen ultrafin (pen 29 12 (1/2"), pen 30 8 (1/3" or 5/16"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>KetoCare</i>	KETOCARE STRIP <i>acetone (urine) test</i>	BRAND	
<i>Ketostix</i>	KETOSTIX STRIP <i>acetone (urine) test</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Kinney Lancets</i>	KINNEY LANCETS 23 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kinney Thin Lancets</i>	KINNEY THIN LANCETS 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kinray Insulin Syringe</i>	KINRAY INSULIN SYRINGE (KINRAY SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Kroger Insulin Syringe</i>	KROGER INSULIN SYRINGE (KROGER SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Kroger Lancets 21G</i>	KROGER LANCETS 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancets Micro Thin 33G</i>	KROGER LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancets</i>	KROGER LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancets Super Thin</i>	KROGER LANCETS SUPER THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancets Thin 26G</i>	KROGER LANCETS THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancets Thin</i>	KROGER LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancets UltraThin 30G</i>	KROGER LANCETS ULTRATHIN 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kroger Lancing Device</i>	KROGER LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Kroger Pen Needles</i>	<i>kroger pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Lady Lite Lancets</i>	LADY LITE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Lancet Device</i>	LANCET DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lancets</i>	LANCETS (*LANCETS***, LANCETS 28 GAUGE MISC, LANCETS 30 GAUGE MISC, LANCETS MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets 28G</i>	LANCETS 28G (28 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets 30G</i>	LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets Thin</i>	LANCETS THIN 23 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets Ultra Thin</i>	LANCETS ULTRA THIN 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancing Device</i>	LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Leader Advanced Lancing Device</i>	LEADER ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Leader Insulin Syringe</i>	LEADER INSULIN SYRINGE (LEADER SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U- 100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Leader Unifine Pentips</i>	<i>leader unifine pentips (pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Leader Unifine Pentips Plus</i>	<i>leader unifine pentips plus (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Liberty Mini Lancing Device</i>	LIBERTY MINI LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lite Touch Lancing Device</i>	LITE TOUCH LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lite Touch Lancing Pen</i>	LITE TOUCH LANCING PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Litetouch Pen Needles</i>	<i>litetouch pen needles (pen 29 12.7, pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	<b>MDD</b> 5 per day
<i>Live Better Adv Lancing Device</i>	LIVE BETTER ADV LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>Live Better Lancet Super Thin</i>	LIVE BETTER LANCET SUPER THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Live Better Lancet Ultra Thin</i>	LIVE BETTER LANCET ULTRA THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Live Better Pen Needles</i>	<i>live better pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	<b>MDD</b> 5 per day
<i>Longs Lancets Standard</i>	LONGS LANCETS STANDARD MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Longs Lancets Thin</i>	LONGS LANCETS THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Major Comfort Lancets</i>	MAJOR COMFORT LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Medi-Lance Lancets</i>	MEDI-LANCE LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Medicine Shoppe Lancets</i>	MEDICINE SHOPPE LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Medicine Shoppe Lancets Thin</i>	MEDICINE SHOPPE LANCETS THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Medicine Shoppe Pen Needles</i>	<i>medicine shoppe pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	<b>MDD</b> 5 per day
<i>MediSense Thin Lancets</i>	MEDISENSE THIN LANCETS (28 GAUGE MISC, MISC) <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Meijer Lancets</i>	MEIJER LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Meijer Lancets Thin</i>	MEIJER LANCETS THIN 26 GAUGE MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Meijer Lancets Universal 30G</i>	MEIJER LANCETS UNIVERSAL 30G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Meijer Lancets Universal 33G</i>	MEIJER LANCETS UNIVERSAL 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Meijer Pen Needles</i>	<i>meijer pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Meijer Super Thin Lancets</i>	MEIJER SUPER THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Methylergonovine Maleate</i>	<i>methylergonovine maleate tab 0.2 mg</i>	generic	
<i>Mini Lancing Device</i>	MINI LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Monoject Insulin Syringe</i>	<i>monoject insulin syringe ((disp) u-100 1 ml, monoject 31g x 5/16" 1 ml misc)</i>	generic	MDD 5 per day
<i>Monoject Insulin Syringe</i>	<i>monoject insulin syringe (1 ml 25 5/8", 1 ml 27 1/2")</i>	generic	QL 150 / 30 days
<i>Monolet Lancets</i>	MONOLET LANCETS (21 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Monolet OPD Lancets</i>	MONOLET OPD LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>MS Insulin Syringe</i>	MS INSULIN SYRINGE (MS SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Nova Sureflex Lancets</i>	NOVA SUREFLEX LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Nova Sureflex Lancing Device</i>	NOVA SUREFLEX LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>NovoFine</i>	<i>novofine (pen 30 8 (1/3" or 5/16"), pen 32 6 (1/4"))</i>	generic	MDD 5 per day
<i>NovoTwist</i>	<i>novotwist (pen 30 8 (1/3" 5/16"), pen 32 5 (1/5" 3/16"))</i>	generic	MDD 5 per day
<i>Omeprazole</i>	<i>omeprazole (bulk) powder</i>	generic	PA
<i>On Call Lancing Device</i>	ON CALL LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>On Call Plus Lancing Device</i>	ON CALL PLUS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>OneTouch Delica Lancing Dev</i>	ONETOUCH DELICA LANCING DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>OneTouch Lancets</i>	ONETOUCH LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ortho Diaphragm All-Flex</i>	ORTHO DIAPHRAGM ALL-FLEX (DIAPHRAGM 65 DIAPHRAGM, DIAPHRAGM 70 DIAPHRAGM, DIAPHRAGM 75 DIAPHRAGM, DIAPHRAGM 80 DIAPHRAGM) <i>diaphragm arc-spring</i>	BRAND	QL 1 / 365 days
PC Lancets Super Thin 30G	PC LANCETS SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
PC Unifine Pentips	<i>pc unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Pen Needles</i>	<i>pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Pen Needles 5/16"</i>	<i>pen needles 5/16" (pen 30 8, pen 31 8)</i>	generic	MDD 5 per day
<i>Perfect Lancets 30G</i>	PERFECT LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Pharmacy Counter Lancets</i>	PHARMACY COUNTER LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Preferred Plus Lancets Colored</i>	PREFERRED PLUS LANCETS COLORED MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Preferred Plus Lancets Thin</i>	PREFERRED PLUS LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Preferred Plus Unifine Pentips</i>	<i>preferred plus unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Prodigy Lancing Device</i>	PRODIGY LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Prodigy Twist Top Lancets 28G</i>	PRODIGY TWIST TOP LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Promethazine HCl</i>	<i>promethazine hcl (bulk) powder</i>	generic	
PX Advanced Lancing Device	PX ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
PX Insulin Syringe	<i>px insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
PX Insulin Syringe	PX INSULIN SYRINGE (PSYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
PX Lancet Auto Injector	PX LANCET AUTO INJECTOR MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
PX Lancets	PX LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
PX Lancets Ultra Thin	PX LANCETS ULTRA THIN 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
PX Pen Needle	<i>px pen needle (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
QC Advanced Lancing Device	QC ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
QC Insulin Syringe	QC INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
QC Lancets Super Thin 30G	QC LANCETS SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
QC Lancets Ultra Thin	QC LANCETS ULTRA THIN 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
QC Pen Needles	<i>qc pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
QC Unilet Lancets Micro Thin	QC UNILET LANCETS MICRO THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
RA Lancing Device	RA LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
RA Pen Needles	<i>ra pen needles (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"))</i>	generic	MDD 5 per day
<i>ReliOn Insulin Syringe</i>	RELION INSULIN SYRINGE (RELION SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>ReliOn Ketone</i>	RELION KETONE STRIP <i>acetone (urine) test</i>	BRAND	
<i>ReliOn Lancets Micro-Thin 33G</i>	RELION LANCETS MICRO-THIN 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancets Standard 21G</i>	RELION LANCETS STANDARD 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancets Thin 26G</i>	RELION LANCETS THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancets Ultra-Thin 30G</i>	RELION LANCETS ULTRA-THIN 30G (30 GAUGE MISC, MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancing Device</i>	RELION LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>ReliOn Pen Needles</i>	<i>relion pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>ReliOn Ultra Thin Lancets 30G</i>	RELION ULTRA THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Ultra Thin Plus Lancets</i>	RELION ULTRA THIN PLUS LANCETS (33 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Renew Advanced Lancing Device</i>	RENEW ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Rexall Lancets Ultra Thin 30G</i>	REXALL LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Rightest GD500 Lancing Device</i>	RIGHTEST GD500 LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Rightest GL300 Lancets</i>	RIGHTEST GL300 LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Safety Seal Lancets</i>	SAFETY SEAL LANCETS (28 MISC, 30 MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
SB Insulin Syringe	SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
SB Lancets Thin	SB LANCETS THIN (28 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
SB Lancets Ultra Thin	SB LANCETS ULTRA THIN 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Shopko Autolet Lancing Device</i>	SHOPKO AUTOLET LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Shopko Unifine Pentips</i>	<i>shopko unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Shopko Unilet Lancets 28G</i>	SHOPKO UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Shopko Unilet Lancets 30G</i>	SHOPKO UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Simple Diagnostics Lancing Dev</i>	SIMPLE DIAGNOSTICS LANCING DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
SM Insulin Syringe	SM INSULIN SYRINGE (SM SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
SM Lancets 21G	SM LANCETS 21G 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Lancets 33G	SM LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
SM Super Thin Lancets 30G	SM SUPER THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Thin Lancets 26G	SM THIN LANCETS 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Smart Diabetes Vantage Lancing</i>	SMART DIABETES VANTAGE LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Smart Sense Color Lancets 33G</i>	SMART SENSE COLOR LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Smart Sense Standard Lancets</i>	SMART SENSE STANDARD LANCETS 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Smart Sense Super Thin Lancets</i>	SMART SENSE SUPER THIN LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Smart Sense Thin Lancets 26G</i>	SMART SENSE THIN LANCETS 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Sodium Polystyrene Sulfonate</i>	<i>sodium polystyrene sulfonate (bulk) powder</i>	generic	
<i>Solus V2 Lancing Device</i>	SOLUS V2 LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>SteriLance TL</i>	STERILANCE TL (30 GAUGE MISC, 32 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Super Thin Lancets</i>	SUPER THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Sure Comfort Insulin Syringe</i>	<i>sure comfort insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>Sure Comfort Insulin Syringe</i>	SURE COMFORT INSULIN SYRINGE (SURE COMFORT SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Sure Comfort Lancing Pen</i>	SURE COMFORT LANCING PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sure Comfort Pen Needles</i>	<i>sure comfort pen needles (pen 29 12.7, pen 30 8 (1/3" or 5/16"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Sure-Fine Pen Needles</i>	<i>sure-fine pen needles (pen 29 12.7, pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"))</i>	generic	MDD 5 per day
<i>Sure-Ject Insulin Syringe</i>	SURE-JECT INSULIN SYRINGE (SURE-JECT SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Sure-Pen</i>	SURE-PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Surelite Lancets</i>	SURELITE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite AST Lancets</i>	TECHLITE AST LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite Lancets</i>	TECHLITE LANCETS (25 GAUGE MISC, 28 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite Lancets 30G</i>	TECHLITE LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Terumo Insulin Syringe</i>	<i>terumo insulin syringe (0.3 ml 30 3/8", 1/2 ml 27 1/2", 1/2 ml 30 3/8", 1 ml 27 1/2")</i>	generic	QL 150 / 30 days
TGT Advanced Lancing Device	TGT ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
TGT Lancet Alternate Site	TGT LANCET ALTERNATE SITE 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Micro Thin 33G	TGT LANCET MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Super Thin 30G	TGT LANCET SUPER THIN 30G (30 MISC, 33 MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Thin 23G	TGT LANCET THIN 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
TGT Lancet Thin 26G	TGT LANCET THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Ultra Thin 28G	TGT LANCET ULTRA THIN 28G (28 MISC, 33 MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Ultra Thin 30G	TGT LANCET ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancing Device	TGT LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Thinpro Insulin Syringe</i>	<i>thinpro insulin syringe (0.3 ml 30, 1/2 ml 30)</i>	generic	QL 150 / 30 days
<i>Todays Health Lancing Device</i>	TODAYS HEALTH LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Todays Health Thin Lancets 28G</i>	TODAYS HEALTH THIN LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Todays Health Thin Lancets 30G</i>	TODAYS HEALTH THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TopCare Clickfine Pen Needles</i>	<i>topcare clickfine pen needles (pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>TopCare Ultra Comfort Ins Syr</i>	TOPCARE ULTRA COMFORT INS SYR (INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31, TOPCARE ULTRA COMFORT INS SYR 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>True Metrix Air Glucose Meter</i>	TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT <i>blood glucose monitoring supplies</i>	BRAND	QL 1 / 365 days
<i>True Metrix Blood Glucose Test</i>	TRUE METRIX BLOOD GLUCOSE TEST STRIP <i>glucose blood</i>	BRAND	MDD 5 per day
<i>True Metrix Level 1</i>	TRUE METRIX LEVEL 1 LOW SOLUTION <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>True Metrix Level 2</i>	TRUE METRIX LEVEL 2 NORMAL SOLUTION <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>True Metrix Level 3</i>	TRUE METRIX LEVEL 3 HIGH SOLUTION <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>True Metrix Meter</i>	TRUE METRIX METER W/DEVICE KIT <i>blood glucose monitoring supplies</i>	BRAND	QL 1 / 365 days
TRUEdraw Lancing Device	TRUEDRAW LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
TRUEplus Insulin Syringe	TRUEPLUS INSULIN SYRINGE (SYRINGE/NEEDLE U-100 0.3 ML 31, TRUEPLUS SYRINGE 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
TRUEplus Lancets 26G	TRUEPLUS LANCETS 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEplus Lancets 28G	TRUEPLUS LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEplus Lancets 30G	TRUEPLUS LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEplus Lancets 33G	TRUEPLUS LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEtest Control Level 1	TRUETEST CONTROL LEVEL 1 LIQUID <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
TRUEtest Control Level 2	TRUETEST CONTROL LEVEL 2 LIQUID <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
TRUEtest Control Level 3	TRUETEST CONTROL LEVEL 3 LIQUID <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>TrueTrack Glucose Control</i>	TRUETRACK GLUCOSE CONTROL (LIQUID, LOW LIQUID) <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>Ulti-Lance Auto-Adjust Device</i>	ULTI-LANCE AUTO-ADJUST DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Ulti-Lance Automatic</i>	ULTI-LANCE AUTOMATIC MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ulti-Lance Mini Adjustable</i>	ULTI-LANCE MINI ADJUSTABLE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>UltiCare Insulin Syringe</i>	<i>ulticare insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>UltiCare Insulin Syringe</i>	ULTICARE INSULIN SYRINGE (SYRINGE/NEEDLE U-100 0.3 ML 31, ULTICARE SYRINGE 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>UltiCare Pen Needles</i>	<i>ulticare pen needles (pen 29 12.7, pen 29 12 (1/2"))</i>	generic	MDD 5 per day
<i>Ultilet Basic Lancets 30G</i>	ULTILET BASIC LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultilet Classic Lancets</i>	ULTILET CLASSIC LANCETS (28 GAUGE MISC, 30 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultilet Insulin Syringe</i>	ULTILET INSULIN SYRINGE (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Ultilet Insulin Syringe Short</i>	ULTILET INSULIN SYRINGE SHORT (SYRINGE/NEEDLE U-100 0.3 ML 31, ULTILET SYRINGE SHORT 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Ultilet Lancets</i>	ULTILET LANCETS 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultra Comfort Insulin Syringe</i>	<i>ultra comfort insulin syringe (1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>Ultra Comfort Insulin Syringe</i>	ULTRA COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Ultra Thin Lancets 28G</i>	ULTRA THIN LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultra Thin Lancets 30G</i>	ULTRA THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ultra-Comfort Insulin Syringe</i>	ULTRA-COMFORT INSULIN SYRINGE (SYRINGE/NEEDLE U-100 0.3 ML 31, ULTRA-COMFORT SYRINGE 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Ultra-Thin II Ins Syr Short</i>	ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31, ULTRA-THIN II INS SYR SHORT 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Unifine Pentips</i>	<i>unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Unifine Pentips Plus</i>	<i>unifine pentips plus (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Unilet ComforTouch Lancet</i>	UNILET COMFORTOUCH LANCET (26 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet ExceLite II</i>	UNILET EXCELITE II MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet ExceLite</i>	UNILET EXCELITE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet G.P. Lancet</i>	UNILET G.P. LANCET MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet G.P. Superlite Lancet</i>	UNILET G.P. SUPERLITE LANCET MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet GP 28 Ultra Thin</i>	UNILET GP 28 ULTRA THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet Lancet</i>	UNILET LANCET MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet Micro-Thin 33G</i>	UNILET MICRO-THIN 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet Super-Thin 30G</i>	UNILET SUPER-THIN 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Unilet Superlite Lancet</i>	UNILET SUPERLITE LANCET MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Unilet Ultra-Thin 28G</i>	UNILET ULTRA-THIN 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Universal 1 Lancets Thin 26G</i>	UNIVERSAL 1 LANCETS THIN 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Universal 1 Lancets Ultra Thin</i>	UNIVERSAL 1 LANCETS ULTRA THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Value Plus Lancet Standard 21G</i>	VALUE PLUS LANCET STANDARD 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Value Plus Lancets Super Thin</i>	VALUE PLUS LANCETS SUPER THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Value Plus Lancets Thin 26G</i>	VALUE PLUS LANCETS THIN 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Value Plus Lancing Device</i>	VALUE PLUS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>ValuMark Lancet Super Thin 30G</i>	VALUMARK LANCET SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ValuMark Lancet Ultra Thin 28G</i>	VALUMARK LANCET ULTRA THIN 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ValuMark Pen Needles</i>	<i>valumark pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"))</i>	generic	MDD 5 per day
<i>Vida Mia Autolet Lancing Dev</i>	VIDA MIA AUTOLET LANCING DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Vida Mia Unifine Pentips</i>	<i>vida mia unifine pentips (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Vida Mia Unilet Lancets 28G</i>	VIDA MIA UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Vida Mia Unilet Lancets 30G</i>	VIDA MIA UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Vistogard</i>	VISTOGARD 10 GM PACKET <i>uridine triacetate (emergency treatment)</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
W&F Lancets 26G	W&F LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
W&F Lancets Colored 21G	W&F LANCETS COLORED 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Walgreens Lancets Micro Thin</i>	WALGREENS LANCETS MICRO THIN 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Walgreens Lancets</i>	WALGREENS LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Walgreens Lancets Super Thin</i>	WALGREENS LANCETS SUPER THIN 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Walgreens Lancing Device</i>	WALGREENS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Walgreens Thin Lancets</i>	WALGREENS THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Walgreens Ultra Thin Lancets</i>	WALGREENS ULTRA THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Wegmans Unifine Pentips Plus</i>	<i>wegmans unifine pentips plus (pen 31 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
OPHTHALMIC AGENTS			
OPHTHALMIC AGENTS, OTHER			
<i>Atropine-Care</i>	<i>atropine sulfate ophth soln 1%</i>	generic	
<i>Bacitracin</i>	<i>bacitracin (ophth oint 500, 500 ointment)</i>	generic	QL 4 / 31 days
AK-Poly-Bac	<i>bacitracin-polymyxin b ophth oint</i>	generic	QL 4 / 31 days
<i>Blephamide</i>	BLEPHAMIDE 10-0.2 % SUSPENSION <i>sulfacetamide sod-prednisolone</i>	BRAND	MPL 1 / 31 days
<i>Blephamide S.O.P.</i>	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT <i>sulfacetamide sod-prednisolone</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Cyclopentolate HCl</i>	<i>cyclopentolate hcl (soln 0.5%, soln 1%)</i>	generic	
<i>Cyclopentolate HCl</i>	<i>cyclopentolate hcl ophth soln 2%</i>	generic	<b>MPL</b> 1 / 31 days
<i>Homatropine HBr</i>	<i>homatropine hbr ophth soln 5%</i>	generic	
<i>Isopto Homatropine</i>	ISOPTO HOMATROPINE 2 % SOLUTION <i>homatropine hbr</i>	BRAND	<b>QL</b> 15 / 31 days
<i>Naphazoline HCl</i>	<i>naphazoline hcl (ophth soln 0.1%, 0.1 % solution)</i>	generic	
<i>Neomycin-Bacitracin Zn-Polymyx</i>	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	generic	<b>QL</b> 4 / 31 days
<i>Neomycin-Polymyxin-Gramicidin</i>	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	generic	<b>MPL</b> 1 / claim
<i>Neomycin-Polymyxin-Dexameth</i>	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	generic	<b>QL</b> 4 / 31 days
<i>Neomycin-Polymyxin-Dexameth</i>	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	generic	<b>QL</b> 10 / 31 days
<i>Neomycin-Polymyxin-HC</i>	<i>neomycin-polymyxin-hc (3.5-10000-1 suspension, ophth susp)</i>	generic	<b>QL</b> 15 / 31 days
<i>Phenylephrine HCl</i>	<i>phenylephrine hcl ophth soln 2.5%</i>	generic	<b>QL</b> 5 / 31 days
<i>Polymyxin B-Trimethoprim</i>	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	generic	<b>QL</b> 10 / 31 days <b>MPL</b> 1 / claim
<i>Pred-G</i>	PRED-G 0.3-1 % SUSPENSION <i>gentamicin-prednisolone acetate</i>	BRAND	<b>MPL</b> 1 / claim
<i>Sulfacetamide-Prednisolone</i>	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	generic	<b>QL</b> 10 / 31 days
<i>Sulfacetamide-Prednisolone</i>	SULFACETAMIDE-PREDNISOLONE 10-0.2 % SUSPENSION <i>sulfacetamide sod-prednisolone</i>	BRAND	<b>MPL</b> 1 / 31 days
<i>Tobramycin-Dexamethasone</i>	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	generic	<b>MPL</b> 1 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tropicamide</i>	<i>tropicamide (soln 0.5%, soln 1%)</i>	generic	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>			
<i>Alocril</i>	<b>ALOCRIL 2 % SOLUTION</b> <i>nedocromil sodium (ophth)</i>	BRAND	QL 5 / 31 days ST
<i>Alomide</i>	<b>ALOMIDE 0.1 % SOLUTION</b> <i>lodoxamide tromethamine</i>	BRAND	QL 10 / 31 days ST
<i>Azelastine HCl</i>	<i>azelastine hcl ophth soln 0.05%</i>	generic	QL 6 / 31 days
<i>Cromolyn Sodium</i>	<i>cromolyn sodium ophth soln 4%</i>	generic	QL 10 / 31 days MPL 1 / claim
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>			
<i>Dexamethasone Sodium Phosphate</i>	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	generic	
<i>Diclofenac Sodium</i>	<i>diclofenac sodium ophth soln 0.1%</i>	generic	QL 3 / 31 days
<i>Fluorometholone</i>	<i>fluorometholone ophth susp 0.1%</i>	generic	MPL 1 / 31 days
<i>Flurbiprofen Sodium</i>	<i>flurbiprofen sodium ophth soln 0.03%</i>	generic	QL 5 / 31 days
FML	<b>FML 0.1 % OINTMENT</b> <i>fluorometholone (ophth)</i>	BRAND	QL 4 / 31 days
<i>Ketorolac Tromethamine</i>	<i>ketorolac tromethamine ophth soln 0.4%</i>	generic	MFL 1 / 30 days
<i>Ketorolac Tromethamine</i>	<i>ketorolac tromethamine ophth soln 0.5%</i>	generic	MPL 1 / 31 days
<i>Nevanac</i>	<b>NEVANAC 0.1 % SUSPENSION</b> <i>nepafenac</i>	BRAND	QL 3 / claim PA
<i>Pred Mild</i>	<b>PRED MILD 0.12 % SUSPENSION</b> <i>prednisolone acetate (ophth)</i>	BRAND	QL 10 / 31 days
<i>PrednisoLONE Acetate</i>	<i>prednisolone acetate ophth susp 1%</i>	generic	MPL 1 / 31 days
<i>PrednisoLONE Sodium Phosphate</i>	<b>PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION</b> <i>prednisolone sodium phosphate (ophth)</i>	BRAND	MPL 1 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Vexol</i>	VEXOL 1 % SUSPENSION <i>rimexolone</i>	BRAND	
OPHTHALMIC ANTIGLAUCOMA AGENTS			
<i>Apraclonidine HCl</i>	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	generic	
<i>Azopt</i>	AZOPT 1 % SUSPENSION <i>brinzolamide</i>	BRAND	MPL 1 / 31 days
<i>Betaxolol HCl</i>	<i>betaxolol hcl ophth soln 0.5%</i>	generic	MPL 1 / 31 days
<i>Brimonidine Tartrate</i>	<i>brimonidine tartrate ophth soln 0.2%</i>	generic	MPL 1 / 31 days
<i>Carteolol HCl</i>	<i>carteolol hcl ophth soln 1%</i>	generic	MFL 1 / 30 days
<i>Dorzolamide HCl</i>	<i>dorzolamide hcl ophth soln 2%</i>	generic	QL 10 / 31 days
<i>Dorzolamide HCl-Timolol Mal</i>	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	generic	QL 10 / 31 days
<i>Iopidine</i>	IOPIDINE 1 % SOLUTION <i>apraclonidine hcl</i>	BRAND	
<i>Isopto Carbachol</i>	ISOPTO CARBACHOL (1.5 % SOLUTION, 3 % SOLUTION) <i>carbachol (ophth)</i>	BRAND	
<i>Levobunolol HCl</i>	<i>levobunolol hcl ophth soln 0.25%</i>	generic	MPL 1 / claim
<i>Levobunolol HCl</i>	<i>levobunolol hcl ophth soln 0.5%</i>	generic	QL 15 / 31 days
<i>Methazolamide</i>	<i>methazolamide (tab 25 mg, tab 50 mg)</i>	generic	
<i>Pilocarpine HCl</i>	<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	generic	
<i>Timolol Maleate</i>	<i>timolol maleate (soln 0.25%, soln 0.5%)</i>	generic	QL 15 / 31 days
<i>Timoptic Ocudose</i>	TIMOPTIC OCUDOSE (0.25 % SOLUTION, 0.5 % SOLUTION) <i>timolol maleate (ophth)</i>	BRAND	QL 15 / 31 days
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS			
<i>Latanoprost</i>	<i>latanoprost ophth soln 0.005%</i>	generic	QL 5 / 31 days
OTIC AGENTS			
<i>Acetic Acid</i>	<i>acetic acid otic soln 2%</i>	generic	QL 15 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Aurodex</i>	<i>antipyrine-benzocaine otic soln 54-14 mg/ml (5.4-1.4%)</i>	generic	MPL 1 / 30 days
<i>Ciprodex</i>	CIPRODEX 0.3-0.1 % SUSPENSION <i>ciprofloxacin-dexamethasone</i>	BRAND	QL 8 / 31 days MPL 1 / claim
<i>Fluocinolone Acetonide</i>	<i>fluocinolone acetonide (otic) oil 0.01%</i>	generic	MPL 1 / 30 days
<i>Acetasol HC</i>	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	generic	QL 20 / 31 days
<i>Neomycin-Polymyxin-HC</i>	<i>neomycin-polymyxin-hc otic soln 1%</i>	generic	QL 10 / claim
<i>Neomycin-Polymyxin-HC</i>	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	generic	MPL 1 / claim
<i>Oticin</i>	<i>pramoxine-chloroxylenol otic liquid 1-0.1%</i>	generic	MFL 1 / 30 days
<i>Otomax-HC</i>	<i>pramoxine-hc-chloroxylenol otic soln 10-10-1 mg/ml</i>	generic	MPL 1 / 30 days
RESPIRATORY TRACT/PULMONARY AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
<i>Aerospan</i>	AEROSPAN 80 MCG/ACT AERO SOLN <i>flunisolide hfa</i>	BRAND	QL 8.9 / 30 days
<i>Budesonide</i>	<i>budesonide (susp 0.25, susp 0.5)</i>	generic	QL 120 / claim AL Up to 6 yrs old
<i>Budesonide</i>	<i>budesonide inhalation susp 1 mg/2ml</i>	generic	QL 60 / 30 days AL Up to 6 yrs old
<i>Budesonide</i>	<i>budesonide nasal susp 32 mcg/act</i>	generic	QL 9 / 30 days
<i>Flovent Diskus</i>	FLOVENT DISKUS (50 AER POW BA, 100 AER POW BA, 250 AER POW BA) <i>fluticasone propionate (inhalation)</i>	BRAND	MDD 2 per day
<i>Flovent HFA</i>	FLOVENT HFA (110 AEROSOL, 220 AEROSOL) <i>fluticasone propionate hfa</i>	BRAND	QL 12 / 25 days
<i>Flovent HFA</i>	FLOVENT HFA 44 MCG/ACT AEROSOL <i>fluticasone propionate hfa</i>	BRAND	QL 11 / 25 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Flunisolide</i>	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	generic	QL 25 / 30 days
<i>Flunisolide</i>	<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	generic	
<i>Fluticasone Propionate</i>	<i>fluticasone propionate nasal susp 50 mcg/act</i>	generic	MPL 1 / claim
<i>Pulmicort Flexhaler</i>	PULMICORT FLEXHALER (90 AER POW BA, 180 AER POW BA) <i>budesonide (inhalation)</i>	BRAND	MPL 1 / claim
ANTIHISTAMINES			
<i>Azelastine HCl</i>	<i>azelastine hcl (0.1% (137, 0.15% (205.5)</i>	generic	MPL 1 / 30 days
<i>Cyproheptadine HCl</i>	<i>cyproheptadine hcl (syrup 2 mg/5ml, tab 4 mg)</i>	generic	
<i>Dexchlorpheniramine Maleate</i>	DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SYRUP <i>dexchlorpheniramine maleate</i>	BRAND	
<i>Pharbedryl</i>	<i>diphenhydramine hcl cap 50 mg</i>	generic	MDD 4 per day
<i>HydrOXYzine HCl</i>	<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	generic	
<i>HydrOXYzine Pamoate</i>	<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, cap 100 mg)</i>	generic	
<i>Phenadoz</i>	<i>phenadoz (suppos 12.5 mg, suppos 25 mg)</i>	generic	QL 12 / claim AL At least 2 yrs old
<i>Promethazine HCl</i>	<i>promethazine hcl (syrup 6.25 mg/5ml, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	generic	AL At least 2 yrs old
ANTILEUKOTRIENES			
<i>Montelukast Sodium</i>	<i>montelukast sodium (chew tab 4 mg, chew tab 5 mg, oral granules packet 4 mg, tab 10 mg)</i>	generic	MDD 1 per day
BRONCHODILATORS, ANTICHOLINERGIC			
<i>Atrovent HFA</i>	ATROVENT HFA 17 MCG/ACT AERO SOLN <i>ipratropium bromide hfa</i>	BRAND	MPL 2 / month



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Incruse Ellipta</i>	INCRUSE ELLIPTA 62.5 MCG/INH AER POW BA <i>umeclidinium bromide</i>	BRAND	MPL 1 / 30 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide inhal soln 0.02%</i>	generic	QL 375 / 25 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	generic	QL 31 / 30 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	generic	QL 15 / 30 days
<i>Tudorza Pressair</i>	TUDORZA PRESSAIR 400 MCG/ACT AER POW BA <i>aclidinium bromide</i>	BRAND	MPL 1 / month
BRONCHODILATORS, SYMPATHOMIMETIC			
<i>Albuterol Sulfate</i>	<i>albuterol sulfate (soln nebu 0.5% (5 mg/ml), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	generic	
<i>Albuterol Sulfate</i>	<i>albuterol sulfate (soln nebu 0.63, soln nebu 1.25)</i>	generic	QL 375 / 30 days
<i>Albuterol Sulfate ER</i>	<i>albuterol sulfate er (tab 4 mg, tab 8 mg)</i>	generic	
<i>Albuterol Sulfate</i>	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	generic	MDD 12.5 per day
<i>EpiPen 2-Pak</i>	EPINEPHRINE SOLN A-INJ 0.3 MG/0.3ML (ADRENACLICK, AUVI-Q, EPI-PEN, TWINJECT) <i>epinephrine</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)
<i>Twinject</i>	EPINEPHRINE SOLN A-INJ 0.3 MG/0.3ML (ADRENACLICK, AUVI-Q, EPI-PEN, TWINJECT) <i>epinephrine</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)
EPINEPHrine	EPINEPHRINE SOLN A-INJ 0.3 MG/0.3ML (ADRENACLICK, AUVI-Q, EPI-PEN, TWINJECT) <i>epinephrine</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)
<i>EpiPen</i>	EPINEPHRINE SOLN A-INJ 0.3 MG/0.3ML (ADRENACLICK, AUVI-Q, EPI-PEN, TWINJECT) <i>epinephrine</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>EpiPen Jr</i>	EPIPEN JR 0.15 MG/0.3ML SOLN A-INJ <i>epinephrine</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)
<i>EpiPen Jr 2-Pak</i>	EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ <i>epinephrine</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)
<i>Foradil Aerolizer</i>	FORADIL AEROLIZER 12 MCG CAP <i>formoterol fumarate</i>	BRAND	MPL 1 / claim
<i>Metaproterenol Sulfate</i>	<i>metaproterenol sulfate (10 mg tab, tab 10 mg, tab 20 mg)</i>	generic	
<i>Metaproterenol Sulfate</i>	<i>metaproterenol sulfate syrup 10 mg/5ml</i>	generic	MDD 30 per day
<i>Serevent Diskus</i>	SEREVENT DISKUS 50 MCG/DOSE AER POW BA <i>salmeterol xinafoate</i>	BRAND	MPL 1 / claim
<i>Terbutaline Sulfate</i>	<i>terbutaline sulfate (tab 2.5 mg, tab 5 mg)</i>	generic	
<i>Ventolin HFA</i>	VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN <i>albuterol sulfate</i>	BRAND	MPL 2 / month
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE			
<i>Caffeine Citrate</i>	<i>caffeine citrate (inj 60 mg/ml, oral soln 60 mg/ml)</i>	generic	QL 45 / claim MFL 2 / lifetime
<i>Elixophyllin</i>	ELIXOPHYLLIN 80 MG/15ML ELIXIR <i>theophylline</i>	BRAND	
<i>Lufyllin</i>	LUFYLLIN 400 MG TAB <i>dyphylline</i>	BRAND	
<i>Theo-24</i>	THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H) <i>theophylline</i>	BRAND	
<i>Theophylline</i>	<i>theophylline elixir 80 mg/15ml</i>	generic	
<i>Theophylline ER</i>	<i>theophylline er (tab 12hr 200 mg, tab 12hr 450 mg, tab 12hr 300 mg, tab 12hr 100 mg, tab 24hr 600 mg, tab 24hr 400 mg)</i>	generic	
<i>Theophylline</i>	<i>theophylline soln 80 mg/15ml</i>	generic	QL 475 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
RESPIRATORY TRACT AGENTS, OTHER			
<i>Acetylcysteine</i>	<i>acetylcysteine (soln 10%, soln 20%)</i>	generic	
<i>Advair Diskus</i>	ADVAIR DISKUS (100-50 AER POW BA, 500-50 AER POW BA) <i>fluticasone-salmeterol</i>	BRAND	<span>QL</span> 60 / claim <span>AL</span> 4 to 11 yrs old
<i>Advair Diskus</i>	ADVAIR DISKUS 250-50 MCG/DOSE AER POW BA <i>fluticasone-salmeterol</i>	BRAND	<span>QL</span> 60 / 30 days <span>AL</span> 4 to 11 yrs old
<i>Benzonatate</i>	<i>benzonatate cap 100 mg</i>	generic	<span>AL</span> At least 10 yrs old
<i>Benzonatate</i>	<i>benzonatate cap 200 mg</i>	generic	<span>QL</span> 30 / 30 days <span>AL</span> At least 10 yrs old <span>MFL</span> 1 / 30 days
<i>Rinate Pediatric</i>	<i>chlorpheniramine tan-phenylephrine tan susp 4.5-5 mg/5ml</i>	generic	<span>AL</span> At least 3 yrs old <span>C</span> From age 6 and older, Daily Dosage=20   From age 3 through 5: Daily Dosage=10
<i>Combivent</i>	COMBIVENT 18-103 MCG/ACT AEROSOL <i>ipratropium-albuterol</i>	BRAND	<span>MDD</span> 1 per day
<i>Combivent Respimat</i>	COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN <i>ipratropium-albuterol</i>	BRAND	<span>QL</span> 4 / 30 days
<i>Cromolyn Sodium</i>	<i>cromolyn sodium (soln nebu 20, 20 nebu soln)</i>	generic	<span>MDD</span> 8 per day
<i>Decon-A</i>	DECON-A 2-5 MG/5ML ELIXIR <i>brompheniramine &amp; phenyleph</i>	BRAND	
<i>Dulera</i>	DULERA (100-5 AEROSOL, 200-5 AEROSOL) <i>mometasone furoate-formoterol fumarate dihydrate</i>	BRAND	<span>QL</span> 13 / claim
<i>Grastek</i>	GRASTEK 2800 BAU SL TAB <i>timothy grass pollen allergen extract</i>	BRAND	<span>ST</span> <span>AL</span> 5 to 65 yrs old <span>MDD</span> 1 per day
<i>Hydrocodone-Homatropine</i>	<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	generic	
<i>Ipratropium-Albuterol</i>	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	generic	<span>MDD</span> 12 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Nortuss-Ex</i>	NORTUSS-EX 20-200 MG/5ML LIQUID <i>dextromethorphan-guaifenesin</i>	BRAND	
<i>Oralair</i>	ORALAIR 300 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">ST</div> <div style="margin-right: 10px;">AL</div> <div style="margin-right: 10px;">MDD</div> <div>10 to 65 yrs old 1 per day</div> </div>
<i>Oralair Adult Sample Kit</i>	ORALAIR ADULT SAMPLE KIT 300 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">ST</div> <div style="margin-right: 10px;">AL</div> <div style="margin-right: 10px;">MDD</div> <div>10 to 65 yrs old 1 per day</div> </div>
<i>Oralair Adult Starter Pack</i>	ORALAIR ADULT STARTER PACK 300 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">ST</div> <div style="margin-right: 10px;">AL</div> <div style="margin-right: 10px;">MDD</div> <div>10 to 65 yrs old 1 per day</div> </div>
<i>Oralair Childrens Starter Pack</i>	ORALAIR CHILDRENS STARTER PACK 100 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">ST</div> <div style="margin-right: 10px;">AL</div> <div style="margin-right: 10px;">MDD</div> <div>10 to 65 yrs old 3 per day</div> </div>
<i>Qual-Tussin</i>	<i>phenyleph-chlorphen w/ dm-gg syrup 10-2-7.5-100 mg/5ml</i>	generic	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>248 / 31 days</div> </div>
<i>Promethazine VC</i>	<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	generic	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div style="margin-right: 10px;">AL</div> <div>240 / 6 days At least 2 yrs old</div> </div>
<i>Promethazine-Codeine</i>	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	generic	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div style="margin-right: 10px;">AL</div> <div>240 / claim At least 2 yrs old</div> </div>
<i>Promethazine-DM</i>	<i>promethazine-dm syrup 6.25- 15 mg/5ml</i>	generic	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div style="margin-right: 10px;">AL</div> <div>240 / claim At least 2 yrs old</div> </div>
<i>Carbofed DM</i>	<i>pseudoephed-bromphen-dm syrup 45-4-15 mg/5ml</i>	generic	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>240 / claim</div> </div>
<i>Ragwitek</i>	RAGWITEK 12 AMB A 1-U SL TAB <i>short ragweed pollen allergen extract</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">ST</div> <div style="margin-right: 10px;">AL</div> <div style="margin-right: 10px;">MDD</div> <div>18 to 65 yrs old 1 per day</div> </div>
<i>Sodium Chloride</i>	<i>sodium chloride (soln nebu 0.9%, soln nebu 3%, soln nebu 10%)</i>	generic	
<i>Symbicort</i>	SYMBICORT (80-4.5 AEROSOL, 160-4.5 AEROSOL) <i>budesonide-formoterol fumarate dihydrate</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>11 / claim</div> </div>

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>SKELETAL MUSCLE RELAXANTS</b>			
<i>Chlorzoxazone</i>	<i>chlorzoxazone tab 500 mg</i>	generic	
<i>Cyclobenzaprine HCl</i>	<i>cyclobenzaprine hcl tab 10 mg</i>	generic	<span>QL</span> 93 / 31 days <span>MDD</span> 3 per day
<i>Cyclobenzaprine HCl</i>	<i>cyclobenzaprine hcl tab 5 mg</i>	generic	<span>QL</span> 93 / 31 days
<i>Methocarbamol</i>	<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	generic	
<b>SLEEP DISORDER AGENTS</b>			
<b>GABA RECEPTOR MODULATORS</b>			
<i>Temazepam</i>	<i>temazepam (cap 15 mg, cap 30 mg)</i>	generic	<span>AL</span> At least 21 yrs old <span>MDD</span> 1 per day
<i>Triazolam</i>	<i>triazolam (tab 0.125 mg, 0.125 mg tab, tab 0.25 mg)</i>	generic	
<i>Zaleplon</i>	<i>zaleplon cap 10 mg</i>	generic	<span>AL</span> At least 18 yrs old <span>MDD</span> 2 per day
<i>Zaleplon</i>	<i>zaleplon cap 5 mg</i>	generic	<span>AL</span> At least 18 yrs old <span>MDD</span> 1 per day
<i>Zolpidem Tartrate</i>	<i>zolpidem tartrate (tab 5 mg, tab 10 mg)</i>	generic	<span>MDD</span> 1 per day
<b>SLEEP DISORDERS, OTHER</b>			
<i>Flurazepam HCl</i>	<i>flurazepam hcl (cap 15 mg, 15 mg cap, cap 30 mg, 30 mg cap)</i>	generic	<span>MDD</span> 1 per day
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES</b>			
<b>ELECTROLYTE/MINERAL MODIFIERS</b>			
<i>Kionex</i>	<i>*sodium polystyrene sulfonate powder**</i>	generic	
<i>Chemet</i>	<i>CHEMET 100 MG CAP succimer</i>	BRAND	
<i>Jadenu</i>	<i>JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB) deferasirox</i>	BRAND	<span>PA</span>
<i>Sodium Polystyrene Sulfonate</i>	<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ELECTROLYTE/MINERAL REPLACEMENT			
<i>Ferrocite Plus</i>	<i>*ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg***</i>	generic	MDD 1 per day
<i>Fluoritab</i>	<i>fluoritab (chew tab 0.5 mg f (from 1.1 mg, chew tab 1 mg f (from 2.2 mg, soln 0.125 mg/drop f (0.275 mg/drop)</i>	generic	AL Up to 15 yrs old
<i>Klor-Con</i>	<i>klor-con (powder packet 20, tab cr 8 (600 mg))</i>	generic	
<i>Klor-Con M15</i>	KLOR-CON M15 15 MEQ TAB ER <i>potassium chloride microencapsulated crystals cr</i>	BRAND	
<i>Klor-Con/EF</i>	<i>potassium bicarbonate effer tab 25 meq</i>	generic	
<i>Potassium Chloride</i>	<i>potassium chloride (soln 10% (20, soln 20% (40)</i>	generic	
<i>Potassium Chloride ER</i>	<i>potassium chloride cap cr 10 meq</i>	generic	
<i>Potassium Chloride ER</i>	<i>potassium chloride cap cr 8 meq</i>	generic	MDD 1 per day
<i>Potassium Chloride Crys ER</i>	<i>potassium chloride crys er (mioencapsulated ys tab 10, mioencapsulated ys tab 20)</i>	generic	
<i>Klor-Con 10</i>	<i>potassium chloride tab cr 10 meq</i>	generic	
<i>Sodium Chloride</i>	<i>sodium chloride (inj, iv soln)</i>	generic	
<i>Epiflur</i>	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	generic	AL Up to 15 yrs old
<i>Sodium Fluoride</i>	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	generic	AL Up to 15 yrs old
<i>Triphrocaps</i>	<i>*b-complex w/ c &amp; folic acid cap 1 mg***</i>	generic	MDD 1 per day
<i>Multi-Vit/Fluoride/Iron</i>	<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	generic	QL 50 / claim AL Up to 21 yrs old
<i>Multi-Vitamin/Fluoride</i>	<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i>	generic	AL Up to 21 yrs old MDD 1 per day
<i>Tri-Vitamin/Iron/Fluoride</i>	<i>*pediatric vitamins acd fluoride &amp; fe drops 0.25-10 mg/ml***</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Cavan Prenatal/EC Calcium</i>	CAVAN PRENATAL/EC CALCIUM 28-1 MG TAB DR <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>Cavan-Folate OB</i>	CAVAN-FOLATE OB 65-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Co-Natal FA</i>	CO-NATAL FA 29 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>Complete-RF Prenatal</i>	COMPLETE-RF PRENATAL 90-1 MG TAB <i>prenatal without a w/ fe carbonyl-docusate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>CompleteNate</i>	COMPLETENATE 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>Cyanocobalamin</i>	<i>cyanocobalamin inj 1000 mcg/ml</i>	generic	QL 10 / 270 days
<i>Vitamin D (Ergocalciferol)</i>	<i>ergocalciferol cap 50000 unit</i>	generic	
<i>Escavite LQ</i>	ESCAVITE LQ 0.25-6 MG/ML LIQUID <i>ped multivitamins w/fl &amp; iron</i>	BRAND	QL 50 / claim AL Up to 21 yrs old
<i>Gesticare</i>	GESTICARE 28-1 MG TAB DR <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>Lactocal-F</i>	LACTOCAL-F 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>LevOCARNitine</i>	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	generic	MDD 30 per day
<i>LevOCARNitine</i>	<i>levocarnitine tab 330 mg</i>	generic	MDD 3 per day
<i>Mephyton</i>	MEPHYTON 5 MG TAB <i>phytonadione</i>	BRAND	
<i>Multi-Vit/Fluoride</i>	<i>multi-vit/fluoride (soln 0.25, soln 0.5)</i>	generic	QL 50 / claim AL Up to 21 yrs old
<i>Multi-Vitamin/Fluoride</i>	<i>multi-vitamin/fluoride (chew tab 0.25, chew tab 1)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Mynatal</i>	MYNATAL 65 MG-1 MG CAP <i>prenatal multivit-min w/fe-fa</i>	BRAND	AL 12 to 50 yrs old
<i>Mynatal Plus</i>	MYNATAL PLUS 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Mynatal-Z</i>	MYNATAL-Z 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Mynate 90 Plus</i>	MYNATE 90 PLUS 90-50-1MG TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>NataChew</i>	NATACHEW 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>Natal-V RX</i>	NATAL-V RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>Natalvit</i>	NATALVIT 75-1MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
O-Cal Prenatal	O-CAL PRENATAL 15-1MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 50 yrs old
PNV Fe Fum/Docusate/Folic Acid	PNV FE FUM/DOCUSATE/FOLIC ACID 29-1 MG TAB <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
PNV Tabs 29-1	PNV TABS 29-1 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	AL Up to 50 yrs old
<i>PrenaFirst</i>	PRENAFIRST 17-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old MDD 1 per day
<i>Prenatabs FA</i>	PRENATABS FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	AL Up to 49 yrs old
<i>Prenatabs Rx</i>	PRENATABS RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	AL Up to 50 yrs old



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Prenatal 19</i>	PRENATAL 19 (19 29 MG-1 MG CHEW TAB, 19 29-1 MG CHEW TAB) <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<span>AL</span> Up to 49 yrs old
<i>Prenatal 19</i>	PRENATAL 19 (19 29-1 MG TAB, 19 29-1-25 MG TAB) <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
<i>Prenatal Plus Iron</i>	PRENATAL PLUS IRON 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	<span>AL</span> Up to 50 yrs old
<i>Prenatal-U</i>	PRENATAL-U 106.5-1 MG CAP <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	<span>AL</span> Up to 49 yrs old
<i>PreTAB</i>	PRETAB 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<span>AL</span> Up to 49 yrs old
RE Prenatal Multivitamin/Iron	RE PRENATAL MULTIVITAMIN/IRON 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<span>AL</span> Up to 49 yrs old
RE-Nata 29 OB	RE-NATA 29 OB 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	<span>AL</span> Up to 50 yrs old
<i>Se-Natal 19</i>	SE-NATAL 19 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<span>AL</span> Up to 49 yrs old
<i>Se-Natal 19</i>	SE-NATAL 19 29-1 MG TAB <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
<i>Se-Natal 90</i>	SE-NATAL 90 90-1 MG TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	<span>AL</span> Up to 50 yrs old
<i>Se-Natal ONE</i>	SE-NATAL ONE 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<span>QL</span> 100 / 85 days <span>MDD</span> 1 per day
<i>Tri-Vit/Fluoride</i>	<i>tri-vit/fluoride (soln 0.25, soln 0.5)</i>	generic	<span>QL</span> 50 / claim <span>AL</span> Up to 21 yrs old

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Trinatal Rx 1</i>	TRINATAL RX 1 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<div style="display: flex; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 100 / 85 days  <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">MDD</div> 1 per day </div>
<i>Triveen-U</i>	TRIVEEN-U 106.5-1 MG CAP <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 49 yrs old
<i>Venatal-FA</i>	VENATAL-FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 49 yrs old
<i>Vinate Calcium</i>	VINATE CALCIUM 27-1 MG TAB <i>prenatal vit w/ iron carbonyl-fe gluconate-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 49 yrs old
<i>Vinate M</i>	VINATE M 27-1 MG TAB <i>prenatal vit w/ selenium-fe fumarate-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 49 yrs old
<i>Vinate One</i>	VINATE ONE 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<div style="display: flex; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 100 / 85 days  <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">MDD</div> 1 per day </div>
<i>Vitafol-OB</i>	VITAFOL-OB 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 50 yrs old
<i>Vitafol-PN</i>	VITAFOL-PN 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 50 yrs old
<i>VitaSpire</i>	VITASPIRE 29-1 MG TAB <i>prenatal without a vit w/ iron carbonyl-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 49 yrs old
<i>Vol-Tab Rx</i>	VOL-TAB RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	<div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 50 yrs old

# LIST OF COVERED SPECIALTY MEDICATIONS

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTINEOPLASTICS			
MOLECULAR TARGET INHIBITORS			
<i>Cotellic</i>	COTELLIC 20 MG TAB <i>cobimetinib fumarate</i>	BRAND	PA S Specialty Drug
<i>Ninlaro</i>	IXAZOMIB CITRATE (2.3 MG CAP, 3 MG CAP, 4 MG CAP) <i>ixazomib citrate</i>	BRAND	PA S Specialty Drug
CENTRAL NERVOUS SYSTEM AGENTS			
MULTIPLE SCLEROSIS AGENTS			
<i>Avonex</i>	AVONEX 30 MCG KIT <i>interferon beta-1a</i>	BRAND	PA S Specialty Drug
<i>Avonex Pen</i>	AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT <i>interferon beta-1a</i>	BRAND	PA S Specialty Drug
<i>Avonex Prefilled</i>	AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT <i>interferon beta-1a</i>	BRAND	PA S Specialty Drug
<i>Copaxone</i>	COPAXONE 40 MG/ML SOLN PRSYR <i>glatiramer acetate</i>	BRAND	PA S Specialty Drug
<i>Gilenya</i>	GILENYA 0.5 MG CAP <i>fingolimod hcl</i>	BRAND	PA S Specialty Drug
<i>Glatopa</i>	<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	generic	PA S Specialty Drug
<i>Plegridy</i>	PEGINTERFERON BETA-1A (125 SOLN PEN, 125 SOLN PRSYR) <i>peginterferon beta-1a</i>	BRAND	PA S Specialty Drug
<i>Plegridy Starter Pack</i>	PEGINTERFERON BETA-1A (PACK 63 94 SOLN PRSYR, PACK 63 94 SOLN PEN) <i>peginterferon beta-1a</i>	BRAND	PA S Specialty Drug

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tecfidera</i>	DIMETHYL FUMARATE (120 & 240 MG MISC, 120 MG CAP DR, 240 MG CAP DR) <i>dimethyl fumarate</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>
GASTROINTESTINAL AGENTS			
GASTROINTESTINAL AGENTS, OTHER			
<i>Cholbam</i>	CHOLIC ACID (50 MG CAP, 250 MG CAP) <i>cholic acid</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4682B4; color: white; padding: 2px 5px; border-radius: 3px;">MDD</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="margin-left: 10px;"> 5 per day Specialty Drug </div> </div>
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
<i>Norditropin</i>	SOMATROPIN (5 SOLUTION, 15 SOLUTION) <i>somatropin</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>
<i>Norditropin FlexPro</i>	SOMATROPIN (5 SOLUTION, 10 SOLUTION, 15 SOLUTION) <i>somatropin</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>
<i>Norditropin NordiFlex Pen</i>	SOMATROPIN (PEN 5 MG/1.5ML SOLUTION, PEN 10 MG/1.5ML SOLUTION, PEN 15 MG/1.5ML SOLUTION, PEN 30 MG/3ML SOLUTION) <i>somatropin</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>
IMMUNOLOGICAL AGENTS			
IMMUNE SUPPRESSANTS			
<i>Enbrel</i>	ETANERCEPT (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) <i>etanercept</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>
<i>Enbrel SureClick</i>	ENBREL SURECLICK 50 MG/ML SOLN A-INJ <i>etanercept</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>
<i>Humira</i>	ADALIMUMAB (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) <i>adalimumab</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div>

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Humira Pediatric Crohns Start</i>	HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PEF SY KT <i>adalimumab</i>	BRAND	PA S Specialty Drug
<i>Humira Pen</i>	HUMIRA PEN 40 MG/0.8ML PEN KIT <i>adalimumab</i>	BRAND	PA S Specialty Drug
<i>Humira Pen-Crohns Starter</i>	HUMIRA PEN-CROHNS STARTER 40 MG/0.8ML PEN KIT <i>adalimumab</i>	BRAND	PA S Specialty Drug
<i>Humira Pen-Psoriasis Starter</i>	HUMIRA PEN-PSORIASIS STARTER 40 MG/0.8ML PEN KIT <i>adalimumab</i>	BRAND	PA S Specialty Drug
RESPIRATORY TRACT/PULMONARY AGENTS			
CYSTIC FIBROSIS AGENTS			
<i>Kalydeco</i>	IVACAFTOR (50 MG PACKET, 75 MG PACKET, 150 MG TAB) <i>ivacaftor</i>	BRAND	PA S Specialty Drug
<i>Orkambi</i>	ORKAMBI 200-125 MG TAB <i>lumacaftor-ivacaftor</i>	BRAND	PA S Specialty Drug
<i>Tobramycin</i>	<i>tobramycin nebu soln 300 mg/5ml</i>	generic	PA S Specialty Drug

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