

*Comprehensive*  
**PREFERRED DRUG LIST**

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Absolute Total Care



LAST UPDATED 10/2016

## 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 နီတၢ်ဘၢာ်သ့န့ၢ်လီၤ. 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 US Script to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care PDL may require PA, and US Script is responsible for administering this process. US Script 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 US Script on the **Medication Prior Authorization Form**. This form should be **faxed to US Script 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, US Script 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, US Script 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 US Script 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

- Injectable (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)

US Script  
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.
GL	Gender Limit	Drug is limited to specific gender.
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>St Joseph Aspirin</i>	<i>Aspirin (CHEW TAB 81 MG, TAB DELAYED RELEASE 81 MG)</i>	generic	
<i>Aspirin</i>	<i>Aspirin (SUPPOS 300 MG, SUPPOS 600 MG)</i>	generic	QL 12 / 31 days
<i>Aspirin</i>	<i>Aspirin (TAB 81 MG, TAB 325 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	QL 62 / 31 days
<b>ANESTHETICS</b>			
<b>LOCAL ANESTHETICS</b>			
<i>Regenecare HA</i>	<i>lidocaine hcl gel 2%</i>	generic	QL 31 / 31 days C 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 KIT 21-14-7 MG/24HR <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 CHEW TAB 50 MG <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			
ANTHELMINTHICS			
<i>Pin-X</i>	PIN-X CHEW TAB 720.5 MG <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 CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Dex4 Quick Dissolve Glucose</i>	DEX4 QUICK DISSOLVE GLUCOSE CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Glucose</i>	<i>glucose chew tab 4 gm</i>	generic	QL 50 / 30 days
GNP Glucose	GNP GLUCOSE CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
GNP Quick Dissolve Glucose	GNP QUICK DISSOLVE GLUCOSE CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Leader Quick Dissolve Glucose</i>	LEADER QUICK DISSOLVE GLUCOSE CHEW TAB 4 GM <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 CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
SM Glucose	SM GLUCOSE CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Ultilet Glucose</i>	ULTILET GLUCOSE CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Walgreens Glucose</i>	WALGREENS GLUCOSE CHEW TAB 4 GM <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
CARDIOVASCULAR AGENTS			
DYSLIPIDEMICS, OTHER			
<i>Sea-Omega 50</i>	<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
<i>Omega-3 Fish Oil</i>	<i>*omega-3 fatty acids cap 500 mg**</i>	generic	MDD 6 per day
<i>Niacin ER</i>	<i>Niacin (TAB 500 MG, TAB 750 MG, TAB 1000 MG)</i>	generic	
<i>Slo-Niacin</i>	<i>niacin tab cr 250 mg</i>	generic	
CENTRAL NERVOUS SYSTEM AGENTS			
CENTRAL NERVOUS SYSTEM, OTHER			
APAP Drops	<i>acetaminophen soln 100 mg/ml</i>	generic	QL 30 / claim
<i>Acetaminophen</i>	<i>acetaminophen soln 160 mg/5ml</i>	generic	
DENTAL AND ORAL AGENTS			
<i>Biotene Moisturizing Mouth</i>	BIOTENE MOISTURIZING MOUTH SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
<i>Biotene OralBalance Dry Mouth</i>	BIOTENE ORALBALANCE DRY MOUTH LIQUID <i>artificial saliva</i>	BRAND	QL 900 / claim
CVS Dry Mouth	CVS DRY MOUTH SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<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 GEL 0.33-4 % <i>pyrethrins-piperonyl butoxide</i>	BRAND	
<i>Acne Medication 5</i>	ACNE MEDICATION 5 LOTION 5 % <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	
<i>Anti-Itch</i>	<i>camphor &amp; menthol lotion 0.5-0.5%</i>	generic	MPL 1 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Capsaicin</i>	<i>capsaicin cream 0.025%</i>	generic	<span>QL</span> 62 / 31 days <span>MPL</span> 1 / claim
<i>Trixaicin HP</i>	<i>capsaicin cream 0.075%</i>	generic	<span>MPL</span> 1 / claim
<i>Capsaicin HP</i>	<i>capsaicin cream 0.1%</i>	generic	<span>MPL</span> 1 / claim
<i>Capzasin-P</i>	CAPZASIN-P CREAM 0.035 % <i>capsaicin</i>	BRAND	<span>MPL</span> 1 / claim
<i>Castiva Warming</i>	CASTIVA WARMING LOTION 0.035 % <i>capsaicin</i>	BRAND	<span>MPL</span> 1 / claim
<i>Clean &amp; Clear Advantage 3-in-1</i>	CLEAN & CLEAR ADVANTAGE 3-IN-1 LOTION 5 % <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	<span>QL</span> 31 / 31 days <span>MPL</span> 1 / claim
<i>Dibucaine</i>	<i>dibucaine rectal ointment 1%</i>	generic	<span>QL</span> 31 / 31 days <span>MPL</span> 1 / claim
SM Allergy Maximum Strength	<i>diphenhydramine hcl cream 2%</i>	generic	
<i>Hydrocortisone</i>	<i>hydrocortisone cream 0.5%</i>	generic	<span>MPL</span> 1 / claim
<i>Anti-Itch Maximum Strength</i>	<i>hydrocortisone cream 1%</i>	generic	<span>MPL</span> 1 / claim
<i>Aquanil HC</i>	<i>hydrocortisone lotion 1%</i>	generic	<span>MPL</span> 1 / claim
<i>Hydrocortisone</i>	<i>hydrocortisone oint 1%</i>	generic	<span>QL</span> 60 / 30 days <span>MPL</span> 1 / 30 days
<i>Hydrocortisone-Aloe</i>	<i>hydrocortisone-aloe vera cream 1%</i>	generic	<span>MPL</span> 1 / claim
<i>Keralyt</i>	KERALYT GEL 3 % <i>salicylic acid</i>	BRAND	
<i>AmLactin</i>	<i>Lactic Acid (Ammonium Lactate) (CREAM, LOTION)</i>	generic	<span>MPL</span> 1 / 31 days
<i>Licide Treatment</i>	LICIDE TREATMENT KIT <i>pyrethrins-piperonyl butoxide</i>	BRAND	
<i>Double Antibiotic + Pain Rlf</i>	<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	generic	<span>QL</span> 15 / 31 days <span>MPL</span> 1 / claim



BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Permethrin</i>	<i>permethrin lotion 1%</i>	generic	<span>QL</span> 124 / 31 days <span>C</span> 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	<span>QL</span> 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	<span>QL</span> 31 / 31 days
<i>Polysporin</i>	POLYSPORIN POWDER 500-10000 UNIT/GM <i>bacitracin-polymyxin b</i>	BRAND	
<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	
<i>SchoolTime Shampoo</i>	SCHOOLTIME SHAMPOO SHAMPOO <i>nit remover</i>	BRAND	<span>QL</span> 1 / 14 days
<i>Anti-Dandruff</i>	<i>selenium sulfide lotion 1%</i>	generic	<span>MPL</span> 1 / claim
KP Terbinafine Hydrochloride	<i>terbinafine hcl cream 1%</i>	generic	
<i>Tolnaftate</i>	<i>tolnaftate cream 1%</i>	generic	<span>QL</span> 30 / claim
<i>Ultrathon Insect Repellent</i>	ULTRATHON INSECT REPELLENT LOTION 34.34 % (DEET) <i>diethyltoluamide (deet)</i>	BRAND	<span>MPL</span> 1 / claim <span>MFL</span> 2 / 30 days
<i>Zinc Oxide</i>	<i>zinc oxide oint 20%</i>	generic	<span>MPL</span> 1 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<b>GASTROINTESTINAL AGENTS</b>			
<b>GASTROINTESTINAL AGENTS, OTHER</b>			
<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
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>			
<i>Axid AR</i>	<i>AXID AR TAB 75 MG 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
<b>LAXATIVES</b>			
<i>Enema</i>	<i>*sodium phosphates - enema***</i>	generic	
<i>Gentle Laxative</i>	<i>bisacodyl suppos 10 mg</i>	generic	QL 12 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ex-Lax Ultra</i>	<i>bisacodyl tab delayed release 5 mg</i>	generic	<b>MDD</b> 1 per day
<i>Fiber Laxative</i>	<i>calcium polycarbophil tab 625 mg</i>	generic	<b>MDD</b> 10 per day
<i>Stool Softener</i>	<i>docusate sodium cap 100 mg</i>	generic	<b>MDD</b> 3 per day
D.O.S.	<i>docusate sodium cap 250 mg</i>	generic	<b>MDD</b> 3 per day
RA Col-Rite	<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	
DOK	<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 soln</i>	generic	
<i>Milk of Magnesia</i>	<i>magnesium hydroxide susp 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 (CAP 0.52 GM, POWDER 28.3%, 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	
SB Fib Lax Orange	<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>sennosides tab 8.6 mg</i>	generic	
<i>Senna S</i>	<i>sennosides-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	
<b>PROTON PUMP INHIBITORS</b>			
CVS Omeprazole	CVS OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
EQ Omeprazole	EQ OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
EQL Omeprazole	EQL OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
GNP Omeprazole	GNP OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
HM Omeprazole	HM OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
KLS Omeprazole	KLS OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
<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 CAP DR 20 MG <i>esomeprazole magnesium</i>	BRAND	<b>MDD</b> 2 per day <b>C</b> OTC Covered Only
<i>Omeprazole</i>	<i>Omeprazole (DELAYED RELEASE TAB 20 MG, TAB DR 20 MG)</i> <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
<i>PriLOSEC OTC</i>	PRILOSEC OTC TAB DR 20 MG <i>omeprazole magnesium</i>	BRAND	<b>MDD</b> 4 per day
PX Omeprazole	PX OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
RA Omeprazole	RA OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
SB Omeprazole	SB OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
SM Omeprazole	SM OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
SW Omeprazole	SW OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day
TGT Omeprazole	TGT OMEPRAZOLE TAB DR 20 MG <i>omeprazole</i>	BRAND	<b>MDD</b> 4 per day














BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS			
GENITOURINARY AGENTS, OTHER			
<i>Encare</i>	ENCARE SUPPOS 100 MG <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
<i>Gynol II</i>	GYNOL II GEL 2 % <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
<i>Options Gynol II Contraceptive</i>	OPTIONS GYNOL II CONTRACEPTIVE GEL 3 % <i>nonoxynol-9</i>	BRAND	MPL 1 / claim
VCF Vaginal Contraceptive	VCF VAGINAL CONTRACEPTIVE FILM 28 % <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	
<i>Excilon IV Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads &amp; dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
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	
J & J Non-Stick Dressing	*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>	<i>Alcohol Swabs (*ALCOHOL SWABS***, ALCOHOL PREP PAD 70 %)</i> <i>alcohol swabs</i>	BRAND	 400 / claim
<i>ReliOn Alcohol Swabs</i>	<i>Alcohol Swabs (PAD, PAD 70 %)</i> <i>alcohol swabs</i>	BRAND	 400 / claim
GNP Alcohol Swabs	<i>Alcohol Swabs (PAD, PAD 70 %)</i> <i>alcohol swabs</i>	BRAND	 400 / claim
SM Alcohol Prep	<i>Alcohol Swabs (PAD, PAD 70 %)</i> <i>alcohol swabs</i>	BRAND	 400 / claim
<i>Alcohol Swabs</i>	ALCOHOL SWABS PAD 70 % <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 PAD 70 % <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 PAD 70 % <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	QL 400 / claim
CVS Prep	CVS PREP PAD 70 % <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Earloop Mask</i>	EARLOOP MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Easy Touch Alcohol Prep Medium</i>	EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Fifty50 Alcohol Prep</i>	FIFTY50 ALCOHOL PREP PAD 70 % <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Gauze Pads</i>	<i>Gauze Pads &amp; Dressings</i> (PADS PADS 2" 2"***, PADS PADS 3" 3"***)	generic	
<i>Kendall Hydrophilic Foam Plus</i>	<i>Gauze Pads &amp; Dressings</i> (PADS PADS 2" 2"***, PADS PADS 3" 3"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity All Purpose Sponges</i>	<i>Gauze Pads &amp; Dressings</i> (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>	<i>Gauze Pads &amp; Dressings</i> (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea Gauze Sponge</i>	<i>Gauze Pads &amp; Dressings</i> (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>	<i>Gauze Pads &amp; Dressings</i> (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads &amp; dressings</i>	BRAND	
RA Sterile	<i>Gauze Pads &amp; Dressings</i> (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>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea Type VII Gauze</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Curity Gauze Sponge</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>SM Gauze</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Mirasorb Sponges</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>EQL Gauze</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Dermacea IV Drain Sponges</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Tegaderm Foam</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Island Gard-GRX</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Curity Sponges</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 2" 2"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	
<i>Versiva XC</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 3" 3"***, PADS PADS 4" 4"***) gauze pads &amp; dressings</i>	BRAND	


















BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Polymem Dressing</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 3" 3****, PADS PADS 4" 4****)</i> <i>gauze pads &amp; dressings</i>	BRAND	
<i>Curity Cover Sponge</i>	<i>Gauze Pads &amp; Dressings (PADS PADS 3" 3****, PADS PADS 4" 4****)</i> <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>Kimono Micro Thin</i>	KIMONO MICRO THIN MISC <i>condoms latex non-lubricated - male</i>	BRAND	<b>C</b> 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 PAD 70 % <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>Nova Max Plus Ketone Test</i>	NOVA MAX PLUS KETONE TEST STRIP <i>ketone blood test</i>	BRAND	<b>QL</b> 30 / 30 days
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
<i>Pediatric Mouthpiece</i>	PEDIATRIC MOUTHPIECE MISC <i>respiratory therapy supplies</i>	BRAND	<b>QL</b> 1 / 360 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<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>GNP Suphedrin</i>	<i>pseudoephedrine hcl liq 15 mg/5ml</i>	generic	
<i>Pseudoephedrine HCl</i>	<i>pseudoephedrine hcl tab 30 mg</i>	generic	
<i>KP Pseudoephedrine HCl</i>	<i>pseudoephedrine hcl tab 60 mg</i>	generic	
<i>Sudafed 12 Hour</i>	<i>pseudoephedrine hcl tab sr 12hr 120 mg</i>	generic	QL 62 / 31 days
<i>PTS Panels Ketone Test</i>	PTS PANELS KETONE TEST STRIP <i>ketone blood test</i>	BRAND	QL 30 / 30 days
<i>QC Alcohol Swabs</i>	QC ALCOHOL SWABS PAD 70 % <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>RA Alcohol Swabs</i>	RA ALCOHOL SWABS PAD 70 % <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>Afrin Saline Nasal Mist</i>	<i>saline nasal spray 0.65%</i>	generic	MPL 1 / claim
<i>Sami the Seal Filters</i>	SAMI THE SEAL FILTERS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>SB Alcohol Prep</i>	SB ALCOHOL PREP PAD 70 % <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Shopko Alcohol Swabs</i>	SHOPKO ALCOHOL SWABS PAD 70 % <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 PIs 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>SimplyThick</i>	SIMPLYTHICK GEL <i>xanthan gum (thickening)</i>	BRAND	AL At least 1 yrs old
<i>Sorbitol</i>	<i>Sorbitol (SOLUTION (BULK), SOLUTION 70 %)</i> <i>sorbitol</i>	BRAND	
TGT Alcohol Swabs	TGT ALCOHOL SWABS PAD 70 % <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 AEROSOL 25 % <i>diethyltoluamide (deet)</i>	BRAND	MPL 1 / claim MFL 2 / 30 days
<i>Webcol Alcohol Prep Large</i>	WEBCOL ALCOHOL PREP LARGE PAD 70 % <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Webcol Alcohol Prep Medium</i>	WEBCOL ALCOHOL PREP MEDIUM PAD 70 % <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 SOLUTION 0.4 % <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 TAB 50 MG <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>Wal-Zyr Childrens</i>	<i>cetirizine hcl chew tab 5 mg</i>	generic	MDD 1 per day










BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>All Day Allergy Childrens</i>	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	generic	 240 / claim  Up to 12 yrs old
KLS Aller-Tec	<i>cetirizine hcl tab 10 mg</i>	generic	 1 per day
<i>Ed Chlorped Jr</i>	<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	generic	
<i>Allergy 4 Hour</i>	<i>chlorpheniramine maleate tab 4 mg</i>	generic	 120 / claim
<i>Wal-Hist</i>	<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i>	generic	 2 per day
<i>Allergy Relief</i>	<i>Diphenhydramine HCl (CAP 25 MG, TAB 25 MG)</i>	generic	 4 per day
KP DiphenhydrAMINE HCl	<i>diphenhydramine hcl cap 50 mg</i>	generic	 4 per day
EQ Allergy Relief Childrens	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	generic	 240 / claim
<i>Allergy Relief Childrens</i>	<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	generic	 240 / claim
<i>Quenalin</i>	<i>diphenhydramine hcl syrup 12.5 mg/5ml</i>	generic	 240 / claim
KP Fexofenadine HCl	<i>fexofenadine hcl tab 180 mg</i>	generic	 1 per day
<i>Aller-Ease</i>	<i>fexofenadine hcl tab 60 mg</i>	generic	 2 per day
<i>Triaminic Allerchews</i>	<i>loratadine rapidly-disintegrating tab 10 mg</i>	generic	 1 per day
<i>Wal-itin</i>	<i>loratadine syrup 5 mg/5ml</i>	generic	 240 / claim
<i>Loratadine</i>	<i>loratadine tab 10 mg</i>	generic	 1 per day
<b>RESPIRATORY TRACT AGENTS, OTHER</b>			
<i>Triaminic Cough/Sore Throat</i>	<i>acetaminophen w/ dm liq 160-5 mg/5ml</i>	generic	
<i>Biospec DMX</i>	BIOSPEC DMX LIQUID 15-25 MG/5ML <i>dextromethorphan-guaifenesin</i>	BRAND	
<i>Childrens Cold &amp; Allergy</i>	<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i>	generic	 120 / claim  1 / 30 days
<i>Wal-tap Cold/Allergy</i>	<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	generic	 120 / claim  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 LIQUID 60-12.5-30-1000 MG/30ML <i>pseudoephed-doxyl-dm w/apap</i>	BRAND	
<i>Decon-A</i>	DECON-A LIQUID 2-5 MG/ML <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 SYRUP 1-7.5 MG/5ML <i>chlorpheniramine-dm</i>	BRAND	<b>QL</b> 240 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
ED Bron GP	ED BRON GP LIQUID 5-100 MG/5ML <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 LIQUID 2.5-1.25-80 MG/ML <i>dextromethorphan-phenylephrine-acetaminophen</i>	BRAND	
<i>LoHist-D</i>	LOHIST-D LIQUID 2-30 MG/5ML <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>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>PE-Hist DM</i>	<i>phenylephrine-chlorphen-dm syrup 5-2-15 mg/5ml</i>	generic	QL 240 / claim
<i>Triaminic Cold/Cough Day Time</i>	<i>Phenylephrine-DM (SOLUTION, SYRUP) 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 CAP 30-325-15 MG <i>pseudoephedrine-acetaminophen-dextromethorphan</i>	BRAND	
PX Nitetime Multi-Symptom	PX NITETIME MULTI-SYMPTOM CAP 30-6.25-15-325 MG <i>pseudoephed-doxyl-dm w/apap</i>	BRAND	
<i>Scot-Tussin Senior</i>	SCOT-TUSSIN SENIOR LIQUID 15-200 MG/5ML <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>Simply Sleep</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 unit</i>	generic	
<i>Calcium 500 + D</i>	<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	generic	
<i>Oyst-Cal-D 500</i>	<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	generic	
<i>Calcium 600+D</i>	<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	generic	QL 62 / 31 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Calcarb 600/D</i>	<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	generic	 62 / 31 days
<i>Ferretts</i>	FERRETTS TAB 325 (106 FE) MG <i>ferrous fumarate</i>	BRAND	
<i>Ferrocite</i>	<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	generic	
<i>Ferrous Gluconate</i>	<i>Ferrous Gluconate (TAB 325 MG (36 MG ELEMENTAL FE), TAB 325 MG)</i>	generic	 100 / 30 days  Up to 50 yrs old
<i>Ferrous Gluconate</i>	<i>ferrous gluconate tab 324 mg (38 mg elemental iron)</i>	generic	 100 / 31 days  Up to 50 yrs old
<i>Ferrous Sulfate</i>	<i>Ferrous Sulfate (ELIXIR 220 MG/5ML (44 MG/5ML ELEMENTAL FE), TAB EC 324 MG (65 MG FE EQUIVALENT), TAB EC 325 MG (65 MG FE EQUIVALENT))</i>	generic	 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	 3.4 per day
<i>Fer-Iron</i>	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	generic	 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	 Up to 50 yrs old
<i>Iron Chews Pediatric</i>	IRON CHEWS PEDIATRIC CHEW TAB 15 MG <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>Oyst-Cal</i>	<i>oyster shell calcium tab 500 mg</i>	generic	
<i>Parva-Cal</i>	PARVA-CAL TAB 500-200 MG-UNIT <i>calcium-ergocalciferol</i>	BRAND	
RA Calcium Hi-Cal/Vitamin D	RA CALCIUM HI-CAL/VITAMIN D TAB 500-200 MG-UNIT <i>calcium-cholecalciferol</i>	BRAND	








BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
RA Oyster Shell Calcium/D	RA OYSTER SHELL CALCIUM/D TAB 500-200 MG-UNIT <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	GL Female AL Up to 50 yrs old
Prenatal Vitamins	<i>*prenatal vit w/ fe fumarate-fa tab 28-0.8 mg***</i>	generic	GL Female 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
Classic Prenatal	CLASSIC PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
CVS Prenatal	CVS PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
EQL Prenatal Formula	EQL PRENATAL FORMULA TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female 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>	<i>Glucose Polymer (LIQUID, POWDER)</i> <i>glucose polymer</i>	BRAND	MPL 1 / 30 days
GNP PreNatal	GNP PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
GNP Prenatal Vitamins	GNP PRENATAL VITAMINS TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
HM Prenatal	HM PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Key-E</i>	KEY-E CHEW TAB 400 UNIT <i>vitamin e</i>	BRAND	QL 62 / 31 days
KP Prenatal Multivitamins	KP PRENATAL MULTIVITAMINS TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
KPN Prenatal	KPN PRENATAL TAB 0.1 MG <i>prenatal multivit-min w/fe-fa</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Mission Prenatal FA</i>	MISSION PRENATAL FA TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Mission Prenatal HP</i>	MISSION PRENATAL HP TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Mission Prenatal</i>	MISSION PRENATAL TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<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 TAB 0.25 MG <i>prenatal multivit-min w/fe-fa</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Perry Prenatal</i>	PERRY PRENATAL CAP 13.5-0.4 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
PNV Prenatal Plus Multivitamin	PNV PRENATAL PLUS MULTIVITAMIN TAB 27-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days GL Female 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 Formula</i>	PRENATAL FORMULA TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Prenatal</i>	PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>PreserVision AREDS</i>	PRESERVISION AREDS TAB <i>multiple vitamins w/ minerals</i>	BRAND	QL 31 / 31 days
<i>ProRenal + D</i>	PRORENAL + D TAB <i>multiple vitamins w/ minerals</i>	BRAND	QL 31 / 31 days
PX Prenatal Multivitamins	PX PRENATAL MULTIVITAMINS TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Vitamin B-6</i>	<i>Pyridoxine HCl (TAB 25 MG, TAB 50 MG, TAB 100 MG)</i>	generic	
QC Prenatal	QC PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
RA Prenatal Formula	RA PRENATAL FORMULA TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
RA Prenatal	RA PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
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 TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Stuart Prenatal</i>	STUART PRENATAL TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
TH Prenatal Vitamins	TH PRENATAL VITAMINS TAB 28-0.8 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>TheraNatal Core Nutrition</i>	THERANATAL CORE NUTRITION TAB 27-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days GL Female AL Up to 50 yrs old
<i>Vitamin B-1</i>	<i>Thiamine HCl (TAB 50 MG, TAB 100 MG, TAB 250 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 SOLUTION 10 MG/ML <i>pediatric vitamins acd w/ iron</i>	BRAND	QL 50 / claim
KP Vitamin E	<i>vitamin e cap 100 unit</i>	generic	QL 62 / 31 days
<i>Vitamin E</i>	<i>vitamin e cap 200 unit</i>	generic	QL 62 / 31 days
E-400	<i>vitamin e cap 400 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	 4 per day
<i>Celecoxib</i>	<i>Celecoxib (CAP 50 MG, CAP 100 MG, CAP 200 MG, CAP 400 MG)</i>	generic	 62 / 31 days 
<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 (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)</i>	generic	
IBU	<i>ibuprofen 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>	<i>ketoprofen cap sr 24hr 200 mg</i>	generic	
<i>Ketorolac Tromethamine</i>	<i>ketorolac tromethamine tab 10 mg</i>	generic	 20 / 30 days  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 (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 (TAB 15 MG, TAB 30 MG, TAB 60 MG, TAB 100 MG, TAB 200 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	<b>QL</b> 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	<b>QL</b> 186 / 31 days
<i>Oxycodone-Acetaminophen</i>	<i>Oxycodone w/ 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	<b>QL</b> 186 / 31 days
<i>Roxicet</i>	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	generic	<b>QL</b> 186 / 31 days
<i>Oxycodone-Aspirin</i>	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	generic	<b>QL</b> 186 / 31 days
<i>Roxicet</i>	<b>ROXICET SOLUTION 5-325 MG/5ML</b> <i>oxycodone w/ acetaminophen</i>	BRAND	
<i>TraMADol HCl</i>	<i>tramadol hcl tab 50 mg</i>	generic	<b>MDD</b> 8 per day
<i>Tramadol-Acetaminophen</i>	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	generic	<b>QL</b> 124 / 31 days
<b>ANESTHETICS</b>			
<b>LOCAL ANESTHETICS</b>			
<i>Lidocaine Viscous</i>	<i>lidocaine hcl viscous soln 2%</i>	generic	<b>QL</b> 100 / claim
<i>Lidocaine-Prilocaine</i>	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	generic	<b>QL</b> 30 / claim <b>MPL</b> 1 / claim
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>			
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>			
<i>Disulfiram</i>	<i>disulfiram tab 250 mg</i>	generic	
<i>Naltrexone HCl</i>	<i>naltrexone hcl tab 50 mg</i>	generic	
<b>OPIOID DEPENDENCE TREATMENTS</b>			
<i>Suboxone</i>	<i>Buprenorphine HCl-Naloxone HCl Dihydrate (FILM 2-0.5 MG, FILM 4-1 MG)</i> <i>buprenorphine hcl-naloxone hcl dihydrate</i>	BRAND	<b>PA</b> <b>MDD</b> 1 per day
<i>Suboxone</i>	<i>Buprenorphine HCl-Naloxone HCl Dihydrate (FILM 8-2 MG, FILM 12-3 MG)</i> <i>buprenorphine hcl-naloxone hcl dihydrate</i>	BRAND	<b>PA</b> <b>MDD</b> 2 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>OPIOID REVERSAL AGENTS</b>			
<i>Naloxone HCl</i>	<i>Naloxone HCl (INJ 0.4 MG/ML, INJ 1 MG/ML, INJ 4 MG/10ML, SOLN CART 0.4 MG/ML, 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 Continuing Month Pak</i>	CHANTIX CONTINUING MONTH PAK TAB 1 MG <i>varenicline tartrate</i>	BRAND	MDD 2 per day MDS 180 / 365 days
<i>Chantix Starting Month Pak</i>	CHANTIX STARTING MONTH PAK TAB 0.5 MG X 11 & 1 MG X 42 <i>varenicline tartrate</i>	BRAND	MPL 2 / 365 days MDS 180 / 365 days
<i>Nicotrol</i>	NICOTROL INHALER 10 MG <i>nicotine</i>	BRAND	QL 504 / 30 days MDS 180 / 365 days
<i>Nicotrol NS</i>	NICOTROL NS SOLUTION 10 MG/ML <i>nicotine</i>	BRAND	QL 120 / 30 days MDS 180 / 365 days
<i>Chantix</i>	<i>Varenicline Tartrate (TAB 0.5 MG, TAB 1 MG)</i> <i>varenicline tartrate</i>	BRAND	MDD 2 per day 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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Gentak</i>	<i>gentamicin sulfate ophth oint 0.3%</i>	generic	QL 4 / 31 days
<i>Gentamicin Sulfate</i>	<i>gentamicin sulfate ophth soln 0.3%</i>	generic	MPL 2 / claim
<i>Neomycin Sulfate</i>	<i>neomycin sulfate tab 500 mg</i>	generic	
<i>TobraDex</i>	TOBRADEX OINTMENT 0.3-0.1 % <i>tobramycin-dexamethasone</i>	BRAND	QL 4 / 31 days
<i>Tobramycin</i>	<i>tobramycin ophth soln 0.3%</i>	generic	QL 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	PA
<i>Tobramycin Sulfate in Saline</i>	TOBRAMYCIN SULFATE IN SALINE SOLUTION 1.2-0.9 MG/ML-% <i>tobramycin sulfate in saline</i>	BRAND	PA
<i>Tobrex</i>	TOBREX OINTMENT 0.3 % <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>Bacitracin</i>	<i>bacitracin ophth oint 500 unit/gm</i>	generic	QL 4 / 31 days
<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	QL 300 / claim
<i>Clindamycin Phosphate</i>	<i>Clindamycin Phosphate (Topical) (LOTION, SOLN)</i>	generic	
<i>Clindamycin Phosphate</i>	<i>clindamycin phosphate gel 1%</i>	generic	MPL 1 / claim
<i>Clindamycin Phosphate</i>	<i>clindamycin phosphate vaginal cream 2%</i>	generic	
<i>First-Vancomycin 25</i>	FIRST-VANCOMYCIN 25 SOLUTION 25 MG/ML <i>vancomycin hcl</i>	BRAND	MPL 1 / 90 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>First-Vancomycin 50</i>	FIRST-VANCOMYCIN 50 SOLUTION 50 MG/ML <i>vancomycin hcl</i>	BRAND	 1 / 90 days
<i>Methenamine Mandelate</i>	<i>Methenamine Mandelate (TAB 0.5 GM, TAB 1 GM)</i>	generic	
<i>MetroNIDAZOLE</i>	<i>Metronidazole (TAB 250 MG, TAB 500 MG)</i>	generic	
<i>MetroNIDAZOLE</i>	<i>Metronidazole (Topical) (CREAM, GEL)</i>	generic	 45 / 30 days
<i>MetroNIDAZOLE</i>	<i>metronidazole lotion 0.75%</i>	generic	
<i>Vandazole</i>	<i>metronidazole vaginal gel 0.75%</i>	generic	 45 / 30 days  1 / claim
<i>Mupirocin Calcium</i>	<i>mupirocin calcium cream 2%</i>	generic	 1 / 31 days
<i>Mupirocin</i>	<i>mupirocin oint 2%</i>	generic	 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	 Up to 6 yrs old  40 per day
<i>Sivextro</i>	SIVEXTRO TAB 200 MG <i>tedizolid phosphate</i>	BRAND	 6 / claim 
<i>Trimethoprim</i>	<i>trimethoprim tab 100 mg</i>	generic	
<i>Vancomycin HCl</i>	<i>vancomycin hcl cap 125 mg</i>	generic	 4 per day
<i>Vancomycin HCl</i>	<i>vancomycin hcl cap 250 mg</i>	generic	 8 per day
<i>Vancomycin HCl</i>	<i>vancomycin hcl for inj 1000 mg</i>	generic	 14 / claim
<i>Vancomycin HCl</i>	<i>vancomycin hcl for inj 500 mg</i>	generic	 14 / 30 days
BETA-LACTAM, CEPHALOSPORINS			
<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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Cefdinir</i>	<i>Cefdinir (SUSP 125, SUSP 250)</i>	generic	<b>MPL</b> 1 / claim
<i>Cefdinir</i>	<i>cefdinir cap 300 mg</i>	generic	<b>QL</b> 20 / claim
<i>Cefprozil</i>	<i>Cefprozil (TAB 250 MG, TAB 500 MG)</i>	generic	<b>QL</b> 20 / claim
<i>Cefprozil</i>	<i>cefprozil for susp 125 mg/5ml</i>	generic	<b>AL</b> Up to 12 yrs old <b>MPL</b> 2 / claim
<i>Cefprozil</i>	<i>cefprozil for susp 250 mg/5ml</i>	generic	<b>AL</b> Up to 12 yrs old <b>MPL</b> 1 / claim
<i>Ceftin</i>	CEFTIN RECON SUSP 250 MG/5ML <i>cefuroxime axetil</i>	BRAND	<b>AL</b> Up to 12 yrs old <b>MPL</b> 1 / claim
<i>CefTRIAXone Sodium</i>	<i>Ceftriaxone Sodium (INJ 1 GM, INJ 250 MG, INJ 500 MG, IV SOLN 1 GM)</i>	generic	<b>QL</b> 3 / claim <b>MFL</b> 1 / 30 days
<i>Cefuroxime Axetil</i>	<i>Cefuroxime Axetil (TAB 250 MG, TAB 500 MG)</i>	generic	<b>QL</b> 20 / claim
<i>Cefuroxime Axetil</i>	<i>cefuroxime axetil for susp 125 mg/5ml</i>	generic	<b>AL</b> Up to 12 yrs old <b>MPL</b> 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	
<b>BETA-LACTAM, PENICILLINS</b>			
<i>Amoxicillin-Pot Clavulanate ER</i>	<i>amoxicillin &amp; k clavulanate tab sr 12hr 1000-62.5 mg</i>	generic	<b>QL</b> 40 / 30 days
<i>Amoxicillin-Pot Clavulanate</i>	<i>Amoxicillin &amp; Pot Clavulanate (CHEW TAB 200-28.5 MG, CHEW TAB 400-57 MG, TAB 875-125 MG)</i>	generic	<b>QL</b> 20 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>Amoxicillin &amp; Pot Clavulanate (SUSP 200-28.5, SUSP 250-62.5)</i>	generic	<b>MPL</b> 1 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>Amoxicillin &amp; Pot Clavulanate (SUSP 400-57, SUSP 600-42.9)</i>	generic	<b>MPL</b> 2 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>Amoxicillin &amp; Pot Clavulanate (TAB 250-125 MG, TAB 500-125 MG)</i>	generic	<b>QL</b> 30 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Amoxicillin</i>	<i>Amoxicillin (CAP 250 MG, CAP 500 MG, CHEW TAB 125 MG, CHEW TAB 250 MG, FOR SUSP 125 MG/5ML, FOR SUSP 200 MG/5ML, FOR SUSP 250 MG/5ML, FOR SUSP 400 MG/5ML, TAB 875 MG)</i>	generic	
<i>Ampicillin</i>	<i>Ampicillin (CAP 250 MG, CAP 500 MG, RECON SUSP 125 MG/5ML, RECON SUSP 250 MG/5ML) ampicillin</i>	BRAND	
<i>Augmentin</i>	AUGMENTIN RECON SUSP 125-31.25 MG/5ML <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>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>EryPed 400</i>	ERYPED 400 RECON SUSP 400 MG/5ML <i>erythromycin ethylsuccinate</i>	BRAND	
PCE	<i>Erythromycin Base (Coated)</i> (TAB DR 333 MG, TAB DR 500 MG) <i>erythromycin base (coated)</i>	BRAND	
<i>Ery-Tab</i>	<i>Erythromycin Base (TAB DR</i> 250 MG, TAB DR 333 MG, TAB DR 500 MG) <i>erythromycin base</i>	BRAND	
<i>Erythromycin Ethylsuccinate</i>	<i>erythromycin ethylsuccinate for</i> <i>susp 200 mg/5ml</i>	generic	
<i>Erythromycin</i>	<i>erythromycin gel 2%</i>	generic	MPL 1 / claim
<i>Erythromycin</i>	<i>erythromycin ophth oint 5</i> <i>mg/gm</i>	generic	
<i>Erythromycin</i>	<i>erythromycin soln 2%</i>	generic	
<i>Erythromycin Base</i>	<i>erythromycin w/ delayed</i> <i>release particles cap 250 mg</i>	generic	
E.S.P.	<i>erythromycin-sulfisoxazole for</i> <i>susp 200-600 mg/5ml</i>	generic	
QUINOLONONES			
<i>Ciloxan</i>	CILOXAN OINTMENT 0.3 % <i>ciprofloxacin hcl (ophth)</i>	BRAND	MPL 1 / claim
<i>Ciprofloxacin HCl</i>	<i>Ciprofloxacin HCl (TAB 250</i> <i>MG, TAB 500 MG, TAB 750</i> <i>MG)</i>	generic	
<i>Ciprofloxacin HCl</i>	<i>ciprofloxacin hcl ophth soln</i> <i>0.3%</i>	generic	MPL 1 / claim
<i>Ciprofloxacin HCl</i>	<i>ciprofloxacin hcl tab 100 mg</i> <i>(base equiv)</i>	generic	QL 6 / claim
<i>LevoFLOXacin</i>	<i>Levofloxacin (TAB 250 MG,</i> <i>TAB 500 MG, TAB 750 MG)</i>	generic	QL 14 / claim MDD 1 per day
<i>Ofloxacin</i>	<i>Ofloxacin (TAB 200 MG, TAB</i> <i>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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Vigamox</i>	VIGAMOX SOLUTION 0.5 % <i>moxifloxacin hcl (ophth)</i>	BRAND	<b>QL</b> 3 / claim
<b>SULFONAMIDES</b>			
<i>Silver Sulfadiazine</i>	<i>silver sulfadiazine cream 1%</i>	generic	
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium ophth oint 10%</i>	generic	<b>QL</b> 4 / 31 days
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium ophth soln 10%</i>	generic	<b>QL</b> 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	<b>MDD</b> 4 per day
<i>LevETIRAcetam</i>	<i>levetiracetam oral soln 100 mg/ml</i>	generic	<b>MDD</b> 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 (Anticonvulsant) (GEL 2.5 MG, GEL 10 MG, GEL 20 MG)</i>	generic	<b>QL</b> 1 / claim <b>AL</b> Up to 21 yrs old
<i>Divalproex Sodium</i>	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	generic	











BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Divalproex Sodium</i>	<i>divalproex sodium tab delayed release 125 mg</i>	generic	<b>MDD</b> 2 per day
<i>Divalproex Sodium</i>	<i>divalproex sodium tab delayed release 250 mg</i>	generic	<b>MDD</b> 3 per day
<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	
PHENobarbital	<i>Phenobarbital (ELIXIR 20 MG/5ML, TAB 15 MG, TAB 16.2 MG, TAB 30 MG, TAB 32.4 MG, TAB 60 MG, 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>Gabitril</i>	<i>Tiagabine HCl (TAB 12 MG, TAB 16 MG) tiagabine hcl</i>	BRAND	
<i>TiaGABine HCl</i>	<i>Tiagabine HCl (TAB 2 MG, TAB 4 MG)</i>	generic	
<i>Valproic Acid</i>	<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	generic	
<i>Valproic Acid</i>	<i>valproic acid cap 250 mg</i>	generic	
GLUTAMATE REDUCING AGENTS			
<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



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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
<b>SODIUM CHANNEL AGENTS</b>			
<i>CarBAMazepine</i>	<i>Carbamazepine (CHEW TAB 100 MG, SUSP 100 MG/5ML)</i>	generic	
<i>CarBAMazepine ER</i>	<i>Carbamazepine (TAB 100 MG, TAB 200 MG, TAB 400 MG)</i>	generic	
<i>Epitol</i>	<i>carbamazepine tab 200 mg</i>	generic	
<i>Dilantin</i>	<i>DILANTIN CAP 30 MG phenytoin sodium extended</i>	BRAND	
<i>OXcarbazepine</i>	<i>Oxcarbazepine (SUSP 300 MG/5ML (60 MG/ML), TAB 150 MG, TAB 300 MG, TAB 600 MG)</i>	generic	
<i>Phenytoin</i>	<i>Phenytoin (CHEW TAB 50 MG, SUSP 125 MG/5ML)</i>	generic	
<i>Phenytoin Sodium Extended</i>	<i>phenytoin sodium extended cap 100 mg</i>	generic	
<b>ANTIDEMENTIA AGENTS</b>			
<b>CHOLINESTERASE INHIBITORS</b>			
<i>Donepezil HCl</i>	<i>Donepezil Hydrochloride (TAB 5 MG, TAB 10 MG)</i>	generic	<b>QL</b> 31 / 31 days
<i>Exelon</i>	<i>EXELON SOLUTION 2 MG/ML rivastigmine tartrate</i>	BRAND	<b>PA</b> <b>MDD</b> 6 per day
<i>Galantamine Hydrobromide ER</i>	<i>Galantamine Hydrobromide (CAP 24HR 8 MG, CAP 24HR 24 MG, CAP 24HR 16 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Galantamine Hydrobromide</i>	<i>Galantamine Hydrobromide (TAB 4 MG, TAB 8 MG, TAB 12 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Galantamine Hydrobromide</i>	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	generic	<b>MDD</b> 6 per day
<i>Rivastigmine</i>	<i>Rivastigmine (PATCH 24HR 4.6 MG/24HR, PATCH 24HR 9.5 MG/24HR)</i>	generic	<b>PA</b> <b>MDD</b> 1 per day
<i>Rivastigmine Tartrate</i>	<i>Rivastigmine Tartrate (CAP 1.5 MG, CAP 3 MG, CAP 4.5 MG, CAP 6 MG)</i>	generic	<b>PA</b> <b>MDD</b> 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>Bupropion HCl (TAB 100 MG, TAB 150 MG)</i>	generic	MDD 2 per day
<i>Budeprion XL</i>	<i>Bupropion HCl (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>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, 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>Tranylcypromine Sulfate</i>	<i>tranylcypromine sulfate tab 10 mg</i>	generic	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>			
<i>Citalopram Hydrobromide</i>	<i>Citalopram Hydrobromide (TAB 10 MG, TAB 20 MG)</i>	generic	MDD 1.5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Citalopram Hydrobromide</i>	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	generic	
<i>Citalopram Hydrobromide</i>	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	generic	MDD 1 per day
<i>Escitalopram Oxalate</i>	<i>Escitalopram Oxalate (TAB 5 MG, TAB 10 MG, TAB 20 MG)</i>	generic	MDD 1 per day
FLUoxetine HCl	<i>Fluoxetine HCl (CAP 10 MG, CAP 20 MG)</i>	generic	QL 124 / 31 days
<i>Selfemra</i>	<i>Fluoxetine HCl (PMDD) (CAP 10 MG, CAP 20 MG)</i>	generic	QL 124 / 31 days
FLUoxetine HCl	<i>fluoxetine hcl cap 40 mg</i>	generic	AL At least 7 yrs old MDD 2 per day
FLUoxetine HCl	<i>fluoxetine hcl solution 20 mg/5ml</i>	generic	QL 120 / claim AL Up to 6 yrs old
FLUoxetine HCl	<i>fluoxetine hcl tab 10 mg</i>	generic	AL Up to 12 yrs old MDD 1 per day
<i>FluvoxaMINE Maleate</i>	<i>Fluvoxamine Maleate (TAB 25 MG, TAB 50 MG)</i>	generic	QL 62 / 31 days
<i>FluvoxaMINE Maleate</i>	<i>fluvoxamine maleate tab 100 mg</i>	generic	MDD 3 per day
<i>Maprotiline HCl</i>	<i>Maprotiline HCl (TAB 25 MG, TAB 50 MG, TAB 75 MG)</i>	generic	
<i>Nefazodone HCl</i>	<i>Nefazodone HCl (TAB 50 MG, TAB 100 MG, TAB 150 MG, TAB 200 MG, TAB 250 MG)</i>	generic	
PARoxetine HCl	<i>Paroxetine HCl (TAB 10 MG, TAB 30 MG, TAB 40 MG)</i>	generic	QL 62 / 31 days
PARoxetine HCl ER	<i>Paroxetine HCl (TAB 24HR 37.5 MG, TAB 24HR 25 MG, TAB 24HR 12.5 MG)</i>	generic	QL 31 / 31 days
PARoxetine HCl	<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	generic	PA MDD 40 per day
PARoxetine HCl	<i>paroxetine hcl tab 20 mg</i>	generic	MDD 2 per day
<i>Sertraline HCl</i>	<i>sertraline hcl oral conc 20 mg/ml</i>	generic	QL 186 / 31 days
<i>Sertraline HCl</i>	<i>sertraline hcl tab 100 mg</i>	generic	MDD 2 per day
<i>Sertraline HCl</i>	<i>sertraline hcl tab 25 mg</i>	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Sertraline HCl</i>	<i>sertraline hcl tab 50 mg</i>	generic	 1.5 per day
<i>TraZODone HCl</i>	<i>Trazodone HCl (TAB 50 MG, TAB 100 MG, TAB 150 MG)</i>	generic	
<i>TraZODone HCl</i>	<i>trazodone hcl tab 300 mg</i>	generic	 2 per day
<i>Venlafaxine HCl ER</i>	<i>Venlafaxine HCl (CAP SR 24HR 150 MG (BASE EQUIVALENT), CAP SR 24HR 37.5 MG (BASE EQUIVALENT), CAP SR 24HR 75 MG (BASE EQUIVALENT), ER TAB ER 24H 225 MG, TAB SR 24HR 75 MG (BASE EQUIVALENT), TAB SR 24HR 37.5 MG (BASE EQUIVALENT))</i>	generic	 1 per day
<i>Venlafaxine HCl</i>	<i>Venlafaxine HCl (TAB 25 MG, TAB 37.5 MG, TAB 50 MG, TAB 75 MG, TAB 100 MG)</i>	generic	
<i>Venlafaxine HCl ER</i>	<i>venlafaxine hcl tab sr 24hr 150 mg (base equivalent)</i>	generic	 2 per day
<i>Viibryd</i>	<i>VIIBRYD KIT 10 &amp; 20 &amp; 40 MG vilazodone hcl</i>	BRAND	 30 / 365 days 
<i>Viibryd</i>	<i>Vilazodone HCl (TAB 10 MG, TAB 20 MG, TAB 40 MG) vilazodone hcl</i>	BRAND	  1 per day
<i>Brintellix</i>	<i>Vortioxetine HBr (TAB 5 MG, TAB 10 MG, TAB 20 MG) vortioxetine hbr</i>	BRAND	  At least 18 yrs old  1 per day
<b>TRICYCLICS</b>			
<i>Amitriptyline HCl</i>	<i>Amitriptyline HCl (TAB 10 MG, TAB 25 MG, TAB 50 MG, TAB 75 MG, TAB 100 MG, TAB 150 MG)</i>	generic	
<i>Amoxapine</i>	<i>Amoxapine (TAB 25 MG, TAB 50 MG, TAB 100 MG, TAB 150 MG)</i>	generic	
<i>ClomiPRAMINE HCl</i>	<i>clomipramine hcl cap 75 mg</i>	generic	
<i>Desipramine HCl</i>	<i>Desipramine HCl (TAB 10 MG, TAB 50 MG, TAB 75 MG, TAB 100 MG, TAB 150 MG)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Desipramine HCl</i>	<i>desipramine hcl tab 25 mg</i>	generic	<b>MDD</b> 2 per day
<i>Doxepin HCl</i>	<i>Doxepin HCl (CAP 10 MG, CAP 25 MG, CAP 50 MG, CAP 75 MG, CAP 100 MG, CAP 150 MG, CONC 10 MG/ML)</i>	generic	
<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> 2 per day
<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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Fluconazole</i>	<i>Fluconazole (TAB 100 MG, TAB 200 MG)</i>	generic	
<i>Fluconazole</i>	<i>fluconazole tab 150 mg</i>	generic	QL 2 / claim
<i>Fluconazole</i>	<i>fluconazole tab 50 mg</i>	generic	QL 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>	<i>GYNAZOLE-1 CREAM 2 % butoconazole nitrate (one dose)</i>	BRAND	
<i>Itraconazole</i>	<i>itraconazole cap 100 mg</i>	generic	PA MDD 1 per day
<i>Ketoconazole</i>	<i>ketoconazole cream 2%</i>	generic	MPL 1 / 31 days
<i>Ketoconazole</i>	<i>ketoconazole shampoo 2%</i>	generic	QL 124 / 31 days
<i>Nystatin</i>	<i>nystatin cream 100000 unit/gm</i>	generic	MPL 1 / 31 days
<i>Nystatin</i>	<i>nystatin oint 100000 unit/gm</i>	generic	MPL 1 / claim
<i>Nystatin</i>	<i>nystatin susp 100000 unit/ml</i>	generic	MPL 2 / claim
<i>Nystatin</i>	<i>nystatin tab 500000 unit</i>	generic	MDD 6 per day
<i>Nystatin-Triamcinolone</i>	<i>Nystatin-Triamcinolone (CREAM, OINT)</i>	generic	MPL 1 / claim
<i>Terbinafine HCl</i>	<i>terbinafine hcl tab 250 mg</i>	generic	QL 90 / 120 days MDD 1 per day
<i>Terconazole</i>	<i>Terconazole Vaginal (CREAM 0.4%, CREAM 0.8%, SUPPOS 80 MG)</i>	generic	
ANTIGOUT AGENTS			
<i>Allopurinol</i>	<i>Allopurinol (TAB 100 MG, TAB 300 MG)</i>	generic	
<i>Colchicine</i>	<i>colchicine tab 0.6 mg</i>	generic	QL 6 / claim MFL 1 / 30 days
<i>Colchicine-Probenecid</i>	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Probenecid</i>	<i>probenecid tab 500 mg</i>	generic	
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>Relpax</i>	<i>Eletriptan Hydrobromide (TAB 20 MG, TAB 40 MG) eletriptan hydrobromide</i>	BRAND	QL 6 / 30 days
<i>Naratriptan HCl</i>	<i>Naratriptan HCl (TAB 1 MG, TAB 2.5 MG)</i>	generic	QL 9 / 30 days AL At least 18 yrs old
<i>Rizatriptan Benzoate</i>	<i>Rizatriptan Benzoate (TAB 5 MG, TAB 10 MG)</i>	generic	QL 12 / 30 days AL At least 6 yrs old
SUMATriptan	<i>Sumatriptan (5, 20)</i>	generic	QL 6 / 30 days AL At least 12 yrs old
SUMATriptan Succinate	<i>Sumatriptan Succinate (INJ 6, SOLUTION AUTO-INJECTOR 6, SOLUTION PREFILLED SYRINGE 6)</i>	generic	QL 2 / 30 days AL At least 12 yrs old
SUMATriptan Succinate	<i>Sumatriptan Succinate (TAB 25 MG, TAB 50 MG, TAB 100 MG)</i>	generic	QL 9 / 30 days AL At least 12 yrs old
ZOLMitriptan	<i>Zolmitriptan (ORALLY DISINTEGRATING TAB 2.5 MG, ORALLY DISINTEGRATING TAB 5 MG, TAB 2.5 MG, TAB 5 MG)</i>	generic	QL 6 / 30 days
<i>Zomig</i>	<i>ZOMIG SOLUTION 5 MG zolmitriptan</i>	BRAND	QL 6 / 30 days
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 (SYRUP 50 MG/5ML, 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>	TRECATOR TAB 250 MG <i>ethionamide</i>	BRAND	
ANTINEOPLASTICS			
ALKYLATING AGENTS			
<i>Alkeran</i>	ALKERAN TAB 2 MG <i>melfhalan</i>	BRAND	
<i>Cyclophosphamide</i>	<i>Cyclophosphamide (TAB 25 MG, TAB 50 MG)</i>	generic	
<i>Leukeran</i>	LEUKERAN TAB 2 MG <i>chlorambucil</i>	BRAND	
<i>Myleran</i>	MYLERAN TAB 2 MG <i>busulfan</i>	BRAND	
ANTIANDROGENS			
<i>Bicalutamide</i>	<i>bicalutamide tab 50 mg</i>	generic	<b>MDD</b> 1 per day
<i>Flutamide</i>	<i>flutamide cap 125 mg</i>	generic	
ANTIESTROGENS/MODIFIERS			
<i>Fareston</i>	FARESTON TAB 60 MG <i>toremifene citrate</i>	BRAND	<b>PA</b>
<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>	<i>Hydroxyurea (Sickle Cell Anemia) (CAP 200 MG, CAP 300 MG, CAP 400 MG)</i> <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 SUSPENSION 2000 MG/100ML <i>mercaptopurine</i>	BRAND	AL Up to 8 yrs old
<b>ANTINEOPLASTICS, OTHER</b>			
<i>Hemangeol</i>	HEMANGEOL SOLUTION 4.28 MG/ML <i>propranolol hcl</i>	BRAND	PA
<i>Leucovorin Calcium</i>	<i>Leucovorin Calcium (TAB 5 MG, TAB 10 MG, 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</i>	generic	
<i>Chloroquine Phosphate</i>	<i>chloroquine phosphate tab 500 mg</i>	generic	MDD 1 per day
<i>Coartem</i>	COARTEM TAB 20-120 MG <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), TAB 26.3 MG)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>PEDICULICIDES/SCABICIDES</b>			
<i>Eurax</i>	EURAX CREAM 10 % <i>crotamiton</i>	BRAND	QL 62 / 31 days
<i>Eurax</i>	EURAX LOTION 10 % <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>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
<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 Hydrochloride (TAB 0.25 MG, TAB 3 MG, TAB 4 MG)</i>	generic	MDD 6 per day
ROPINIRole HCl	<i>Ropinirole Hydrochloride (TAB 0.5 MG, TAB 1 MG, TAB 2 MG, TAB 5 MG)</i>	generic	MDD 3 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 (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	QL 93 / 31 days
<i>ChlorproMAZINE HCl</i>	<i>chlorpromazine hcl tab 10 mg</i>	generic	MDD 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	QL 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	QL 124 / 31 days
<i>Thioridazine HCl</i>	<i>Thioridazine HCl (TAB 10 MG, TAB 25 MG, TAB 50 MG, TAB 100 MG)</i>	generic	QL 93 / 31 days
<i>Thiothixene</i>	<i>Thiothixene (CAP 1 MG, CAP 2 MG, CAP 5 MG, CAP 10 MG)</i>	generic	QL 93 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Trifluoperazine HCl</i>	<i>Trifluoperazine HCl (TAB 1 MG, TAB 2 MG, TAB 5 MG, TAB 10 MG)</i>	generic	QL 62 / 31 days
<b>2ND GENERATION/ATYPICAL</b>			
<i>Abilify</i>	ABILIFY SOLUTION 1 MG/ML <i>aripiprazole</i>	BRAND	QL 750 / 30 days PA AL At least 6 yrs old
ARIPiprazole	<i>Aripiprazole (TAB 2 MG, TAB 5 MG, TAB 10 MG, TAB 15 MG, TAB 20 MG, TAB 30 MG)</i>	generic	PA AL At least 6 yrs old MDD 1 per day
<i>Abilify Discmelt</i>	<i>Aripiprazole (TAB DISP 10 MG, TAB DISP 15 MG)</i> <i>aripiprazole</i>	BRAND	PA AL At least 6 yrs old MDD 1 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	AL At least 13 yrs old MDD 1 per day
QUETiapine Fumarate	<i>Quetiapine Fumarate (TAB 100 MG, TAB 300 MG)</i>	generic	QL 62 / 31 days AL At least 10 yrs old MDD 2 per day
QUETiapine Fumarate	<i>Quetiapine Fumarate (TAB 200 MG, TAB 400 MG)</i>	generic	QL 62 / 31 days AL At least 10 yrs old
QUETiapine Fumarate	<i>Quetiapine Fumarate (TAB 25 MG, TAB 50 MG)</i>	generic	AL At least 10 yrs old MFL 1 / years
<i>RisperiDONE</i>	<i>Risperidone (ORALLY DISINTEGRATING TAB 0.25 MG, ORALLY DISINTEGRATING TAB 0.5 MG, ORALLY DISINTEGRATING TAB 1 MG, ORALLY DISINTEGRATING TAB 2 MG, ORALLY DISINTEGRATING TAB 3 MG, ORALLY DISINTEGRATING TAB 4 MG, TAB 0.25 MG, TAB 0.5 MG, TAB 1 MG, TAB 2 MG, TAB 3 MG, TAB 4 MG)</i>	generic	AL At least 5 yrs old MDD 2 per day
<i>RisperiDONE</i>	<i>risperidone soln 1 mg/ml</i>	generic	AL At least 5 yrs old MDD 4 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ziprasidone HCl</i>	<i>Ziprasidone HCl (CAP 20 MG, CAP 40 MG, CAP 60 MG, CAP 80 MG)</i>	generic	AL At least 18 yrs old MDD 2 per day
TREATMENT-RESISTANT			
<i>CloZAPine</i>	<i>Clozapine (TAB 25 MG, TAB 50 MG)</i>	generic	QL 93 / 31 days AL At least 18 yrs old
<i>CloZAPine</i>	<i>clozapine tab 100 mg</i>	generic	AL At least 18 yrs old MDD 9 per day
<i>CloZAPine</i>	<i>clozapine tab 200 mg</i>	generic	AL At least 18 yrs old MDD 3 per day
ANTIVIRALS			
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS			
<i>ValGANciclovir HCl</i>	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	generic	MDD 2 per day
ANTI-HEPATITIS C (HCV) AGENTS			
<i>Zepatier</i>	<i>ZEPATIER TAB 50-100 MG elbasvir-grazoprevir</i>	BRAND	PA MDD 1 per day
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)			
<i>Vitekta</i>	<i>Elvitegravir (TAB 85 MG, TAB 150 MG) elvitegravir</i>	BRAND	AL At least 18 yrs old MDD 1 per day
<i>Genvoya</i>	<i>GENVOYA TAB 150-150-200-10 MG elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>	BRAND	PA MDD 1 per day
<i>Isentress</i>	<i>ISENTRESS CHEW TAB 100 MG raltegravir potassium</i>	BRAND	MDD 6 per day
<i>Isentress</i>	<i>ISENTRESS CHEW TAB 25 MG raltegravir potassium</i>	BRAND	MDD 12 per day
<i>Isentress</i>	<i>Raltegravir Potassium (PACKET 100 MG, TAB 400 MG) raltegravir potassium</i>	BRAND	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Stribild</i>	STRIBILD TAB 150-150-200-300 MG <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>	BRAND	<b>MDD</b> 1 per day
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)			
<i>Atripla</i>	ATRIPLA TAB 600-200-300 MG <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	BRAND	<b>MDD</b> 1 per day
<i>Complera</i>	COMPLERA TAB 200-25-300 MG <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	BRAND	<b>MDD</b> 1 per day
<i>Edurant</i>	EDURANT TAB 25 MG <i>rilpivirine hcl</i>	BRAND	<b>MDD</b> 1 per day
<i>Sustiva</i>	<i>Efavirenz (CAP 200 MG, TAB 600 MG)</i> <i>efavirenz</i>	BRAND	<b>MDD</b> 1 per day
<i>Intelence</i>	<i>Etravirine (TAB 25 MG, TAB 100 MG)</i> <i>etravirine</i>	BRAND	<b>MDD</b> 4 per day
<i>Intelence</i>	INTELENCE TAB 200 MG <i>etravirine</i>	BRAND	<b>MDD</b> 2 per day
<i>Nevirapine ER</i>	<i>Nevirapine (TAB 24HR 400 MG, TAB 24HR 100 MG)</i>	generic	<b>MDD</b> 1 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>Rescriptor</i>	RESCRIPTOR TAB 100 MG <i>delavirdine mesylate</i>	BRAND	<b>MDD</b> 12 per day
<i>Rescriptor</i>	RESCRIPTOR TAB 200 MG <i>delavirdine mesylate</i>	BRAND	<b>MDD</b> 6 per day
<i>Sustiva</i>	SUSTIVA CAP 50 MG <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
<i>Descovy</i>	DESCOVY TAB 200-25 MG <i>emtricitabine-tenofovir alafenamide fumarate</i>	BRAND	<b>MDD</b> 1 per day
<i>Didanosine</i>	<i>Didanosine (CAPSULE 125 MG, CAPSULE 200 MG, CAPSULE 250 MG, CAPSULE 400 MG)</i>	generic	<b>MDD</b> 1 per day

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















BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Triumeq</i>	TRIUMEQ TAB 600-50-300 MG <i>abacavir-dolutegravir-lamivudine</i>	BRAND	AL At least 18 yrs old MDD 1 per day
<i>Tybost</i>	TYBOST TAB 150 MG <i>cobicistat</i>	BRAND	AL At least 18 yrs old MDD 1 per day
ANTI-HIV AGENTS, PROTEASE INHIBITORS			
<i>Aptivus</i>	APTIVUS CAP 250 MG <i>tipranavir</i>	BRAND	MDD 4 per day
<i>Aptivus</i>	APTIVUS SOLUTION 100 MG/ML <i>tipranavir</i>	BRAND	MDD 10 per day
<i>Reyataz</i>	<i>Atazanavir Sulfate (CAP 150 MG, CAP 200 MG)</i> <i>atazanavir sulfate</i>	BRAND	MDD 2 per day
<i>Crixivan</i>	CRIXIVAN CAP 200 MG <i>indinavir sulfate</i>	BRAND	MDD 9 per day
<i>Crixivan</i>	CRIXIVAN CAP 400 MG <i>indinavir sulfate</i>	BRAND	MDD 6 per day
<i>Prezista</i>	<i>Darunavir Ethanolate (TAB 75 MG, TAB 600 MG)</i> <i>darunavir ethanolate</i>	BRAND	MDD 2 per day
<i>Evotaz</i>	EVOTAZ TAB 300-150 MG <i>atazanavir sulfate-cobicistat</i>	BRAND	MDD 1 per day
<i>Invirase</i>	INVIRASE CAP 200 MG <i>saquinavir mesylate</i>	BRAND	MDD 10 per day
<i>Invirase</i>	INVIRASE TAB 500 MG <i>saquinavir mesylate</i>	BRAND	MDD 4 per day
<i>Kaletra</i>	KALETRA SOLUTION 400-100 MG/5ML <i>lopinavir-ritonavir</i>	BRAND	QL 480 / 30 days
<i>Kaletra</i>	KALETRA TAB 100-25 MG <i>lopinavir-ritonavir</i>	BRAND	MDD 4 per day
<i>Kaletra</i>	KALETRA TAB 200-50 MG <i>lopinavir-ritonavir</i>	BRAND	MDD 6 per day
<i>Lexiva</i>	LEXIVA SUSPENSION 50 MG/ML <i>fosamprenavir calcium</i>	BRAND	MDD 56 per day
<i>Lexiva</i>	LEXIVA TAB 700 MG <i>fosamprenavir calcium</i>	BRAND	MDD 4 per day
<i>Norvir</i>	NORVIR SOLUTION 80 MG/ML <i>ritonavir</i>	BRAND	MDD 15 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Prezista</i>	PREZISTA SUSPENSION 100 MG/ML <i>darunavir ethanolate</i>	BRAND	<b>MDD</b> 12 per day
<i>Prezista</i>	PREZISTA TAB 150 MG <i>darunavir ethanolate</i>	BRAND	<b>MDD</b> 3 per day
<i>Prezista</i>	PREZISTA TAB 800 MG <i>darunavir ethanolate</i>	BRAND	<b>MDD</b> 1 per day
<i>Reyataz</i>	REYATAZ CAP 300 MG <i>atazanavir sulfate</i>	BRAND	
<i>Reyataz</i>	REYATAZ PACKET 50 MG <i>atazanavir sulfate</i>	BRAND	<b>MDD</b> 6 per day
<i>Norvir</i>	<i>Ritonavir (CAP 100 MG, TAB 100 MG)</i> <i>ritonavir</i>	BRAND	<b>MDD</b> 12 per day
<i>Viracept</i>	VIRACEPT TAB 250 MG <i>nelfinavir mesylate</i>	BRAND	<b>MDD</b> 9 per day
<i>Viracept</i>	VIRACEPT TAB 625 MG <i>nelfinavir mesylate</i>	BRAND	<b>MDD</b> 4 per day
ANTI-INFLUENZA AGENTS			
<i>Tamiflu</i>	<i>Oseltamivir Phosphate (CAP 45 MG, CAP 75 MG)</i> <i>oseltamivir phosphate</i>	BRAND	<b>QL</b> 10 / 30 days <b>MFL</b> 1 / 180 days
<i>Relenza Diskhaler</i>	RELENZA DISKHALER AER POW BA 5 MG/BLISTER <i>zanamivir</i>	BRAND	<b>AL</b> At least 5 yrs old <b>MPL</b> 1 / 30 days
<i>Tamiflu</i>	TAMIFLU CAP 30 MG <i>oseltamivir phosphate</i>	BRAND	<b>QL</b> 20 / 30 days <b>MFL</b> 1 / 180 days
<i>Tamiflu</i>	TAMIFLU RECON SUSP 6 MG/ML <i>oseltamivir phosphate</i>	BRAND	<b>QL</b> 120 / 30 days <b>MFL</b> 1 / 180 days
ANTIHERPETIC AGENTS			
<i>Acyclovir</i>	<i>Acyclovir (CAP 200 MG, TAB 800 MG)</i>	generic	<b>QL</b> 50 / 30 days
<i>Acyclovir</i>	<i>acyclovir oint 5%</i>	generic	<b>QL</b> 30 / 30 days <b>MPL</b> 1 / claim
<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













BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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>	ZOVIRAX CREAM 5 % <i>acyclovir topical</i>	BRAND	<b>MPL</b> 1 / 31 days
ANXIOLYTICS			
ANXIOLYTICS, OTHER			
<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	
BENZODIAZEPINES			
<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 (TAB 2 MG, TAB 5 MG, TAB 10 MG)</i>	generic	<b>MDD</b> 4 per day
<i>DiazePAM</i>	<i>diazepam oral soln 1 mg/ml</i>	generic	
<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 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 (TAB 300 MG, TAB 450 MG)</i>	generic	
<i>Lithium</i>	<i>lithium oral solution 8 meq/5ml</i>	generic	QL 310 / 31 days
BLOOD GLUCOSE REGULATORS			
ANTIDIABETIC AGENTS			
<i>Bydureon</i>	BYDUREON 2 MG <i>exenatide</i>	BRAND	
<i>Bydureon</i>	BYDUREON PEN 2 MG <i>exenatide</i>	BRAND	QL 4 / 28 days ST AL At least 18 yrs old
<i>Byetta 10 MCG Pen</i>	BYETTA 10 MCG PEN SOLN PEN 10 MCG/0.04ML <i>exenatide</i>	BRAND	QL 2.4 / 30 days ST AL At least 18 yrs old
<i>Byetta 5 MCG Pen</i>	BYETTA 5 MCG PEN SOLN PEN 5 MCG/0.02ML <i>exenatide</i>	BRAND	QL 1.2 / 30 days ST AL At least 18 yrs old
<i>Farxiga</i>	<i>Dapagliflozin Propanediol (TAB 5 MG, TAB 10 MG)</i> <i>dapagliflozin propanediol</i>	BRAND	ST AL At least 18 yrs old MDD 1 per day
<i>Glimepiride</i>	<i>Glimepiride (TAB 1 MG, TAB 2 MG)</i>	generic	MDD 1 per day
<i>Glimepiride</i>	<i>glimepiride tab 4 mg</i>	generic	MDD 2 per day
<i>GlipiZIDE ER</i>	<i>Glipizide (TAB 24HR 2.5 MG, TAB 24HR 5 MG, TAB 24HR 10 MG)</i>	generic	
<i>GlipiZIDE</i>	<i>Glipizide (TAB 5 MG, TAB 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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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>Kombiglyze XR</i>	KOMBIGLYZE XR TAB ER 24H 2.5-1000 MG <i>saxagliptin-metformin hcl</i>	BRAND	 At least 18 yrs old  2 per day
<i>Jentaduetto</i>	<i>Linagliptin-Metformin HCl (TAB 2.5-1000 MG, TAB 2.5-850 MG, TAB 2.5-500 MG)</i> <i>linagliptin-metformin hcl</i>	BRAND	 At least 18 yrs old  2 per day
<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	 5 per day
<i>MetFORMIN HCl ER</i>	<i>metformin hcl tab sr 24hr 500 mg</i>	generic	 4 per day
<i>MetFORMIN HCl ER</i>	<i>metformin hcl tab sr 24hr 750 mg</i>	generic	 3 per day
<i>Nateglinide</i>	<i>Nateglinide (TAB 60 MG, TAB 120 MG)</i>	generic	 3 per day
<i>Pioglitazone HCl</i>	<i>Pioglitazone HCl (TAB 15 MG, TAB 30 MG, TAB 45 MG)</i>	generic	 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	 2 per day
<i>Onglyza</i>	<i>Saxagliptin HCl (TAB 2.5 MG, TAB 5 MG)</i> <i>saxagliptin hcl</i>	BRAND	 At least 18 yrs old
<i>Kombiglyze XR</i>	<i>Saxagliptin-Metformin HCl (TAB ER 24H 5-500 MG, TAB ER 24H 5-1000 MG)</i> <i>saxagliptin-metformin hcl</i>	BRAND	 At least 18 yrs old  1 per day
<i>SymlinPen 120</i>	SYMLINPEN 120 SOLN PEN 2700 MCG/2.7ML <i>pramlintide acetate</i>	BRAND	 10.8 / 30 days 
<i>SymlinPen 60</i>	SYMLINPEN 60 SOLN PEN 1500 MCG/1.5ML <i>pramlintide acetate</i>	BRAND	 6 / 30 days 
<i>Tradjenta</i>	TRADJENTA TAB 5 MG <i>linagliptin</i>	BRAND	 At least 18 yrs old  1 per day

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>HumaLOG Mix 75/25</i>	HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML <i>insulin lispro protamine &amp; lispro (human)</i>	BRAND	QL 40 / 30 days
<i>HumaLOG Pen</i>	HUMALOG PEN SOLN PEN 100 UNIT/ML <i>insulin lispro (human)</i>	BRAND	QL 30 / 30 days
<i>HumaLOG</i>	HUMALOG SOLN CART 100 UNIT/ML <i>insulin lispro (human)</i>	BRAND	
<i>HumaLOG</i>	HUMALOG SOLUTION 100 UNIT/ML <i>insulin lispro (human)</i>	BRAND	QL 30 / 30 days
<i>HumuLIN 70/30 KwikPen</i>	HUMULIN 70/30 KWIKPEN SUSP PEN (70-30) 100 UNIT/ML <i>insulin nph isophane &amp; reg (human)</i>	BRAND	QL 30 / 30 days
<i>HumuLIN 70/30 Pen</i>	HUMULIN 70/30 PEN SUSP PEN (70-30) 100 UNIT/ML <i>insulin nph isophane &amp; reg (human)</i>	BRAND	QL 30 / 30 days
<i>HumuLIN 70/30</i>	HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML <i>insulin nph isophane &amp; reg (human)</i>	BRAND	QL 40 / 30 days
<i>HumuLIN N KwikPen</i>	HUMULIN N KWIKPEN SUSP PEN 100 UNIT/ML <i>insulin nph (human) (isophane)</i>	BRAND	QL 30 / 30 days
<i>HumuLIN N Pen</i>	HUMULIN N PEN SUSP PEN 100 UNIT/ML <i>insulin nph (human) (isophane)</i>	BRAND	QL 30 / 30 days
<i>HumuLIN N</i>	HUMULIN N SUSPENSION 100 UNIT/ML <i>insulin nph (human) (isophane)</i>	BRAND	QL 40 / 30 days
<i>HumuLIN R</i>	HUMULIN R SOLUTION 100 UNIT/ML <i>insulin regular (human)</i>	BRAND	QL 40 / 30 days
<i>Lantus SoloStar</i>	LANTUS SOLOSTAR SOLN PEN 100 UNIT/ML <i>insulin glargine</i>	BRAND	QL 30 / 30 days
<i>Lantus</i>	LANTUS SOLUTION 100 UNIT/ML <i>insulin glargine</i>	BRAND	QL 30 / 30 days

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>ReliOn R</i>	RELION R SOLUTION 100 UNIT/ML <i>insulin regular (human)</i>	BRAND	QL 40 / 30 days
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
ANTICOAGULANTS			
<i>Eliquis</i>	<i>Apixaban (TAB 2.5 MG, TAB 5 MG)</i> <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 TAB 10 MG <i>rivaroxaban</i>	BRAND	QL 35 / 180 days MDD 1 per day
<i>Xarelto</i>	XARELTO TAB 15 MG <i>rivaroxaban</i>	BRAND	MDD 2 per day
<i>Xarelto</i>	XARELTO TAB 20 MG <i>rivaroxaban</i>	BRAND	MDD 1 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>COAGULANTS</b>			
<i>Aminocaproic Acid</i>	<i>aminocaproic acid syrup 25%</i>	generic	QL 60 / claim
<i>Aminocaproic Acid</i>	<i>aminocaproic acid tab 500 mg</i>	generic	QL 24 / claim
<i>Tranexamic Acid</i>	<i>tranexamic acid tab 650 mg</i>	generic	QL 30 / 5 days GL Female AL 12 to 49 yrs old MFL 1 / month
<b>PLATELET MODIFYING AGENTS</b>			
<i>Cilostazol</i>	<i>Cilostazol (TAB 50 MG, TAB 100 MG)</i>	generic	MDD 2 per day
<i>Clopidogrel Bisulfate</i>	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	generic	MDD 1 per day
<i>Dipyridamole</i>	<i>Dipyridamole (TAB 25 MG, TAB 50 MG, TAB 75 MG)</i>	generic	
<i>Effient</i>	<i>Prasugrel HCl (TAB 5 MG, TAB 10 MG) prasugrel hcl</i>	BRAND	MDD 1 per day
<i>Brilinta</i>	<i>Ticagrelor (TAB 60 MG, TAB 90 MG) ticagrelor</i>	BRAND	MDD 2 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>Methyldopa</i>	<i>Methyldopa (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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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	MDD 1 per day
<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 RECON SOLN 1 MG/ML <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, TAB 4 MG)</i>	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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>Tikosyn</i>	<i>Dofetilide (CAP 125 MCG, CAP 250 MCG, CAP 500 MCG) dofetilide</i>	BRAND	
<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>	<i>NORPACE CR CAP ER 12H 150 MG disopyramide phosphate</i>	BRAND	
<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 (AFIB/AFL) (TAB 80 MG, TAB 120 MG, TAB 160 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Sotalol HCl</i>	<i>Sotalol HCl (TAB 80 MG, TAB 120 MG, TAB 160 MG, TAB 240 MG)</i>	generic	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>			
<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	<b>MDD</b> 2 per day
<i>Bisoprolol Fumarate</i>	<i>Bisoprolol Fumarate (TAB 5 MG, TAB 10 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Carvedilol</i>	<i>Carvedilol (TAB 3.125 MG, TAB 6.25 MG, TAB 12.5 MG)</i>	generic	<b>MDD</b> 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Carvedilol</i>	<i>carvedilol tab 25 mg</i>	generic	<b>MDD</b> 4 per day
<i>Labetalol HCl</i>	<i>labetalol hcl tab 100 mg</i>	generic	<b>MDD</b> 3 per day
<i>Labetalol HCl</i>	<i>labetalol hcl tab 200 mg</i>	generic	<b>MDD</b> 6 per day
<i>Labetalol HCl</i>	<i>labetalol hcl tab 300 mg</i>	generic	<b>MDD</b> 8 per day
<i>Metoprolol Succinate ER</i>	<i>Metoprolol Succinate (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	<b>MDD</b> 1 per day
<i>Metoprolol Succinate ER</i>	<i>Metoprolol Succinate (TAB 24HR 200 MG, TAB 24HR 200 MG (TARTRATE EQUIV))</i>	generic	<b>MDD</b> 2 per day
<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 ER</i>	<i>Propranolol HCl (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>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>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 ER</i>	<i>Diltiazem HCl (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 (CAP 24HR 120 MG, CAP 24HR 180 MG)</i>	generic	<b>MDD</b> 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 (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 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 Beads</i>	<i>Diltiazem HCl Extended Release 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 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 (TAB 24HR 10 MG, TAB 24HR 5 MG, TAB 24HR 2.5 MG)</i>	generic	<b>MDD</b> 1 per day
<i>NiCARdipine HCl</i>	<i>Nicardipine 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 ER</i>	<i>Verapamil HCl (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 (TAB 120 MG, TAB 180 MG, TAB 240 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Verapamil HCl</i>	<i>Verapamil HCl (TAB 40 MG, TAB 80 MG, TAB 120 MG)</i>	generic	<b>MDD</b> 3 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>CARDIOVASCULAR AGENTS, OTHER</b>			
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 Besylate-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 &amp; Chlorthalidone (TAB 50-25 MG, TAB 100-25 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Benazepril-Hydrochlorothiazide</i>	<i>Benazepril &amp; 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 &amp; 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 25-25 MG, TAB 25-15 MG, TAB 50-15 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Captopril-Hydrochlorothiazide</i>	<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	generic	<b>MDD</b> 3 per day
<i>Digoxin</i>	<i>Digoxin (ORAL SOLN 0.05 MG/ML, TAB 125 MCG (0.125 MG), TAB 250 MCG (0.25 MG))</i>	generic	
<i>Enalapril-Hydrochlorothiazide</i>	<i>Enalapril Maleate &amp; Hydrochlorothiazide (TAB 5-12.5 MG, TAB 10-25 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Fosinopril Sodium-HCTZ</i>	<i>Fosinopril Sodium &amp; Hydrochlorothiazide (TAB 10-12.5 MG, TAB 20-12.5 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Irbesartan-Hydrochlorothiazide</i>	<i>Irbesartan-Hydrochlorothiazide (TAB 150-12.5 MG, TAB 300-12.5 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Lisinopril-Hydrochlorothiazide</i>	<i>Lisinopril &amp; Hydrochlorothiazide (TAB 10-12.5 MG, TAB 20-12.5 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Lisinopril-Hydrochlorothiazide</i>	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	generic	<b>MDD</b> 1 per day
<i>Losartan Potassium-HCTZ</i>	<i>Losartan Potassium &amp; Hydrochlorothiazide (TAB 50-12.5 MG, TAB 100-25 MG, TAB 100-12.5 MG)</i>	generic	<b>MDD</b> 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Metoprolol-Hydrochlorothiazide</i>	<i>Metoprolol &amp; Hydrochlorothiazide (TAB 50-25 MG, TAB 100-25 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Dutoprol</i>	<i>Metoprolol &amp; Hydrochlorothiazide (TAB ER 24H 50-12.5 MG, TAB ER 24H 100-12.5 MG, TAB ER 24H 25-12.5 MG) metoprolol &amp; hydrochlorothiazide</i>	BRAND	<b>MDD</b> 1 per day
<i>Metoprolol-Hydrochlorothiazide</i>	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	generic	<b>MDD</b> 1 per day
<i>Pentoxifylline ER</i>	<i>pentoxifylline tab cr 400 mg</i>	generic	
<i>Propranolol-HCTZ</i>	<i>Propranolol &amp; Hydrochlorothiazide (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 (CAP 37.5-25 MG, CAP 50-25 MG, TAB 75-50 MG)</i>	generic	
<i>Triamterene-HCTZ</i>	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	generic	<b>MDD</b> 2 per day
<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

#### DIURETICS, CARBONIC ANHYDRASE INHIBITORS

<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	

#### DIURETICS, LOOP

<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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Torsemide</i>	<i>Torsemide (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>			
AMILoride HCl	<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, 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
<i>Fenofibrate Micronized</i>	<i>fenofibrate micronized cap 67 mg</i>	generic	<b>MDD</b> 2 per day
<i>Fenofibrate</i>	<i>fenofibrate tab 160 mg</i>	generic	<b>MDD</b> 1 per day
<i>Fenofibrate</i>	<i>fenofibrate tab 54 mg</i>	generic	<b>MDD</b> 3 per day
<i>Gemfibrozil</i>	<i>gemfibrozil tab 600 mg</i>	generic	<b>MDD</b> 2 per day
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>			
<i>Atorvastatin Calcium</i>	<i>Atorvastatin Calcium (TAB 10 MG, TAB 20 MG, TAB 40 MG, TAB 80 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Lovastatin</i>	<i>Lovastatin (TAB 10 MG, TAB 20 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Lovastatin</i>	<i>lovastatin tab 40 mg</i>	generic	<b>MDD</b> 2 per day
<i>Pravastatin Sodium</i>	<i>Pravastatin Sodium (TAB 10 MG, TAB 20 MG, TAB 40 MG, TAB 80 MG)</i>	generic	<b>MDD</b> 1 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Simvastatin</i>	<i>Simvastatin (TAB 5 MG, TAB 10 MG, TAB 20 MG, TAB 40 MG)</i>	generic	<b>MDD</b> 1 per day
<b>DYSLIPIDEMICS, OTHER</b>			
<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>Vytorin</i>	<i>Ezetimibe-Simvastatin (TAB 10-40 MG, TAB 10-20 MG, TAB 10-80 MG, TAB 10-10 MG)</i> <i>ezetimibe-simvastatin</i>	BRAND	<b>PA</b> <b>MDD</b> 1 per day
<i>Niacor</i>	<i>NIACOR TAB 500 MG</i> <i>niacin (antihyperlipidemic)</i>	BRAND	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>			
<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	<b>MDD</b> 10 per day
<i>Minoxidil</i>	<i>minoxidil tab 2.5 mg</i>	generic	<b>MDD</b> 3 per day
<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>Isochron</i>	<i>isosorbide dinitrate tab cr 40 mg</i>	generic	
<i>Isosorbide Mononitrate</i>	<i>Isosorbide Mononitrate (TAB 10 MG, TAB 20 MG)</i>	generic	<b>MDD</b> 2 per day
<i>Isosorbide Mononitrate ER</i>	<i>Isosorbide Mononitrate (TAB 24HR 120 MG, TAB 24HR 60 MG, TAB 24HR 30 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Nitro-Bid</i>	<i>NITRO-BID OINTMENT 2 %</i> <i>nitroglycerin</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Nitroglycerin ER</i>	<i>Nitroglycerin (CAP 2.5 MG, CAP 6.5 MG, CAP 9 MG)</i>	generic	
<i>Nitroglycerin</i>	<i>Nitroglycerin (PATCH 24HR 0.4, PATCH 24HR 0.2, PATCH 24HR 0.1, PATCH 24HR 0.6)</i>	generic	
<i>Nitrostat</i>	<i>Nitroglycerin (SL TAB 0.3 MG, SL TAB 0.4 MG, SL TAB 0.6 MG)</i> <i>nitroglycerin</i>	BRAND	

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>Amphetamine-Dextroamphet ER</i>	<i>Amphetamine-Dextroamphetamine (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 ER</i>	<i>Dextroamphetamine Sulfate (CAP 24HR 15 MG, CAP 24HR 10 MG)</i>	generic	AL 6 to 18 yrs old MDD 2 per day
<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
<i>Vyvanse</i>	<i>Lisdexamfetamine Dimesylate (CAP 10 MG, CAP 20 MG, CAP 30 MG, CAP 40 MG, CAP 50 MG, CAP 60 MG, CAP 70 MG)</i> <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, TAB 10 MG)</i>	generic	AL 6 to 18 yrs old MDD 2 per day
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BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Methylphenidate HCl ER (CD)</i>	<i>Methylphenidate HCl (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>Methylin ER</i>	<i>Methylphenidate HCl (TAB 10 MG, TAB 20 MG)</i>	generic	QL 62 / 31 days AL 6 to 18 yrs old
<i>Methylphenidate HCl ER</i>	<i>Methylphenidate HCl (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 5 MG, TAB 20 MG)</i>	generic	AL 3 to 18 yrs old MDD 3 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
<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 CAP 50-650 MG <i>butalbital-acetaminophen</i>	BRAND	
<i>Tencon</i>	TENCON TAB 50-325 MG <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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Savella	Milnacipran HCl (TAB 12.5 MG, TAB 25 MG, TAB 50 MG, TAB 100 MG) milnacipran hcl	BRAND	PA MDD 2 per day
Savella Titration Pack	SAVELLA TITRATION PACK MISC 12.5 & 25 & 50 MG milnacipran hcl	BRAND	QL 55 / 365 days PA
DENTAL AND ORAL AGENTS			
Chlorhexidine Gluconate	chlorhexidine gluconate soln 0.12%	generic	
Pilocarpine HCl	pilocarpine hcl tab 5 mg	generic	MDD 6 per day
ControlRx	Sodium Fluoride (Dental) (CREAM, PASTE)	generic	QL 60 / month
Phos-Flur	sodium fluoride gel 1.1% (0.5% f)	generic	QL 60 / month
DERMATOLOGICAL AGENTS			
Hypercare	aluminum chloride soln 20%	generic	
Analpram-HC	ANALPRAM-HC LOTION 1-2.5 % hydrocortisone acetate w/ pramoxine	BRAND	QL 62 / 31 days
Calcipotriene	Calcipotriene (CREAM, SOLN (50 MCG/ML))	generic	QL 62 / 31 days MPL 1 / claim
Clindamycin Phos-Benzoyl Perox	clindamycin phosphate-benzoyl peroxide gel 1-5%	generic	MPL 1 / 30 days
Clotrimazole-Betamethasone	clotrimazole w/ betamethasone cream 1-0.05%	generic	QL 45 / 31 days
Clotrimazole-Betamethasone	clotrimazole w/ betamethasone lotion 1-0.05%	generic	QL 31 / 31 days
Elidel	ELIDEL CREAM 1 % pimecrolimus	BRAND	QL 30 / 30 days PA AL At least 2 yrs old
Epifoam	EPIFOAM FOAM 1-1 % pramoxine-hc	BRAND	
Fluorouracil	Fluorouracil (Topical) (SOLN 2%, SOLN 5%)	generic	QL 10 / 31 days
Fluorouracil	fluorouracil cream 0.5%	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Fluorouracil</i>	<i>fluorouracil cream 5%</i>	generic	QL 40 / 31 days
<i>Hydrocortisone</i>	<i>hydrocortisone cream 2.5%</i>	generic	C Pkg JAR: Max Qty=120/30 days   Pkg TUBE: Package Limit=1/claim
<i>Hydrocortisone</i>	<i>hydrocortisone lotion 2.5%</i>	generic	MPL 1 / claim
<i>Hydrocortisone</i>	<i>hydrocortisone oint 2.5%</i>	generic	
<i>Imiquimod</i>	<i>imiquimod cream 5%</i>	generic	QL 48 / 180 days
<i>Amnesteem</i>	<i>Isotretinoin (CAP 10 MG, CAP 20 MG, CAP 40 MG)</i>	generic	PA AL Up to 21 yrs old MDD 2 per day
<i>Lidocaine HCl</i>	<i>lidocaine hcl cream 3%</i>	generic	MPL 1 / claim
<i>Lidocaine</i>	<i>lidocaine oint 5%</i>	generic	MPL 1 / claim
<i>Podofilox</i>	<i>podofilox soln 0.5%</i>	generic	
<i>Selenium Sulfide</i>	<i>selenium sulfide lotion 2.5%</i>	generic	QL 124 / 31 days MPL 1 / claim
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium liquid 10%</i>	generic	
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium lotion 10% (acne)</i>	generic	QL 124 / 31 days C Pkg Size 118: Package Limit=1/claim   Pkg Size 59: Package Limit=2/claim
<i>Sulfacetamide Sodium-Sulfur</i>	<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	generic	MPL 1 / 31 days
<i>Sulfacetamide Sodium-Sulfur</i>	<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	generic	QL 31 / 31 days MPL 1 / claim
<i>Tacrolimus</i>	<i>tacrolimus oint 0.03%</i>	generic	QL 30 / 30 days PA AL At least 2 yrs old
<i>Tacrolimus</i>	<i>tacrolimus oint 0.1%</i>	generic	QL 30 / 30 days PA AL At least 16 yrs old
<i>Tazorac</i>	<i>Tazarotene (GEL 0.05 %, GEL 0.1 %) tazarotene</i>	BRAND	QL 62 / 31 days C Pkg Size 30: Package Limit=2/claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tazorac</i>	TAZORAC CREAM 0.05 % <i>tazarotene</i>	BRAND	<span>QL</span> 62 / 31 days <span>C</span> 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 CREAM 0.1 % <i>tazarotene</i>	BRAND	<span>QL</span> 62 / 31 days <span>C</span> 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	<span>QL</span> 20 / claim <span>AL</span> Up to 21 yrs old
<i>Avita</i>	<i>tretinoin cream 0.025%</i>	generic	<span>QL</span> 20 / claim <span>AL</span> Up to 21 yrs old
<i>Tretinoin</i>	<i>tretinoin gel 0.01%</i>	generic	<span>QL</span> 15 / claim <span>AL</span> Up to 21 yrs old
<i>Avita</i>	<i>tretinoin gel 0.025%</i>	generic	<span>AL</span> Up to 21 yrs old
<i>Urea</i>	<i>Urea (CREAM, LOTION)</i>	generic	
ENZYME REPLACEMENT/MODIFIERS			
<i>Pancrelipase (Lip-Prot-Amyl)</i>	<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i>	generic	
<i>Zenpep</i>	<i>Pancrelipase (Lipase-Protease-Amylase) (CP DR PART 3000-10000, CP DR PART 5000, CP DR PART 10000, CP DR PART 15000, CP DR PART 20000, CP DR PART 25000)</i> <i>pancrelipase (lipase-protease-amylase)</i>	BRAND	
<i>Pancreaze</i>	<i>Pancrelipase (Lipase-Protease-Amylase) (CP DR PART 4200, CP DR PART 10500, CP DR PART 16800, CP DR PART 21000)</i> <i>pancrelipase (lipase-protease-amylase)</i>	BRAND	







BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>GASTROINTESTINAL AGENTS</b>			
<b>ANTISPASMODICS, GASTROINTESTINAL</b>			
<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
<b>GASTROINTESTINAL AGENTS, OTHER</b>			
<i>Diphenoxylate-Atropine</i>	<i>Diphenoxylate w/ Atropine (LIQ MG/5ML, TAB MG)</i>	generic	
<i>Ursodiol</i>	<i>ursodiol cap 300 mg</i>	generic	
<i>Ursodiol</i>	<i>ursodiol tab 250 mg</i>	generic	<b>MDD</b> 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	<b>MDD</b> 2 per day
<i>RaNITidine HCl</i>	<i>ranitidine hcl cap 300 mg</i>	generic	<b>MDD</b> 1 per day
<i>RaNITidine HCl</i>	<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	generic	<b>AL</b> Up to 6 yrs old <b>MDD</b> 20 per day
<i>RaNITidine HCl</i>	<i>ranitidine hcl tab 300 mg</i>	generic	
<b>LAXATIVES</b>			
<i>Enulose</i>	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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
<i>GaviLyte-C</i>	<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 SUSPENSION 1 GM/10ML <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	
<i>Sucralfate</i>	<i>sucralfate tab 1 gm</i>	generic	MDD 4 per day
<b>PROTON PUMP INHIBITORS</b>			
<i>First-Omeprazole</i>	FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML <i>omeprazole</i>	BRAND	QL 300 / claim
<i>Omeprazole</i>	<i>Omeprazole (CAP 20 MG, CAP 40 MG)</i>	generic	MDD 1 per day
<i>Omeprazole+Syrspend SF Alka</i>	OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML <i>omeprazole</i>	BRAND	QL 300 / claim
<i>Pantoprazole Sodium</i>	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	generic	MDD 1 per day
<i>Pantoprazole Sodium</i>	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	generic	MDD 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 (TAB 24HR 15 MG, TAB 24HR 10 MG, TAB 24HR 5 MG)</i>	generic	QL 62 / 31 days
<i>Oxybutynin Chloride</i>	<i>oxybutynin chloride syrup 5 mg/5ml</i>	generic	QL 496 / 31 days
<i>Oxybutynin Chloride</i>	<i>oxybutynin chloride tab 5 mg</i>	generic	QL 93 / 31 days

















BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tolterodine Tartrate</i>	<i>Tolterodine Tartrate (TAB 1 MG, TAB 2 MG)</i>	generic	QL 62 / 31 days
<i>Tolterodine Tartrate ER</i>	<i>tolterodine tartrate cap sr 24hr 2 mg</i>	generic	MDD 1 per day
<i>Tolterodine Tartrate ER</i>	<i>tolterodine tartrate cap sr 24hr 4 mg</i>	generic	QL 31 / 31 days
<i>Tropium Chloride</i>	<i>tropium chloride tab 20 mg</i>	generic	MDD 2 per day
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>			
<i>Finasteride</i>	<i>finasteride tab 5 mg</i>	generic	MDD 1 per day
<i>Tamsulosin HCl</i>	<i>tamsulosin hcl cap 0.4 mg</i>	generic	MDD 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>	<i>CUPRIMINE CAP 250 MG penicillamine</i>	BRAND	
<i>Elmiron</i>	<i>ELMIRON CAP 100 MG pentosan polysulfate sodium</i>	BRAND	MDD 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	MDD 8 per day
<i>Potassium Citrate ER</i>	<i>Potassium Citrate (Alkalinizer) (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	QL 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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)			
<i>Betamethasone Dipropionate Aug</i>	<i>betamethasone dipropionate augmented cream 0.05%</i>	generic	MPL 1 / claim
<i>Beta-Val</i>	<i>Betamethasone Valerate (CREAM, LOTION)</i>	generic	
<i>Betamethasone Valerate</i>	<i>betamethasone valerate oint 0.1%</i>	generic	
<i>Clobetasol Propionate</i>	<i>Clobetasol Propionate (CREAM, GEL, OINT)</i>	generic	MPL 1 / claim
<i>Clobetasol Propionate E</i>	<i>clobetasol propionate emollient base cream 0.05%</i>	generic	MPL 1 / claim
<i>Cormax Scalp Application</i>	<i>clobetasol propionate soln 0.05%</i>	generic	MPL 1 / claim
<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, TAB 0.75 MG, TAB 1 MG, TAB 1.5 MG, 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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Millipred</i>	MILLIPRED TAB 5 MG <i>prednisolone</i>	BRAND	
<i>Mometasone Furoate</i>	<i>Mometasone Furoate (CREAM, OINT, SOLUTION (LOTION))</i>	generic	 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	 240 / claim
<i>PrednisoLONE</i>	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	generic	
<i>PredniSONE</i>	<i>Prednisone (ORAL SOLN 5 MG/5ML, TAB 1 MG, TAB 2.5 MG, TAB 5 MG, TAB 10 MG, TAB 20 MG, TAB 50 MG, TAB THERAPY PACK 5 MG (21), TAB THERAPY PACK 5 MG (48), TAB THERAPY PACK 10 MG (21), TAB THERAPY PACK 10 MG (48))</i>	generic	
<i>PredniSONE Intensol</i>	PREDNISONE INTENSOL CONC 5 MG/ML <i>prednisone</i>	BRAND	
<i>Sterapred</i>	<i>prednisone tab 5 mg dose pack</i>	generic	
<i>Triamcinolone Acetonide</i>	<i>Triamcinolone Acetonide (Topical) (CREAM 0.5%, LOTION 0.025%, LOTION 0.1%, OINT 0.025%, OINT 0.5%)</i>	generic	 1 / claim
<i>Triamcinolone Acetonide</i>	<i>Triamcinolone Acetonide (Topical) (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>Triamcinolone Acetonide</i>	<i>triamcinolone acetonide dental paste 0.1%</i>	generic	 1 / claim
<i>Veripred 20</i>	VERIPRED 20 SOLUTION 20 MG/5ML <i>prednisolone sodium phosphate</i>	BRAND	 150 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
<i>Desmopressin Ace Rhinal Tube</i>	<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	generic	QL 5 / claim
<i>Desmopressin Acetate Spray</i>	<i>desmopressin acetate nasal spray soln 0.01%</i>	generic	QL 5 / claim
<i>Desmopressin Ace Spray Refrig</i>	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	generic	QL 5 / claim
<i>Desmopressin Acetate</i>	<i>desmopressin acetate tab 0.1 mg</i>	generic	MDD 1 per day
<i>Desmopressin Acetate</i>	<i>desmopressin acetate tab 0.2 mg</i>	generic	MDD 3 per day
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
ANDROGENS			
<i>Androxy</i>	ANDROXY TAB 10 MG <i>fluoxymesterone</i>	BRAND	
<i>Methitest</i>	METHITEST TAB 10 MG <i>methyltestosterone</i>	BRAND	
<i>Androderm</i>	<i>Testosterone (PATCH 24HR 4 MG/24HR, PATCH 24HR 2 MG/24HR)</i> <i>testosterone</i>	BRAND	MDD 1 per day
<i>Testosterone Cypionate</i>	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	generic	QL 4 / 30 days
ESTROGENS			
<i>Prempro</i>	<i>Conjugated Estrogens-Medroxyprogesterone Acetate (TAB 0.45-1.5 MG, TAB 0.625-5 MG, TAB 0.625-2.5 MG)</i> <i>conjugated estrogens-medroxyprogesterone acetate</i>	BRAND	
<i>Kariva</i>	<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	generic	GL Female
<i>Velivet</i>	<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	generic	GL Female
<i>Apri</i>	<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	generic	GL Female
<i>Gianvi</i>	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	generic	GL Female

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Ocella	drospirenone-ethinyl estradiol tab 3-0.03 mg	generic	GL Female
Est Estrogens-Methyltest HS	esterified estrogens & methyltestosterone tab 0.625-1.25 mg	generic	MDD 1 per day
Est Estrogens-Methyltest DS	esterified estrogens & methyltestosterone tab 1.25-2.5 mg	generic	MDD 1 per day
Estrace	ESTRACE CREAM 0.1 MG/GM estradiol vaginal	BRAND	QL 43 / 31 days
CombiPatch	Estradiol & Norethindrone Acetate (PATCH TW 0.05-0.14, PATCH TW 0.05-0.25) estradiol & norethindrone acetate	BRAND	QL 8 / 28 days
Estradiol-Norethindrone Acet	estradiol & norethindrone acetate tab 0.5-0.1 mg	generic	MDD 1 per day
Mimvey	estradiol & norethindrone acetate tab 1-0.5 mg	generic	MDD 1 per day
Estradiol	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)	generic	QL 4 / 28 days GL Female
Alora	Estradiol (PATCH TW 0.025 MG/24HR, PATCH TW 0.05 MG/24HR, PATCH TW 0.075 MG/24HR, PATCH TW 0.1 MG/24HR) estradiol	BRAND	QL 8 / 28 days GL Female
Estradiol	Estradiol (TAB 0.5 MG, TAB 1 MG, TAB 2 MG)	generic	GL Female
Premarin	Estrogens, Conjugated (TAB 0.3 MG, TAB 0.45 MG, TAB 0.625 MG, TAB 0.9 MG, TAB 1.25 MG) estrogens, conjugated	BRAND	GL Female MDD 1 per day
Estropipate	Estropipate (TAB 0.75 MG, TAB 1.5 MG)	generic	GL Female MDD 1 per day
Estropipate	estropipate tab 3 mg	generic	GL Female MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Kelnor 1/35</i>	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	generic	 Female
<i>Camrese</i>	<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	generic	 91 / claim  Female
<i>Jolessa</i>	<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	generic	 91 / claim  Female
<i>Lessina</i>	<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	generic	 Female
<i>Levonorgestrel-Ethinyl Estrad</i>	<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	generic	 Female
<i>Enpresse-28</i>	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	generic	
<i>Loestrin 24 Fe</i>	LOESTRIN 24 FE TAB 1-20 MG-MCG <i>norethin acet &amp; estrad-fe</i>	BRAND	
<i>Minivelle</i>	MINIVELLE PATCH TW 0.0375 MG/24HR <i>estradiol</i>	BRAND	
<i>Necon 1/50 (28)</i>	NECON 1/50 (28) TAB 1-50 MG-MCG <i>norethindrone &amp; mestranol</i>	BRAND	 Female
<i>Necon 10/11 (28)</i>	NECON 10/11 (28) TAB 35 MCG <i>norethindrone-eth estradiol (biphasic)</i>	BRAND	 Female
<i>Balziva</i>	<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	generic	 Female
<i>Nortrel 0.5/35 (28)</i>	<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	generic	 Female
<i>Nortrel 1/35 (21)</i>	<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	generic	 Female
<i>Junel 1/20</i>	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	generic	 Female
<i>Junel 1.5/30</i>	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	generic	 Female
<i>Junel FE 1/20</i>	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	generic	 Female
<i>Junel FE 1.5/30</i>	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	generic	 Female
<i>Lomedia 24 FE</i>	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Nortrel 7/7/7</i>	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	generic	
<i>Aranelle</i>	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	generic	
<i>Sprintec 28</i>	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	generic	GL Female
<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-mcg</i>	generic	
<i>Cryselle-28</i>	<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	generic	GL Female MDD 2 per day
<i>Norinyl 1+50 (28)</i>	NORINYL 1+50 (28) TAB 1-50 MG-MCG <i>norethindrone &amp; mestranol</i>	BRAND	GL Female
<i>NuvaRing</i>	NUVARING RING 0.12-0.015 MG/24HR <i>etonogestrel-ethinyl estradiol</i>	BRAND	QL 1 / claim GL Female
<i>Ogestrel</i>	OGESTREL TAB 0.5-50 MG-MCG <i>norgestrel &amp; ethinyl estradiol</i>	BRAND	GL Female
<i>Premarin</i>	PREMARIN CREAM 0.625 MG/GM <i>estrogens, conjugated vaginal</i>	BRAND	GL Female C From age 40 and older: Max Qty=43/30 days   From age 0 through 40: Max Qty=43/365 days
<i>Prempro</i>	PREMPRO TAB 0.3-1.5 MG <i>conjugated estrogens-medroxyprogesterone acetate</i>	BRAND	GL Female
<i>Zovia 1/50E (28)</i>	ZOVIA 1/50E (28) TAB 1-50 MG-MCG <i>ethynodiol diacet &amp; eth estrad</i>	BRAND	GL Female
PROGESTERONE AGONISTS/ANTAGONISTS			
<i>Ella</i>	ELLA TAB 30 MG <i>ulipristal acetate</i>	BRAND	QL 4 / 365 days
PROGESTINS			
<i>Depo-SubQ Provera 104</i>	DEPO-SUBQ PROVERA 104 SUSP PRSYR 104 MG/0.65ML <i>medroxyprogesterone acetate (contraceptive)</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Levonorgestrel</i>	<i>levonorgestrel tab 0.75 mg</i>	generic	GL Female MFL 4 / 365 days
<i>Makena</i>	MAKENA OIL 250 MG/ML <i>hydroxyprogesterone caproate</i>	BRAND	PA
<i>MedroxyPROGESTERONE Acetate</i>	<i>Medroxyprogesterone Acetate (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	QL 1 / claim GL Female
<i>MedroxyPROGESTERONE Acetate</i>	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	generic	
<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</i>	generic	
<i>Progesterone Micronized</i>	<i>progesterone micronized cap 100 mg</i>	generic	QL 30 / 30 days
<i>Progesterone Micronized</i>	<i>progesterone micronized cap 200 mg</i>	generic	QL 20 / 30 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS			
<i>Raloxifene HCl</i>	<i>raloxifene hcl tab 60 mg</i>	generic	MDD 1 per day
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)			
<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	
<i>Armour Thyroid</i>	<i>Thyroid (TAB 15 MG, TAB 120 MG, TAB 180 MG, TAB 240 MG, TAB 300 MG)</i> <i>thyroid</i>	BRAND	
NP Thyroid	<i>Thyroid (TAB 30 MG, TAB 60 MG, TAB 90 MG)</i>	generic	



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Thyrolar-1</i>	THYROLAR-1 TAB 60 (12.5-50) MG (MCG) <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-1/2</i>	THYROLAR-1/2 TAB 30 (6.25-25) MG (MCG) <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-1/4</i>	THYROLAR-1/4 TAB 15 (3.1-12.5) MG (MCG) <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-2</i>	THYROLAR-2 TAB 120 (25-100) MG (MCG) <i>liotrix (t3-t4)</i>	BRAND	
<i>Thyrolar-3</i>	THYROLAR-3 TAB 180 (37.5-150) MG (MCG) <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 SOLUTION 1 GM/ML <i>potassium iodide</i>	BRAND	
IMMUNOLOGICAL AGENTS			
ANGIOEDEMA (HAE) AGENTS			
<i>Kalbitor</i>	KALBITOR SOLUTION 10 MG/ML <i>ecallantide</i>	BRAND	PA
IMMUNE SUPPRESSANTS			
<i>Azasan</i>	<i>Azathioprine (TAB 75 MG, TAB 100 MG)</i> <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>Gengraf</i>	<i>Cyclosporine Modified (For Microemulsion) (CAP 25 MG, CAP 100 MG, ORAL SOLN 100 MG/ML)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>CycloSPORINE Modified</i>	<i>cyclosporine modified cap 50 mg</i>	generic	
<i>Enbrel</i>	ENBREL RECON SOLN 25 MG <i>etanercept</i>	BRAND	
<i>Methotrexate Sodium (PF)</i>	<i>Methotrexate Sodium (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 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>Trexall</i>	<i>Methotrexate Sodium (TAB 5 MG, TAB 7.5 MG, TAB 10 MG, TAB 15 MG)</i> <i>methotrexate sodium</i>	BRAND	
<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 SOLUTION 1 MG/ML <i>sirolimus</i>	BRAND	
<i>Rheumatrex</i>	RHEUMATREX TAB 2.5 MG <i>methotrexate sodium (antirheumatic)</i>	BRAND	
<i>Sirolimus</i>	<i>Sirolimus (TAB 0.5 MG, TAB 1 MG, TAB 2 MG)</i>	generic	
<i>Hecoria</i>	<i>Tacrolimus (CAP 0.5 MG, CAP 1 MG, CAP 5 MG)</i>	generic	
IMMUNIZING AGENTS, PASSIVE			
<i>HyperRHO S/D</i>	HYPERRHO S/D SOLN PRSYR 1500 UNIT <i>rho d immune globulin (human)</i>	BRAND	
<i>RhoGAM Ultra-Filtered Plus</i>	RHOGAM ULTRA-FILTERED PLUS SOLN PRSYR 1500 UNIT <i>rho d immune globulin (human)</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>IMMUNOMODULATORS</b>			
<i>Leflunomide</i>	<i>Leflunomide (TAB 10 MG, TAB 20 MG)</i>	generic	<b>MDD</b> 1 per day
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>			
<b>AMINOSALICYLATES</b>			
<i>Asacol</i>	<i>ASACOL TAB DR 400 MG mesalamine</i>	BRAND	<b>MDD</b> 12 per day
<i>Balsalazide Disodium</i>	<i>balsalazide disodium cap 750 mg</i>	generic	<b>MDD</b> 9 per day
<i>Delzicol</i>	<i>DELZICOL CAP DR 400 MG mesalamine</i>	BRAND	<b>MDD</b> 6 per day
<i>Pentasa</i>	<i>Mesalamine (CAP ER 250 MG, CAP ER 500 MG) mesalamine</i>	BRAND	<b>MDD</b> 8 per day
<i>Mesalamine</i>	<i>mesalamine enema 4 gm</i>	generic	<b>MDD</b> 60 per day
<i>SfRowasa</i>	<i>SFROWASA ENEMA 4 GM/60ML mesalamine</i>	BRAND	
<b>GLUCOCORTICOIDS</b>			
<i>Hydrocortisone</i>	<i>hydrocortisone enema 100 mg/60ml</i>	generic	
<i>Proctocream HC</i>	<i>hydrocortisone rectal cream 2.5%</i>	generic	
<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	<b>MDD</b> 0.15 per day
<i>Alendronate Sodium</i>	<i>Alendronate Sodium (TAB 5 MG, TAB 10 MG, TAB 40 MG)</i>	generic	<b>MDD</b> 1 per day
<i>Alendronate Sodium</i>	<i>alendronate sodium oral soln 70 mg/75ml</i>	generic	<b>MDD</b> 10.8 per day
<i>Calcitonin (Salmon)</i>	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	generic	<b>MPL</b> 1 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 SOLUTION 200 UNIT/ML <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
MISCELLANEOUS THERAPEUTIC AGENTS			
<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 Tier Unilet ComforTouch</i>	1ST TIER UNILET COMFORTOUCH MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Accu-Chek Soft Touch Lancets</i>	ACCU-CHEK SOFT TOUCH LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Accu-Chek Softclix Lancet Dev</i>	ACCU-CHEK SOFTCLIX LANCET DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Adjustable Lancing Device</i>	ADJUSTABLE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Advocate Insulin Syringe</i>	ADVOCATE INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Advocate Lancing Device</i>	ADVOCATE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

















BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Advocate Rapid-Safe Lancing</i>	ADVOCATE RAPID-SAFE LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
AF Lancets Super Thin	AF LANCETS SUPER THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>AgaMatrix Ultra-Thin Lancets</i>	AGAMATRIX ULTRA-THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Alternate Site Lancing Device</i>	ALTERNATE SITE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<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 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>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 MISC 29G X 12MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
BD AutoShield	BD AUTOSHIELD MISC 29G X 8MM <i>insulin pen needle</i>	BRAND	
BD Insulin Syr Ultrafine II	BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
BD Insulin Syr Ultrafine II	BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
BD Insulin Syringe Half-Unit	BD INSULIN SYRINGE HALF- UNIT MISC 31G X 5/16" 0.3 ML <i>insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
BD Insulin Syringe	BD INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
BD Insulin Syringe	BD INSULIN SYRINGE MISC U-100 1 ML <i>insulin syringes (disposable)</i>	BRAND	<b>MDD</b> 5 per day
BD Integra Syringe	BD INTEGRA SYRINGE MISC 25G X 1" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
BD Lancet Device	BD LANCET DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
BD Lancet Ultrafine 30G	BD LANCET ULTRAFINE 30G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
BD Pen Needle Mini U/F	BD PEN NEEDLE MINI U/F MISC 31G X 5 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
BD Pen Needle Nano U/F	BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
BD Pen Needle Short U/F	BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
BD Pen Needle Ultrafine	BD PEN NEEDLE ULTRAFINE MISC 29G X 12.7MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>TrueTrack Glucose Control</i>	<i>Blood Glucose Calibration (LIQUID, LIQUID LOW) blood glucose calibration</i>	BRAND	<b>QL</b> 1 / 90 days
<i>CardioCom Lancing Device</i>	CARDIOCOM LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>CareOne Advanced Lancing Dev</i>	CAREONE ADVANCED LANCING DEV MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>CareOne Lancet Thin 23G</i>	CAREONE LANCET THIN 23G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days

















BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
CareOne Lancet Ultra Thin 28G	CAREONE LANCET ULTRA THIN 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Chek-Stix Control	CHEK-STIX CONTROL STRIP <i>acetone (urine) test</i>	BRAND	
Chemstrip K	CHEMSTRIP K STRIP <i>acetone (urine) test</i>	BRAND	
Cleanlet Lancets 28G	CLEANLET LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Comfort Assured Lancets 28G	COMFORT ASSURED LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Comfort Assured Lancets 33G	COMFORT ASSURED LANCETS 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Comfort Lancets	COMFORT LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 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 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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
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 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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
















BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 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 Ultra Comfort Syr</i>	DRUG MART ULTRA COMFORT SYR MISC 31G X 5/16" 0.3 ML <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Drug Mart Ultra Comfort Syr</i>	DRUG MART ULTRA COMFORT SYR MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Drug Mart Unilet Lancets 28G</i>	DRUG MART UNILET LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Drug Mart Unilet Lancets 30G</i>	DRUG MART UNILET LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Duane Reade Lancet Altern Site</i>	DUANE READE LANCET ALTERN SITE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Duane Reade Lancet Super Thin</i>	DUANE READE LANCET SUPER THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Duane Reade Lancet Ultra Thin</i>	DUANE READE LANCET ULTRA THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
DULoxetine HCl	DULOXETINE HCL POWDER <i>duloxetine hcl (bulk)</i>	BRAND	 At least 7 yrs old  1 per day
<i>Easy Mini Lancing Device</i>	EASY MINI LANCING DEVICE MISC <i>lancet devices</i>	BRAND	 1 / 180 days
<i>Easy Touch Insulin Safety Syr</i>	EASY TOUCH INSULIN SAFETY SYR MISC 30G X 1/2" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	 150 / 30 days
<i>Easy Touch Lancets 26G</i>	EASY TOUCH LANCETS 26G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 26G/Twist</i>	EASY TOUCH LANCETS 26G/TWIST MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 28G</i>	EASY TOUCH LANCETS 28G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 28G/Twist</i>	EASY TOUCH LANCETS 28G/TWIST MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 30G</i>	EASY TOUCH LANCETS 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 30G/Twist</i>	EASY TOUCH LANCETS 30G/TWIST MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 32G</i>	EASY TOUCH LANCETS 32G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 32G/Twist</i>	EASY TOUCH LANCETS 32G/TWIST MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancets 33G/Twist</i>	EASY TOUCH LANCETS 33G/TWIST MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Easy Touch Lancing Device</i>	EASY TOUCH LANCING DEVICE MISC <i>lancet devices</i>	BRAND	 1 / 180 days
EQL Color Lancets 21G	EQL COLOR LANCETS 21G MISC <i>lancets</i>	BRAND	 200 / 30 days
EQL Color Lancets Micro 33G	EQL COLOR LANCETS MICRO 33G MISC <i>lancets</i>	BRAND	 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
EQL Insulin Syringe	EQL INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
EQL Short Pen Needle	EQL SHORT PEN NEEDLE MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
EQL Super Thin Lancets 30G	EQL SUPER THIN LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
EQL Thin Lancets 26G	EQL THIN LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
EQL Ultra Comfort Insulin Syr	EQL ULTRA COMFORT INSULIN SYR MISC 31G X 5/16" 0.3 ML <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
EQL Ultra Short Pen Needle	EQL ULTRA SHORT PEN NEEDLE MISC 31G X 6 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Ez Smart Blood Glucose Lancets</i>	EZ SMART BLOOD GLUCOSE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
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 Superior Comfort Syr</i>	FIFTY50 SUPERIOR COMFORT SYR MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
FORA Lancets	FORA LANCETS 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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Formadon</i>	<i>formaldehyde solution 10%</i>	generic	 90 / claim
<i>Freds Pharmacy Autolet Lancing</i>	FREDS PHARMACY AUTOLET LANCING MISC <i>lancet devices</i>	BRAND	 1 / 180 days
<i>Freds Pharmacy Unifine Pentips</i>	FREDS PHARMACY UNIFINE PENTIPS MISC 32G X 4 MM <i>insulin pen needle</i>	BRAND	 5 per day
<i>Freds Pharmacy Unilet Lanc 28G</i>	FREDS PHARMACY UNILET LANC 28G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Freds Pharmacy Unilet Lanc 30G</i>	FREDS PHARMACY UNILET LANC 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>FreeStyle Precision Ins Syr</i>	FREESTYLE PRECISION INS SYR MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	 150 / 30 days
<i>FreeStyle Precision Ins Syr</i>	FREESTYLE PRECISION INS SYR MISC 31G X 5/16" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	 5 per day
<i>Global Lancing Device</i>	GLOBAL LANCING DEVICE MISC <i>lancet devices</i>	BRAND	 1 / 180 days
<i>GlucoCom Lancets 28G</i>	GLUCOCOM LANCETS 28G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>GlucoCom Lancets 30G</i>	GLUCOCOM LANCETS 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Gluculet 2 Automatic Lancing</i>	GLUCOLET 2 AUTOMATIC LANCING MISC <i>lancet devices</i>	BRAND	 1 / 180 days
<i>Glucosource Lancet Device</i>	GLUCOSOURCE LANCET DEVICE MISC <i>lancet devices</i>	BRAND	 1 / 180 days
<i>Glucosource Lancets</i>	GLUCOSOURCE LANCETS MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>GNP Insulin Syringe</i>	GNP INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	 150 / 30 days
<i>GNP Lancets 21G</i>	GNP LANCETS 21G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>GNP Lancets Micro Thin 33G</i>	GNP LANCETS MICRO THIN 33G MISC <i>lancets</i>	BRAND	 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
GNP Lancets	GNP LANCETS MISC <i>lancets</i>	BRAND	 200 / 30 days
GNP Lancets Super Thin 30G	GNP LANCETS SUPER THIN 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
GNP Lancets Thin 26G	GNP LANCETS THIN 26G MISC <i>lancets</i>	BRAND	 200 / 30 days
GNP Lancets Thin	GNP LANCETS THIN MISC <i>lancets</i>	BRAND	 200 / 30 days
GNP Micro Thin Lancets 33G	GNP MICRO THIN LANCETS 33G MISC <i>lancets</i>	BRAND	 200 / 30 days
GNP Super Thin Lancets 30G	GNP SUPER THIN LANCETS 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
GNP Ultra Com Insulin Syringe	GNP ULTRA COM INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	 150 / 30 days
H&H Thinlet Lancets 26G	H&H THINLET LANCETS 26G MISC <i>lancets</i>	BRAND	 200 / 30 days
H&H Thinlet Lancets 30G	H&H THINLET LANCETS 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
H-E-B inControl Adv Lancing	H-E-B INCONTROL ADV LANCING MISC <i>lancet devices</i>	BRAND	 1 / 180 days
H-E-B inControl Lancets 28G	H-E-B INCONTROL LANCETS 28G MISC <i>lancets</i>	BRAND	 200 / 30 days
H-E-B inControl Lancets 30G	H-E-B INCONTROL LANCETS 30G MISC <i>lancets</i>	BRAND	 200 / 30 days
H-E-B inControl Lancets 33G	H-E-B INCONTROL LANCETS 33G MISC <i>lancets</i>	BRAND	 200 / 30 days
<i>Health Care Lancing Device</i>	HEALTH CARE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	 1 / 180 days
<i>HealthWise Lancing Pen</i>	HEALTHWISE LANCING PEN MISC <i>lancet devices</i>	BRAND	 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>HealthWise Mini Pen Needles</i>	HEALTHWISE MINI PEN NEEDLES MISC 31G X 6 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>HealthWise Pen Needles</i>	HEALTHWISE PEN NEEDLES MISC 29G X 12MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>HealthWise Short Pen Needles</i>	HEALTHWISE SHORT PEN NEEDLES MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>HealthWise Unifine Pentips</i>	HEALTHWISE UNIFINE PENTIPS MISC 32G X 4 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Healthy Accents Lancing Device</i>	HEALTHY ACCENTS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>Healthy Accents Unilet Lancets</i>	HEALTHY ACCENTS UNILET LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
HM Lancets Micro Thin 33G	HM LANCETS MICRO THIN 33G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
HM Lancets Ultra Thin 30G	HM LANCETS ULTRA THIN 30G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Hy-Vee Lancets</i>	HY-VEE LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Hy-Vee Thin Lancets</i>	HY-VEE THIN LANCETS MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>Inspirease Bags</i>	INSPIREASE BAGS MISC <i>spacer/aerosol-holding chamber supplies - bags</i>	BRAND	<b>QL</b> 3 / 180 days
<i>Inspirease Reservoir Bags</i>	INSPIREASE RESERVOIR BAGS MISC <i>spacer/aerosol-holding chamber supplies - bags</i>	BRAND	<b>QL</b> 3 / 180 days
<i>Exel Comfort Point Pen Needle</i>	<i>Insulin Pen Needle (EEL PEN MISC 29G 12MM, EEL PEN MISC 31G 6 MM, EEL PEN MISC 31G 8 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Pen Needles</i>	<i>Insulin Pen Needle (INSULIN PEN NEEDLE 31 G 6 MM (1/4"), PEN NEEDLES MISC 29G 12MM, PEN NEEDLES MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Pen Needles 5/16"</i>	<i>Insulin Pen Needle (INSULIN PEN NEEDLE 31 G 8 (1/3" OR 5/16"), PEN NEEDLES 5/16" MISC 31G 8, PEN NEEDLES 5/16" MISC 30G 8)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Insupen Ultrafin</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 30G 8 MM, MISC 31G 8 MM, MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Unifine Pentips Plus</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 31G 8 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>1st Tier Unifine Pentips Plus</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 31G 8 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Preferred Plus Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 31G 8 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Healthy Accents Unifine Pentip</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 31G 8 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>PC Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 5 MM, MISC 31G 8 MM, MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>CareOne Unifine Pentips Plus</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 6 MM, MISC 31G 5 MM, MISC 31G 8 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Vida Mia Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 6 MM, MISC 31G 8 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>1st Tier Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 8 MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 8 MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Drug Mart Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 8 MM, MISC 31G 5 MM, MISC 31G 6 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Shopko Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 8 MM, MISC 31G 5 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Duane Reade Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 8 MM, MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>CareOne Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 29G 12MM, MISC 31G 8 MM, MISC 31G 6 MM, MISC 31G 5 MM, MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>NovoTwist</i>	<i>Insulin Pen Needle (MISC 30G 8, MISC 32G 5)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>NovoFine</i>	<i>Insulin Pen Needle (MISC 30G 8, MISC 32G 6)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Leader Unifine Pentips Plus</i>	<i>Insulin Pen Needle (MISC 31G 5, MISC 31G 8, MISC 32G 4)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Leader Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 31G 5, MISC 32G 4)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Aurora Unifine Pentips</i>	<i>Insulin Pen Needle (MISC 31G 5, MISC 32G 4)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Wegmans Unifine Pentips Plus</i>	<i>Insulin Pen Needle (MISC 31G 6, MISC 31G 8, MISC 31G 5, MISC 32G 4)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Freds Pharmacy Unifine Pentip+</i>	<i>Insulin Pen Needle (MISC 5, MISC 8)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>UltiCare Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 12MM, PEN MISC 12.7MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Sure Comfort Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12.7MM, PEN MISC 30G 8 MM, PEN MISC 31G 8 MM, PEN MISC 31G 5 MM, PEN MISC 32G 4 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Litetouch Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12.7MM, PEN MISC 31G 6 MM, PEN MISC 31G 8 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Sure-Fine Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12.7MM, PEN MISC 31G 8 MM, PEN MISC 31G 5 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Easy Touch Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 5 MM, PEN MISC 31G 8 MM, PEN MISC 31G 6 MM, PEN MISC 32G 5 MM, PEN MISC 32G 6 MM, PEN MISC 32G 4 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Global Ease Inject Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 5 MM, PEN MISC 31G 8 MM, PEN MISC 32G 4 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>ValuMark Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 6 MM, PEN MISC 31G 8 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Aurora Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 6 MM, PEN MISC 31G 8 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Meijer Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 6 MM, PEN MISC 31G 8 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>PX Pen Needle</i>	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
H-E-B inControl Pen Needles	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM, PEN MISC 31G 5 MM, PEN MISC 31G 6 MM, PEN MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Medicine Shoppe Pen Needles	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM, PEN MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Live Better Pen Needles	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM, PEN MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
QC Pen Needles	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM, PEN MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Kroger Pen Needles	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM, PEN MISC 31G 6 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
ReliOn Pen Needles	<i>Insulin Pen Needle (PEN MISC 29G 12MM, PEN MISC 31G 8 MM, PEN MISC 32G 4 MM)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
CareFine Pen Needles	<i>Insulin Pen Needle (PEN MISC 30G 8, PEN MISC 31G 6)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Comfort EZ Pen Needles	<i>Insulin Pen Needle (PEN MISC 31G 5, PEN MISC 31G 6, PEN MISC 31G 8, PEN MISC 32G 4)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Clickfine Pen Needles	<i>Insulin Pen Needle (PEN MISC 31G 8, PEN MISC 31G 6, PEN MISC 32G 4)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
RA Pen Needles	<i>Insulin Pen Needle (PEN MISC 5, PEN MISC 8)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Easy Comfort Pen Needles	<i>Insulin Pen Needle (PEN MISC 5, PEN MISC 8)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
Advocate Insulin Pen Needles	<i>Insulin Pen Needle (PEN MISC 5, PEN MISC 8)</i> <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Fifty50 Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 5, PEN MISC 8) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>TopCare Clickfine Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 6, PEN MISC 8) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
GNP Clickfine Pen Needles	<i>Insulin Pen Needle (PEN MISC 6, PEN MISC 8) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>1st Choice Pen Needles</i>	<i>Insulin Pen Needle (PEN MISC 6, PEN MISC 8) insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>Pen Needles 1/2"</i>	<i>insulin pen needle 29 g x 12 mm (1/2")</i>	generic	<b>MDD</b> 5 per day
<i>Hy-Vee Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (0.3 ML, 0.5 ML, 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<i>Thinpro Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 0.5 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
CVS Insulin Syringe	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 0.5 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<i>Ultilet Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 0.5 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<i>Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Sure-Ject Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Ultilet Insulin Syringe Short</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Fifty50 Superior Comfort Syr</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Kinray Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
GNP Ultra Com Insulin Syringe	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Litetouch Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>GlucoPro Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Kroger Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>PX Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>BD Insulin Syringe Ultrafine</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Advocate Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>GNP Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Ultra-Thin II Ins Syr Short</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Global Inject Ease Insulin Syr</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>MS Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>EQL Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Comfort EZ Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Leader Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>ReliOn Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Ultra-Comfort Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>UltiCare Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
TRUEplus Insulin Syringe	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>TopCare Ultra Comfort Ins Syr</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Easy Touch Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Sure Comfort Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
SM Insulin Syringe	<i>Insulin Syringe/Needle U-100 (MISC 0.3 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
<i>Easy Comfort Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 0.5 ML, MISC 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
BD Insulin Syringe	<i>Insulin Syringe/Needle U-100 (MISC 25G 1" 1 ML, MISC 25G 5/8" 1 ML, MISC 26G 1/2" 1 ML, MISC 27G 1/2" 1 ML, MISC 30G 1/2" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<i>Monoject Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 25G 5/8" 1 ML, MISC 27G 1/2" 1 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<i>Insulin Syringe/Needle</i>	<i>Insulin Syringe/Needle U-100 (MISC 27G 0.5 ML, U-100 1 ML 28)</i>	generic	<b>QL</b> 150 / 30 days
<i>Terumo Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 27G 1/2" 0.5 ML, MISC 27G 1/2" 1 ML, MISC 30G 3/8" 0.5 ML, MISC 30G 3/8" 0.3 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<i>Easy Touch Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 27G 1/2" 1 ML, MISC 27G 1/2" 0.5 ML, MISC 30G 1/2" 0.3 ML, MISC 30G 1/2" 0.5 ML, MISC 30G 1/2" 1 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
BD Insulin Syringe MicroFine	<i>Insulin Syringe/Needle U-100 (MISC 27G 5/8" 1 ML, MISC 28G 1/2" 0.3 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Global Inject Ease Insulin Syr</i>	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 0.3 ML, MISC 30G 1/2" 0.5 ML, MISC 30G 1/2" 1 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>UltiCare Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 0.5 ML, MISC 30G 1/2" 0.3 ML, MISC 30G 1/2" 1 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Comfort EZ Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 0.5 ML, MISC 30G 1/2" 0.3 ML, MISC 30G 1/2" 1 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
PX Insulin Syringe	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 0.5 ML, MISC 30G 1/2" 1 ML, MISC 30G 1/2" 0.3 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Ultra Comfort Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 0.5 ML, MISC 30G 1/2" 1 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
BD Insulin Syringe Ultrafine	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 1 ML, MISC 30G 1/2" 0.3 ML, MISC 30G 1/2" 0.5 ML, MISC 31G 15/64" 1 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>GlucoPro Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (MISC 30G 1/2" 1 ML, MISC 30G 1/2" 0.3 ML, MISC 30G 1/2" 0.5 ML, MISC 31G 5/16" 0.5 ML) insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Insulin Syringe</i>	<i>Insulin Syringe/Needle U-100 (SYRINGE MISC 31G 5/16" 0.5 ML, SYRINGE/NEEDLE U-100 1/2 ML 28 1/2", SYRINGE/NEEDLE U-100 1/2 ML 29 1/2", SYRINGE/NEEDLE U-100 1/2 ML 30 5/16", SYRINGE/NEEDLE U-100 0.3 ML 29 1/2", SYRINGE/NEEDLE U-100 1 ML 29 1/2", SYRINGE/NEEDLE U-100 0.3 ML 30 5/16", SYRINGE/NEEDLE U-100 1 ML 30 5/16")</i>	generic	QL 150 / 30 days
<i>Insulin Syringe</i>	<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	generic	
<i>Accusure Insulin Syringe</i>	<i>insulin syringe/needle u-100 1 ml 31 x 5/16"</i>	generic	MDD 5 per day
<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>Insupen Pen Needles</i>	INSUPEN PEN NEEDLES MISC 32G X 4 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Insupen Sensitive</i>	INSUPEN SENSITIVE MISC 32G X 6 MM <i>insulin pen needle</i>	BRAND	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	
<i>Kinney Lancets</i>	KINNEY LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kinney Thin Lancets</i>	KINNEY THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Kinray Insulin Syringe</i>	KINRAY INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Kmart Valu Insulin Syringe 29G</i>	KMART VALU INSULIN SYRINGE 29G MISC U-100 1 ML <i>insulin syringes (disposable)</i>	BRAND	MDD 5 per day
<i>Kmart Valu Insulin Syringe 30G</i>	KMART VALU INSULIN SYRINGE 30G MISC U-100 1 ML <i>insulin syringes (disposable)</i>	BRAND	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Kroger Insulin Syringe</i>	KROGER INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<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 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 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>Lady Lite Lancets</i>	LADY LITE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancet Device</i>	LANCET DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lancets</i>	<i>Lancets (*LANCETS***, LANCETS MISC ) lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets 28G</i>	LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets 30G</i>	LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets Thin</i>	LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets Ultra Thin</i>	LANCETS ULTRA THIN 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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<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
<i>Lite Touch Pen Needles</i>	LITE TOUCH PEN NEEDLES MISC 31G X 5 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Litetouch Insulin Syringe</i>	LITETOUCH INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Live Better Adv Lancing Device</i>	LIVE BETTER ADV LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Live Better Lancet Super Thin</i>	LIVE BETTER LANCET SUPER THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Live Better Lancet Ultra Thin</i>	LIVE BETTER LANCET ULTRA THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Longs Insulin Syringe</i>	LONGS INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Longs Lancets Standard</i>	LONGS LANCETS STANDARD MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Longs Lancets Thin</i>	LONGS LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Major Comfort Lancets</i>	MAJOR COMFORT LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Medi-Lance Lancets</i>	MEDI-LANCE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Medicine Shoppe Lancets</i>	MEDICINE SHOPPE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Medicine Shoppe Lancets Thin</i>	MEDICINE SHOPPE LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>MediSense Thin Lancets</i>	MEDISENSE THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Meijer Lancets</i>	MEIJER LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Meijer Lancets Thin</i>	MEIJER LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Meijer Lancets Universal 30G</i>	MEIJER LANCETS UNIVERSAL 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Meijer Lancets Universal 33G</i>	MEIJER LANCETS UNIVERSAL 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<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>	MONOJECT INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Monoject Insulin Syringe</i>	MONOJECT INSULIN SYRINGE MISC U-100 1 ML <i>insulin syringes (disposable)</i>	BRAND	MDD 5 per day
<i>Monoject Ultra Comfort Syringe</i>	MONOJECT ULTRA COMFORT SYRINGE MISC 31G X 5/16" 0.3 ML <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Monoject Ultra Comfort Syringe</i>	MONOJECT ULTRA COMFORT SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Monolet Lancets</i>	MONOLET LANCETS 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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
MS Insulin Syringe	MS INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<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 Autocover</i>	NOVOFINE AUTOCOVER MISC 30G X 8 MM <i>insulin pen needle</i>	BRAND	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
<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
PC Lancets Super Thin 30G	PC LANCETS SUPER THIN 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Pen Needles 3/16"</i>	PEN NEEDLES 3/16" MISC 31G X 5 MM <i>insulin pen needle</i>	BRAND	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>Precision Sure-Dose Syringe</i>	PRECISION SURE-DOSE SYRINGE MISC 30G X 3/8" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Preferred Plus Lancets Colored</i>	PREFERRED PLUS LANCETS COLORED MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Preferred Plus Lancets Thin</i>	PREFERRED PLUS LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Prodigy Insulin Syringe</i>	PRODIGY INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Prodigy Insulin Syringe</i>	PRODIGY INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Prodigy Lancing Device</i>	PRODIGY LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Prodigy Mini Pen Needles</i>	PRODIGY MINI PEN NEEDLES MISC 31G X 5 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Prodigy Short Pen Needles</i>	PRODIGY SHORT PEN NEEDLES MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Prodigy Twist Top Lancets 28G</i>	PRODIGY TWIST TOP LANCETS 28G 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 Extra Short Pen Needles	PX EXTRA SHORT PEN NEEDLES MISC 31G X 6 MM <i>insulin pen needle</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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
PX Mini Pen Needles	PX MINI PEN NEEDLES MISC 31G X 5 MM <i>insulin pen needle</i>	BRAND	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 MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
QC Insulin Syringe	QC INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	<b>MDD</b> 5 per day
QC Lancets Super Thin 30G	QC LANCETS SUPER THIN 30G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
QC Lancets Ultra Thin	QC LANCETS ULTRA THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
QC Unifine Pentips	QC UNIFINE PENTIPS MISC 32G X 4 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
QC Unilet Lancets Micro Thin	QC UNILET LANCETS MICRO THIN MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
RA Lancing Device	RA LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>ReliOn Insulin Syringe</i>	RELION INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	<b>QL</b> 150 / 30 days
<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	<b>QL</b> 200 / 30 days
<i>ReliOn Lancets Standard 21G</i>	RELION LANCETS STANDARD 21G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>ReliOn Lancets Thin 26G</i>	RELION LANCETS THIN 26G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>ReliOn Lancets Ultra-Thin 30G</i>	RELION LANCETS ULTRA- THIN 30G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days
<i>ReliOn Lancing Device</i>	RELION LANCING DEVICE MISC <i>lancet devices</i>	BRAND	<b>QL</b> 1 / 180 days
<i>ReliOn Mini Pen Needles</i>	RELION MINI PEN NEEDLES MISC 31G X 6 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>ReliOn Short Pen Needles</i>	RELION SHORT PEN NEEDLES MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	<b>MDD</b> 5 per day
<i>ReliOn Ultra Thin Lancets 30G</i>	RELION ULTRA THIN LANCETS 30G MISC <i>lancets</i>	BRAND	<b>QL</b> 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>ReliOn Ultra Thin Plus Lancets</i>	RELION ULTRA THIN PLUS LANCETS 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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Safety Seal Lancets</i>	SAFETY SEAL LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SB Insulin Syringe	SB INSULIN SYRINGE MISC 31G X 5/16" 1 ML <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
SB Lancets Thin	SB LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SB Lancets Ultra Thin	SB LANCETS ULTRA THIN 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 Unilet Lancets 28G</i>	SHOPKO UNILET LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Shopko Unilet Lancets 30G</i>	SHOPKO UNILET LANCETS 30G 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 MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
SM Lancets 21G	SM LANCETS 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Lancets 33G	SM LANCETS 33G 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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Thin Lancets 26G	SM THIN LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Smart Diabetes Vantage Lancing	SMART DIABETES VANTAGE LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Smart Sense Color Lancets 33G	SMART SENSE COLOR LANCETS 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Smart Sense Standard Lancets	SMART SENSE STANDARD LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Smart Sense Super Thin Lancets	SMART SENSE SUPER THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Smart Sense Thin Lancets 26G	SMART SENSE THIN LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Sodium Polystyrene Sulfonate	<i>sodium polystyrene sulfonate (bulk) powder</i>	generic	
Solus V2 Lancing Device	SOLUS V2 LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
SteriLance TL	STERILANCE TL MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Super Thin Lancets	SUPER THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Sure Comfort Lancing Pen	SURE COMFORT LANCING PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Sure-Ject Insulin Syringe	SURE-JECT INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
Sure-Pen	SURE-PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Surelite Lancets	SURELITE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TechLite AST Lancets	TECHLITE AST LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>TechLite Lancets 30G</i>	TECHLITE LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite Lancets</i>	TECHLITE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Micro Thin 33G	TGT LANCET MICRO THIN 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Super Thin 30G	TGT LANCET SUPER THIN 30G 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
TGT Lancet Thin 26G	TGT LANCET THIN 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Ultra Thin 28G	TGT LANCET ULTRA THIN 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Ultra Thin 30G	TGT LANCET ULTRA THIN 30G 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>Todays Health Lancing Device</i>	TODAYS HEALTH LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Todays Health Mini Pen Needles</i>	TODAYS HEALTH MINI PEN NEEDLES MISC 31G X 6 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Todays Health Pen Needles</i>	TODAYS HEALTH PEN NEEDLES MISC 29G X 12MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Todays Health Short Pen Needle</i>	TODAYS HEALTH SHORT PEN NEEDLE MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Todays Health Thin Lancets 28G</i>	TODAYS HEALTH THIN LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Todays Health Thin Lancets 30G</i>	TODAYS HEALTH THIN LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TopCare Ultra Comfort Ins Syr</i>	TOPCARE ULTRA COMFORT INS SYR MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>True Metrix Air Glucose Meter</i>	TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE <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 SOLUTION LOW <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>True Metrix Level 2</i>	TRUE METRIX LEVEL 2 SOLUTION NORMAL <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>True Metrix Level 3</i>	TRUE METRIX LEVEL 3 SOLUTION HIGH <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
<i>True Metrix Meter</i>	TRUE METRIX METER KIT W/DEVICE <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 MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
TRUEplus Lancets 26G	TRUEPLUS LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEplus Lancets 28G	TRUEPLUS LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEplus Lancets 30G	TRUEPLUS LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEplus Lancets 33G	TRUEPLUS LANCETS 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
TRUEresult Blood Glucose	TRUERESULT BLOOD GLUCOSE KIT W/DEVICE <i>blood glucose monitoring supplies</i>	BRAND	QL 1 / 365 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
TRUEtest Test	TRUETEST TEST STRIP <i>glucose blood</i>	BRAND	MDD 5 per day
<i>TrueTrack Test</i>	TRUETRACK TEST STRIP <i>glucose blood</i>	BRAND	MDD 5 per day
<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
<i>Ulti-Lance Mini Adjustable</i>	ULTI-LANCE MINI ADJUSTABLE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>UltiCare Micro Pen Needles</i>	ULTICARE MICRO PEN NEEDLES MISC 32G X 4 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>UltiCare Mini Pen Needles</i>	ULTICARE MINI PEN NEEDLES MISC 31G X 6 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>UltiCare Short Pen Needles</i>	ULTICARE SHORT PEN NEEDLES MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Ultilet Basic Lancets 30G</i>	ULTILET BASIC LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultilet Classic Lancets</i>	ULTILET CLASSIC LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultilet Insulin Syringe Short</i>	ULTILET INSULIN SYRINGE SHORT MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ultilet Lancets</i>	ULTILET LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultilet Pen Needle</i>	ULTILET PEN NEEDLE MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Ultra Comfort Insulin Syringe</i>	ULTRA COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML <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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultra-Comfort Insulin Syringe</i>	ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Ultra-Thin II Ins Syr Short</i>	ULTRA-THIN II INS SYR SHORT MISC 31G X 5/16" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Ultra-Thin II Mini Pen Needle</i>	ULTRA-THIN II MINI PEN NEEDLE MISC 31G X 5 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Ultra-Thin II Pen Needle Short</i>	ULTRA-THIN II PEN NEEDLE SHORT MISC 31G X 8 MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Ultra-Thin II Pen Needles</i>	ULTRA-THIN II PEN NEEDLES MISC 29G X 12.7MM <i>insulin pen needle</i>	BRAND	MDD 5 per day
<i>Unilet ComforTouch Lancet</i>	UNILET COMFORTOUCH LANCET 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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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
<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 MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ValuMark Lancet Ultra Thin 28G</i>	VALUMARK LANCET ULTRA THIN 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>VanishPoint Insulin Syringe</i>	VANISHPOINT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 Unilet Lancets 28G</i>	VIDA MIA UNILET LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Vida Mia Unilet Lancets 30G</i>	VIDA MIA UNILET LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Vistogard</i>	VISTOGARD PACKET 10 GM <i>uridine triacetate (emergency treatment)</i>	BRAND	
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 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 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
OPHTHALMIC AGENTS			
OPHTHALMIC AGENTS, OTHER			
<i>Atropine Sulfate</i>	<i>atropine sulfate ophth soln 1%</i>	generic	
AK-Poly-Bac	<i>bacitracin-polymyxin b ophth oint</i>	generic	QL 4 / 31 days
<i>Blephamide S.O.P.</i>	BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % <i>sulfacetamide sod-prednisolone</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Blephamide</i>	BLEPHAMIDE SUSPENSION 10-0.2 % <i>sulfacetamide sod- prednisolone</i>	BRAND	<b>MPL</b> 1 / 31 days
<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 SOLUTION 2 % <i>homatropine hbr</i>	BRAND	<b>QL</b> 15 / 31 days
<i>Naphazoline HCl</i>	<i>naphazoline hcl ophth soln 0.1%</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 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 SUSPENSION 0.3-1 % <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>Tobramycin- Dexamethasone</i>	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	generic	<b>MPL</b> 1 / 31 days
<i>Tropicamide</i>	<i>Tropicamide (SOLN 0.5%, SOLN 1%)</i>	generic	

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b>			
<i>Apraclonidine HCl</i>	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	generic	
<i>Azopt</i>	<i>AZOPT SUSPENSION 1 % brinzolamide</i>	BRAND	<b>MPL</b> 1 / 31 days
<i>Betaxolol HCl</i>	<i>betaxolol hcl ophth soln 0.5%</i>	generic	<b>MPL</b> 1 / 31 days
<i>Brimonidine Tartrate</i>	<i>brimonidine tartrate ophth soln 0.2%</i>	generic	<b>MPL</b> 1 / 31 days
<i>Isopto Carbachol</i>	<i>Carbachol (Ophth) (SOLUTION 1.5 %, SOLUTION 3 %) carbachol (ophth)</i>	BRAND	
<i>Carteolol HCl</i>	<i>carteolol hcl ophth soln 1%</i>	generic	<b>MFL</b> 1 / 30 days
<i>Dorzolamide HCl</i>	<i>dorzolamide hcl ophth soln 2%</i>	generic	<b>QL</b> 10 / 31 days
<i>Dorzolamide HCl-Timolol Mal</i>	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	generic	<b>QL</b> 10 / 31 days
<i>Iopidine</i>	<i>IOPIDINE SOLUTION 1 % apraclonidine hcl</i>	BRAND	
<i>Levobunolol HCl</i>	<i>levobunolol hcl ophth soln 0.25%</i>	generic	<b>MPL</b> 1 / claim
<i>Levobunolol HCl</i>	<i>levobunolol hcl ophth soln 0.5%</i>	generic	<b>QL</b> 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 (Ophth) (SOLN 0.25%, SOLN 0.5%)</i>	generic	<b>QL</b> 15 / 31 days
<i>Timoptic Ocudose</i>	<i>Timolol Maleate (Ophth) (SOLUTION 0.25 %, SOLUTION 0.5 %) timolol maleate (ophth)</i>	BRAND	<b>QL</b> 15 / 31 days
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>			
<i>Latanoprost</i>	<i>latanoprost ophth soln 0.005%</i>	generic	<b>QL</b> 5 / 31 days
<b>OTIC AGENTS</b>			
<i>Acetic Acid</i>	<i>acetic acid otic soln 2%</i>	generic	<b>QL</b> 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 SUSPENSION 0.3-0.1 % <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 AERO SOLN 80 MCG/ACT <i>flunisolide hfa</i>	BRAND	QL 8.9 / 30 days
<i>Pulmicort Flexhaler</i>	<i>Budesonide (Inhalation) (AER POW BA 90, AER POW BA 180)</i> <i>budesonide (inhalation)</i>	BRAND	MPL 1 / claim
<i>Budesonide</i>	<i>Budesonide (Inhalation) (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 HFA</i>	FLOVENT HFA AEROSOL 44 MCG/ACT <i>fluticasone propionate hfa</i>	BRAND	QL 11 / 25 days
<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	



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Flovent Diskus</i>	<i>Fluticasone Propionate (Inhalation) (AER POW BA 50, AER POW BA 100, AER POW BA 250)</i> <i>fluticasone propionate (inhalation)</i>	BRAND	<b>MDD</b> 2 per day
<i>Flovent HFA</i>	<i>Fluticasone Propionate HFA (AEROSOL 110, AEROSOL 220)</i> <i>fluticasone propionate hfa</i>	BRAND	<b>QL</b> 12 / 25 days
<i>Fluticasone Propionate</i>	<i>fluticasone propionate nasal susp 50 mcg/act</i>	generic	<b>MPL</b> 1 / claim
<b>ANTIHISTAMINES</b>			
<i>Azelastine HCl</i>	<i>Azelastine HCl (0.1% (137, 0.15% (205.5)</i>	generic	<b>MPL</b> 1 / 30 days
<i>Cyproheptadine HCl</i>	<i>Cyproheptadine HCl (SYRUP 2 MG/5ML, TAB 4 MG)</i>	generic	
<i>Dexchlorpheniramine Maleate</i>	<i>DEXCHLORPHENIRAMINE MALEATE SYRUP 2 MG/5ML</i> <i>dexchlorpheniramine maleate</i>	BRAND	
<i>Pharbedryl</i>	<i>diphenhydramine hcl cap 50 mg</i>	generic	<b>MDD</b> 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>Promethazine HCl (SUPPOS 12.5 MG, SUPPOS 25 MG)</i>	generic	<b>QL</b> 12 / claim <b>AL</b> 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	<b>AL</b> At least 2 yrs old
<b>ANTILEUKOTRIENES</b>			
<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	<b>MDD</b> 1 per day
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>			
<i>Atrovent HFA</i>	<i>ATROVENT HFA AERO SOLN 17 MCG/ACT</i> <i>ipratropium bromide hfa</i>	BRAND	<b>MPL</b> 2 / month

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Incruse Ellipta</i>	INCRUSE ELLIPTA AER POW BA 62.5 MCG/INH <i>umeclidinium bromide</i>	BRAND	<b>MPL</b> 1 / 30 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide inhal soln</i> 0.02%	generic	<b>QL</b> 375 / 25 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide nasal soln</i> 0.03% (21 mcg/spray)	generic	<b>QL</b> 31 / 30 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide nasal soln</i> 0.06% (42 mcg/spray)	generic	<b>QL</b> 15 / 30 days
<i>Tudorza Pressair</i>	TUDORZA PRESSAIR AER POW BA 400 MCG/ACT <i>aclidinium bromide</i>	BRAND	<b>MPL</b> 1 / month
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>			
<i>Adreناclick</i>	ADRENACLICK SOLN A-INJ 0.3 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>Albuterol Sulfate</i>	<i>Albuterol Sulfate (SOLN NEBU</i> 0.5% (5 MG/ML), SYRUP 2 MG/5ML, TAB 2 MG, TAB 4 MG)	generic	
<i>Albuterol Sulfate</i>	<i>Albuterol Sulfate (SOLN NEBU</i> 0.63, SOLN NEBU 1.25)	generic	<b>QL</b> 375 / 30 days
<i>Albuterol Sulfate ER</i>	<i>Albuterol Sulfate (TAB 4 MG,</i> TAB 8 MG)	generic	
<i>Albuterol Sulfate</i>	<i>albuterol sulfate soln nebu</i> 0.083% (2.5 mg/3ml)	generic	<b>MDD</b> 12.5 per day
EPINEPHrine	EPINEPHRINE SOLN A-INJ 0.3 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>EpiPen 2-Pak</i>	EPIPEN 2-PAK SOLN A-INJ 0.3 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>EpiPen Jr 2-Pak</i>	EPIPEN JR 2-PAK SOLN A- INJ 0.15 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>EpiPen Jr</i>	EPIPEN JR SOLN A-INJ 0.15 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>EpiPen</i>	EPIPEN SOLN A-INJ 0.3 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>Foradil Aerolizer</i>	FORADIL AEROLIZER CAP 12 MCG <i>formoterol fumarate</i>	BRAND	<b>MPL</b> 1 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Metaproterenol Sulfate</i>	<i>Metaproterenol Sulfate (TAB 10 MG, TAB 20 MG)</i>	generic	
<i>Metaproterenol Sulfate</i>	<i>metaproterenol sulfate syrup 10 mg/5ml</i>	generic	<b>MDD</b> 30 per day
<i>Serevent Diskus</i>	SEREVENT DISKUS AER POW BA 50 MCG/DOSE <i>salmeterol xinafoate</i>	BRAND	<b>MPL</b> 1 / claim
<i>Terbutaline Sulfate</i>	<i>Terbutaline Sulfate (TAB 2.5 MG, TAB 5 MG)</i>	generic	
<i>Twinject</i>	TWINJECT SOLN A-INJ 0.3 MG/0.3ML <i>epinephrine</i>	BRAND	<b>QL</b> 2 / 30 days <b>MFL</b> 2 / 365 days
<i>Ventolin HFA</i>	VENTOLIN HFA AERO SOLN 108 (90 BASE) MCG/ACT <i>albuterol sulfate</i>	BRAND	<b>MPL</b> 2 / month
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE			
<i>Aminophylline</i>	<i>Aminophylline (TAB 100 MG, TAB 200 MG)</i>	generic	
<i>Caffeine Citrate</i>	<i>Caffeine Citrate (INJ 60 MG/ML, ORAL SOLN 60 MG/ML)</i>	generic	<b>QL</b> 45 / claim <b>MFL</b> 2 / lifetime
<i>Elixophyllin</i>	ELIXOPHYLLIN ELIXIR 80 MG/15ML <i>theophylline</i>	BRAND	
<i>Lufyllin</i>	LUFYLLIN TAB 400 MG <i>dyphylline</i>	BRAND	
<i>Theo-24</i>	<i>Theophylline (CAP ER 24H 400 MG, CAP ER 24H 100 MG, CAP ER 24H 200 MG, CAP ER 24H 300 MG)</i> <i>theophylline</i>	BRAND	
<i>Theochron</i>	<i>Theophylline (TAB 100 MG, TAB 200 MG, TAB 300 MG)</i>	generic	
<i>Theophylline ER</i>	<i>Theophylline (TAB 12HR 450 MG, TAB 24HR 600 MG, TAB 24HR 400 MG)</i>	generic	
<i>Theophylline</i>	<i>theophylline soln 80 mg/15ml</i>	generic	<b>QL</b> 475 / claim
RESPIRATORY TRACT AGENTS, OTHER			
<i>Acetylcysteine</i>	<i>Acetylcysteine (SOLN 10%, SOLN 20%)</i>	generic	
<i>Advair Diskus</i>	ADVAIR DISKUS AER POW BA 250-50 MCG/DOSE <i>fluticasone-salmeterol</i>	BRAND	<b>QL</b> 60 / 30 days <b>AL</b> 4 to 11 yrs old

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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>Symbicort</i>	<i>Budesonide-Formoterol Fumarate Dihydrate (AEROSOL 80-4.5, AEROSOL 160-4.5)</i> <i>budesonide-formoterol fumarate dihydrate</i>	BRAND	<span>QL</span> 11 / claim
<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 AEROSOL 18-103 MCG/ACT <i>ipratropium-albuterol</i>	BRAND	<span>MDD</span> 1 per day
<i>Combivent Respimat</i>	COMBIVENT RESPIMAT AERO SOLN 20-100 MCG/ACT <i>ipratropium-albuterol</i>	BRAND	<span>QL</span> 4 / 30 days
<i>Cromolyn Sodium</i>	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	generic	<span>MDD</span> 8 per day
<i>Decon-A</i>	DECON-A ELIXIR 2-5 MG/5ML <i>brompheniramine &amp; phenyleph</i>	BRAND	
<i>Advair Diskus</i>	<i>Fluticasone-Salmeterol (AER POW BA 100-50, AER POW BA 500-50)</i> <i>fluticasone-salmeterol</i>	BRAND	<span>QL</span> 60 / claim <span>AL</span> 4 to 11 yrs old
<i>Grastek</i>	GRASTEK SL TAB 2800 BAU <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
<i>Dulera</i>	<i>Mometasone Furoate-Formoterol Fumarate Dihydrate (AEROSOL 100-5, AEROSOL 200-5)</i> <i>mometasone furoate-formoterol fumarate dihydrate</i>	BRAND	<span>QL</span> 13 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Nortuss-Ex</i>	NORTUSS-EX LIQUID 20-200 MG/5ML <i>dextromethorphan-guaifenesin</i>	BRAND	
<i>Oralair Adult Sample Kit</i>	ORALAIR ADULT SAMPLE KIT SL TAB 300 IR <i>grass mixed pollens allergen extract</i>	BRAND	ST AL 10 to 65 yrs old MDD 1 per day
<i>Oralair Adult Starter Pack</i>	ORALAIR ADULT STARTER PACK SL TAB 300 IR <i>grass mixed pollens allergen extract</i>	BRAND	ST AL 10 to 65 yrs old MDD 1 per day
<i>Oralair Childrens Starter Pack</i>	ORALAIR CHILDRENS STARTER PACK SL TAB 100 IR <i>grass mixed pollens allergen extract</i>	BRAND	ST AL 10 to 65 yrs old MDD 3 per day
<i>Oralair</i>	ORALAIR SL TAB 300 IR <i>grass mixed pollens allergen extract</i>	BRAND	ST AL 10 to 65 yrs old MDD 1 per day
<i>Qual-Tussin</i>	<i>phenyleph-chlorphen w/ dm-gg syrup 10-2-7.5-100 mg/5ml</i>	generic	QL 248 / 31 days
<i>Promethazine VC</i>	<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	generic	QL 240 / 6 days AL At least 2 yrs old
<i>Promethazine-Codeine</i>	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	generic	QL 240 / claim AL At least 2 yrs old
<i>Promethazine-DM</i>	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	generic	QL 240 / claim AL At least 2 yrs old
<i>Carbofed DM</i>	<i>pseudoephed-bromphen-dm syrup 45-4-15 mg/5ml</i>	generic	QL 240 / claim
<i>Ragwitek</i>	RAGWITEK SL TAB 12 AMB A 1-U <i>short ragweed pollen allergen extract</i>	BRAND	ST AL 18 to 65 yrs old MDD 1 per day
<i>Sodium Chloride</i>	<i>Sodium Chloride (Inhalant) (SOLN NEBU 0.9%, SOLN NEBU 3%, SOLN NEBU 10%)</i>	generic	
SKELETAL MUSCLE RELAXANTS			
<i>Chlorzoxazone</i>	<i>chlorzoxazone tab 500 mg</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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	
SLEEP DISORDER AGENTS			
GABA RECEPTOR MODULATORS			
<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, 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
SLEEP DISORDERS, OTHER			
<i>Flurazepam HCl</i>	<i>Flurazepam HCl (CAP 15 MG, CAP 30 MG)</i>	generic	<span>MDD</span> 1 per day
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES			
ELECTROLYTE/MINERAL MODIFIERS			
<i>Kionex</i>	<i>*sodium polystyrene sulfonate powder**</i>	generic	
<i>Chemet</i>	<i>CHEMET CAP 100 MG succimer</i>	BRAND	
<i>Jadenu</i>	<i>Deferasirox (TAB 90 MG, TAB 180 MG, TAB 360 MG) 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>Klor-Con M15</i>	KLOR-CON M15 TAB ER 15 MEQ <i>potassium chloride microencapsulated crystals cr</i>	BRAND	
<i>Klor-Con/EF</i>	<i>potassium bicarbonate effer tab 25 meq</i>	generic	
<i>Klor-Con</i>	<i>Potassium Chloride (POWDER PACKET 20, TAB CR 8 (600 MG))</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 Microencapsulated Crystals CR (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>Fluoritab</i>	<i>Sodium Fluoride (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>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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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 acid fluoride &amp; fe drops 0.25-10 mg/ml***</i>	generic	
<i>Cavan Prenatal/EC Calcium</i>	CAVAN PRENATAL/EC CALCIUM TAB DR 28-1 MG <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Cavan-Folate OB</i>	CAVAN-FOLATE OB TAB 65-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Co-Natal FA</i>	CO-NATAL FA TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Complete-RF Prenatal</i>	COMPLETE-RF PRENATAL TAB 90-1 MG <i>prenatal without a w/ fe carbonyl-docusate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>CompleteNate</i>	COMPLETENATE CHEW TAB 29-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female 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 LIQUID 0.25-6 MG/ML <i>ped multivitamins w/fl &amp; iron</i>	BRAND	QL 50 / claim AL Up to 21 yrs old
<i>Gesticare</i>	GESTICARE TAB DR 28-1 MG <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Lactocal-F</i>	LACTOCAL-F TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female 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 TAB 5 MG <i>phytonadione</i>	BRAND	
<i>Mynatal</i>	MYNATAL CAP <i>prenatal multivit-min w/fe-fa</i>	BRAND	GL Female AL 12 to 50 yrs old



BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Mynatal Plus</i>	MYNATAL PLUS TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Mynatal-Z</i>	MYNATAL-Z TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Mynate 90 Plus</i>	MYNATE 90 PLUS TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>NataChew</i>	NATACHEW CHEW TAB 29-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Natal-V RX</i>	NATAL-V RX TAB 29-1 MG <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Natalvit</i>	NATALVIT TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
O-Cal Prenatal	O-CAL PRENATAL TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Multi-Vitamin/Fluoride</i>	<i>Pediatric Multivitamins w/Fl (CHEW TAB 0.25, CHEW TAB 1)</i>	generic	
<i>Multi-Vit/Fluoride</i>	<i>Pediatric Multivitamins w/Fl (SOLN 0.25, SOLN 0.5)</i>	generic	QL 50 / claim AL Up to 21 yrs old
<i>Quflora Pediatric</i>	<i>Pediatric Multivitamins w/Fl (SOLUTION 0.25 MG/ML, SOLUTION 0.5 MG/ML) pediatric multivitamins w/fl</i>	BRAND	QL 50 / claim AL Up to 21 yrs old
<i>Tri-Vit/Fluoride</i>	<i>Pediatric Vitamins ACD w/ Fluoride (SOLN 0.25, SOLN 0.5)</i>	generic	QL 50 / claim AL Up to 21 yrs old
PNV Fe Fum/Docusate/Folic Acid	PNV FE FUM/DOCUSATE/FOLIC ACID TAB 29-1 MG <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
PNV Tabs 29-1	PNV TABS 29-1 TAB 29-1 MG <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>PrenaFirst</i>	PRENAFIRST TAB 17-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Prenatabs FA</i>	PRENATABS FA TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Prenatabs Rx</i>	PRENATABS RX TAB 29-1 MG <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Prenatal Plus Iron</i>	PRENATAL PLUS IRON TAB 29-1 MG <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Prenatal 19</i>	<i>Prenatal Vit w/ Docusate-Fe Fumarate-Folic Acid (19 TAB 29-1 MG, 19 TAB)</i> <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
<i>Prenatal 19</i>	<i>Prenatal Vit w/ Ferrous Fumarate-Folic Acid (19 CHEW TAB, 19 CHEW TAB 29-1 MG)</i> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Prenatal-U</i>	PRENATAL-U CAP 106.5-1 MG <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>PreTAB</i>	PRETAB TAB 29-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
RE Prenatal Multivitamin/Iron	RE PRENATAL MULTIVITAMIN/IRON CHEW TAB 29-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
RE-Nata 29 OB	RE-NATA 29 OB TAB 29-1 MG <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old
<i>Se-Natal 19</i>	SE-NATAL 19 CHEW TAB 29-1 MG <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	GL Female AL Up to 49 yrs old
<i>Se-Natal 19</i>	SE-NATAL 19 TAB 29-1 MG <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
<i>Se-Natal 90</i>	SE-NATAL 90 TAB ER 90-1 MG <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	GL Female AL Up to 50 yrs old

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

# LIST OF COVERED SPECIALTY MEDICATIONS

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tecfidera</i>	<i>Dimethyl Fumarate (CAP DR 120 MG, CAP DR 240 MG, MISC 120 &amp; 240 MG) dimethyl fumarate</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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>	<i>Cholic Acid (CAP 50 MG, CAP 250 MG) cholic acid</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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> 5 per day Specialty Drug </div>
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
<i>Norditropin</i>	<i>Somatropin (SOLUTION 5, SOLUTION 15) somatropin</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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>	<i>Somatropin (SOLUTION 5, SOLUTION 10, SOLUTION 15) somatropin</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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>	<i>Somatropin (PEN SOLUTION 5 MG/1.5ML, PEN SOLUTION 10 MG/1.5ML, PEN SOLUTION 15 MG/1.5ML, PEN SOLUTION 30 MG/3ML) somatropin</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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>	<i>Etanercept (SOLN PRSYR 25 MG/0.5ML, SOLN PRSYR 50 MG/ML) etanercept</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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>	<i>ENBREL SURECLICK SOLN A-INJ 50 MG/ML etanercept</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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>	<i>Adalimumab (PREF SY KT 10 MG/0.2ML, PREF SY KT 20 MG/0.4ML, PREF SY KT 40 MG/0.8ML) adalimumab</i>	BRAND	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c47a3b; 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 PREF SY KT 40 MG/0.8ML <i>adalimumab</i>	BRAND	PA S Specialty Drug
<i>Humira Pen</i>	HUMIRA PEN PEN KIT 40 MG/0.8ML <i>adalimumab</i>	BRAND	PA S Specialty Drug
<i>Humira Pen-Crohns Starter</i>	HUMIRA PEN-CROHNS STARTER PEN KIT 40 MG/0.8ML <i>adalimumab</i>	BRAND	PA S Specialty Drug
<i>Humira Pen-Psoriasis Starter</i>	HUMIRA PEN-PSORIASIS STARTER PEN KIT 40 MG/0.8ML <i>adalimumab</i>	BRAND	PA S Specialty Drug
RESPIRATORY TRACT/PULMONARY AGENTS			
CYSTIC FIBROSIS AGENTS			
<i>Kalydeco</i>	<i>Ivacaftor (PACKET 50 MG, PACKET 75 MG, TAB 150 MG)</i> <i>ivacaftor</i>	BRAND	PA S Specialty Drug
<i>Orkambi</i>	ORKAMBI TAB 200-125 MG <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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