

Comprehensive

PREFERRED DRUG LIST

Absolute Total Care



Notice of Non-Discrimination

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

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

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 الإنجليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا. 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 (телефон: 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.

ध्येय, आप हंडी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-433-6041 (TTY: 711) पर कॉल करें। 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).

နှမ့်ကတိ၊ ကည်းကျိုးအယိုး၊ နမေနံ၊ ကျိုးအတ်မာစာလာ၊ တလ်ဘူးလိုင်စွဲ၊ နိတမံဘာ်သူနှုန်းလို့၊ ကို 866-433-6041 (TTY: 711)

ՊՐՈԴՈՒԿԹ: ԲԱԾԳԻՆԴԻ ՖԼԻ ԱԿՎԱԾԻ ԽՄԻ ՔՇԵՐԵՎ ԽԸՆԴԻ ՔԸՆԴԻ: ՈՂՋ Ա.ՔՈՒՄԻՔԻ ԴԱՀԱՎԱՐԱ: ԽԸՆԴԻ ՀԱՎԱՐԱ 1-866-433-6041 (ԽԸՆԴԻ ՀԱՎԱՐԱ: 711).

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

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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) 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.

Appropriate Use and Safety Edits

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

Prior Authorizations

Some medications listed on the Absolute Total Care PDL may require PA. The information should be submitted by the practitioner or pharmacist to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**. This document can be found on the Absolute Total Care website. All completed authorizations are reviewed within 24 hours from the time of receipt.

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

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

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

Step Therapy

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

Quantity Limits

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

Age Limits

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

with current FDA alerts for the appropriate use of pharmaceuticals and also align with Healthy Connections Medicaid Guidelines.

Medical Necessity Requests

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

For a MN request Absolute Total Care requires:

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

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

Emergency Supply Policy

State and Federal law require that a pharmacy dispense a five (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 five (5) day supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the five (5) day supply of medication, whether or not the PA request is ultimately approved or denied. If the pharmacy requires further assistance for any reason, they may call **Envolve Pharmacy Solutions at 1-888-929-3790**.

Exclusions

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

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents

- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence
- Nutritional supplements
- Injectables (except those listed in the PDL)
- Infusion supplies
- Hepatitis C Agents*

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

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

Newly Approved Products

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

Over-the-Counter Medications

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

Generic Drugs

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

A member can have prescriptions filled at an Absolute Total Care network pharmacy. If the member decides to have a prescription filled at a network pharmacy they can locate a pharmacy near them by contacting **Absolute Total Care Member Services at 1-866-433-6041**. A member can also log onto Absolute Total Care's website at www.absolutetotalcare.com 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 day 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 are categories of Medicaid Beneficiaries 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.

*Effective **July 1, 2017**, Absolute Total Care will waive copays for all members who obtain a prescription for any tobacco cessation products on the PDL.

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

AcariaHealth Specialty Pharmacy
 Phone: 1-855-535-1815
 Fax: 1-855-217-0926
 Website: www.acariahealth.com

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

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

LEGEND

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

LIST OF COVERED OVER-THE-COUNTER MEDICATIONS

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

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

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
SMOKING CESSATION AGENTS			
Nicotine	nicotine (patch 24hr 14 mg/24hr, patch 24hr 21 mg/24hr)	generic	MDD 1 per day MDS 180 / 365 days
Nicotine	NICOTINE 21-14-7 MG/24HR KIT <i>nicotine</i>	BRAND	MPL 2 / 365 days MDS 180 / 365 days
Thrive	nicotine polacrilex (gum 2 mg, gum 4 mg)	generic	MDD 24 per day MDS 180 / 365 days
Nicotine Polacrilex	nicotine polacrilex (lozenge 2 mg, lozenge 4 mg)	generic	MDD 20 per day MDS 180 / 365 days
EQ Nicotine	nicotine td patch 24hr 7 mg/24hr	generic	MDD 1 per day MDS 180 / 365 days
ANTIEMETICS			
ANTIEMETICS, OTHER			
Wal-Dram	dimenhydrinate tab 50 mg	generic	QL 24 / claim
Dramamine	DRAMAMINE 50 MG CHEW TAB <i>dimenhydrinate</i>	BRAND	QL 24 / claim
Motion Sickness Relief	meclizine hcl chew tab 25 mg	generic	
Meclizine HCl	meclizine hcl tab 12.5 mg	generic	
Dramamine Less Drowsy	meclizine hcl tab 25 mg	generic	
ANTIFUNGALS			
Desenex	clotrimazole cream 1%	generic	MPL 1 / 31 days
Clotrimazole	clotrimazole soln 1%	generic	MPL 1 / claim
Clotrimazole	clotrimazole vaginal cream 1%	generic	QL 45 / 31 days
RA Clotrimazole 3	clotrimazole vaginal cream 2%	generic	QL 31 / 31 days
Anti-Fungal	miconazole nitrate cream 2%	generic	QL 45 / 31 days
EQL Miconazole 3 Applicator	miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	generic	

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

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ultilet Glucose</i>	ULTILET GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days
<i>Walgreens Glucose</i>	WALGREENS GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i>	BRAND	QL 50 / 30 days

CARDIOVASCULAR AGENTS

DYSLIPIDEMICS, OTHER

<i>Sea-Omega</i>	*omega-3 fatty acids cap 1000 mg**	generic	MDD 6 per day
<i>KP Fish Oil</i>	*omega-3 fatty acids cap 1200 mg**	generic	MDD 6 per day
<i>Omega-3 Fish Oil</i>	*omega-3 fatty acids cap 500 mg**	generic	MDD 6 per day
<i>Niacin ER</i>	niacin (er 1000 mg tab er, tab cr 500 mg, tab cr 750 mg, tab cr 1000 mg, tab er 250 mg)	generic	
<i>Slo-Niacin</i>	niacin tab cr 250 mg	generic	

CENTRAL NERVOUS SYSTEM AGENTS

CENTRAL NERVOUS SYSTEM, OTHER

<i>Little Remedies for Fever</i>	acetaminophen liquid 160 mg/5ml	generic	
<i>Q-PAP Infants</i>	acetaminophen soln 100 mg/ml	generic	QL 30 / claim
<i>Acetaminophen</i>	acetaminophen soln 160 mg/5ml	generic	
<i>Infants Silapap</i>	INFANTS SILAPAP 100 MG/ML SOLUTION acetaminophen	BRAND	

DENTAL AND ORAL AGENTS

<i>Biotene Dry Mouth Moisturizing</i>	BIOTENE DRY MOUTH MOISTURIZING SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
<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
<i>CVS Dry Mouth</i>	CVS DRY MOUTH SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Dry Mouth Spray	DRY MOUTH SPRAY SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
Moi-Stir	MOI-STIR SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
Mouth Kote	MOUTH KOTE SOLUTION <i>artificial saliva</i>	BRAND	QL 900 / claim
Oral Relief Spray	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	
Lan-O-Soothe	* <i>lanolin cream</i> ***	generic	
Triple Antibiotic	* <i>neomycin-bacitracin-polymyxin oint</i> ***	generic	QL 31 / 31 days
Minerin	* <i>skin protectants misc - cream</i> ***	generic	
SM Skin Cleanser Gentle	* <i>soap & cleansers - lotion</i> ***	generic	
A-200	A-200 0.33-4 % GEL <i>pyrethrins-piperonyl butoxide</i>	BRAND	
Acne Medication 5	ACNE MEDICATION 5 5 % LOTION <i>benzoyl peroxide</i>	BRAND	
Bacitracin	<i>bacitracin oint 500 unit/gm</i>	generic	MPL 1 / claim
Bacitracin Zinc	<i>bacitracin zinc oint 500 unit/gm</i>	generic	QL 30 / claim MPL 1 / claim
PanOxyl Aqua	<i>benzoyl peroxide gel 10%</i>	generic	
Benzoyl Peroxide	<i>benzoyl peroxide gel 2.5%</i>	generic	
KP Benzoyl Peroxide	<i>benzoyl peroxide gel 5%</i>	generic	
PanOxyl Wash	<i>benzoyl peroxide liq 10%</i>	generic	
KP Benzoyl Peroxide Wash	<i>benzoyl peroxide liq 5%</i>	generic	
Acne 10	<i>benzoyl peroxide lotion 10%</i>	generic	
Anti-Itch	<i>camphor & menthol lotion 0.5-0.5%</i>	generic	MPL 1 / claim
Capsaicin	<i>capsaicin cream 0.025%</i>	generic	QL 62 / 31 days MPL 1 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Trixaicin HP	<i>capsaicin cream 0.075%</i>	generic	MPL 1 / claim
Capsaicin HP	<i>capsaicin cream 0.1%</i>	generic	MPL 1 / claim
Capzasin-P	CAPZASIN-P 0.035 % CREAM <i>capsaicin</i>	BRAND	MPL 1 / claim
Castiva Warming	CASTIVA WARMING 0.035 % LOTION <i>capsaicin</i>	BRAND	MPL 1 / claim
Clean & Clear Advantage 3-in-1	CLEAN & CLEAR ADVANTAGE 3-IN-1 5 % LOTION <i>benzoyl peroxide</i>	BRAND	
Therapeutic	<i>coal tar shampoo 0.5%</i>	generic	
Dibucaine	<i>dibucaine oint 1%</i>	generic	QL 31 / 31 days MPL 1 / claim
Dibucaine	<i>dibucaine rectal ointment 1%</i>	generic	QL 31 / 31 days MPL 1 / claim
SM Allergy Maximum Strength	<i>diphenhydramine hcl cream 2%</i>	generic	
Hydrocortisone	<i>hydrocortisone cream 0.5%</i>	generic	MPL 1 / claim
Anti-Itch Maximum Strength	<i>hydrocortisone cream 1%</i>	generic	MPL 1 / claim
Aquanil HC	<i>hydrocortisone lotion 1%</i>	generic	MPL 1 / claim
Hydrocortisone	<i>hydrocortisone oint 1%</i>	generic	QL 60 / 30 days MPL 1 / 30 days
Hydrocortisone-Aloe	<i>hydrocortisone-aloe vera cream 1%</i>	generic	MPL 1 / claim
Keralyt	KERALYT 3 % GEL <i>salicylic acid</i>	BRAND	
AmLactin	<i>lactic acid (ammonium lactate) (cream, lotion)</i>	generic	MPL 1 / 31 days
Licide Treatment	LICIDE TREATMENT KIT <i>pyrethrins-piperonyl butoxide</i>	BRAND	
AneCream	<i>lidocaine cream 4%</i>	generic	MPL 1 / claim(s)
Double Antibiotic + Pain Rlf	<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	generic	QL 15 / 31 days MPL 1 / claim
NeuroMed7	NEUROMED7 4 % CREAM <i>lidocaine hcl</i>	BRAND	MPL 1 / claim(s)

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Permethrin	<i>permethrin lotion 1%</i>	generic	QL 124 / 31 days C Pkg Size 60: 2/claim C Pkg Size 120: 1/claim
RA Lice Solution	<i>permethrin spray & pyrethrins-piperonyl butoxide shampoo</i>	generic	
Hemorrhoidal	<i>phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%</i>	generic	QL 12 / 31 days
QC Hemorrhoidal	<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	generic	
GNP Hemorrhoidal	<i>phenylephrine-mineral oil-petrolatum oint 0.25-14-74.9%</i>	generic	
Hemorrhoidal	<i>phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%</i>	generic	QL 31 / 31 days
Predator	PREDATOR 4 % CREAM <i>lidocaine hcl</i>	BRAND	MPL 1 / claim(s)
Preparation H	PREPARATION H 0.25-14-74.9 % OINTMENT <i>phenylephrine-mineral oil-petrolatum</i>	BRAND	
Complete Lice Treatment	<i>pyreth-piperonyl butox shampoo permeth aero-nit remover gel kit</i>	generic	
Pronto Plus-Lice Killing	<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	generic	
Lice Killing Maximum Strength	<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	generic	
RA Arthritis Pain Relief	RA ARTHRITIS PAIN RELIEF 0.075 % CREAM <i>capsaicin</i>	BRAND	
SchoolTime Shampoo	SCHOOLTIME SHAMPOO SHAMPOO <i>nit remover</i>	BRAND	QL 1 / 14 days
Anti-Dandruff	<i>selenium sulfide lotion 1%</i>	generic	MPL 1 / claim
KP Terbinafine Hydrochloride	<i>terbinafine hcl cream 1%</i>	generic	
Tolnaftate	<i>tolnaftate cream 1%</i>	generic	QL 30 / claim
Xolido XP	XOLIDO XP 4 % CREAM <i>lidocaine hcl</i>	BRAND	MPL 1 / claim(s)
Zinc Oxide	<i>zinc oxide oint 20%</i>	generic	MPL 1 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS			
GASTROINTESTINAL AGENTS, OTHER			
Maalox Regular Strength	alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	generic	QL 720 / 30 days
Aluminum Hydroxide Gel	aluminum hydroxide gel susp 320 mg/5ml	generic	
Soothe	bismuth subsalicylate chew tab 262 mg	generic	
Stomach Relief Max St	bismuth subsalicylate susp 525 mg/15ml	generic	
Calcium Antacid	calcium carbonate (antacid) chew tab 500 mg	generic	
Anti-Diarrheal	loperamide hcl (cap 2 mg, liq 1 mg/5ml (0.2 mg/ml))	generic	
Anti-Diarrheal	loperamide hcl tab 2 mg	generic	MDD 2 per day
Magnesium Oxide	magnesium oxide tab 400 mg	generic	
Simethicone	simethicone chew tab 80 mg	generic	
Infants Simethicone	simethicone susp 40 mg/0.6ml	generic	QL 31 / 31 days
Sodium Bicarbonate	sodium bicarbonate (antacid) (tab 325 mg, tab 650 mg)	generic	QL 100 / 31 days
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS			
Axid AR	AXID AR 75 MG TAB nizatidine	BRAND	
Heartburn Relief	cimetidine tab 200 mg	generic	
Acid Reducer	famotidine tab 10 mg	generic	
Acid Reducer Maximum Strength	famotidine tab 20 mg	generic	
KLS Acid Reducer Max St	ranitidine hcl tab 150 mg	generic	
Wal-Zan 75	ranitidine hcl tab 75 mg	generic	MDD 2 per day
LAXATIVES			
Ex-Lax Ultra	bisacodyl ec tab dr 5 mg	generic	MDD 1 per day
Gentle Laxative	bisacodyl laxative suppos 10 mg	generic	QL 12 / claim
Fiber Laxative	calcium polycarbophil tab 625 mg	generic	MDD 10 per day

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

PROTON PUMP INHIBITORS

Lansoprazole	<i>lansoprazole cap delayed release 15 mg</i>	generic	MDD 4 per day C OTC Covered Only
NexIUM 24HR	<i>NEXIUM 24HR 20 MG CAP DR esomeprazole magnesium</i>	BRAND	MDD 2 per day C OTC Covered Only

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Omeprazole	<i>omeprazole delayed release tab 20 mg</i>	generic	MDD 1 per day
PriLOSEC OTC	PRILOSEC OTC 20 MG TAB DR <i>omeprazole magnesium</i>	BRAND	MDD 1 per day

GENITOURINARY AGENTS

GENITOURINARY AGENTS, OTHER

Encare	ENCARE 100 MG SUPPOS <i>nonoxytol-9</i>	BRAND	MPL 1 / claim
Gynol II	GYNOL II 2 % GEL <i>nanoxytol-9</i>	BRAND	MPL 1 / claim
Options Gynol II Contraceptive	OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL <i>nanoxytol-9</i>	BRAND	MPL 1 / claim
Cytra-2	sodium citrate & citric acid soln 500-334 mg/5ml	generic	QL 500 / 30 days
VCF Vaginal Contraceptive	VCF VAGINAL CONTRACEPTIVE 28 % FILM <i>nanoxytol-9</i>	BRAND	MPL 1 / claim

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

PROGESTINS

My Way	levonorgestrel tab 1.5 mg	generic	QL 1 / 21 days MFL 4 / 365 days
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METABOLIC BONE DISEASE AGENTS

D3-50	cholecalciferol cap 50000 unit	generic	QL 8 / 30 days
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MISCELLANEOUS THERAPEUTIC AGENTS

Excilon IV Sponges	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads & dressings</i>	BRAND	
Dermacea IV Sponges	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads & dressings</i>	BRAND	
Restore Contact Layer	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads & dressings</i>	BRAND	
SM Sterile	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads & dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Curity AMD Antimicrobial Spnge</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads & dressings</i>	BRAND	
<i>TheraGauze</i>	*GAUZE PADS & DRESSINGS - PADS 2" X 2"*** <i>gauze pads & dressings</i>	BRAND	
<i>GNP Sterile Pads</i>	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads & dressings</i>	BRAND	
<i>Restore Trio Absorbent Dress</i>	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads & dressings</i>	BRAND	
<i>Curity Non-Adherent Strips</i>	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads & dressings</i>	BRAND	
<i>EQL Gauze Sterile</i>	*GAUZE PADS & DRESSINGS - PADS 3" X 3"*** <i>gauze pads & dressings</i>	BRAND	
<i>DermaLevin Adhesive</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>J & J Gauze Sponges 12-Ply</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Kerlix Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Curex All-Purpose Sponges</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Ray-Tec X-Ray Detectable Spnge</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>RA All Purpose Dressings</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Copa Plus Hydrophilic Foam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Optifoam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Copa Island Bordered Foam</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
<i>Covrsite Cover Dressing</i>	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
RA Gauze Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Steri-Pad Sterile	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
CarraSmart Foam	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Allevyn Plus Cavity	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Nu Gauze General-Use Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Dermacea X-Ray Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
RA Dressing Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Vistec X-Ray Detectable Sponge	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Restore Foam Dressing	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Dermacea Drain Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
CarraSmart	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Covrsite Plus Composite Dress	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Bordered Gauze	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Curity Dressing Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Biatain Adhesive Foam Dressing	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Flexzan	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
J & J Gauze Sponges 8-Ply	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Allevyn Thin	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
J & J Gauze Sponges 16-Ply	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Gauze Sponge	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
CVS Gauze	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Dressing Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Excilon Drain Sponges	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Restore Odor Absorbing Dress	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Biatain Foam Dressing	*GAUZE PADS & DRESSINGS - PADS 4" X 4"*** <i>gauze pads & dressings</i>	BRAND	
Nose Clip	*respiratory therapy supplies - misc**	generic	QL 1 / 360 days
Disposable Paper	*respiratory therapy supplies - mouthpieces**	generic	QL 1 / 180 days
Feverall	acetaminophen (suppos 120 mg, suppos 325 mg)	generic	QL 12 / 31 days
SM Pain Reliever Jr St	acetaminophen chew tab 160 mg	generic	
Childrens Non-Aspirin	acetaminophen chew tab 80 mg	generic	
Childrens Aspirin Free	acetaminophen elixir 160 mg/5ml	generic	
Ed-APAP	acetaminophen liquid 160 mg/5ml	generic	
Acetaminophen	acetaminophen suppos 650 mg	generic	QL 12 / 31 days
Pain Relief Childrens	acetaminophen susp 160 mg/5ml	generic	QL 240 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Infants Pain Reliever	<i>acetaminophen susp 80 mg/0.8ml</i>	generic	
Genebs	<i>acetaminophen tab 325 mg</i>	generic	
GoodSense Pain Relief Extra St	<i>acetaminophen tab 500 mg</i>	generic	
AIRS Pediatric Aerosol Mask	AIRS PEDIATRIC AEROSOL MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Alcohol Prep	ALCOHOL SWABS (*ALCOHOL SWABS***, ALCOHOL PREP 70 % PAD) <i>alcohol swabs</i>	BRAND	QL 400 / claim
ReliOn Alcohol Swabs	ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i>	BRAND	QL 400 / claim
GNP Alcohol Swabs	ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i>	BRAND	QL 400 / claim
SM Alcohol Prep	ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i>	BRAND	QL 400 / claim
Alcohol Swabs	ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
BD Swab Single Use Regular	BD SWAB SINGLE USE REGULAR PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
Bubbles The Fish II Pedi Mask	BUBBLES THE FISH II PEDI MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Chlorhexidine Gluconate	<i>chlorhexidine gluconate liquid 4%</i>	generic	
Elexa Ultra Sensitive	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
Trustex Lubricated/Spermicide	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
Kimono Sensation	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
Trojan Twisted Pleasure	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</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>Kimono PS Plus</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>Reality Latex/Ultra Textured</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>Fantasy Lubricated</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>Trustex Lubricated Ex Large</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>Maxx Plus</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>Trustex Ria Lub/Spermicide</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>Elexa Natural Feel</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>Trustex Ria Lubricated</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days
<i>Trustex Color Condoms + Lube</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>Aimsco Lubricated</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>Trustex-Nonoxytol-9/Rib/Stud</i>	CONDOMS LATEX LUBRICATED <i>condoms latex lubricated - male</i>	BRAND	QL 36 / 30 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Trustex Lub/Ribbed/Studded</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>Trustex Lubricated Extra St</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 XL</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>Cone Mask</i>	CONE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Cromolyn Sodium</i>	cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	generic	QL 26 / 30 days
<i>Curity Alcohol Preps</i>	CURITY ALCOHOL PREPS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Curity Alcohol Swabs</i>	CURITY ALCOHOL SWABS PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>CVS Alcohol Prep Swabs</i>	CVS ALCOHOL PREP SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>CVS Alcohol Swabs</i>	CVS ALCOHOL SWABS PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>CVS Prep</i>	CVS PREP 70 % PAD <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 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Fifty50 Alcohol Prep</i>	FIFTY50 ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
<i>Kendall Hydrophilic Foam Plus</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***) <i>gauze pads & dressings</i>	BRAND	
<i>Curity All Purpose Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Sterile</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Dermacea Gauze Sponge</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Dermacea Type VII Gauze</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Curity Gauze</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>RA Sterile</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>SM Gauze</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Gauze Pads</i>	<i>gauze pads & dressings (pads pads 2" 2"***, pads pads 3" 3"***, pads pads 4" 4"***)</i>	generic	
<i>Curity Gauze Sponge</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Kendall Hydrophilic Foam Dress</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Dermacea Non-Woven Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Tegaderm Foam</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Mirasorb Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Curity Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Island Gard-GRX</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>EQL Gauze</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Dermacea IV Drain Sponges</i>	GAUZE PADS & DRESSINGS (PADS PADS 2" 2"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Polymem Dressing</i>	GAUZE PADS & DRESSINGS (PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Curity Cover Sponge</i>	GAUZE PADS & DRESSINGS (PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Versiva XC</i>	GAUZE PADS & DRESSINGS (PADS PADS 3" 3"***, PADS PADS 4" 4"***) <i>gauze pads & dressings</i>	BRAND	
<i>Ginger Root</i>	ginger (<i>zingiber officinalis</i>) cap 250 mg	generic	MDD 4 per day

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Kimono Micro Thin</i>	KIMONO MICRO THIN MISC condoms latex non-lubricated - male	BRAND	C Pkg Size 12: Package Limit=1/30 days Pkg Size 3: Package Limit=4/30 days
HPA Lanolin	<i>lanolin</i>	generic	
<i>Meijer Alcohol Swabs</i>	MEIJER ALCOHOL SWABS 70 % PAD alcohol swabs	BRAND	QL 400 / claim
<i>Melatonin</i>	<i>melatonin sl tab 3 mg</i>	generic	
KP Melatonin	<i>melatonin tab 3 mg</i>	generic	MDD 1 per day
<i>Melatonin</i>	<i>melatonin tab 5 mg</i>	generic	MDD 1 per day
<i>MicroElite Battery</i>	MICROELITE BATTERY MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>MicroElite Filter Replacements</i>	MICROELITE FILTER REPLACEMENTS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>MiniElite Filter Replacements</i>	MINIELITE FILTER REPLACEMENTS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Afrin Saline Nasal Mist</i>	<i>nasal moisturizing spray solution 0.65 %</i>	generic	MPL 1 / claim
<i>Nova Max Plus Ketone Test</i>	NOVA MAX PLUS KETONE TEST STRIP <i>ketone blood test</i>	BRAND	QL 30 / 30 days
OFF Deep Woods	OFF DEEP WOODS AEROSOL <i>diethyltoluamide (deet)</i>	BRAND	MPL 1 / claim MFL 2 / 30 days
OFF Deep Woods Dry	OFF DEEP WOODS DRY AEROSOL <i>diethyltoluamide (deet)</i>	BRAND	MPL 1 / claim MFL 2 / 30 days
<i>Pediatric Aerosol Mask</i>	PEDIATRIC AEROSOL MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Pediatric Mouthpiece</i>	PEDIATRIC MOUTHPIECE MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
<i>Lice Treatment</i>	<i>permethrin creme rinse 1%</i>	generic	
<i>Nasal Decongestant PE Max St</i>	<i>phenylephrine hcl tab 10 mg</i>	generic	QL 24 / claim
<i>Polyethylene Glycol 3350</i>	<i>polyethylene glycol 3350 powder</i>	generic	MDD 34 per day
<i>Precision Xtra Ketone</i>	PRECISION XTRA KETONE STRIP <i>ketone blood test</i>	BRAND	QL 30 / 30 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Decongestant 12Hour Max St	<i>pseudoephedrine hcl er tab er 12h 120 mg</i>	generic	QL 62 / 31 days
Sudafed 12 Hour	<i>pseudoephedrine hcl er tab er 12h 120 mg</i>	generic	QL 62 / 31 days
GNP Suphedrin	<i>pseudoephedrine hcl liq 15 mg/5ml</i>	generic	
Pseudoephedrine HCl	<i>pseudoephedrine hcl tab 30 mg</i>	generic	
KP Pseudoephedrine HCl	<i>pseudoephedrine hcl tab 60 mg</i>	generic	
PTS Panels Ketone Test	PTS PANELS KETONE TEST STRIP <i>ketone blood test</i>	BRAND	QL 30 / 30 days
QC Alcohol Swabs	QC ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
RA Alcohol Swabs	RA ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
Replacement Filters	REPLACEMENT FILTERS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Adult Aerosol Mask	RESPIRATORY THERAPY SUPPLIES (AEROSOLMISC, AEROSOLMISC) <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Sami the Seal Filters	SAMI THE SEAL FILTERS MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
SB Alcohol Prep	SB ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
Shopko Alcohol Swabs	SHOPKO ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	BRAND	QL 400 / claim
Sidestream Adult Face Mask	SIDESTREAM ADULT FACE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Sidestream Pediatric Face Mask	SIDESTREAM PEDIATRIC FACE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Sidestream Pls Adult Face Mask	SIDESTREAM PLS ADULT FACE MASK MISC <i>respiratory therapy supplies</i>	BRAND	QL 1 / 360 days
Gas-X Infant Drops	<i>simethicone liquid 40 mg/0.6ml</i>	generic	QL 31 / 31 days

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS	
Sorbitol	sorbitol (70 % solution, solution (bulk))	generic		
TGT Alcohol Swabs	TGT ALCOHOL SWABS 70 % PAD alcohol swabs	BRAND	QL	400 / claim
Trustex Non-Lubricated	TRUSTEX NON-LUBRICATED MISC condoms latex non-lubricated - male	BRAND	C	Pkg Size 12: Package Limit=1/30 days Pkg Size 3: Package Limit=4/30 days
Trustex Ria Non-Lubricated	TRUSTEX RIA NON-LUBRICATED MISC condoms latex non-lubricated - male	BRAND	C	Pkg Size 12: Package Limit=1/30 days Pkg Size 3: Package Limit=4/30 days
Tubing/Wing Tip	TUBING/WING TIP MISC respiratory therapy supplies	BRAND	QL	1 / 360 days
Ultilet Alcohol Swab	ULTILET ALCOHOL SWAB PAD alcohol swabs	BRAND	QL	400 / claim
Ultilet Alcohol Swabs	ULTILET ALCOHOL SWABS PAD alcohol swabs	BRAND	QL	400 / claim
Ultrathon Insect Repellent 8	ULTRATHON INSECT REPELLENT 8 25 % AEROSOL diethyltoluamide (deet)	BRAND	MPL	1 / claim
Ultrathon Insect Repellent	ULTRATHON INSECT REPELLENT LOTION 34.34 % (DEET) diethyltoluamide (deet)	BRAND	MFL	2 / 30 days
Webcol Alcohol Prep Large	WEBCOL ALCOHOL PREP LARGE 70 % PAD alcohol swabs	BRAND	QL	400 / claim
Webcol Alcohol Prep Medium	WEBCOL ALCOHOL PREP MEDIUM 70 % PAD alcohol swabs	BRAND	QL	400 / claim
SimplyThick	XANTHAN GUM (THICKENING) (15 G GEL, 30G GEL, 120G GEL, 240 G GEL) xanthan gum (thickening)	BRAND	AL	At least 1 yrs old

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

Refresh P.M.	*artificial tear ophth ointment***	generic	QL	4 / claim
Systane Nighttime	*white petrolatum-mineral oil ophth ointment***	generic	MPL	1 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
<i>Artificial Tears</i>	ARTIFICIAL TEARS 0.4 % SOLUTION <i>hypromellose (ophth)</i>	BRAND	
<i>Natures Tears</i>	<i>hypromellose ophth soln 0.4%</i>	generic	QL 15 / claim
<i>ZyrTEC Itchy Eye</i>	<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	generic	MPL 1 / 31 days
<i>Visine-A</i>	<i>naphazoline w/ pheniramine ophth soln 0.025-0.3%</i>	generic	MPL 1 / 30 days C Pkg Size 15: Package Limit=1/30 days
TGT Eye Allergy Relief	<i>naphazoline w/ pheniramine ophth soln 0.027-0.315%</i>	generic	QL 15 / 30 days MPL 1 / 30 days
<i>Artificial Tears</i>	<i>polyvinyl alcohol ophth soln 1.4%</i>	generic	QL 31 / 31 days
<i>Eye Drops</i>	<i>tetrahydrozoline hcl ophth soln 0.05%</i>	generic	MPL 1 / 30 days
OTIC AGENTS			
<i>Earwax Treatment Drops</i>	<i>carbamide peroxide 6.5% otic soln</i>	generic	QL 15 / 31 days
RESPIRATORY TRACT/PULMONARY AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
<i>Nasal Allergy 24 Hour</i>	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	generic	QL 17 / 30 days AL At least 2 yrs old
ANTIHISTAMINES			
<i>Aler-Dryl</i>	ALER-DRYL 50 MG TAB <i>diphenhydramine hcl</i>	BRAND	MDD 4 per day
<i>Cetirizine HCl</i>	<i>cetirizine hcl (chew tab 10 mg, tab 5 mg)</i>	generic	MDD 1 per day
<i>All Day Allergy Childrens</i>	<i>cetirizine hcl allergy child solution 5 mg/5ml</i>	generic	QL 240 / claim
<i>Wal-Zyr Childrens</i>	<i>cetirizine hcl chew tab 5 mg</i>	generic	MDD 1 per day
<i>KLS Aller-Tec</i>	<i>cetirizine hcl tab 10 mg</i>	generic	MDD 1 per day
<i>Wal-itin</i>	<i>childrens loratadine syrup 5 mg/5ml</i>	generic	QL 240 / claim
<i>Ed Chlorped Jr</i>	<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	generic	
<i>Wal-finate</i>	<i>chlorpheniramine maleate tab 4 mg</i>	generic	QL 120 / claim

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Wal-Hist	clemastine fumarate tab 1.34 mg	generic	MDD 2 per day
Allergy Relief	diphenhydramine hcl (cap 25 mg, tab 25 mg)	generic	MDD 4 per day
KP DiphenhydrAMINE HCl	diphenhydramine hcl cap 50 mg	generic	MDD 4 per day
DiphenhydrAMINE HCl	diphenhydramine hcl elixir 12.5 mg/5ml	generic	QL 240 / claim
Allergy Relief Childrens	diphenhydramine hcl liquid 12.5 mg/5ml	generic	QL 240 / claim
Quenalin	diphenhydramine hcl syrup 12.5 mg/5ml	generic	QL 240 / claim
KP Fexofenadine HCl	fexofenadine hcl tab 180 mg	generic	MDD 1 per day
Aller-Ease	fexofenadine hcl tab 60 mg	generic	MDD 2 per day
Triaminic Allerchews	loratadine allergy relief tab disp 10 mg	generic	MDD 1 per day
Loratadine	loratadine tab 10 mg	generic	MDD 1 per day
Silphen Cough	SILPHEN COUGH 12.5 MG/5ML SYRUP diphenhydramine hcl	BRAND	

RESPIRATORY TRACT AGENTS, OTHER

Triaminic Cough/Sore Throat	acetaminophen w/ dm liq 160-5 mg/5ml	generic	
Biospec DMX	BIOSPEC DMX 15-25 MG/5ML LIQUID dextromethorphan-guaifenesin	BRAND	
Childrens Cold & Allergy	brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	generic	QL 120 / claim MFL 1 / 30 days
Wal-tap Cold/Allergy	brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	generic	QL 120 / claim MFL 1 / 30 days
Brotapp DM	BROTAPP DM 15-1-5 MG/5ML LIQUID pseudoephed-bromphen-dm	BRAND	
All Day Allergy-D	cetirizine-pseudoephedrine tab er 12hr 5-120 mg	generic	MDD 2 per day
Wal-Zyr D	cetirizine-pseudoephedrine tab sr 12hr 5-120 mg	generic	MDD 2 per day
EQ Cold Plus	chlorphen-pseudoephedrine w/ apap cap 2-30-325 mg	generic	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
Nasohist	chlorpheniramine & phenylephrine liquid 1-2 mg/ml	generic	MDD 1 per day
Robitussin Cough/Cold Long-Act	chlorpheniramine-dm liquid 2-15 mg/5ml	generic	QL 240 / claim
Cold & Flu Relief Nighttime D	COLD & FLU RELIEF NIGHTTIME D 60-12.5-30-1000 MG/30ML LIQUID <i>pseudoephed-doxy-dm w/apap</i>	BRAND	
Decon-A	DECON-A 2-5 MG/ML LIQUID <i>brompheniramine & phenyleph</i>	BRAND	
Cough DM	dextromethorphan polistirex extended release susp 30 mg/5ml	generic	
Nighttime Cold/Flu Relief	dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml	generic	
Robitussin To Go Cgh/Chest DM	dextromethorphan-guaifenesin liquid 10-100 mg/5ml	generic	QL 240 / claim
Wal-Tussin Cough/Chest DM Max	dextromethorphan-guaifenesin liquid 10-200 mg/5ml	generic	QL 240 / claim
NeoTuss	dextromethorphan-guaifenesin liquid 30-200 mg/5ml	generic	
Mucus Relief Cough Childrens	dextromethorphan-guaifenesin liquid 5-100 mg/5ml	generic	
Tussin DM	dextromethorphan-guaifenesin syrup 10-100 mg/5ml	generic	QL 240 / claim
Mucus-DM	dextromethorphan-guaifenesin tab sr 12hr 30-600 mg	generic	QL 210 / claim MDD 2 per day
Robitussin Cold+Flu Daytime	dextromethorphan-phenylephrine-apap cap 10-5-325 mg	generic	
Dimetapp Long Act Cough/Cold	DIMETAPP LONG ACT COUGH/COLD 1-7.5 MG/5ML SYRUP <i>chlorpheniramine-dm</i>	BRAND	QL 240 / claim
ED Bron GP	ED BRON GP 5-100 MG/5ML LIQUID <i>phenylephrine-guaifenesin</i>	BRAND	
Q-Tussin	guaifenesin liquid 100 mg/5ml	generic	QL 240 / 6 days
Tussin Mucus+Chest Congestion	guaifenesin syrup 100 mg/5ml	generic	QL 240 / 6 days
CVS Mucus Extended Release	guaifenesin tab er 12hr 1200 mg	generic	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
GuaiFENesin ER	guaiifenesin tab sr 12hr 1200 mg	generic	QL 40 / claim MDD 2 per day MFL 1 / 30 days
Mucus Relief ER	guaiifenesin tab sr 12hr 600 mg	generic	QL 40 / claim MDD 2 per day MFL 1 / 30 days
Guaifenesin-Codeine	guaifenesin-codeine soln 100-10 mg/5ml	generic	
Little Remedies for Colds	LITTLE REMEDIES FOR COLDS 2.5-1.25-80 MG/ML LIQUID <i>dextromethorphan-phenylephrine-acetaminophen</i>	BRAND	
LoHist-D	LOHIST-D 2-30 MG/5ML LIQUID <i>chlorpheniramine & pseudoephedrine</i>	BRAND	QL 240 / claim
Wal-itin D	loratadine & pseudoephedrine (tab er mg, tab sr mg)	generic	MDD 2 per day
Wal-itin D 24 Hour	loratadine & pseudoephedrine tab er 24hr 10-240 mg	generic	MDD 1 per day
Allergy/Congestion Relief	loratadine & pseudoephedrine tab sr 24hr 10-240 mg	generic	MDD 1 per day
Mucinex D	MUCINEX D 60-600 MG TAB ER 12H <i>pseudoephedrine-guaifenesin</i>	BRAND	QL 210 / claim
De-Chlor DM	phenylephrine-chlorphen-dm liquid 10-2-15 mg/5ml	generic	QL 240 / claim
Ed-A-Hist DM	phenylephrine-chlorphen-dm liquid 10-4-15 mg/5ml	generic	QL 240 / claim
Cardec DM	phenylephrine-chlorphen-dm liquid 3.5-1-3 mg/ml	generic	QL 30 / 6 days MPL 2 / 31 days
Triaminic Cold/Cough Day Time	PHENYLEPHRINE-DM (SOLUTION, SYRUP) <i>phenylephrine-dm</i>	BRAND	QL 240 / claim
Sudafed PE Cold & Cough Child	phenylephrine-dm soln 2.5-5 mg/5ml	generic	QL 240 / claim
Despec	phenylephrine-guaifenesin liqd 5-100 mg/5ml	generic	QL 240 / 6 days
EQL Nighttime Cold/Flu Relief	pseudoeph-doxylamine-dm w/ apap cap 30-6.25-15-325 mg	generic	
Nighttime D Cold & Flu Relief	pseudoeph-doxylamine-dm w/apap liq 60-12.5-30-1000 mg/30ml	generic	
Q-Tapp DM	pseudoephed-bromphen-dm elixir 15-1-5 mg/5ml	generic	QL 240 / claim

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

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

Wal-Som Maximum Strength	<i>diphenhydramine hcl (sleep) cap 50 mg</i>	generic	
Nighttime Sleep Aid	<i>diphenhydramine hcl (sleep) tab 25 mg</i>	generic	MDD 1 per day
Sominex Maximum Strength	<i>diphenhydramine hcl (sleep) tab 50 mg</i>	generic	
Sleep Aid	<i>doxylamine succinate (sleep) tab 25 mg</i>	generic	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES			
ELECTROLYTE/MINERAL REPLACEMENT			
Oralyte	*oral electrolyte solution***	generic	
Calcium Carbonate Antacid	calcium carbonate (antacid) susp 1250 mg/5ml	generic	QL 500 / 30 days
Calcium	calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	generic	
Os-Cal Calcium + D3	calcium carbonate-cholecalciferol tab 500 mg-200 unit	generic	
Calcium + D3	calcium carbonate-cholecalciferol tab 600 mg-200 unit	generic	QL 62 / 31 days
Calcium 600-D	calcium carbonate-cholecalciferol tab 600 mg-400 unit	generic	QL 62 / 31 days
QC Calcium 600 +D3	calcium carbonate-cholecalciferol tab 600 mg-800 unit	generic	QL 62 / 31 days
Oyster Shell Calcium/D	calcium carbonate-vitamin d (tab 250 mg-125, tab 500 mg-200)	generic	
Calcium 500 + D	calcium carbonate-vitamin d tab 500 mg-125 unit	generic	
Calcium 600+D	calcium carbonate-vitamin d tab 600 mg-200 unit	generic	QL 62 / 31 days
Calcium Carbonate-Vitamin D	calcium carbonate-vitamin d tab 600 mg-400 unit	generic	QL 62 / 31 days
Ferretts	FERRETT'S 325 (106 FE) MG TAB ferrous fumarate	BRAND	
Ferrocite	ferrous fumarate tab 324 mg (106 mg elemental fe)	generic	
Ferrous Fumarate	ferrous fumarate tab 325 mg (106 mg elemental fe)	generic	MDD 2 per day
Ferrous Gluconate	ferrous gluconate (tab 239 mg (27 mg fe equivalent), tab 325 mg, tab 325 mg (37.5 mg elemental fe))	generic	QL 100 / 30 days AL Up to 50 yrs old
Ferrous Gluconate	ferrous gluconate (tab 324 mg mg elemental iron), 324 fe) mg tab)	generic	QL 100 / 31 days AL Up to 50 yrs old

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS	
Ferrous Gluconate	<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	generic		
Ferrous Sulfate	<i>ferrous sulfate (elixir 220 mg/5ml (44 mg/5ml elemental fe), tab ec 324 mg (65 mg fe equivalent), 324 (65 fe) mg tab dr, tab ec 325 mg (65 mg fe equivalent))</i>	generic	AL	Up to 50 yrs old
Ferrous Sulfate	<i>ferrous sulfate soln 75 mg/0.6ml (15 mg/0.6ml elemental fe)</i>	generic	MDD	3.4 per day
Fer-Iron	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	generic	MDD	3.4 per day
Iron	<i>ferrous sulfate tab 28 mg (elemental fe)</i>	generic		
KP Ferrous Sulfate	<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	generic	AL	Up to 50 yrs old
Iron Chews Pediatric	<i>IRON CHEWS PEDIATRIC 15 MG CHEW TAB carbonyl iron</i>	BRAND		
Magnesium Oxide - Mg Supplement	<i>magnesium oxide cap 400 mg (elemental mg) (mg supplement)</i>	generic		
Magnesium Oxide	<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	generic		
Oysco 500	<i>oyster shell calcium tab 500 mg</i>	generic		
Parva-Cal	<i>PARVA-CAL 500-200 MG- UNIT TAB calcium-ergocalciferol</i>	BRAND		
RA Calcium Hi-Cal/Vitamin D	<i>RA CALCIUM HI-CAL/VITAMIN D 500-200 MG- UNIT TAB calcium-cholecalciferol</i>	BRAND		
RA Oyster Shell Calcium/D	<i>RA OYSTER SHELL CALCIUM/D 500-200 MG- UNIT TAB 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

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
ICaps MV	*multiple vitamins w/ minerals tab**	generic	QL 31 / 31 days
Chewable Vite Childrens	*pediatric multiple vitamin w/ c & fa chew tab**	generic	MDD 1 per day
Baby Vitamin	*pediatric multiple vitamin w/ c soln 35 mg/ml**	generic	QL 50 / claim
Baby Vitamin/Iron	*pediatric multiple vitamins w/ iron drops 10 mg/ml**	generic	QL 60 / claim
Tri-Vitamin	*pediatric vitamins adc drops 1500 unit-400 unit-35 mg/ml***	generic	QL 50 / claim
Prenatal Vitamins	*prenatal multivitamins & minerals w/iron & fa tab 0.8 mg***	generic	
Prenatal Vitamins	*prenatal vit w/ fe fumarate-fa tab 28-0.8 mg***	generic	
Lipogen SG	*vitamins w/ lipotropics cap**	generic	QL 31 / 31 days
Vitamin C	ascorbic acid (chew tab 500 mg, tab 250 mg, tab 500 mg, tab 1000 mg)	generic	QL 100 / 31 days
B Complex	b-complex vitamins (cap**, tab**)	generic	QL 31 / 31 days
BProtected Pedia Tri-Vite	BPROTECTED PEDIA TRI-VITE 1500-400-35 UNIT-MG/ML SOLUTION pediatric vitamins adc	BRAND	QL 50 / claim
Pronutrients Vitamin D3	cholecalciferol cap 1000 unit	generic	QL 100 / claim
Vitamin D3	cholecalciferol cap 2000 unit	generic	QL 100 / claim
Vitamin D3	cholecalciferol cap 5000 unit	generic	MDD 2 per day
Classic Prenatal	CLASSIC PRENATAL 28-0.8 MG TAB prenatal vit w/ ferrous fumarate-folic acid	BRAND	
CVS Prenatal	CVS PRENATAL 28-0.8 MG TAB prenatal vit w/ ferrous fumarate-folic acid	BRAND	
EQL Prenatal Formula	EQL PRENATAL FORMULA 28-0.8 MG TAB prenatal vit w/ ferrous fumarate-folic acid	BRAND	
Folic Acid	folic acid tab 1 mg	generic	
Folic Acid	folic acid tab 400 mcg	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
KP Folic Acid	folic acid tab 800 mcg	generic	MDD 1 per day
Polycose	GLUCOSE POLYMER (380/100 G LIQUID, 380/100 G POWDER, LIQUID, POWDER) glucose polymer	BRAND	MPL 1 / 30 days
GNP PreNatal	GNP PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
GNP Prenatal Vitamins	GNP PRENATAL VITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
HM Prenatal	HM PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Key-E	KEY-E 400 UNIT CHEW TAB vitamin e	BRAND	QL 62 / 31 days
KP Prenatal Multivitamins	KP PRENATAL MULTIVITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
KPN Prenatal	KPN PRENATAL 0.1 MG TAB <i>prenatal multivit-min w/fe-fa</i>	BRAND	
Mission Prenatal	MISSION PRENATAL TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	
Mission Prenatal FA	MISSION PRENATAL FA 30-0.8MG TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	
Mission Prenatal HP	MISSION PRENATAL HP TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i>	BRAND	
Niacin ER	niacin (cap 250 mg, cap 500 mg)	generic	
Niacin	niacin tab 500 mg	generic	
Nutricion Porvida	NUTRICION PORVIDA 0.25 MG TAB <i>prenatal multivit-min w/fe-fa</i>	BRAND	
Perry Prenatal	PERRY PRENATAL 13.5-0.4 MG CAP <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (OTC)	COVERAGE	LIMITS & RESTRICTIONS
PNV Prenatal Plus Multivitamin	PNV PRENATAL PLUS MULTIVITAMIN 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days
Nu-Iron	<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	generic	MDD 1 per day
Prenatal	PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
PreNatal Formula	PRENATAL FORMULA 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
PreserVision AREDS	PRESERVISION AREDS 7160-113 TAB <i>multiple vitamins w/ minerals</i>	BRAND	QL 31 / 31 days
ProRenal + D	PRORENAL + D 8MG-800MCG TAB <i>multiple vitamins w/ minerals</i>	BRAND	QL 31 / 31 days
PX Prenatal Multivitamins	PX PRENATAL MULTIVITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Vitamin B-6	<i>pyridoxine hcl (tab 25 mg, tab 100 mg)</i>	generic	
Pyridoxine HCl	<i>pyridoxine hcl tab 50 mg</i>	generic	
QC Prenatal	QC PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
RA Prenatal	RA PRENATAL 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
RA Prenatal Formula	RA PRENATAL FORMULA 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
B-2	<i>riboflavin (tab 50 mg, tab 100 mg)</i>	generic	QL 100 / 31 days
Vitamin B-2	<i>riboflavin tab 25 mg</i>	generic	QL 100 / 31 days
SM Prenatal Vitamins	SM PRENATAL VITAMINS 28-0.8 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	

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

LIST OF COVERED PRESCRIPTION MEDICATIONS

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANALGESICS			
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS			
<i>Butalbital-Aspirin-Caffeine</i>	<i>butalbital-aspirin-caffeine tab 50-325-40 mg</i>	generic	MDD 4 per day
<i>Celecoxib</i>	<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i>	generic	QL 62 / 31 days PA
<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 er (tab er 24hr 100 mg, tab sr 24hr 100 mg)</i>	generic	
<i>Diflunisal</i>	<i>diflunisal tab 500 mg</i>	generic	
<i>Etodolac</i>	<i>etodolac (cap 200 mg, cap 300 mg, tab 400 mg, tab 500 mg)</i>	generic	
<i>Etodolac ER</i>	<i>etodolac er (tab er 24hr 400 mg, tab sr 24hr 400 mg, tab sr 24hr 600 mg, tab sr 24hr 500 mg)</i>	generic	
<i>Flurbiprofen</i>	<i>flurbiprofen (tab 50 mg, tab 100 mg)</i>	generic	
<i>Ibuprofen</i>	<i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>	generic	
<i>Indomethacin</i>	<i>indomethacin (cap 25 mg, cap 50 mg)</i>	generic	
<i>Indomethacin ER</i>	<i>indomethacin er (cap cr 75 mg, cap er 75 mg)</i>	generic	
<i>Ketoprofen</i>	<i>ketoprofen (cap 50 mg, cap 75 mg)</i>	generic	
<i>Ketoprofen ER</i>	<i>KETOPROFEN ER (CAP SR 24HR 200 MG, ER 200 MG CAP ER 24H) ketoprofen</i>	BRAND	
<i>Ketorolac</i> <i>Tromethamine</i>	<i>ketorolac tromethamine tab 10 mg</i>	generic	QL 20 / 30 days AL 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	
Nabumetone	nabumetone (tab 500 mg, tab 750 mg)	generic		
Naproxen	naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg)	generic		
Naproxen DR	naproxen dr (tab ec 375 mg, tab ec 500 mg)	generic	MDD	2 per day
Naproxen Sodium	naproxen sodium (tab 275 mg, tab 550 mg)	generic		
Oxaprozin	oxaprozin tab 600 mg	generic		
Piroxicam	piroxicam (cap 10 mg, cap 20 mg)	generic		
Salsalate	salsalate (tab 500 mg, tab 750 mg)	generic		
Sulindac	sulindac (tab 150 mg, tab 200 mg)	generic		

OPIOID ANALGESICS, LONG-ACTING

FentaNYL	fentanyl (patch 72hr 12, patch 72hr 25, patch 72hr 50, patch 72hr 75, patch 72hr 100)	generic	MDD	0.33 per day
			C	SMART PA
Methadone HCl	methadone hcl tab 10 mg	generic	MDD	10 per day
			C	SMART PA
Methadone HCl	methadone hcl tab 5 mg	generic	MDD	4 Per Day
			C	SMART PA
Morphine Sulfate ER	morphine sulfate er (er tab er 15 mg, er tab er 30 mg, er tab er 100 mg, er tab er 200 mg, tab cr 60 mg, tab er 60 mg)	generic	MDD	3 per day
			C	SMART PA

OPIOID ANALGESICS, SHORT-ACTING

Acetaminophen-Codeine	acetaminophen w/ codeine soln 120-12 mg/5ml	generic	MDS	420 / 14 day(s)
			C	SMART PA
Acetaminophen-Codeine #2	acetaminophen w/ codeine tab 300-15 mg	generic	MDD	6 Per Day
			C	SMART PA
Acetaminophen-Codeine #3	acetaminophen w/ codeine tab 300-30 mg	generic	MDD	6 Per Day
			C	SMART PA
Acetaminophen-Codeine #4	acetaminophen w/ codeine tab 300-60 mg	generic	MDD	6 Per Day
			C	SMART PA

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
Butalbital-APAP-Caff-Cod	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	generic	MDD	4 Per Day
			C	SMART PA
Butalbital-ASA-Caff-Codeine	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	generic	MDD	4 Per Day
			C	SMART PA
Codeine Sulfate	codeine sulfate (tab 15 mg, tab 30 mg, tab 60 mg)	generic	C	SMART PA
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen (tab 5-325 mg, tab 10-325 mg)	generic	MDD	6 per day
			C	SMART PA
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	generic	MDS	2520 / 14 day(s)
			C	SMART PA
Hydrocodone-Acetaminophen	hydrocodone-acetaminophen tab 7.5-325 mg	generic	MDD	8 per day
			C	SMART PA
HYDROmorphine HCl	hydromorphone hcl suppos 3 mg	generic	MDD	2 Per Day
			C	SMART PA
HYDROmorphine HCl	hydromorphone hcl tab 2 mg	generic	MDD	8 per day
			C	SMART PA
HYDROmorphine HCl	hydromorphone hcl tab 4 mg	generic	C	SMART PA
HYDROmorphine HCl	hydromorphone hcl tab 8 mg	generic	MDD	4 per day
			C	SMART PA
Meperidine HCl	meperidine hcl (tab 50 mg, tab 100 mg)	generic	MDD	6 per day
			C	SMART PA
Meperidine HCl	meperidine hcl oral soln 50 mg/5ml	generic	C	SMART PA
Morphine Sulfate	morphine sulfate (soln 10, soln 20)	generic	MDS	225 / 14 day(s)
			C	SMART PA
Morphine Sulfate	morphine sulfate (suppos 5 mg, suppos 10 mg, suppos 20 mg, suppos 30 mg)	generic	MDS	11 / 14 day(s)
			C	SMART PA
Morphine Sulfate	morphine sulfate (tab 15 mg, tab 30 mg)	generic	MDD	6 per day
			C	SMART PA
Morphine Sulfate (Concentrate)	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	generic	MDS	112 / 14 day(s)
			C	SMART PA

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
OxyCODONE HCl	oxycodone hcl (cap 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	generic	MDD 6 per day C SMART PA
OxyCODONE HCl	oxycodone hcl conc 100 mg/5ml (20 mg/ml)	generic	MDS 56 / 14 day(s) C SMART PA
OxyCODONE HCl	oxycodone hcl soln 5 mg/5ml	generic	C SMART PA
OxyCODONE HCl	oxycodone hcl tab 5 mg	generic	MDD 6 Per Day C SMART PA
Roxicet	oxycodone w/ acetaminophen tab 5-325 mg	generic	MDD 6 Per Day C SMART PA
Oxycodone-Acetaminophen	oxycodone-acetaminophen (tab 7.5-325 mg, tab 10-325 mg)	generic	MDD 6 Per Day C SMART PA
Oxycodone-Aspirin	oxycodone-aspirin tab 4.8355-325 mg	generic	MDD 6 Per Day C SMART PA
Roxicet	ROXICET 5-325 MG/5ML SOLUTION oxycodone w/ acetaminophen	BRAND	C SMART PA
TraMADol HCl	tramadol hcl tab 50 mg	generic	MDD 8 per day C SMART PA
Tramadol-Acetaminophen	tramadol-acetaminophen tab 37.5-325 mg	generic	MDD 4 Per Day C SMART PA

ANESTHETICS

LOCAL ANESTHETICS

Lidocaine Viscous	lidocaine hcl viscous soln 2%	generic	QL 100 / claim
Lidocaine-Prilocaine	lidocaine-prilocaine cream 2.5-2.5%	generic	QL 30 / claim MPL 1 / claim

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

Disulfiram	disulfiram tab 250 mg	generic
Naltrexone HCl	naltrexone hcl tab 50 mg	generic

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
OPIOID DEPENDENCE TREATMENTS			
Suboxone	SUBOXONE (2-0.5 MG FILM, 4-1 MG FILM) <i>buprenorphine hcl-naloxone hcl dihydrate</i>	BRAND	MDD 1 per day
Suboxone	SUBOXONE (8-2 MG FILM, 12-3 MG FILM) <i>buprenorphine hcl-naloxone hcl dihydrate</i>	BRAND	MDD 2 per day
OPIOID REVERSAL AGENTS			
Naloxone HCl	<i>naloxone hcl (inj 0.4 mg/ml, 0.4 mg/ml soln cart, inj 1 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	generic	QL 2 / 90 days
Narcan	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML <i>naloxone hcl</i>	BRAND	QL 4 / 90 days
SMOKING CESSATION AGENTS			
Buproban	<i>bupropion hcl (smoking deterrent) tab sr 12hr 150 mg</i>	generic	MDD 2 per day MDS 180 / 365 days
Chantix	CHANTIX (0.5 MG TAB, 1 MG TAB) <i>varenicline tartrate</i>	BRAND	MDD 2 per day MDS 180 / 365 days
Chantix Continuing Month Pak	CHANTIX CONTINUING MONTH PAK 1 MG TAB <i>varenicline tartrate</i>	BRAND	MDD 2 per day MDS 180 / 365 days
Chantix Starting Month Pak	CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB <i>varenicline tartrate</i>	BRAND	MPL 2 / 365 days MDS 180 / 365 days
Nicotrol	NICOTROL 10 MG INHALER <i>nicotine</i>	BRAND	QL 504 / 30 days MDS 180 / 365 days
Nicotrol NS	NICOTROL NS 10 MG/ML SOLUTION <i>nicotine</i>	BRAND	QL 120 / 30 days MDS 180 / 365 days
ANTIBACTERIALS			
AMINOGLYCOSIDES			
Gentak	<i>gentak (gentak 0.3 % ointment, gentamicin sulfate ophth oint 0.3%)</i>	generic	QL 4 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Gentamicin Sulfate	gentamicin sulfate cream 0.1%	generic	QL 31 / 31 days C Pkg Size 15: Package Limit=2/claim Pkg Size 30: Package Limit=1/claim
Gentamicin Sulfate	gentamicin sulfate oint 0.1%	generic	QL 31 / 31 days C Pkg Size 30: Package Limit=1/claim Pkg Size 15: Package Limit=2/claim
Gentamicin Sulfate	gentamicin sulfate ophth soln 0.3%	generic	MPL 2 / claim
Neomycin Sulfate	neomycin sulfate tab 500 mg	generic	
TobraDex	TOBRADEX 0.3-0.1 % OINTMENT <i>tobramycin-dexamethasone</i>	BRAND	QL 4 / 31 days
Tobramycin	<i>tobramycin ophth soln 0.3%</i>	generic	QL 5 / 31 days
Tobramycin Sulfate	<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
Tobramycin Sulfate in Saline	TOBRAMYCIN SULFATE IN SALINE 1.2-0.9 MG/ML-% SOLUTION <i>tobramycin sulfate in saline</i>	BRAND	PA
Tobrex	TOBREX 0.3 % OINTMENT <i>tobramycin (ophth)</i>	BRAND	
ANTIBACTERIALS, OTHER			
Phosphasal	*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***	generic	
Clindamycin HCl	clindamycin hcl (cap 150 mg, cap 300 mg)	generic	
Clindamycin Palmitate HCl	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	generic	QL 300 / claim
Clindamycin Phosphate	clindamycin phosphate (lotion 1%, soln 1%, vaginal cream 2%)	generic	
Clindamycin Phosphate	clindamycin phosphate gel 1%	generic	MPL 1 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
Erythromycin-Sulfisoxazole	erythromycin-sulfisoxazole for susp 200-600 mg/5ml	generic		
First-Vancomycin 25	FIRST-VANCOMYCIN 25 25 MG/ML SOLUTION vancomycin hcl	BRAND	MPL	1 / 90 days
First-Vancomycin 50	FIRST-VANCOMYCIN 50 50 MG/ML SOLUTION vancomycin hcl	BRAND	MPL	1 / 90 days
Methenamine Mandelate	methenamine mandelate (tab 0.5 gm, tab 1 gm)	generic		
MetroNIDAZOLE	metronidazole (cream 0.75 %, gel 0.75 %)	generic	QL	45 / 30 days
MetroNIDAZOLE	metronidazole (lotion 0.75%, tab 250 mg, tab 500 mg)	generic		
Vandazole	metronidazole vaginal gel 0.75%	generic	QL	45 / 30 days
			MPL	1 / claim
Mupirocin Calcium	mupirocin calcium cream 2%	generic	MPL	1 / 31 days
Mupirocin	mupirocin oint 2%	generic	MPL	1 / 31 days
Nitrofurantoin Macrocrystal	nitrofurantoin macrocrystal (cap 50 mg, cap 100 mg)	generic		
Nitrofurantoin Monohyd Macro	nitrofurantoin monohydrate macrocrystalline cap 100 mg	generic		
Nitrofurantoin	nitrofurantoin susp 25 mg/5ml	generic	MDD	40 per day
Sivextro	SIVEXTRO 200 MG TAB tedizolid phosphate	BRAND	QL	6 / claim
			PA	
Trimethoprim	trimethoprim tab 100 mg	generic		
Vancomycin HCl	vancomycin hcl cap 125 mg	generic	MDD	4 per day
Vancomycin HCl	vancomycin hcl cap 250 mg	generic	MDD	8 per day
Vancomycin HCl	vancomycin hcl for inj 1000 mg	generic	QL	14 / claim
Vancomycin HCl	vancomycin hcl for inj 500 mg	generic	QL	14 / 30 days

BETA-LACTAM, CEPHALOSPORINS

Cefaclor	cefaclor (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, for susp 375 mg/5ml)	generic
Cefadroxil	cefadroxil (cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)	generic

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Cefdinir	cefdinir (susp 125, susp 250)	generic	MPL 1 / claim
Cefdinir	cefdinir cap 300 mg	generic	QL 20 / claim
Cefprozil	cefprozil (tab 250 mg, tab 500 mg)	generic	QL 20 / claim
Cefprozil	cefprozil for susp 125 mg/5ml	generic	AL Up to 12 yrs old MPL 2 / claim
Cefprozil	cefprozil for susp 250 mg/5ml	generic	AL Up to 12 yrs old MPL 1 / claim
Ceftin	CEFTIN 250 MG/5ML RECON SUSP cefuroxime axetil	BRAND	AL Up to 12 yrs old MPL 1 / claim
CefTRIAZone Sodium	ceftriaxone sodium (inj 1 gm, inj 250 mg, inj 500 mg, iv soln 1 gm)	generic	QL 3 / claim MFL 1 / 30 days
Cefuroxime Axetil	cefuroxime axetil (tab 250 mg, tab 500 mg)	generic	QL 20 / claim
Cefuroxime Axetil	cefuroxime axetil for susp 125 mg/5ml	generic	AL Up to 12 yrs old MPL 1 / claim
Cephalexin	cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	generic	
BETA-LACTAM, PENICILLINS			
Amoxicillin-Pot Clavulanate ER	amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg	generic	QL 40 / 30 days
Amoxicillin	AMOXICILLIN (125 MG CHEW TAB, (TRIHYDRATE) CAP 250 MG, (TRIHYDRATE) CHEW TAB 250 MG, (TRIHYDRATE) FOR SUSP 200 MG/5ML, (TRIHYDRATE) FOR SUSP 250 MG/5ML, 250 MG CHEW TAB, (TRIHYDRATE) CAP 500 MG, (TRIHYDRATE) CHEW TAB 125 MG, (TRIHYDRATE) FOR SUSP 125 MG/5ML, (TRIHYDRATE) FOR SUSP 400 MG/5ML, (TRIHYDRATE) TAB 875 MG) amoxicillin	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Amoxicillin-Pot Clavulanate</i>	AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN & K CHEW TAB 200-28.5 MG, AMOXICILLIN & K CHEW TAB 400-57 MG, AMOXICILLIN & K TAB 875-125 MG, AMOXICILLIN-POT 400-57 MG CHEW TAB) <i>amoxicillin & pot clavulanate</i>	BRAND	QL 20 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>amoxicillin-pot clavulanate (susp 200-28.5, susp 250-62.5)</i>	generic	MPL 1 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>amoxicillin-pot clavulanate (susp 400-57, susp 600-42.9)</i>	generic	MPL 2 / claim
<i>Amoxicillin-Pot Clavulanate</i>	<i>amoxicillin-pot clavulanate (tab 250-125 mg, tab 500-125 mg)</i>	generic	QL 30 / claim
<i>Ampicillin</i>	<i>ampicillin (125 mg/5ml recon susp, cap 250 mg, 250 mg/5ml recon susp, cap 500 mg, 500 mg cap)</i>	generic	
<i>Augmentin</i>	AUGMENTIN 125-31.25 MG/5ML RECON SUSP <i>amoxicillin & pot clavulanate</i>	BRAND	MPL 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, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	generic	
MACROLIDES			
<i>Azithromycin</i>	<i>azithromycin for susp 100 mg/5ml</i>	generic	MPL 1 / claim
<i>Azithromycin</i>	<i>azithromycin for susp 200 mg/5ml</i>	generic	C 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	QL 6 / claim
<i>Azithromycin</i>	<i>azithromycin tab 500 mg</i>	generic	MDD 4 per day
<i>Azithromycin</i>	<i>azithromycin tab 600 mg</i>	generic	QL 8 / 28 days
<i>Clarithromycin</i>	<i>clarithromycin (for susp 250, 250 recon susp)</i>	generic	MPL 2 / claim
<i>Clarithromycin</i>	<i>clarithromycin (tab 250 mg, tab 500 mg)</i>	generic	QL 28 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Clarithromycin	<i>clarithromycin for susp 125 mg/5ml</i>	generic	MPL 1 / claim
Clarithromycin ER	<i>clarithromycin tab sr 24hr 500 mg</i>	generic	QL 14 / claim
Ery-Tab	ERY-TAB (250 MG TAB DR, 333 MG TAB DR, 500 MG TAB DR) <i>erythromycin base</i>	BRAND	
EryPed 400	ERYPED 400 400 MG/5ML RECON SUSP <i>erythromycin ethylsuccinate</i>	BRAND	
Erythromycin	<i>erythromycin (ophth oint 5 mg/gm, soln 2%)</i>	generic	
Erythromycin Base	<i>erythromycin base (tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)</i>	generic	
Erythromycin Ethylsuccinate	<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, tab 400 mg)</i>	generic	
Erythromycin	<i>erythromycin gel 2%</i>	generic	MPL 1 / claim
PCE	PCE (333 MG TAB DR, 500 MG TAB DR) <i>erythromycin base (coated)</i>	BRAND	

QUINOLONES

Ciloxan	CILOXAN 0.3 % OINTMENT <i>ciprofloxacin hcl (ophth)</i>	BRAND	MPL 1 / claim
Ciprofloxacin HCl	<i>ciprofloxacin hcl (tab 250 mg, tab 500 mg, tab 750 mg)</i>	generic	
Ciprofloxacin HCl	<i>ciprofloxacin hcl ophth soln 0.3%</i>	generic	MPL 1 / claim
Ciprofloxacin HCl	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	generic	QL 6 / claim
LevoFLOXacin	<i>levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)</i>	generic	QL 14 / claim MDD 1 per day
Ofloxacin	<i>ofloxacin (tab 200 mg, tab 300 mg, tab 400 mg)</i>	generic	QL 56 / claim
Ofloxacin	<i>ofloxacin ophth soln 0.3%</i>	generic	QL 10 / 31 days
Ofloxacin	<i>ofloxacin otic soln 0.3%</i>	generic	QL 10 / 31 days MPL 1 / claim
Vigamox	VIGAMOX 0.5 % SOLUTION <i>moxifloxacin hcl (ophth)</i>	BRAND	QL 3 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
SULFONAMIDES			
<i>Silver Sulfadiazine</i>	<i>silver sulfadiazine cream 1%</i>	generic	
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium (10 % ointment, ophth cint 10%)</i>	generic	QL 4 / 31 days
<i>Sulfacetamide Sodium</i>	<i>sulfacetamide sodium ophth soln 10%</i>	generic	QL 15 / 31 days
<i>Sulfamethoxazole-Trimethoprim</i>	<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg)</i>	generic	
<i>Sulfamethoxazole-TMP DS</i>	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	generic	
TETRACYCLINES			
<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	
ANTICONVULSANTS			
ANTICONVULSANTS, OTHER			
<i>LevETIRAcetam</i>	<i>levetiracetam (tab 250 mg, tab 500 mg, tab 750 mg)</i>	generic	MDD 4 per day
<i>LevETIRAcetam</i>	<i>levetiracetam oral soln 100 mg/ml</i>	generic	MDD 16 per day
CALCIUM CHANNEL MODIFYING AGENTS			
<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	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS			
<i>DiazePAM</i>	<i>diazepam (gel 2.5 mg, gel 10 mg, gel 20 mg)</i>	generic	QL 1 / claim AL At least 2 yrs old
<i>Divalproex Sodium</i>	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	generic	MDD 8 per day
<i>Divalproex Sodium ER</i>	<i>divalproex sodium er (tab er 24 hr 250 mg, tab sr 24 hr 250 mg)</i>	generic	MDD 3 Per Day
<i>Divalproex Sodium ER</i>	<i>divalproex sodium er (tab er 24 hr 500 mg, tab sr 24 hr 500 mg)</i>	generic	MDD 7 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Divalproex Sodium	<i>divalproex sodium tab delayed release 125 mg</i>	generic	MDD 2 per day
Divalproex Sodium	<i>divalproex sodium tab delayed release 250 mg</i>	generic	MDD 3 per day
Divalproex Sodium	<i>divalproex sodium tab delayed release 500 mg</i>	generic	MDD 7 per day
Gabapentin	<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, tab 600 mg, tab 800 mg)</i>	generic	MDD 4 per day
Gabapentin	<i>gabapentin oral soln 250 mg/5ml</i>	generic	
Gabitril	<i>GABITRIL (12 MG TAB, 16 MG TAB) tiagabine hcl</i>	BRAND	
PHENobarbital	<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, 30 mg tab, tab 30 mg, tab 32.4 mg, 60 mg tab, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	generic	
Primidone	<i>primidone (tab 50 mg, tab 250 mg)</i>	generic	
TiaGABine HCl	<i>tiagabine hcl (tab 2 mg, tab 4 mg)</i>	generic	
Valproate Sodium	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	generic	
Valproic Acid	<i>valproic acid (valproate sodium syrup 250 mg/5ml (base equiv), valproic acid cap 250 mg)</i>	generic	

GLUTAMATE REDUCING AGENTS

Felbamate	<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	generic	
LamoTRIgine	<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	
Topiramate	<i>topiramate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	generic	MDD 3 per day
Topiramate	<i>topiramate sprinkle cap 15 mg</i>	generic	MDD 6 per day
Topiramate	<i>topiramate sprinkle cap 25 mg</i>	generic	MDD 8 per day

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST			
Memantine HCl	<i>memantine hcl (tab 5 mg, tab 10 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> PA <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 2 per day </div>
Memantine HCl	<i>memantine hcl oral solution 2 mg/ml</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> PA <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 10 per day </div>
Memantine HCl	<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> PA <div style="border: 1px solid #ccc; padding: 2px;">MPL</div> 1 / 28 days </div>
ANTIDEPRESSANTS			
ANTIDEPRESSANTS, OTHER			
Budeprion SR	<i>budeprion sr (er tab er 12h 100 mg, er tab er 12h 150 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 2 per day </div>
Budeprion XL	<i>budeprion xl (tab 24hr 300 mg, tab 24hr 150 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 1 per day </div>
BuPROPion HCl	<i>bupropion hcl (tab 75 mg, tab 100 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 3 per day </div>
BuPROPion HCl ER (SR)	<i>bupropion hcl er (sr) (er (sr) tab er 12h 100 mg, er (sr) tab er 12h 150 mg, tab er 12hr 200 mg, tab sr 12hr 200 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 2 per day </div>
BuPROPion HCl	<i>bupropion hcl er (sr) tab er 12h 100 mg</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 2 per day </div>
BuPROPion HCl ER (XL)	<i>bupropion hcl er (xl) (tab er 24hr 300 mg, tab er 24hr 150 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 1 per day </div>
Duo-Vil 2-10	<i>DUO-VIL 2-10 2-10 MG TAB perphenazine-amitriptyline</i>	BRAND	<div style="display: flex; justify-content: space-around; align-items: center;"> QL 124 / 31 days </div>
Duo-Vil 2-25	<i>DUO-VIL 2-25 2-25 MG TAB perphenazine-amitriptyline</i>	BRAND	<div style="display: flex; justify-content: space-around; align-items: center;"> QL 124 / 31 days </div>
Mirtazapine	<i>mirtazapine (tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px;">MDD</div> 1 per day </div>
Mirtazapine	<i>mirtazapine (tab odt 15 mg, tab odt 30 mg, tab odt 45 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> QL 31 / 31 days </div>
Perphenazine-Amitriptyline	<i>perphenazine-amitriptyline (tab 2-10 mg, 2-25 mg tab, tab 2-25 mg, tab 4-25 mg, tab 4-50 mg, tab 4-10 mg)</i>	generic	<div style="display: flex; justify-content: space-around; align-items: center;"> QL 124 / 31 days </div>
MONOAMINE OXIDASE INHIBITORS			
Phenelzine Sulfate	<i>phenelzine sulfate tab 15 mg</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Tranylcypromine Sulfate</i>	<i>tranylcypromine sulfate tab 10 mg</i>	generic	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR			
<i>Brintellix</i>	BRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB) vortioxetine hbr	BRAND	ST AL At least 18 yrs old MDD 1 per day
<i>Citalopram Hydrobromide</i>	<i>citalopram hydrobromide (tab 10 mg, tab 20 mg)</i>	generic	MDD 1.5 per day
<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>Desvenlafaxine Succinate ER</i>	<i>desvenlafaxine succinate er (tab er 24hr 25 mg, tab sr 24hr 50 mg, tab sr 24hr 25 mg)</i>	generic	MDD 1 per day
<i>Desvenlafaxine Succinate ER</i>	<i>desvenlafaxine succinate tab sr 24hr 100 mg (base equiv)</i>	generic	MDD 4 Per Day
<i>Escitalopram Oxalate</i>	<i>escitalopram oxalate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
<i>FLUoxetine HCl</i>	<i>fluoxetine hcl (cap 10 mg, cap 20 mg)</i>	generic	QL 124 / 31 days
<i>FLUoxetine HCl</i>	<i>fluoxetine hcl cap 40 mg</i>	generic	AL At least 7 yrs old MDD 2 per day
<i>FLUoxetine HCl</i>	<i>fluoxetine hcl solution 20 mg/5ml</i>	generic	QL 120 / claim
<i>FLUoxetine HCl</i>	<i>fluoxetine hcl tab 10 mg</i>	generic	AL At least 7 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, 100 mg tab, tab 100 mg, 150 mg tab, tab 150 mg, tab 200 mg, 200 mg tab, tab 250 mg)</i>	generic	
<i>PARoxetine HCl</i>	<i>paroxetine hcl (tab 10 mg, tab 30 mg, tab 40 mg)</i>	generic	QL 62 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
PARoxetine HCl ER	<i>paroxetine hcl er (tab 24hr 37.5 mg, tab 24hr 12.5 mg, tab 24hr 25 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
Selfemra	<i>selfemra (cap 10 mg, cap 20 mg)</i>	generic	QL	124 / 31 days
Sertraline HCl	<i>sertraline hcl oral conc 20 mg/ml</i>	generic	QL	186 / 31 days
Sertraline HCl	<i>sertraline hcl tab 100 mg</i>	generic	MDD	2 per day
Sertraline HCl	<i>sertraline hcl tab 25 mg</i>	generic	MDD	1 per day
Sertraline HCl	<i>sertraline hcl tab 50 mg</i>	generic	MDD	1.5 per day
TraZODone HCl	<i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)</i>	generic		
TraZODone HCl	<i>trazodone hcl tab 300 mg</i>	generic	MDD	2 per day
Venlafaxine HCl	<i>venlafaxine hcl (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	generic		
Venlafaxine HCl ER	<i>venlafaxine hcl er (cap er 24hr 150 mg, cap er 24hr 75 mg, cap er 24hr 37.5 mg, cap sr 24hr 75 mg, cap sr 24hr 150 mg, cap sr 24hr 37.5 mg, tab er 24hr 225 mg, tab er 24hr 37.5 mg, tab er 24hr 75 mg, tab sr 24hr 225 mg, tab sr 24hr 75 mg)</i>	generic	MDD	1 per day
Venlafaxine HCl ER	<i>venlafaxine hcl er (tab er 24hr 150 mg, tab sr 24hr 150 mg)</i>	generic	MDD	2 per day
Viibryd	<i>VIIBRYD (10 MG TAB, 20 MG TAB, 40 MG TAB) vilazodone hcl</i>	BRAND	PA MDD	1 per day
Viibryd	<i>VIIBRYD 10 & 20 & 40 MG KIT vilazodone hcl</i>	BRAND	QL PA	30 / 365 days
TRICYCLICS				
Amitriptyline HCl	<i>amitriptyline hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	generic		

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Amoxapine	<i>amoxapine (tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab, tab 150 mg)</i>	generic	
ClomiPRAMINE HCl	<i>clomipramine hcl cap 75 mg</i>	generic	
Desipramine HCl	<i>desipramine hcl (tab 10 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	generic	
Desipramine HCl	<i>desipramine hcl tab 25 mg</i>	generic	MDD 2 per day
Doxepin HCl	<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	
Imipramine HCl	<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	generic	
Nortriptyline HCl	<i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	generic	
Nortriptyline HCl	<i>nortriptyline hcl soln 10 mg/5ml</i>	generic	MDD 20 per day
ANTIEMETICS			
ANTIEMETICS, OTHER			
Metoclopramide HCl	<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml), tab 5 mg, tab 10 mg)</i>	generic	
Perphenazine	<i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i>	generic	QL 124 / 31 days
Prochlorperazine Maleate	<i>prochlorperazine maleate (tab 5 mg, tab 10 mg)</i>	generic	
Compro	<i>prochlorperazine suppos 25 mg</i>	generic	
EMETOGENIC THERAPY ADJUNCTS			
Ondansetron HCl	<i>ondansetron hcl (inj 4 mg/2ml, inj 40 mg/20ml)</i>	generic	
Ondansetron HCl	<i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>	generic	MDD 2 per day
Ondansetron HCl	<i>ondansetron hcl oral soln 4 mg/5ml</i>	generic	QL 50 / 31 days
Ondansetron HCl	<i>ondansetron hcl tab 24 mg</i>	generic	QL 1 / 14 days
Ondansetron	<i>ondansetron odt (tab 4 mg, tab 8 mg)</i>	generic	MDD 2 Per Day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTIFUNGALS			
<i>Nystop</i>	*nystatin topical powder**	generic	MPL 1 / 31 days
<i>Econazole Nitrate</i>	econazole nitrate cream 1%	generic	QL 30 / claim
<i>Fluconazole</i>	fluconazole (susp 10 mg/ml, susp 40 mg/ml)	generic	QL 70 / claim
<i>Fluconazole</i>	fluconazole (tab 100 mg, tab 200 mg)	generic	
<i>Fluconazole</i>	fluconazole tab 150 mg	generic	QL 2 / claim
<i>Fluconazole</i>	fluconazole tab 50 mg	generic	QL 3 / 14 days
<i>Griseofulvin Microsize</i>	griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)	generic	
<i>Griseofulvin Ultramicrosize</i>	griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)	generic	
<i>Gynazole-1</i>	GYNAZOLE-1 2 % CREAM butoconazole nitrate (one dose)	BRAND	
<i>Itraconazole</i>	itraconazole cap 100 mg	generic	PA MDD 1 per day
<i>Jublia</i>	JUBLIA 10 % SOLUTION efinaconazole	BRAND	QL 8 / 30 day(s) PA C Non-Preferred Drug
<i>Ketoconazole</i>	ketoconazole cream 2%	generic	MPL 1 / 31 days
<i>Ketoconazole</i>	ketoconazole shampoo 2%	generic	QL 124 / 31 days
<i>Nystatin</i>	nystatin cream 100000 unit/gm	generic	MPL 1 / 31 days
<i>Nystatin</i>	nystatin oint 100000 unit/gm	generic	MPL 1 / claim
<i>Nystatin</i>	nystatin susp 100000 unit/ml	generic	MPL 2 / claim
<i>Nystatin</i>	nystatin tab 500000 unit	generic	MDD 6 per day
<i>Nystatin</i>	nystatin topical powder 100000 unit/gm	generic	
<i>Nystatin-Triamcinolone</i>	nystatin-triamcinolone (cream, oint)	generic	MPL 1 / claim
<i>Terbinafine HCl</i>	terbinafine hcl tab 250 mg	generic	QL 90 / 120 days MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS			
<i>Terconazole</i>	<i>terconazole (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				
<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>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>Relpax</i>	<i>RELPAX (20 MG TAB, 40 MG TAB) eletriptan hydrobromide</i>	BRAND	QL	6 / 30 days		
<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		
<i>SUMAtriptan</i>	<i>sumatriptan nasal spray (5 mg/act, 20 mg/act)</i>	generic	QL	6 / 30 days		
			AL	At least 12 yrs old		
<i>SUMAtriptan Succinate</i>	<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		
<i>SUMAtriptan Succinate</i>	<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	QL	9 / 30 days		
			AL	At least 12 yrs old		
<i>ZOLMitriptan</i>	<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>ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT zolmitriptan</i>	BRAND	QL	6 / 30 days		
			AL	At least 12 yrs old		

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTIESTROGENS/MODIFIERS			
<i>Fareston</i>	FARESTON 60 MG TAB <i>toremifene citrate</i>	BRAND	PA
<i>Tamoxifen Citrate</i>	<i>tamoxifen citrate (tab 10 mg, tab 20 mg)</i>	generic	
ANTIMETABOLITES			
<i>Droxia</i>	DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) <i>hydroxyurea (sickle cell anemia)</i>	BRAND	
<i>Hydroxyurea</i>	<i>hydroxyurea cap 500 mg</i>	generic	
<i>Mercaptopurine</i>	<i>mercaptopurine tab 50 mg</i>	generic	
<i>Purixan</i>	PURIXAN 2000 MG/100ML SUSPENSION <i>mercaptopurine</i>	BRAND	
ANTINEOPLASTICS, OTHER			
<i>Hemangeol</i>	HEMANGEOL 4.28 MG/ML SOLUTION <i>propranolol hcl</i>	BRAND	PA
<i>Leucovorin Calcium</i>	<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, 15 mg tab, tab 25 mg)</i>	generic	
AROMATASE INHIBITORS, 3RD GENERATION			
<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	
ANTIPARASITICS			
ANTIHELMINTHICS			
<i>Emverm</i>	EMVERM 100 MG CHEW TAB <i>mebendazole</i>	BRAND	QL 1 / claim(s)
ANTIPROTOZOALS			
<i>Chloroquine Phosphate</i>	<i>chloroquine phosphate (250 mg tab, 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 20-120 MG TAB <i>artemether-lumefantrine</i>	BRAND	QL 24 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Hydroxychloroquine Sulfate	hydroxychloroquine sulfate tab 200 mg	generic	
Mefloquine HCl	mefloquine hcl tab 250 mg	generic	
Primaquine Phosphate	primaquine phosphate (26.3 mg tab, tab 26.3 mg (15 mg base))	generic	

PEDICULICIDES/SCABICIDES

Eurax	EURAX 10 % CREAM <i>crotamiton</i>	BRAND	QL 62 / 31 days
Eurax	EURAX 10 % LOTION <i>crotamiton</i>	BRAND	MPL 1 / claim
Malathion	malathion lotion 0.5%	generic	QL 59 / claim MFL 2 / 30 days
Natroba	NATROBA 0.9 % SUSPENSION <i>spinosad</i>	BRAND	C AL: At least 6 months of age
Acticin	permethrin cream 5%	generic	QL 62 / 31 days C Pkg Size 60: Package Limit=1/claim Pkg Size 10: Package Limit=6/claim
Spinosad	SPINOSAD 0.9 % SUSPENSION <i>spinosad</i>	BRAND	C AL: At least 6 months of age

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

Benztropine Mesylate	benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)	generic
Trihexyphenidyl HCl	trihexyphenidyl hcl (tab 2 mg, tab 5 mg)	generic
Trihexyphenidyl HCl	trihexyphenidyl hcl elixir 0.4 mg/ml	generic QL 500 / 31 days

ANTIPARKINSON AGENTS, OTHER

Amantadine HCl	amantadine hcl (cap 100 mg, syrup 50 mg/5ml)	generic
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DOPAMINE AGONISTS

Bromocriptine Mesylate	bromocriptine mesylate (cap 5 mg, tab 2.5 mg)	generic
Pramipexole Dihydrochloride	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)	generic AL At least 18 yrs old MDD 3 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ROPINIRole HCl	<i>ropinirole hcl (tab 0.25 mg, tab 3 mg, tab 4 mg)</i>	generic	MDD 6 per day
ROPINIRole HCl	<i>ropinirole hcl (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg)</i>	generic	MDD 3 per day
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS			
Carbidopa	<i>carbidopa tab 25 mg</i>	generic	
Carbidopa-Levodopa	<i>carbidopa-levodopa (tab 10-100 mg, tab 25-100 mg, tab 25-250 mg)</i>	generic	
Carbidopa-Levodopa ER	<i>carbidopa-levodopa er (tab cr 25-100 mg, tab cr 50-200 mg, tab er 25-100 mg, tab er 50-200 mg)</i>	generic	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS			
Selegiline HCl	<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	generic	
ANTIPSYCHOTICS			
1ST GENERATION/TYPICAL			
ChlorproMAZINE HCl	<i>chlorpromazine hcl (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	generic	QL 93 / 31 days
ChlorproMAZINE HCl	<i>chlorpromazine hcl tab 10 mg</i>	generic	MDD 10 per day
FluPHENAZine Decanoate	<i>fluphenazine decanoate inj 25 mg/ml</i>	generic	
FluPHENAZine HCl	<i>fluphenazine hcl (tab 1 mg, tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	
Haloperidol	<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg)</i>	generic	QL 93 / 31 days
Haloperidol Decanoate	<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	generic	
Haloperidol Lactate	<i>haloperidol lactate oral conc 2 mg/ml</i>	generic	
Haloperidol	<i>haloperidol tab 20 mg</i>	generic	
Loxapine Succinate	<i>loxapine succinate (cap 5 mg, cap 10 mg, cap 25 mg, cap 50 mg)</i>	generic	QL 124 / 31 days
Thioridazine HCl	<i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	QL 93 / 31 days
Thiothixene	<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	
Trifluoperazine HCl	trifluoperazine hcl (tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg)	generic	QL 62 / 31 days	
2ND GENERATION/ATYPICAL				
Ability	ABILIFY 1 MG/ML SOLUTION ariPIPRAZOLE	BRAND	QL 750 / 30 days	PA AL At least 6 yrs old
Ability Discmelt	ABILITY DISCMELT (10 MG TAB DISP, 15 MG TAB DISP) ariPIPRAZOLE	BRAND	PA AL At least 6 yrs old MDD 1 per day	
ARIPIPRAZOLE	ariPIPRAZOLE (tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	generic	PA AL At least 6 yrs old MDD 1 per day	
Nuplazid	NUPLAZID 17 MG TAB pimavanserin tartrate	BRAND	PA MDD 2 Per Day	
OLANZapine	olanzapine (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)	generic	AL At least 10 yrs old MDD 1 per day	
QUEtiapine Fumarate	quetiapine fumarate (tab 100 mg, tab 300 mg)	generic	QL 62 / 31 days AL At least 10 yrs old MDD 2 per day	
QUEtiapine Fumarate	quetiapine fumarate (tab 200 mg, tab 400 mg)	generic	QL 62 / 31 days AL At least 10 yrs old	
QUEtiapine Fumarate	quetiapine fumarate (tab 25 mg, tab 50 mg)	generic	AL At least 10 yrs old MFL 1 / years	
RisperiDONE	risperidone (odt (tab 3 mg, tab 4 mg), orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)	generic	AL At least 5 yrs old MDD 2 per day	
RisperiDONE	risperidone soln 1 mg/ml	generic	AL At least 5 yrs old MDD 4 per day	
Ziprasidone HCl	ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)	generic	AL At least 18 yrs old MDD 2 per day	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
TREATMENT-RESISTANT			
CloZAPine	<i>clozapine (tab 25 mg, tab 50 mg)</i>	generic	QL 93 / 31 days AL At least 18 yrs old
CloZAPine	<i>clozapine tab 100 mg</i>	generic	AL At least 18 yrs old MDD 9 per day
CloZAPine	<i>clozapine tab 200 mg</i>	generic	AL At least 18 yrs old MDD 3 per day
ANTISPASTICITY AGENTS			
Baclofen	<i>baclofen (tab 10 mg, tab 20 mg)</i>	generic	
TiZANidine HCl	<i>tizanidine hcl (tab 2 mg (base equivalent), tab 2 mg, tab 4 mg (base equivalent), tab 4 mg)</i>	generic	
ANTIVIRALS			
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS			
ValGANciclovir HCl	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	generic	MDD 2 per day
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)			
Genvoya	GENVOYA 150-150-200-10 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>	BRAND	MDD 1 per day
Isentress	ISENTRESS (100 MG PACKET, 400 MG TAB) <i>raltegravir potassium</i>	BRAND	MDD 2 per day
Isentress	ISENTRESS 100 MG CHEW TAB <i>raltegravir potassium</i>	BRAND	MDD 6 per day
Isentress	ISENTRESS 25 MG CHEW TAB <i>raltegravir potassium</i>	BRAND	MDD 12 per day
Stribild	STRIBILD 150-150-200-300 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>	BRAND	MDD 1 per day
Vitekta	VITEKTA (85 MG TAB, 150 MG TAB) <i>elvitegravir</i>	BRAND	AL At least 18 yrs old MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)			
Atripla	ATRIPLA 600-200-300 MG TAB <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	BRAND	MDD 1 per day
Complera	COMPLERA 200-25-300 MG TAB <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	BRAND	MDD 1 per day
Edurant	EDURANT 25 MG TAB <i>rilpivirine hcl</i>	BRAND	MDD 1 per day
Intelence	INTELENCE (25 MG TAB, 100 MG TAB) <i>etravirine</i>	BRAND	MDD 4 per day
Intelence	INTELENCE 200 MG TAB <i>etravirine</i>	BRAND	MDD 2 per day
Nevirapine	nevirapine susp 50 mg/5ml	generic	MDD 40 per day
Nevirapine	nevirapine tab 200 mg	generic	MDD 2 per day
Nevirapine ER	nevirapine tab sr 24hr 100 mg	generic	MDD 3 Per Day
Nevirapine ER	nevirapine tab sr 24hr 400 mg	generic	MDD 1 per day
Rescriptor	RESCRIPTOR 100 MG TAB <i>delavirdine mesylate</i>	BRAND	MDD 12 per day
Rescriptor	RESCRIPTOR 200 MG TAB <i>delavirdine mesylate</i>	BRAND	MDD 6 per day
Sustiva	SUSTIVA (200 MG CAP, 600 MG TAB) <i>efavirenz</i>	BRAND	MDD 1 per day
Sustiva	SUSTIVA 50 MG CAP <i>efavirenz</i>	BRAND	MDD 2 per day
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
Abacavir Sulfate	abacavir sulfate tab 300 mg (base equiv)	generic	MDD 2 per day
Abacavir Sulfate-Lamivudine	abacavir sulfate-lamivudine tab 600-300 mg	generic	MDD 1 per day
Descovy	DESCOZY 200-25 MG TAB <i>emtricitabine-tenofovir alafenamide fumarate</i>	BRAND	MDD 1 per day
Didanosine	didanosine (capsule 125 mg, capsule 200 mg, capsule 250 mg, capsule 400 mg)	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Emtriva</i>	EMTRIVA 10 MG/ML SOLUTION <i>emtricitabine</i>	BRAND	MDD 24 per day
<i>Emtriva</i>	EMTRIVA 200 MG CAP <i>emtricitabine</i>	BRAND	MDD 1 per day
<i>LamiVUDine</i>	<i>lamivudine oral soln 10 mg/ml</i>	generic	MDD 30 per day
<i>LamiVUDine</i>	<i>lamivudine tab 150 mg</i>	generic	MDD 2 per day
<i>LamiVUDine</i>	<i>lamivudine tab 300 mg</i>	generic	MDD 1 per day
<i>Stavudine</i>	<i>stavudine (cap 15 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>	generic	MDD 2 per day
<i>Stavudine</i>	<i>stavudine for oral soln 1 mg/ml</i>	generic	MDD 80 per day
<i>Truvada</i>	TRUVADA 200-300 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	BRAND	MDD 1 per day
<i>Videx</i>	VIDEX (2 GM RECON SOLN, 4 GM RECON SOLN) <i>didanosine</i>	BRAND	MDD 20 per day
<i>Viread</i>	VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB) <i>tenofovir disoproxil fumarate</i>	BRAND	MDD 1 per day
<i>Viread</i>	VIREAD 40 MG/GM POWDER <i>tenofovir disoproxil fumarate</i>	BRAND	QL 240 / 30 days
<i>Ziagen</i>	ZIAGEN 20 MG/ML SOLUTION <i>abacavir sulfate</i>	BRAND	MDD 30 per day
<i>Zidovudine</i>	<i>zidovudine cap 100 mg</i>	generic	MDD 6 per day
<i>Zidovudine</i>	<i>zidovudine syrup 10 mg/ml</i>	generic	MDD 60 per day
<i>Zidovudine</i>	<i>zidovudine tab 300 mg</i>	generic	MDD 2 per day
ANTI-HIV AGENTS, OTHER			
<i>Prezcobix</i>	PREZCOBIX 800-150 MG TAB <i>darunavir-cobicistat</i>	BRAND	MDD 1 per day
<i>Selzentry</i>	SELZENTRY 150 MG TAB <i>maraviroc</i>	BRAND	MDD 2 per day
<i>Selzentry</i>	SELZENTRY 300 MG TAB <i>maraviroc</i>	BRAND	MDD 4 per day
<i>Triumeq</i>	TRIUMEQ 600-50-300 MG TAB <i>abacavir-dolutegravir-lamivudine</i>	BRAND	AL At least 18 yrs old MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Tybost	TYBOST 150 MG TAB <i>cobicistat</i>	BRAND	<div style="display: flex; justify-content: space-between;"> AL At least 18 yrs old </div> <div style="display: flex; justify-content: space-between;"> MDD 1 per day </div>
ANTI-HIV AGENTS, PROTEASE INHIBITORS			
Aptivus	APTIVUS 100 MG/ML SOLUTION <i>tipranavir</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 10 per day </div>
Aptivus	APTIVUS 250 MG CAP <i>tipranavir</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 4 per day </div>
Crixivan	CRIXIVAN 200 MG CAP <i>indinavir sulfate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 9 per day </div>
Crixivan	CRIXIVAN 400 MG CAP <i>indinavir sulfate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 6 per day </div>
Evotaz	EVOTAZ 300-150 MG TAB <i>atazanavir sulfate-cobicistat</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 1 per day </div>
Invirase	INVIRASE 200 MG CAP <i>saquinavir mesylate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 10 per day </div>
Invirase	INVIRASE 500 MG TAB <i>saquinavir mesylate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 4 per day </div>
Kaletra	KALETRA 100-25 MG TAB <i>lopinavir-ritonavir</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 4 per day </div>
Kaletra	KALETRA 200-50 MG TAB <i>lopinavir-ritonavir</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 6 per day </div>
Lexiva	LEXIVA 50 MG/ML SUSPENSION <i>fosamprenavir calcium</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 56 per day </div>
Lexiva	LEXIVA 700 MG TAB <i>fosamprenavir calcium</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 4 per day </div>
Lopinavir-Ritonavir	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	generic	
Norvir	NORVIR (100 MG CAP, 100 MG TAB) <i>ritonavir</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 12 per day </div>
Norvir	NORVIR 80 MG/ML SOLUTION <i>ritonavir</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 15 per day </div>
Prezista	PREZISTA (75 MG TAB, 600 MG TAB) <i>darunavir ethanolate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 2 per day </div>
Prezista	PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 12 per day </div>
Prezista	PREZISTA 150 MG TAB <i>darunavir ethanolate</i>	BRAND	<div style="display: flex; justify-content: space-between;"> MDD 3 per day </div>

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Prezista	PREZISTA 800 MG TAB <i>darunavir ethanolate</i>	BRAND	MDD 1 per day
Reyataz	REYATAZ (150 MG CAP, 200 MG CAP) <i>atazanavir sulfate</i>	BRAND	MDD 2 per day
Reyataz	REYATAZ 300 MG CAP <i>atazanavir sulfate</i>	BRAND	
Reyataz	REYATAZ 50 MG PACKET <i>atazanavir sulfate</i>	BRAND	MDD 6 per day
Viracept	VIRACEPT 250 MG TAB <i>nelfinavir mesylate</i>	BRAND	MDD 9 per day
Viracept	VIRACEPT 625 MG TAB <i>nelfinavir mesylate</i>	BRAND	MDD 4 per day

ANTI-INFLUENZA AGENTS

Oseltamivir Phosphate	oseltamivir phosphate (cap 45 mg, cap 75 mg)	generic	QL 10 / 30 day(s) MFL 1 / 180 day(s)
Oseltamivir Phosphate	oseltamivir phosphate cap 30 mg (base equiv)	generic	QL 20 / 30 day(s) MFL 1 / 180 day(s)
Relenza Diskhaler	RELENZA DISKHALER 5 MG/BLISTER AER POW BA <i>zanamivir</i>	BRAND	AL At least 5 yrs old MPL 1 / 30 days
Tamiflu	TAMIFLU 6 MG/ML RECON SUSP <i>oseltamivir phosphate</i>	BRAND	QL 120 / 30 days MFL 1 / 180 days

ANTIHERPETIC AGENTS

Acyclovir	acyclovir (cap 200 mg, tab 800 mg)	generic	QL 50 / 30 days
Acyclovir	acyclovir oint 5%	generic	QL 30 / 30 days MPL 1 / claim
Acyclovir	acyclovir susp 200 mg/5ml	generic	QL 400 / 30 days
Acyclovir	acyclovir tab 400 mg	generic	MDD 3 per day
Trifluridine	trifluridine ophth soln 1%	generic	QL 8 / 31 days
ValACYclovir HCl	valacyclovir hcl tab 1 gm	generic	QL 21 / 31 days
ValACYclovir HCl	valacyclovir hcl tab 500 mg	generic	QL 60 / 30 days
Zovirax	ZOVIRAX 5 % CREAM <i>acyclovir topical</i>	BRAND	MPL 1 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
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	MDD 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/10ml, inj 10 mg/2ml, 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	MDD 3 per day
<i>Chlordiazepoxide HCl</i>	<i>chlordiazepoxide hcl (cap 5 mg, cap 10 mg, cap 25 mg)</i>	generic	MDD 4 per day
<i>ClonazePAM</i>	<i>clonazepam (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	MDD 4 per day
<i>Clorazepate Dipotassium</i>	<i>clorazepate dipotassium (tab 3.75 mg, tab 7.5 mg, tab 15 mg)</i>	generic	MDD 3 per day
<i>DiazePAM</i>	<i>diazepam (oral soln 1 mg/ml, 5 mg/5ml solution)</i>	generic	
<i>DiazePAM</i>	<i>diazepam (tab 2 mg, tab 5 mg, tab 10 mg)</i>	generic	MDD 4 per day
<i>LORazepam</i>	<i>lorazepam (tab 0.5 mg, tab 2 mg)</i>	generic	MDD 3 per day
<i>LORazepam</i>	<i>lorazepam tab 1 mg</i>	generic	MDD 4 per day
<i>Oxazepam</i>	<i>oxazepam (cap 10 mg, cap 15 mg, cap 30 mg)</i>	generic	MDD 4 per day
BIPOLAR AGENTS			
MOOD STABILIZERS			
<i>Lithium</i>	<i>lithium (oral solution 8, 8 solution)</i>	generic	QL 310 / 31 days
<i>Lithium Carbonate</i>	<i>lithium carbonate (cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg)</i>	generic	
<i>Lithium Carbonate ER</i>	<i>lithium carbonate er (tab cr 300 mg, tab cr 450 mg, tab er 300 mg, tab er 450 mg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
BLOOD GLUCOSE REGULATORS			
ANTIDIABETIC AGENTS			
<i>Alogliptin Benzoate</i>	ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB) <i>alogliptin benzoate</i>	BRAND	MDD 1 Per Day
<i>Alogliptin-Metformin HCl</i>	ALOGLIPTIN-METFORMIN HCL (12.5-500 MG TAB, 12.5-1000 MG TAB) <i>alogliptin-metformin hcl</i>	BRAND	MDD 1 Per Day
<i>Alogliptin-Pioglitazone</i>	ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 12.5-45 MG TAB, 12.5-15 MG TAB, 25-30 MG TAB, 25-15 MG TAB, 25-45 MG TAB) <i>alogliptin-pioglitazone</i>	BRAND	MDD 1 Per Day
<i>Bydureon</i>	BYDUREON (2 MG RECON SUSP, 2 MG SRER) <i>exenatide</i>	BRAND	QL 4 / 28 day(s) PA AL At least 18 yrs old
<i>Bydureon</i>	BYDUREON 2 MG PEN <i>exenatide</i>	BRAND	QL 4 / 28 days PA AL At least 18 yrs old
<i>Byetta 10 MCG Pen</i>	BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN <i>exenatide</i>	BRAND	QL 2.4 / 30 days PA AL At least 18 yrs old
<i>Byetta 5 MCG Pen</i>	BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN <i>exenatide</i>	BRAND	QL 1.2 / 30 days PA AL At least 18 yrs old
<i>Farxiga</i>	FARXIGA (5 MG TAB, 10 MG TAB) <i>dapagliflozin propanediol</i>	BRAND	ST AL At least 18 yrs old MDD 1 per day
<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</i>	<i>glipizide (tab 5 mg, tab 10 mg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>GlipiZIDE ER</i>	<i>glipizide er (tab er 24hr 2.5 mg, tab er 24hr 5 mg, tab er 24hr 10 mg, tab sr 24hr 10 mg, tab sr 24hr 2.5 mg, tab sr 24hr 5 mg)</i>	generic	
<i>GlipiZIDE-MetFORMIN HCl</i>	<i>glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	generic	
<i>GlyBURIDE</i>	<i>glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)</i>	generic	
<i>GlyBURIDE Micronized</i>	<i>glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)</i>	generic	
<i>GlyBURIDE-MetFORMIN</i>	<i>glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	generic	
<i>Jardiance</i>	<i>JARDIANCE (10 MG TAB, 25 MG TAB) empagliflozin</i>	BRAND	PA MDD 1 per day
<i>MetFORMIN HCl</i>	<i>metformin hcl (tab 850 mg, tab 1000 mg)</i>	generic	
<i>MetFORMIN HCl ER</i>	<i>metformin hcl er (tab er 24hr 500 mg, tab sr 24hr 500 mg)</i>	generic	MDD 4 per day
<i>MetFORMIN HCl ER</i>	<i>metformin hcl er (tab er 24hr 750 mg, tab sr 24hr 750 mg)</i>	generic	MDD 3 per day
<i>MetFORMIN HCl</i>	<i>metformin hcl tab 500 mg</i>	generic	MDD 5 per day
<i>Nateglinide</i>	<i>nateglinide (tab 60 mg, tab 120 mg)</i>	generic	MDD 3 per day
<i>Pioglitazone HCl</i>	<i>pioglitazone hcl (tab 15 mg, tab 30 mg, tab 45 mg)</i>	generic	MDD 1 per day
<i>Pioglitazone HCl-Metformin HCl</i>	<i>pioglitazone hcl-metformin hcl (-metformin tab 15-850 mg, -metformin tab 15-500 mg)</i>	generic	MDD 2 per day
<i>SymlinPen 120</i>	<i>SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN pramlintide acetate</i>	BRAND	QL 10.8 / 30 days ST
<i>SymlinPen 60</i>	<i>SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN pramlintide acetate</i>	BRAND	QL 6 / 30 days ST
<i>Victoza</i>	<i>VICTOZA 18 MG/3ML SOLN PEN liraglutide</i>	BRAND	PA MDD 0.3 Per Day
GLYCEMIC AGENTS			
<i>GlucaGen Diagnostic</i>	<i>GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN glucagon hcl rdna (diagnostic)</i>	BRAND	MPL 1 / claim MFL 1 / 30 days

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

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

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

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

<i>Eliquis</i>	ELIQUIS (2.5 MG TAB, 5 MG TAB) <i>apixaban</i>	BRAND	MDD 4 per day
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium (inj 100 mg/ml, inj 150 mg/ml)</i>	generic	QL 14 / 7 days MFL 1 / 180 days
<i>Enoxaparin Sodium</i>	<i>enoxaparin sodium (inj 80, inj 120)</i>	generic	QL 12 / 7 days MFL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<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>	<i>XARELTO 10 MG TAB rivaroxaban</i>	BRAND	QL 35 / 180 days MDD 1 per day
<i>Xarelto</i>	<i>XARELTO 15 MG TAB rivaroxaban</i>	BRAND	MDD 2 per day
<i>Xarelto</i>	<i>XARELTO 20 MG TAB rivaroxaban</i>	BRAND	MDD 1 per day

BLOOD FORMATION MODIFIERS

<i>Zarxio</i>	<i>ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) filgrastim-sndz</i>	BRAND	PA
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COAGULANTS

<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 AL At least 12 yrs old MFL 1 / month

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
PLATELET MODIFYING AGENTS			
<i>Brilinta</i>	BRILINTA (60 MG TAB, 90 MG TAB) <i>ticagrelor</i>	BRAND	MDD 2 per day
<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>	EFFIENT (5 MG TAB, 10 MG TAB) <i>prasugrel hcl</i>	BRAND	MDD 1 per day
CARDIOVASCULAR AGENTS			
ALPHA-ADRENERGIC AGONISTS			
<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	
ALPHA-ADRENERGIC BLOCKING AGENTS			
<i>Doxazosin Mesylate</i>	<i>doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	generic	
<i>Prazosin HCl</i>	<i>prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)</i>	generic	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
<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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS			
<i>Benazepril HCl</i>	<i>benazepril hcl (tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
<i>Benazepril HCl</i>	<i>benazepril hcl tab 40 mg</i>	generic	MDD 2 per day
<i>Captopril</i>	<i>captopril (tab 12.5 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	MDD 3 per day
<i>Enalapril Maleate</i>	<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	MDD 2 per day
<i>Epaned</i>	EPANED 1 MG/ML RECON SOLN <i>enalapril maleate</i>	BRAND	
<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 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	generic	MDD 2 per day
<i>Quinapril HCl</i>	<i>quinapril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	generic	
<i>Ramipril</i>	<i>ramipril (cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg)</i>	generic	MDD 2 per day
<i>Trandolapril</i>	<i>trandolapril (tab 1 mg, tab 2 mg)</i>	generic	MDD 1 per day
<i>Trandolapril</i>	<i>trandolapril tab 4 mg</i>	generic	MDD 2 Per Day
ANTIARRHYTHMICS			
<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>Dofetilide</i>	<i>dofetilide (cap 125 mcg (0.125, cap 250 mcg (0.25, cap 500 mcg (0.5)</i>	generic	
<i>Flecainide Acetate</i>	<i>flecainide acetate (tab 50 mg, tab 100 mg, tab 150 mg)</i>	generic	
<i>Mexiletine HCl</i>	<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	generic	
<i>Norpacing CR</i>	NORPACE CR 150 MG CAP ER 12H <i>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	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
QuiNIDine Sulfate	<i>quinidine sulfate (tab 200 mg, tab 300 mg)</i>	generic	
Sotalol HCl (AF)	<i>sotalol hcl (af) (tab 80 mg, tab 120 mg, tab 160 mg)</i>	generic	MDD 2 per day
Sotalol HCl	<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	generic	

BETA-ADRENERGIC BLOCKING AGENTS

Acebutolol HCl	<i>acebutolol hcl (cap 200 mg, cap 400 mg)</i>	generic	
Atenolol	<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	generic	MDD 2 per day
Bisoprolol Fumarate	<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	generic	MDD 1 per day
Carvedilol	<i>carvedilol (tab 3.125 mg, tab 6.25 mg, tab 12.5 mg)</i>	generic	MDD 2 per day
Carvedilol	<i>carvedilol tab 25 mg</i>	generic	MDD 4 per day
Coreg CR	COREG CR (10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H) <i>carvedilol phosphate</i>	BRAND	MDD 1 per day
Labetalol HCl	<i>labetalol hcl tab 100 mg</i>	generic	MDD 3 per day
Labetalol HCl	<i>labetalol hcl tab 200 mg</i>	generic	MDD 6 per day
Labetalol HCl	<i>labetalol hcl tab 300 mg</i>	generic	MDD 8 per day
Metoprolol Succinate ER	<i>metoprolol succinate er (tab er 24hr 100 mg (tartrate equiv), tab er 24hr 25 mg (tartrate equiv), tab er 24hr 50 mg (tartrate equiv), tab sr 24hr 100 mg (tartrate equiv), tab sr 24hr 25 mg, tab sr 24hr 50 mg (tartrate equiv), tab sr 24hr 25 mg (tartrate equiv))</i>	generic	MDD 1 per day
Metoprolol Succinate ER	<i>metoprolol succinate er (tab er 24hr 200 mg (tartrate equiv), tab sr 24hr 200 mg (tartrate equiv), tab sr 24hr 200 mg)</i>	generic	MDD 2 per day
Metoprolol Tartrate	<i>metoprolol tartrate (tab 25 mg, tab 100 mg)</i>	generic	MDD 2 per day
Metoprolol Tartrate	<i>metoprolol tartrate tab 50 mg</i>	generic	MDD 3 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Nadolol	<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	MDD 2 per day
Pindolol	<i>pindolol (tab 5 mg, tab 10 mg)</i>	generic	
Propranolol HCl	<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	
Propranolol HCl ER	<i>propranolol hcl er (cap er 24hr 120 mg, cap er 24hr 80 mg, cap er 24hr 60 mg, cap er 24hr 160 mg, cap sr 24hr 160 mg, cap sr 24hr 120 mg, cap sr 24hr 60 mg, cap sr 24hr 80 mg)</i>	generic	MDD 2 per day
Timolol Maleate	<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	generic	

CALCIUM CHANNEL BLOCKING AGENTS

AmLODIPine Besylate	<i>amlodipine besylate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	MDD 1 per day
DiltiaZEM HCl	<i>diltiazem hcl (tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	generic	MDD 3 per day
DiltIAZem HCl ER	<i>diltiazem hcl cap er 24hr 240 mg</i>	generic	MDD 2 per day
DiltIAZem HCl ER Coated Beads	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	generic	MDD 2 per day
DiltiaZEM HCl ER Coated Beads	<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	generic	MDD 2 per day
DiltiaZEM HCl ER	<i>diltiazem hcl er (cap 12hr 90 mg, cap 12hr 120 mg, cap 12hr 60 mg, cap 24hr 240 mg)</i>	generic	MDD 2 per day
DiltiaZEM HCl ER	<i>diltiazem hcl er (cap 24hr 120 mg, cap 24hr 180 mg)</i>	generic	MDD 1 per day
DiltiaZEM HCl ER Beads	<i>diltiazem hcl er beads (beads cap 24hr 120 mg, beads cap 24hr 360 mg, beads cap 24hr 420 mg, beads cap 24hr 180 mg, beads cap 24hr 300 mg)</i>	generic	MDD 1 per day
DiltIAZem HCl ER Beads	<i>diltiazem hcl er beads (beads cap er 24hr 180 mg, beads cap er 24hr 360 mg, beads cap er 24hr 120 mg, beads cap er 24hr 300 mg)</i>	generic	MDD 1 per day
DiltiaZEM HCl ER Coated Beads	<i>diltiazem hcl er coated beads (beads cap 24hr 120 mg, beads cap 24hr 180 mg, beads cap 24hr 300 mg)</i>	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Diltiazem HCl ER Coated Beads	diltiazem hcl er coated beads (beads cap er 24hr 180 mg, beads cap er 24hr 300 mg, beads cap er 24hr 120 mg)	generic	MDD 1 per day
Diltiazem HCl ER Beads	diltiazem hcl extended release beads cap er 24hr 240 mg	generic	MDD 2 per day
DiltiaZEM HCl ER Beads	diltiazem hcl extended release beads cap sr 24hr 240 mg	generic	MDD 2 per day
Felodipine ER	felodipine er (tab er 24hr 10 mg, tab er 24hr 5 mg, tab er 24hr 2.5 mg, tab sr 24hr 2.5 mg, tab sr 24hr 10 mg, tab sr 24hr 5 mg)	generic	MDD 1 per day
NiCARdipine HCl	nicardipine hcl (cap 20 mg, cap 30 mg)	generic	
NIFEdipine	nifedipine (cap 10 mg, cap 20 mg)	generic	MDD 4 per day
NIFEdipine ER	nifedipine er (tab er 24hr 90 mg, tab er 24hr 30 mg, tab sr 24hr 30 mg)	generic	MDD 1 per day
NIFEdipine ER Osmotic Release	nifedipine er osmotic release (tab er 24hr 30 mg, tab er 24hr 90 mg, tab sr 24hr 90 mg)	generic	MDD 1 per day
NIFEdipine ER	nifedipine tab er 24hr 60 mg	generic	MDD 2 per day
NIFEdipine ER Osmotic Release	nifedipine tab er 24hr osmotic release 60 mg	generic	MDD 2 per day
Nifediac CC	nifedipine tab sr 24hr 60 mg	generic	MDD 2 per day
Nifediac CC	nifedipine tab sr 24hr 90 mg	generic	MDD 1 per day
Nifedical XL	nifedipine tab sr 24hr osmotic release 30 mg	generic	MDD 1 per day
Nifedical XL	nifedipine tab sr 24hr osmotic release 60 mg	generic	MDD 2 per day
Verapamil HCl	verapamil hcl (tab 40 mg, 40 mg tab, tab 80 mg, tab 120 mg)	generic	MDD 3 per day
Verapamil HCl ER	verapamil hcl er (cap 24hr 100 mg, cap 24hr 200 mg)	generic	MDD 2 Per Day
Verapamil HCl ER	verapamil hcl er (cap 24hr 300 mg, cap 24hr 180 mg, cap 24hr 360 mg, cap 24hr 240 mg, cap 24hr 120 mg)	generic	MDD 1 per day
Verapamil HCl ER	verapamil hcl er (tab cr 120 mg, tab cr 180 mg, tab cr 240 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	generic	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS, OTHER			
AMILoride-HydroCHLORothiazide	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	generic	MDD 1 per day
Amlodipine Besy-Benazepril HCl	<i>amlodipine besy-benazepril hcl (cap 2.5-10 mg, cap 5-40 mg, cap 5-10 mg, cap 5-20 mg, cap 10-20 mg, cap 10-40 mg)</i>	generic	MDD 1 per day
Atenolol-Chlorthalidone	<i>atenolol-chlorthalidone (tab 50-25 mg, tab 100-25 mg)</i>	generic	MDD 2 per day
Benazepril-Hydrochlorothiazide	<i>benazepril-hydrochlorothiazide (tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	generic	MDD 1 per day
Bisoprolol-Hydrochlorothiazide	<i>bisoprolol-hydrochlorothiazide (tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg)</i>	generic	MDD 1 per day
Captopril-Hydrochlorothiazide	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	generic	MDD 3 per day
Captopril-Hydrochlorothiazide	<i>captopril-hydrochlorothiazide (tab 25-25 mg, tab 25-15 mg, tab 50-15 mg)</i>	generic	MDD 2 per day
Digoxin	<i>digoxin (oral soln 0.05 mg/ml, 0.05 mg/ml solution, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	generic	
Dutoprol	<i>DUTOPROL (25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H, 100-12.5 MG TAB ER 24H)</i> <i>metoprolol & hydrochlorothiazide</i>	BRAND	MDD 1 per day
Enalapril-Hydrochlorothiazide	<i>enalapril-hydrochlorothiazide (tab 5-12.5 mg, tab 10-25 mg)</i>	generic	MDD 2 per day
Fosinopril Sodium-HCTZ	<i>flosinopril sodium-hctz (tab 10-12.5 mg, tab 20-12.5 mg)</i>	generic	MDD 1 per day
Irbesartan-Hydrochlorothiazide	<i>irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)</i>	generic	MDD 1 per day
Lisinopril-Hydrochlorothiazide	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	generic	MDD 1 per day
Lisinopril-Hydrochlorothiazide	<i>lisinopril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)</i>	generic	MDD 2 per day
Losartan Potassium-HCTZ	<i>losartan potassium-hctz (tab 50-12.5 mg, tab 100-25 mg, tab 100-12.5 mg)</i>	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Metoprolol-Hydrochlorothiazide	metoprolol & hydrochlorothiazide tab 100-50 mg	generic	MDD 1 per day
Metoprolol-Hydrochlorothiazide	metoprolol-hydrochlorothiazide (tab 50-25 mg, tab 100-25 mg)	generic	MDD 2 per day
Pentoxifylline ER	pentoxifylline er (tab cr 400 mg, tab er 400 mg)	generic	
Propranolol-HCTZ	propranolol-hctz (tab 40-25 mg, tab 80-25 mg)	generic	MDD 2 Per Day
Reserpine	reserpine (tab 0.1 mg, tab 0.25 mg)	generic	
Spironolactone-HCTZ	spironolactone & hydrochlorothiazide tab 25-25 mg	generic	
Triamterene-HCTZ	triамтерене & hydrochlorothiazide tab 37.5-25 mg	generic	MDD 2 per day
Triamterene-HCTZ	triамтерене-hctz (cap 37.5-25 mg, cap 50-25 mg, tab 75-50 mg)	generic	
Valsartan-Hydrochlorothiazide	valsartan-hydrochlorothiazide (tab 80-12.5 mg, tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg)	generic	MDD 1 per day

DIURETICS, CARBONIC ANHYDRASE INHIBITORS

Acetazolamide	acetazolamide (tab 125 mg, tab 250 mg)	generic
Acetazolamide ER	acetazolamide er (cap er 500 mg, cap sr 500 mg)	generic

DIURETICS, LOOP

Bumetanide	bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)	generic
Furosemide	furosemide (inj 10 mg/ml, oral soln 8 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)	generic
Torsemide	torsemide (tab 5 mg, tab 10 mg, tab 20 mg, tab 100 mg)	generic

DIURETICS, POTASSIUM-SPARING

AMILoride HCl	amiloride hcl tab 5 mg	generic	MDD 4 per day
Spironolactone	spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
DIURETICS, THIAZIDE			
<i>Chlorothiazide</i>	<i>chlorothiazide tab 250 mg</i>	generic	MDD 2 per day
<i>Chlorothiazide</i>	<i>chlorothiazide tab 500 mg</i>	generic	MDD 4 per day
<i>Chlorthalidone</i>	<i>chlorthalidone (25 mg tab, tab 25 mg, 50 mg tab, tab 50 mg)</i>	generic	
<i>HydroCHLOROThiazide</i>	<i>hydrochlorothiazide (cap 12.5 mg, tab 25 mg, tab 50 mg)</i>	generic	
<i>Indapamide</i>	<i>indapamide (tab 1.25 mg, tab 2.5 mg)</i>	generic	
<i>MetOLazone</i>	<i>metolazone (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	generic	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES			
<i>Fenofibrate Micronized</i>	<i>fenofibrate micronized (cap 134 mg, cap 200 mg)</i>	generic	MDD 1 per day
<i>Fenofibrate Micronized</i>	<i>fenofibrate micronized cap 67 mg</i>	generic	MDD 2 per day
<i>Fenofibrate</i>	<i>fenofibrate tab 160 mg</i>	generic	MDD 1 per day
<i>Fenofibrate</i>	<i>fenofibrate tab 54 mg</i>	generic	MDD 3 per day
<i>Gemfibrozil</i>	<i>gemfibrozil tab 600 mg</i>	generic	MDD 2 per day
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS			
<i>Atorvastatin Calcium</i>	<i>atorvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	MDD 1 per day
<i>Lovastatin</i>	<i>lovastatin (tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
<i>Lovastatin</i>	<i>lovastatin tab 40 mg</i>	generic	MDD 2 per day
<i>Pravastatin Sodium</i>	<i>pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	generic	MDD 1 per day
<i>Simvastatin</i>	<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	generic	MDD 1 per day
DYSLIPIDEMICS, OTHER			
<i>Cholestyramine</i>	<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	generic	
<i>Cholestyramine Light</i>	<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Colestipol HCl	colestipol hcl (granules 5 gm, tab 1 gm)	generic	
Niacor	NIACOR 500 MG TAB niacin (antihyperlipidemic)	BRAND	
Vytorin	VYTORIN (10-20 MG TAB, 10-80 MG TAB, 10-10 MG TAB, 10-40 MG TAB) ezetimibe-simvastatin	BRAND	PA MDD 1 per day
VASODILATORS, DIRECT-ACTING ARTERIAL			
Hydralazine HCl	hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)	generic	
Minoxidil	minoxidil tab 10 mg	generic	MDD 10 per day
Minoxidil	minoxidil tab 2.5 mg	generic	MDD 3 per day
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS			
Isosorbide Dinitrate	isosorbide dinitrate (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)	generic	
Isosorbide Dinitrate ER	isosorbide dinitrate er (er 40 mg tab er, tab cr 40 mg, tab er 40 mg)	generic	
Isosorbide Mononitrate	isosorbide mononitrate (tab 10 mg, tab 20 mg)	generic	MDD 2 per day
Isosorbide Mononitrate ER	isosorbide mononitrate er (tab er 24hr 60 mg, tab er 24hr 30 mg, tab sr 24hr 120 mg, tab sr 24hr 60 mg, tab sr 24hr 30 mg)	generic	MDD 1 per day
Nitro-Bid	NITRO-BID 2 % OINTMENT nitroglycerin	BRAND	
Nitroglycerin	nitroglycerin (patch 24hr 0.2, patch 24hr 0.6, patch 24hr 0.1, patch 24hr 0.4)	generic	
Nitroglycerin ER	nitroglycerin er (cap cr 2.5 mg, cap cr 6.5 mg, cap cr 9 mg, cap er 2.5 mg, cap er 6.5 mg)	generic	
Nitrostat	NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) nitroglycerin	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS			
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES			
<i>Amphetamine-Dextroamphetamine ER</i>	<i>amphetamine-dextroamphetamine (cap 24hr 25 mg, cap 24hr 15 mg, cap 24hr 5 mg, cap 24hr 10 mg, cap 24hr 20 mg, cap 24hr 30 mg)</i>	generic	AL At least 6 yrs old MDD 1 per day
<i>Amphetamine-Dextroamphetamine</i>	<i>amphetamine-dextroamphetamine (tab 5 mg, tab 20 mg)</i>	generic	AL At least 3 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 At least 3 yrs old
<i>Dextroamphetamine Sulfate</i>	<i>dextroamphetamine sulfate (tab 5 mg, tab 10 mg)</i>	generic	QL 62 / 31 days AL At least 3 yrs old
<i>Dextroamphetamine Sulfate ER</i>	<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	generic	AL At least 6 yrs old MDD 1 per day
<i>Dextroamphetamine Sulfate ER</i>	<i>dextroamphetamine sulfate er (cap 24hr 15 mg, cap 24hr 10 mg)</i>	generic	AL At least 6 yrs old MDD 2 per day
<i>Vyvanse</i>	<i>VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP) 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 At least 6 yrs old MDD 2 per day
<i>Methylin</i>	<i>methylene (tab 5 mg, tab 20 mg)</i>	generic	AL At least 3 yrs old MDD 3 per day
<i>Methylin ER</i>	<i>methylene er (tab 10 mg, tab 20 mg)</i>	generic	QL 62 / 31 days AL At least 6 yrs old

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
Methylphenidate HCl ER (CD)	<i>methylphenidate hcl er (cd) (cap cr 10 mg, cap cr 20 mg, cap cr 30 mg, cap cr 40 mg, cap cr 50 mg, cap cr 60 mg, cap er 10 mg, cap er 20 mg, cap er 30 mg, cap er 40 mg, cap er 50 mg, cap er 60 mg)</i>	generic	AL	At least 6 yrs old MDD 1 per day
Methylphenidate HCl ER	<i>methylphenidate hcl er (tab er 20 mg, tab er osmotic release (osm) 36 mg, tab sa osm 36 mg)</i>	generic	QL	62 / 31 days AL At least 6 yrs old
Methylphenidate HCl ER	<i>methylphenidate hcl er (tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 54 mg, tab sa osm 18 mg, tab sa osm 27 mg, tab sa osm 54 mg)</i>	generic	AL	At least 6 yrs old MDD 1 per day
Methylin	<i>methylphenidate hcl tab 10 mg</i>	generic	QL	93 / 31 days AL At least 3 yrs old

CENTRAL NERVOUS SYSTEM, OTHER

Butalbital-Acetaminophen	<i>butalbital-acetaminophen tab 50-325 mg</i>	generic		
Margesic	<i>butalbital-acetaminophen- caffeine cap 50-325-40 mg</i>	generic	QL	124 / 31 days
Butalbital-APAP-Caffeine	<i>butalbital-acetaminophen- caffeine tab 50-325-40 mg</i>	generic	MDD	4 per day
Butalbital-Aspirin-Caffeine	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	generic	QL	124 / 31 days
Phrenilin Forte	<i>PHRENILIN FORTE 50-650 MG CAP butalbital-acetaminophen</i>	BRAND		
Tencon	<i>TENCON 50-325 MG TAB butalbital-acetaminophen</i>	BRAND		

FIBROMYALGIA AGENTS

DULoxetine HCl	<i>duloxetine hcl (cap 20 mg (base eq), cap 20 mg, cap 30 mg (base eq), cap 30 mg, cap 60 mg (base eq), cap 60 mg)</i>	generic	AL	At least 7 yrs old MDD 1 per day
Savella	<i>SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB) milnacipran hcl</i>	BRAND	PA MDD	2 per day
Savella Titration Pack	<i>SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC milnacipran hcl</i>	BRAND	QL PA	55 / 365 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
DENTAL AND ORAL AGENTS			
<i>Chlorhexidine Gluconate</i>	<i>chlorhexidine gluconate soln 0.12%</i>	generic	
<i>Pilocarpine HCl</i>	<i>pilocarpine hcl tab 5 mg</i>	generic	MDD 6 per day
<i>Denta 5000 Plus</i>	<i>sodium fluoride cream 1.1%</i>	generic	QL 60 / month
<i>Phos-Flur</i>	<i>sodium fluoride gel 1.1% (0.5% f)</i>	generic	QL 60 / month
<i>ControlRx</i>	<i>sodium fluoride paste 1.1%</i>	generic	QL 60 / month
DERMATOLOGICAL AGENTS			
<i>Hypercare</i>	<i>aluminum chloride soln 20%</i>	generic	
<i>Analpram-HC</i>	<i>ANALPRAM-HC 1-2.5 % LOTION hydrocortisone acetate w/ pramoxine</i>	BRAND	QL 62 / 31 days
<i>Calcipotriene</i>	<i>calcipotriene (cream, soln (50 mcg/ml))</i>	generic	QL 62 / 31 days MPL 1 / claim
<i>Clotrimazole-Betamethasone</i>	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	generic	QL 45 / 31 days
<i>Clotrimazole-Betamethasone</i>	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	generic	QL 31 / 31 days
<i>Diclofenac Sodium</i>	<i>diclofenac sodium gel 1%</i>	generic	MFL 2 / 30 day(s) C MDD=6.68 grams/day
<i>Elidel</i>	<i>ELIDEL 1 % CREAM pimecrolimus</i>	BRAND	QL 30 / 30 days PA AL At least 2 yrs old
<i>Epifoam</i>	<i>EPIFOAM 1-1 % FOAM pramoxine-hc</i>	BRAND	
<i>Fluorouracil</i>	<i>fluorouracil (soln 2%, 2 % solution, soln 5%, 5 % solution)</i>	generic	QL 10 / 31 days
<i>Fluorouracil</i>	<i>fluorouracil cream 0.5%</i>	generic	
<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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS		
Hydrocortisone	hydrocortisone oint 2.5%	generic			
Imiquimod	imiquimod cream 5%	generic	QL	48 / 180 days	
Claravis	isotretinoin cap (10mg, 20mg, 40mg) brand names: claravis, myorisan, zenatane	generic	PA AL MDD	At least 12 yrs old 2 per day	
Lidocaine HCl	lidocaine hcl cream 3%	generic	MPL	1 / claim	
Podofilox	podofilox soln 0.5%	generic			
Selenium Sulfide	selenium sulfide lotion 2.5%	generic	QL MPL	124 / 31 days 1 / claim	
Sulfacetamide Sodium	sulfacetamide sodium liquid 10%	generic			
Sulfacetamide Sodium	sulfacetamide sodium lotion 10% (acne)	generic	QL C	124 / 31 days Pkg Size 118: Package Limit=1/claim Pkg Size 59: Package Limit=2/claim	
Sulfacetamide Sodium-Sulfur	sulfacetamide sodium w/ sulfur lotion 10-5%	generic	MPL	1 / 31 days	
Sulfacetamide Sodium-Sulfur	sulfacetamide sodium w/ sulfur susp 10-5%	generic	QL MPL	31 / 31 days 1 / claim	
Sulfacetamide Sodium-Sulfur	SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION sulfacetamide sodium w/ sulfur	BRAND			
Tacrolimus	tacrolimus oint 0.03%	generic	QL PA AL	30 / 30 days At least 2 yrs old	
Tacrolimus	tacrolimus oint 0.1%	generic	QL PA AL	30 / 30 days At least 16 yrs old	
Tazorac	TAZORAC (0.05 % GEL, 0.1 % GEL) tazarotene	BRAND	QL AL C	62 / 31 days Up to 18 yrs old Pkg Size 30: Package Limit=2/claim	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
Tazorac	TAZORAC 0.1 % CREAM <i>tazarotene</i>	BRAND	AL	Up to 18 yrs old
Tretinoin	<i>tretinoin (cream 0.05%, cream 0.1%)</i>	generic	QL	20 / claim
			AL	Up to 35 yrs old
Avita	<i>tretinoin cream 0.025%</i>	generic	QL	20 / claim
			AL	Up to 35 yrs old
Tretinoin	<i>tretinoin gel 0.01%</i>	generic	QL	15 / claim
			AL	Up to 35 yrs old
Avita	<i>tretinoin gel 0.025%</i>	generic	AL	Up to 35 yrs old
Urea	<i>urea (40 % cream, 40 % lotion)</i>	generic		
Voltaren	VOLTAREN 1 % GEL <i>diclofenac sodium (topical)</i>	BRAND	MFL	2 / 30 day(s)
			C	MDD=6.68 grams/day

ENZYME REPLACEMENT/MODIFIERS

Creon	CREON (6000 CP DR PART, 12000 CP DR PART, 24000 CP DR PART) <i>pancrelipase (lipase-protease- amylase)</i>	BRAND
Pancreaze	PANCREAZE (4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART) <i>pancrelipase (lipase-protease- amylase)</i>	BRAND
Pancrelipase (Lip- Prot-Amyl)	<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i>	generic
Zenpep	ZENPEP (3000-10000 CP DR PART, 5000 CP DR PART, 10000 CP DR PART, 15000 CP DR PART, 20000 CP DR PART, 25000 CP DR PART) <i>pancrelipase (lipase-protease- amylase)</i>	BRAND

GASTROINTESTINAL AGENTS

ANTISPASMODICS, GASTROINTESTINAL

Dicyclomine HCl	<i>dicyclomine hcl (cap 10 mg, tab 20 mg)</i>	generic
Dicyclomine HCl	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	generic

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Glycopyrrolate	glycopyrrolate (tab 1 mg, tab 2 mg)	generic	MDD 4 per day
Hyoscyamine Sulfate	hyoscyamine sulfate (elixir 0.125 mg/5ml, soln 0.125 mg/ml, tab 0.125 mg, tab disint 0.125 mg, tab sl 0.125 mg)	generic	
Ed-Spaz	hyoscyamine sulfate tab disp 0.125 mg	generic	
Hyoscyamine Sulfate ER	hyoscyamine sulfate tab sr 12hr 0.375 mg	generic	MDD 4 per day
PB-Hyoscy-Atropine-Scopolamine	pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	generic	

GASTROINTESTINAL AGENTS, OTHER

Diphenoxylate-Atropine	DIPHENOXYLATE-ATROPINE (DIPHENOXYLATE W/ ATROPINE LIQ MG/5ML, DIPHENOXYLATE W/ ATROPINE TAB MG, DIPHENOXYLATE-ATROPINE MG/5ML LIQUID) diphenoxylate w/ atropine	BRAND	
Ursodiol	ursodiol cap 300 mg	generic	
Ursodiol	ursodiol tab 250 mg	generic	MDD 7 per day

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

Cimetidine	cimetidine (tab 300 mg, tab 400 mg, tab 800 mg)	generic	
Cimetidine HCl	cimetidine hcl soln 300 mg/5ml	generic	
Famotidine	famotidine tab 40 mg	generic	
RaNITidine HCl	ranitidine hcl cap 150 mg	generic	MDD 2 per day
RaNITidine HCl	ranitidine hcl cap 300 mg	generic	MDD 1 per day
RaNITidine HCl	ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	generic	MDD 20 per day
RaNITidine HCl	ranitidine hcl tab 300 mg	generic	

LAXATIVES

Lactulose Encephalopathy	lactulose (encephalopathy) solution 10 gm/15ml	generic	
Lactulose	lactulose solution 10 gm/15ml	generic	
PEG-3350/Electrolytes	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	generic	MPL 1 / claim

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
PEG 3350/Electrolytes	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	generic	MPL 1 / claim
PEG 3350-KCl-Na Bicarb-NaCl	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	generic	MPL 1 / claim
PROTECTANTS			
<i>Carafate</i>	CARAFATE 1 GM/10ML SUSPENSION <i>sucralfate</i>	BRAND	QL 420 / claim
<i>Misoprostol</i>	<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	generic	
<i>Sucralfate</i>	<i>sucralfate (1 suspension, susp 1)</i>	generic	QL 420 / claim
<i>Sucralfate</i>	<i>sucralfate tab 1 gm</i>	generic	MDD 4 per day
PROTON PUMP INHIBITORS			
<i>First-Omeprazole</i>	FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION <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 2 MG/ML SUSPENSION <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
GENITOURINARY AGENTS			
ANTISPASMODICS, URINARY			
<i>FlavoxATE HCl</i>	<i>flavoxate hcl tab 100 mg</i>	generic	
<i>Oxybutynin Chloride ER</i>	<i>oxybutynin chloride er (tab er 24hr 10 mg, tab er 24hr 5 mg, tab sr 24hr 15 mg, tab sr 24hr 10 mg, tab sr 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
<i>Tolterodine Tartrate</i>	<i>tolterodine tartrate (tab 1 mg, tab 2 mg)</i>	generic	QL 62 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Tolterodine Tartrate ER	<i>tolterodine tartrate cap sr 24hr 2 mg</i>	generic	MDD 1 per day
Tolterodine Tartrate ER	<i>tolterodine tartrate cap sr 24hr 4 mg</i>	generic	QL 31 / 31 days
Trospium Chloride	<i>trospium chloride tab 20 mg</i>	generic	MDD 2 per day

BENIGN PROSTATIC HYPERPLASIA AGENTS

Finasteride	<i>finasteride tab 5 mg</i>	generic	MDD 1 per day
Tamsulosin HCl	<i>tamsulosin hcl cap 0.4 mg</i>	generic	MDD 2 per day
Terazosin HCl	<i>terazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i>	generic	

GENITOURINARY AGENTS, OTHER

Bethanechol Chloride	<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>	generic	
Depen Titratabs	<i>DEPEN TITRATABS 250 MG TAB penicillamine</i>	BRAND	
Elmiron	<i>ELMIRON 100 MG CAP pentosan polysulfate sodium</i>	BRAND	MDD 3 per day
Phenazopyridine HCl	<i>phenazopyridine hcl (tab 100 mg, tab 200 mg)</i>	generic	
Phospha 250 Neutral	<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	generic	MDD 8 per day
Potassium Citrate ER	<i>potassium citrate er (tab cr 5 (540, tab cr 10 (1080, tab er 10 (1080)</i>	generic	
Sodium Chloride	<i>sodium chloride irrigation soln 0.9%</i>	generic	
Sod Citrate-Citric Acid	<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	generic	QL 500 / 30 days

PHOSPHATE BINDERS

Calcium Acetate (Phos Binder)	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	generic	
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Beta-Val	<i>beta-val (cream, lotion)</i>	generic	
Betamethasone Dipropionate Aug	<i>betamethasone dipropionate augmented cream 0.05%</i>	generic	MPL 1 / claim

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
PrednisoLONE	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	generic	
PredniSONE	<i>prednisone (oral soln 5 mg/5ml, tab 1 mg, tab 2.5 mg, tab 5 mg, tab therapy pack 5 mg (48), 5 mg/5ml solution, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48), 50 mg tab)</i>	generic	
PredniSONE Intensol	PREDNISONE INTENSOL 5 MG/ML CONC <i>prednisone</i>	BRAND	
Sterapred	<i>prednisone tab 5 mg dose pack</i>	generic	
Triamcinolone Acetonide	<i>triamcinolone acetonide (cream 0.5%, dental paste 0.1%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.5%)</i>	generic	MPL 1 / claim
Triamcinolone Acetonide	<i>triamcinolone acetonide (cream, oint)</i>	generic	
Triamcinolone Acetonide	<i>triamcinolone acetonide cream 0.025%</i>	generic	C Pkg JAR: Max Qty=120/30 days Pkg TUBE: Package Limit=1/claim
Veripred 20	VERIPRED 20 20 MG/5ML SOLUTION <i>prednisolone sodium phosphate</i>	BRAND	QL 150 / claim

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Desmopressin Acetate	<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	generic	MDD 6 Per Day
Desmopressin Ace Rhinal Tube	<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	generic	QL 5 / claim PA
Desmopressin Acetate Spray	<i>desmopressin acetate nasal spray soln 0.01%</i>	generic	QL 5 / claim PA
Desmopressin Ace Spray Refrig	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	generic	QL 5 / claim PA

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
ANDROGENS			
<i>Androderm</i>	ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR) <i>testosterone</i>	BRAND	MDD 1 per day
<i>Androxy</i>	ANDROXY 10 MG TAB <i>fluoxymesterone</i>	BRAND	
<i>Methitest</i>	METHITEST 10 MG TAB <i>methyltestosterone</i>	BRAND	
<i>Testosterone Cypionate</i>	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	generic	QL 4 / 30 days
ESTROGENS			
<i>Alora</i>	ALORA (0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) <i>estradiol</i>	BRAND	QL 8 / 28 days
<i>CombiPatch</i>	COMBIPATCH (0.05-0.14 PATCH TW, 0.05-0.25 PATCH TW) <i>estradiol & norethindrone acetate</i>	BRAND	QL 8 / 28 days
<i>Velivet</i>	<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	generic	
<i>Kariva</i>	<i>desogestrel-ethynodiol estradiol tab 0.15-0.02/0.01 mg (azurette, kariva, pimtrea, viorele, caziant, cesia, velivet)</i>	generic	
<i>Apri</i>	<i>desogestrel-ethynodiol estradiol tab 0.15-30 mg-mcg (apri, emoquette, enskyce, reclipsen, solia)</i>	generic	
<i>Gianvi</i>	<i>drosipreronone-ethynodiol estradiol tab 3-0.02 mg(gianvi, loryna, nikki, vestura)</i>	generic	MDD 1 Per Day
<i>Ocella</i>	<i>drosipreronone-ethynodiol estradiol tab 3-0.03 mg</i>	generic	
<i>Est Estrogens-Methyltest HS</i>	<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	generic	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Est Estrogens-Methyltest DS</i>	<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	generic	MDD 1 per day
<i>Estrace</i>	<i>ESTRACE 0.1 MG/GM CREAM estradiol vaginal</i>	BRAND	QL 43 / 31 days
<i>Estradiol-Norethindrone Acet</i>	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	generic	MDD 1 per day
<i>Mimvey</i>	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	generic	MDD 1 per day
<i>Estradiol</i>	<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	generic	QL 4 / 28 days
<i>Estradiol</i>	<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	
<i>Estropipate</i>	<i>estropipate (3 mg tab, tab 3 mg)</i>	generic	MDD 2 per day
<i>Estropipate</i>	<i>estropipate (tab 0.75 mg, tab 1.5 mg)</i>	generic	MDD 1 per day
<i>Estropipate</i>	<i>ESTROPIPATE 0.75 MG TAB estropipate</i>	BRAND	
<i>Kelnor 1/35</i>	<i>ethynodiol diacetate & ethynodiol tab 1 mg-35 mcg (kelnor, zovia)</i>	generic	
<i>Camrese</i>	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (amethia, camrese, daysee)</i>	generic	QL 91 / claim
<i>Jolessa</i>	<i>levonorgest-eth estrad 91-day tab 0.15-0.03 mg (introvale, jolessa, quasense)</i>	generic	QL 91 / claim
<i>Enpresse-28</i>	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg (enpresse, levonest, myzilra, trivora)</i>	generic	
<i>Lessina</i>	<i>levonorgestrel-ethinyl estrad tab 0.1-20 mg (aubra, aviane, delyla, falmina, lessina, lutera, orsythia, sronyx)</i>	generic	
<i>Levonorgestrel-Ethinyl Estrad</i>	<i>levonorgestrel-ethinyl estrad tab 0.15-30 mg (altavera, chateal, kurvelo, levora, marlissa, portia)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Minivelle</i>	MINIVELLE 0.0375 MG/24HR PATCH TW <i>estradiol</i>	BRAND	
<i>Necon 1/50 (28)</i>	NECON 1/50 (28) 1-50 MG- MCG TAB <i>norethindrone & mestranol</i>	BRAND	
<i>Necon 10/11 (28)</i>	NECON 10/11 (28) 35 MCG TAB <i>norethindrone-eth estradiol (biphasic)</i>	BRAND	
<i>Balziva</i>	<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (balziva, briellyn, gildagia, philith, vyfemla, zenchent)</i>	generic	
<i>Nortrel 0.5/35 (28)</i>	<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (necon, nortrel, wera)</i>	generic	
<i>Nortrel 1/35 (21)</i>	<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg (alyacen, cyclafem, dasetta, necon, nortrel, pirmella)</i>	generic	
<i>Junel 1/20</i>	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Junel 1.5/30</i>	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Junel FE 1/20</i>	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Junel FE 1.5/30</i>	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (gildess, junel, larin, microgestin)</i>	generic	
<i>Loestrin 24 Fe</i>	NORETHINDRONE ACE- ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (LOMEDIA) <i>norethin acet & estrad-fe</i>	BRAND	
<i>Lomedia 24 FE</i>	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (lomedia)</i>	generic	
<i>Nortrel 7/7/7</i>	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg (alyacen, cyclafem, dasetta, necon, nortrel, pirmella)</i>	generic	

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

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Levothyroxine Sodium	<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	
Liothyronine Sodium	<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	generic	
NP Thyroid	<i>np thyroid (tab 30 mg, tab 60 mg, tab 90 mg)</i>	generic	
Thyrolar-1	<i>THYROLAR-1 60 (12.5-50) MG (MCG) TAB liotrix (t3-t4)</i>	BRAND	
Thyrolar-1/2	<i>THYROLAR-1/2 30 (6.25-25) MG (MCG) TAB liotrix (t3-t4)</i>	BRAND	
Thyrolar-1/4	<i>THYROLAR-1/4 15 (3.1-12.5) MG (MCG) TAB liotrix (t3-t4)</i>	BRAND	
Thyrolar-2	<i>THYROLAR-2 120 (25-100) MG (MCG) TAB liotrix (t3-t4)</i>	BRAND	
Thyrolar-3	<i>THYROLAR-3 180 (37.5-150) MG (MCG) TAB liotrix (t3-t4)</i>	BRAND	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

MethIMAzole	<i>methimazole (tab 5 mg, tab 10 mg)</i>	generic	
Propylthiouracil	<i>propylthiouracil tab 50 mg</i>	generic	
SSKI	<i>SSKI 1 GM/ML SOLUTION potassium iodide</i>	BRAND	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

Kalbitor	<i>KALBITOR 10 MG/ML SOLUTION ecallantide</i>	BRAND	PA
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IMMUNE SUPPRESSANTS

Azasan	<i>AZASAN (75 MG TAB, 100 MG TAB) azathioprine</i>	BRAND	
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BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>AzaTHIOPrine</i>	<i>azathioprine tab 50 mg</i>	generic	
<i>CycloSPORINE</i>	<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	generic	
<i>CycloSPORINE Modified</i>	<i>cyclosporine modified cap 50 mg</i>	generic	
<i>Enbrel</i>	ENBREL 25 MG RECON SOLN <i>etanercept</i>	BRAND	
<i>Gengraf</i>	<i>gengraf (cap 25 mg, cap 100 mg, oral soln 100 mg/ml)</i>	generic	
<i>Hecoria</i>	<i>hecoria (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	generic	
<i>Methotrexate Sodium</i>	<i>methotrexate sodium (inj 25 mg/ml, inj 50 mg/2ml (25 mg/ml), inj 250 mg/10ml (25 mg/ml))</i>	generic	
<i>Methotrexate Sodium (PF)</i>	<i>methotrexate sodium (pf) (inj 25 mg/ml, inj 50 mg/2ml (25 mg/ml), inj 100 mg/4ml (25 mg/ml), inj 200 mg/8ml (25 mg/ml), inj 250 mg/10ml (25 mg/ml), inj 1000 mg/40ml (25 mg/ml))</i>	generic	
<i>Methotrexate</i>	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	generic	
<i>Mycophenolate Mofetil</i>	<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	generic	
<i>Mycophenolate Sodium</i>	<i>mycophenolate sodium (tab dr 180 mg, tab dr 360 mg)</i>	generic	
<i>Rapamune</i>	RAPAMUNE 1 MG/ML SOLUTION <i>sirolimus</i>	BRAND	
<i>Rheumatrex</i>	RHEUMATREX 2.5 MG TAB <i>methotrexate sodium (antirheumatic)</i>	BRAND	
<i>Sirolimus</i>	<i>sirolimus (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	generic	
<i>Trexall</i>	TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB) <i>methotrexate sodium</i>	BRAND	

IMMUNIZING AGENTS, PASSIVE

<i>HyperRHO S/D</i>	HYPERRHO S/D 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	BRAND
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BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>RhoGAM Ultra-Filtered Plus</i>	RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	BRAND	
IMMUNOMODULATORS			
<i>Leflunomide</i>	<i>leflunomide (tab 10 mg, tab 20 mg)</i>	generic	MDD 1 per day
INFLAMMATORY BOWEL DISEASE AGENTS			
AMINOSALICYLATES			
<i>Balsalazide Disodium</i>	<i>balsalazide disodium cap 750 mg</i>	generic	MDD 9 per day
<i>Delzicol</i>	DELZICOL 400 MG CAP DR <i>mesalamine</i>	BRAND	MDD 6 per day
<i>Mesalamine</i>	<i>mesalamine enema 4 gm</i>	generic	MDD 60 per day
<i>Mesalamine</i>	<i>mesalamine tab delayed release 800 mg</i>	generic	MDD 3 per day
<i>SfRowasa</i>	SFROWASA 4 GM/60ML ENEMA <i>mesalamine</i>	BRAND	
GLUCOCORTICOIDS			
<i>Hydrocortisone</i>	<i>hydrocortisone enema 100 mg/60ml</i>	generic	
<i>Proctocream HC</i>	<i>hydrocortisone rectal cream 2.5%</i>	generic	
SULFONAMIDES			
<i>SulfaSALAzione</i>	<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</i>	generic	
METABOLIC BONE DISEASE AGENTS			
<i>Alendronate Sodium</i>	<i>alendronate sodium (tab 35 mg, tab 70 mg)</i>	generic	MDD 0.15 per day
<i>Alendronate Sodium</i>	<i>alendronate sodium (tab 5 mg, tab 10 mg, tab 40 mg)</i>	generic	MDD 1 per day
<i>Alendronate Sodium</i>	<i>alendronate sodium oral soln 70 mg/75ml</i>	generic	MDD 10.8 per day
<i>Calcitonin (Salmon)</i>	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	generic	MPL 1 / claim
<i>Calcitriol</i>	<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Etidronate Disodium</i>	<i>etidronate disodium (tab 200 mg, tab 400 mg)</i>	generic	
<i>Miacalcin</i>	<i>MIACALCIN 200 UNIT/ML SOLUTION 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>	<i>1ST CHOICE LANCETS SUPER THIN MISC lancets</i>	BRAND	QL 200 / 30 days
<i>1st Choice Lancets Thin</i>	<i>1ST CHOICE LANCETS THIN MISC lancets</i>	BRAND	QL 200 / 30 days
<i>1st Choice Lancets Ultra Thin</i>	<i>1ST CHOICE LANCETS ULTRA THIN MISC lancets</i>	BRAND	QL 200 / 30 days
<i>1st Choice Pen Needles</i>	<i>1st choice pen needles (pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
<i>1st Tier Unifine Pentips</i>	<i>1st tier unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>1st Tier Unifine Pentips Plus</i>	<i>1st tier unifine pentips plus (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>1st Tier Unilet ComforTouch</i>	<i>1ST TIER UNILET COMFORTOUCH (28 MISC, 30 MISC) lancets</i>	BRAND	QL 200 / 30 days
<i>Accu-Chek Soft Touch Lancets</i>	<i>ACCU-CHEK SOFT TOUCH LANCETS MISC lancets</i>	BRAND	QL 200 / 30 days
<i>Accu-Chek Softclix Lancet Dev</i>	<i>ACCU-CHEK SOFTCLIX LANCET DEV MISC lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Adjustable Lancing Device	ADJUSTABLE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Advocate Insulin Pen Needles	advocate insulin pen needles (pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Advocate Insulin Syringe	ADVOCATE INSULIN SYRINGE (ADVOCATE SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
Advocate Lancing Device	ADVOCATE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Advocate Rapid-Safe Lancing	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
AgaMatrix Ultra-Thin Lancets	AGAMATRIX ULTRA-THIN LANCETS 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Alternate Site Lancing Device	ALTERNATE SITE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Aqua Lance Adjustable Lancing	AQUA LANCE ADJUSTABLE LANCING DEVICE <i>lancet devices</i>	BRAND	QL 1 / 180 days
Aurora Lancet Super Thin 30G	AURORA LANCET SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Aurora Lancet Thin 23G	AURORA LANCET THIN 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Aurora Pen Needles	aurora pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Aurora Unifine Pentips	aurora unifine pentips (pen 31 5 (3/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Auto-Lancet Mini	AUTO-LANCET MINI MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Auto-Lancet	AUTO-LANCET MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Autolet Lancing Device	AUTOLET LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Autolet Mini	AUTOLET MINI MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Autolet Plus	AUTOLET PLUS MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Bayer Microlet 2 Lancing Devic	BAYER MICROLET 2 LANCING DEVIC MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
BD AutoShield	BD AUTOSHIELD 29G X 8MM MISC <i>insulin pen needle</i>	BRAND	
BD Insulin Syr Ultrafine II	BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
BD Insulin Syringe	<i>bd insulin syringe (bd syringe 26g 1/2" 1 ml misc, syringe/needle u-100 1 ml 25 5/8", syringe/needle u-100 1 ml 25 1", syringe/needle u-100 1 ml 27 1/2", syringe/needle u- 100 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
BD Insulin Syringe	<i>bd insulin syringe (syringe (disp) 1 ml, syringe/needle 0.3 ml 31 x 5/16")</i>	generic	MDD 5 per day
BD Insulin Syringe MicroFine	BD INSULIN SYRINGE MICROFINE (27G 5/8" 1 ML MISC, 28G 1/2" 0.3 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
BD Insulin Syringe Ultrafine	BD INSULIN SYRINGE ULTRAFINE (BD SYRINGE ULTRAFINE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
BD Insulin Syringe Ultrafine	<i>bd insulin syringe ultrafine (bd syringe ultrafine 31g 15/64" 1 ml misc, syringe/needle u-100 1 ml 30 1/2", syringe/needle u- 100 1/2 ml 31 5/16", syringe/needle u-100 0.3 ml 30 1/2", syringe/needle u-100 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
BD Lancet Device	BD LANCET DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
BD Lancet Ultrafine 30G	BD LANCET ULTRAFINE 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CardioCom Lancing Device	CARDIOCOM LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
CareFine Pen Needles	carefine pen needles (pen 30 8 (1/3" or 5/16"), pen 31 6 (1/4"))	generic	MDD 5 per day
CareOne Advanced Lancing Dev	CAREONE ADVANCED LANCING DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
CareOne Lancet Thin 23G	CAREONE LANCET THIN 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CareOne Lancet Ultra Thin 28G	CAREONE LANCET ULTRA THIN 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
CareOne Unifine Pentips	careone unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
CareOne Unifine Pentips Plus	careone unifine pentips plus (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Chek-Stix Control	CHEK-STIX CONTROL STRIP acetone (urine) test	BRAND	
Chemstrip K	CHEMSTRIP K STRIP acetone (urine) test	BRAND	
Cleanlet Lancets 28G	CLEANLET LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Clickfine Pen Needles	clickfine pen needles (pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Comfort Assured Lancets 28G	COMFORT ASSURED LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Comfort Assured Lancets 33G	COMFORT ASSURED LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Comfort EZ Insulin Syringe	comfort ez insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")	generic	QL 150 / 30 days
Comfort EZ Insulin Syringe	COMFORT EZ INSULIN SYRINGE (COMFORT EZ SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Comfort EZ Pen Needles	<i>comfort ez pen needles (pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
Comfort Lancets	COMFORT LANCETS MISC lancets	BRAND	QL 200 / 30 days
CVS Insulin Syringe	<i>cvs insulin syringe (0.3 ml 30, 1/2 ml 30)</i>	generic	QL 150 / 30 days
CVS Lancets 21G	CVS LANCETS 21G MISC lancets	BRAND	QL 200 / 30 days
CVS Lancets Micro Thin 33G	CVS LANCETS MICRO THIN 33G 33 GAUGE MISC lancets	BRAND	QL 200 / 30 days
CVS Lancets Original	CVS LANCETS ORIGINAL MISC lancets	BRAND	QL 200 / 30 days
CVS Lancets Thin 26G	CVS LANCETS THIN 26G (26 GAUGE MISC, MISC) lancets	BRAND	QL 200 / 30 days
CVS Lancets Thin	CVS LANCETS THIN MISC lancets	BRAND	QL 200 / 30 days
CVS Lancets Ultra Thin 30G	CVS LANCETS ULTRA THIN 30G (30 GAUGE MISC, MISC) lancets	BRAND	QL 200 / 30 days
CVS Lancing Device	CVS LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
CVS Ultra Thin Lancets	CVS ULTRA THIN LANCETS 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Diastar Easy Test II Lancets	DAISTAR EASY TEST II LANCETS MISC lancets	BRAND	QL 200 / 30 days
Diastar Easy Test Lancets	DAISTAR EASY TEST LANCETS MISC lancets	BRAND	QL 200 / 30 days
Droplet Lancets Ultra Thin 30G	DROPLET LANCETS ULTRA THIN 30G 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Droplet Lancing Device	DROPLET LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
Drug Mart Lancets Thin 26G	DRUG MART LANCETS THIN 26G MISC lancets	BRAND	QL 200 / 30 days
Drug Mart Lancets Ultra Thin	DRUG MART LANCETS ULTRA THIN MISC lancets	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Drug Mart Lancing Device	DRUG MART LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Drug Mart Unifine Pentips	drug mart unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Drug Mart Unilet Lancets 28G	DRUG MART UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Drug Mart Unilet Lancets 30G	DRUG MART UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Duane Reade Lancet Altern Site	DUANE READE LANCET ALTERN SITE 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Duane Reade Lancet Super Thin	DUANE READE LANCET SUPER THIN 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Duane Reade Lancet Ultra Thin	DUANE READE LANCET ULTRA THIN 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Duane Reade Unifine Pentips	duane reade unifine pentips (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
DULoxetine HCl	DULOXETINE HCL POWDER <i>duloxetine hcl (bulk)</i>	BRAND	AL At least 7 yrs old MDD 1 per day
Easy Comfort Insulin Syringe	easy comfort insulin syringe (1 ml 30, 1/2 ml 30)	generic	QL 150 / 30 days
Easy Comfort Pen Needles	easy comfort pen needles (pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Easy Mini Lancing Device	EASY MINI LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Easy Touch Insulin Syringe	easy touch insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 27 1/2", 1 ml 27 1/2", 1/2 ml 30 1/2")	generic	QL 150 / 30 days

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
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
<i>Exel Comfort Point Pen Needle</i>	<i>exel comfort point pen needle (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
<i>Ez Smart Blood Glucose Lancets</i>	EZ SMART BLOOD GLUCOSE LANCETS 28 GAUGE 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 Pen Needles</i>	<i>fifty50 pen needles (pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
<i>Fifty50 Superior Comfort Syr</i>	FIFTY50 SUPERIOR COMFORT SYR (FIFTY50 SUPERIOR COMFORT SYR 31G 1 ML MISC, INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
FORA Lancets	FORA LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
FORA Lancing Device	FORA LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Formadon</i>	<i>formaldehyde solution 10%</i>	generic	QL 90 / claim
<i>Freds Pharmacy Autolet Lancing</i>	FREDS PHARMACY AUTOLET LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Freds Pharmacy Unifine Pentip+	<i>freds pharmacy unifine pentip+ (pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
Freds Pharmacy Unilet Lanc 28G	FREDS PHARMACY UNILET LANC 28G MISC lancets	BRAND	QL 200 / 30 days
Freds Pharmacy Unilet Lanc 30G	FREDS PHARMACY UNILET LANC 30G MISC lancets	BRAND	QL 200 / 30 days
FreeStyle Precision Ins Syr	FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML MISC insulin syringe/needle u-100	BRAND	MDD 5 per day
Global Ease Inject Pen Needles	<i>global ease inject pen needles (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
Global Inject Ease Insulin Syr	<i>global inject ease insulin syr (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
Global Inject Ease Insulin Syr	GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE SYR 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) insulin syringe/needle u-100	BRAND	MDD 5 per day
Global Lancing Device	GLOBAL LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
GlucoCom Lancets 28G	GLUCOCOM LANCETS 28G 28 GAUGE MISC lancets	BRAND	QL 200 / 30 days
GlucoCom Lancets 30G	GLUCOCOM LANCETS 30G 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Glucolet 2 Automatic Lancing	GLUCOLET 2 AUTOMATIC LANCING MISC lancet devices	BRAND	QL 1 / 180 days
GlucoPro Insulin Syringe	<i>glucopro insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
GlucoPro Insulin Syringe	GLUCOPRO INSULIN SYRINGE (GLUCOPRO SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) insulin syringe/needle u-100	BRAND	MDD 5 per day
Glucosource Lancet Device	GLUCOSOURCE LANCET DEVICE MISC lancet devices	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Glucosource Lancets</i>	GLUCOSOURCE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Clickfine Pen Needles	gnp clickfine pen needles (pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
GNP Insulin Syringe	GNP INSULIN SYRINGE (GNP SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
GNP Lancets	GNP LANCETS 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets 21G	GNP LANCETS 21G 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Micro Thin 33G	GNP LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Super Thin 30G	GNP LANCETS SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Thin	GNP LANCETS THIN 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Lancets Thin 26G	GNP LANCETS THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Micro Thin Lancets 33G	GNP MICRO THIN LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Super Thin Lancets 30G	GNP SUPER THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
GNP Ultra Com Insulin Syringe	GNP ULTRA COM INSULIN SYRINGE (GNP ULTRA COM SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
H&H Thinlet Lancets 26G	H&H THINLET LANCETS 26G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H&H Thinlet Lancets 30G	H&H THINLET LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
H-E-B inControl Adv Lancing	H-E-B INCONTROL ADV LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
H-E-B inControl Lancets 28G	H-E-B INCONTROL LANCESTS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H-E-B inControl Lancets 30G	H-E-B INCONTROL LANCESTS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H-E-B inControl Lancets 33G	H-E-B INCONTROL LANCESTS 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
H-E-B inControl Pen Needles	h-e-b incontrol pen needles (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Health Care Lancing Device	HEALTH CARE LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
HealthWise Lancing Pen	HEALTHWISE LANCING PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Healthy Accents Lancing Device	HEALTHY ACCENTS LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Healthy Accents Unifine Pentip	healthy accents unifine pentip (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Healthy Accents Unilet Lancets	HEALTHY ACCENTS UNILET LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
HM Lancets Micro Thin 33G	HM LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
HM Lancets Ultra Thin 30G	HM LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Hy-Vee Insulin Syringe	hy-vee insulin syringe (0.3 ml 30, 1 ml 30, 1/2 ml 30)	generic	QL 150 / 30 days
Hy-Vee Lancets	HY-VEE LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Hy-Vee Thin Lancets	HY-VEE THIN LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Inspirease Bags</i>	INSPIREASE BAGS MISC spacer/aerosol-holding chamber supplies - bags	BRAND	QL 3 / 180 days
<i>Inspirease Reservoir Bags</i>	INSPIREASE RESERVOIR BAGS MISC spacer/aerosol-holding chamber supplies - bags	BRAND	QL 3 / 180 days
<i>Pen Needles 1/2"</i>	<i>insulin pen needle 29 g x 12 mm (1/2")</i>	generic	MDD 5 per day
<i>BD AutoShield</i>	<i>insulin pen needle 29 g x 12 mm (1/2")</i>	generic	MDD 5 per day
<i>HealthWise Pen Needles</i>	<i>insulin pen needle 29 g x 12 mm (1/2")</i>	generic	MDD 5 per day
<i>Todays Health Pen Needles</i>	<i>insulin pen needle 29 g x 12 mm (1/2")</i>	generic	MDD 5 per day
<i>BD Pen Needle Ultrafine</i>	<i>insulin pen needle 29 g x 12.7 mm</i>	generic	MDD 5 per day
<i>Ultra-Thin II Pen Needles</i>	<i>insulin pen needle 29 g x 12.7 mm</i>	generic	MDD 5 per day
<i>NovoFine Autocover</i>	<i>insulin pen needle 30 g x 8 mm (1/3" or 5/16")</i>	generic	MDD 5 per day
<i>Ultra-Thin II Mini Pen Needle</i>	<i>insulin pen needle 31 g x 5 mm (3/16")</i>	generic	MDD 5 per day
<i>Lite Touch Pen Needles</i>	<i>insulin pen needle 31 g x 5 mm (3/16")</i>	generic	MDD 5 per day
<i>PX Mini Pen Needles</i>	<i>insulin pen needle 31 g x 5 mm (3/16")</i>	generic	MDD 5 per day
<i>Pen Needles 3/16"</i>	<i>insulin pen needle 31 g x 5 mm (3/16")</i>	generic	MDD 5 per day
<i>BD Pen Needle Mini U/F</i>	<i>insulin pen needle 31 g x 5 mm (3/16")</i>	generic	MDD 5 per day
<i>Prodigy Mini Pen Needles</i>	<i>insulin pen needle 31 g x 5 mm (3/16")</i>	generic	MDD 5 per day
<i>HealthWise Mini Pen Needles</i>	<i>insulin pen needle 31 g x 6 mm (1/4")</i>	generic	MDD 5 per day
<i>UltiCare Mini Pen Needles</i>	<i>insulin pen needle 31 g x 6 mm (1/4")</i>	generic	MDD 5 per day
<i>ReliOn Mini Pen Needles</i>	<i>insulin pen needle 31 g x 6 mm (1/4")</i>	generic	MDD 5 per day
<i>PX Extra Short Pen Needles</i>	<i>insulin pen needle 31 g x 6 mm (1/4")</i>	generic	MDD 5 per day
<i>Todays Health Mini Pen Needles</i>	<i>insulin pen needle 31 g x 6 mm (1/4")</i>	generic	MDD 5 per day
<i>EQL Ultra Short Pen Needle</i>	<i>insulin pen needle 31 g x 6 mm (1/4")</i>	generic	MDD 5 per day

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

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
QC Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
MS Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Drug Mart Ultra Comfort Syr	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Litetouch Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
SM Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
BD Insulin Syr Ultrafine II	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
EQL Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Ultra-Comfort Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Advocate Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Leader Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Kroger Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Ultra-Thin II Ins Syr Short	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Fifty50 Superior Comfort Syr	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Kinray Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Sure-Ject Insulin Syringe	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Ultilet Insulin Syringe Short	<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	generic	QL 150 / 30 days
Insupen Ultrafin	<i>insupen ultrafin (pen 29 12 (1/2"), pen 30 8 (1/3" or 5/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
KetoCare	KETOCARE STRIP acetone (urine) test	BRAND	
Ketostix	KETOSTIX (STRIP, STRIP) acetone (urine) test	BRAND	
Kinney Lancets	KINNEY LANCETS 23 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Kinney Thin Lancets	KINNEY THIN LANCETS 28 GAUGE MISC lancets	BRAND	QL 200 / 30 days

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Lancets 30G</i>	LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets Thin</i>	LANCETS THIN (23GAUGEMISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancets Ultra Thin</i>	LANCETS ULTRA THIN (26GAUGEMISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Lancing Device</i>	LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lanolin</i>	<i>lanolin</i>	generic	
<i>Leader Advanced Lancing Device</i>	LEADER ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Leader Insulin Syringe</i>	LEADER INSULIN SYRINGE (LEADER SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U- 100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Leader Unifine Pentips</i>	<i>leader unifine pentips (pen 31 5 (3/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Leader Unifine Pentips Plus</i>	<i>leader unifine pentips plus (pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Liberty Mini Lancing Device</i>	LIBERTY MINI LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lite Touch Lancing Device</i>	LITE TOUCH LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Lite Touch Lancing Pen</i>	LITE TOUCH LANCING PEN MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Litetouch Insulin Syringe</i>	LITETOUCH INSULIN SYRINGE (LITETOUCH SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Litetouch Pen Needles</i>	<i>litetouch pen needles (pen 29 12.7, pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))</i>	generic	MDD 5 per day
<i>Live Better Adv Lancing Device</i>	LIVE BETTER ADV LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Live Better Lancet Super Thin	LIVE BETTER LANCET SUPER THIN MISC lancets	BRAND	QL 200 / 30 days
Live Better Lancet Ultra Thin	LIVE BETTER LANCET ULTRA THIN MISC lancets	BRAND	QL 200 / 30 days
Live Better Pen Needles	live better pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Longs Lancets Standard	LONGS LANCETS STANDARD MISC lancets	BRAND	QL 200 / 30 days
Longs Lancets Thin	LONGS LANCETS THIN MISC lancets	BRAND	QL 200 / 30 days
Major Comfort Lancets	MAJOR COMFORT LANCETS MISC lancets	BRAND	QL 200 / 30 days
Medi-Lance Lancets	MEDI-LANCE LANCETS MISC lancets	BRAND	QL 200 / 30 days
Medicine Shoppe Lancets	MEDICINE SHOPPE LANCETS MISC lancets	BRAND	QL 200 / 30 days
Medicine Shoppe Lancets Thin	MEDICINE SHOPPE LANCETS THIN MISC lancets	BRAND	QL 200 / 30 days
Medicine Shoppe Pen Needles	medicine shoppe pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
MediSense Thin Lancets	MEDISENSE THIN LANCETS (28 GAUGE MISC, MISC) lancets	BRAND	QL 200 / 30 days
Meijer Lancets	MEIJER LANCETS MISC lancets	BRAND	QL 200 / 30 days
Meijer Lancets Thin	MEIJER LANCETS THIN 26 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Meijer Lancets Universal 30G	MEIJER LANCETS UNIVERSAL 30G MISC lancets	BRAND	QL 200 / 30 days
Meijer Lancets Universal 33G	MEIJER LANCETS UNIVERSAL 33G 33 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Meijer Pen Needles	meijer pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Ortho Diaphragm All-Flex	ORTHO DIAPHRAGM ALL-FLEX (DIAPHRAGM 65 DIAPHRAGM, DIAPHRAGM 70 DIAPHRAGM, DIAPHRAGM 75 DIAPHRAGM, DIAPHRAGM 80 DIAPHRAGM) <i>diaphragm arc-spring</i>	BRAND	QL 1 / 365 days
PC Lancets Super Thin 30G	PC LANCETS SUPER THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
PC Unifine Pentips	pc unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Pen Needles	pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"))	generic	MDD 5 per day
Pen Needles 5/16"	pen needles 5/16" (pen 30 8, pen 31 8)	generic	MDD 5 per day
Perfect Lancets 30G	PERFECT LANCETS 30G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Pharmacy Counter Lancets	PHARMACY COUNTER LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Preferred Plus Lancets Colored	PREFERRED PLUS LANCETS COLORED MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Preferred Plus Lancets Thin	PREFERRED PLUS LANCETS THIN MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Preferred Plus Unifine Pentips	preferred plus unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Prodigy Lancing Device	PRODIGY LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Prodigy Twist Top Lancets 28G	PRODIGY TWIST TOP LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Promethazine HCl	promethazine hcl (bulk) powder	generic	
PX Advanced Lancing Device	PX ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>ReliOn Ketone</i>	RELION KETONE STRIP <i>acetone (urine) test</i>	BRAND	
<i>ReliOn Lancets Micro-Thin 33G</i>	RELION LANCETS MICRO-THIN 33G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancets Standard 21G</i>	RELION LANCETS STANDARD 21G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancets Thin 26G</i>	RELION LANCETS THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancets Ultra-Thin 30G</i>	RELION LANCETS ULTRA-THIN 30G (30 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Lancing Device</i>	RELION LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>ReliOn Pen Needles</i>	<i>relion pen needles (pen 29 12 (1/2"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>ReliOn Ultra Thin Lancets 30G</i>	RELION ULTRA THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>ReliOn Ultra Thin Plus Lancets</i>	RELION ULTRA THIN PLUS LANCETS (33 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Renew Advanced Lancing Device</i>	RENEW ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Rexall Lancets Ultra Thin 30G</i>	REXALL LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Rightest GD500 Lancing Device</i>	RIGHTEST GD500 LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Rightest GL300 Lancets</i>	RIGHTEST GL300 LANCETS 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Safety Seal Lancets</i>	SAFETY SEAL LANCETS (28 MISC, 30 MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>SB Insulin Syringe</i>	SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
SB Lancets Thin	SB LANCETS THIN (28 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
SB Lancets Ultra Thin	SB LANCETS ULTRA THIN 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Shopko Autolet Lancing Device</i>	SHOPKO AUTOLET LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Shopko Unifine Pentips</i>	<i>shopko unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Shopko Unilet Lancets 28G</i>	SHOPKO UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Shopko Unilet Lancets 30G</i>	SHOPKO UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Simple Diagnostics Lancing Dev</i>	SIMPLE DIAGNOSTICS LANCING DEV MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
SM Insulin Syringe	SM INSULIN SYRINGE (SM SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
SM Lancets 21G	SM LANCETS 21G 21 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Lancets 33G	SM LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Super Thin Lancets 30G	SM SUPER THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
SM Thin Lancets 26G	SM THIN LANCETS 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Smart Diabetes Vantage Lancing</i>	SMART DIABETES VANTAGE LANCING MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Smart Sense Color Lancets 33G</i>	SMART SENSE COLOR LANCETS 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Smart Sense Standard Lancets	SMART SENSE STANDARD LANCETS 21 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Smart Sense Super Thin Lancets	SMART SENSE SUPER THIN LANCETS 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Smart Sense Thin Lancets 26G	SMART SENSE THIN LANCETS 26G 26 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Solus V2 Lancing Device	SOLUS V2 LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
SteriLance TL	STERILANCE TL (30 GAUGE MISC, 32 GAUGE MISC, MISC) lancets	BRAND	QL 200 / 30 days
Super Thin Lancets	SUPER THIN LANCETS MISC lancets	BRAND	QL 200 / 30 days
Sure Comfort Insulin Syringe	sure comfort insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")	generic	QL 150 / 30 days
Sure Comfort Insulin Syringe	SURE COMFORT INSULIN SYRINGE (SURE COMFORT SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) insulin syringe/needle u-100	BRAND	MDD 5 per day
Sure Comfort Lancing Pen	SURE COMFORT LANCING PEN MISC lancet devices	BRAND	QL 1 / 180 days
Sure Comfort Pen Needles	sure comfort pen needles (pen 29 12.7, pen 30 8 (1/3" or 5/16"), pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Sure-Fine Pen Needles	sure-fine pen needles (pen 29 12.7, pen 31 5 (3/16"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Sure-Ject Insulin Syringe	SURE-JECT INSULIN SYRINGE (SURE-JECT SYRINGE 31G 1 ML MISC, SYRINGE/NEEDLE U-100 0.3 ML 31) insulin syringe/needle u-100	BRAND	MDD 5 per day
Sure-Pen	SURE-PEN MISC lancet devices	BRAND	QL 1 / 180 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Surelite Lancets</i>	SURELITE LANCETS (MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite AST Lancets</i>	TECHLITE AST LANCETS MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite Lancets</i>	TECHLITE LANCETS (25 GAUGE MISC, 28 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
<i>TechLite Lancets 30G</i>	TECHLITE LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Terumo Insulin Syringe</i>	<i>terumo insulin syringe (0.3 ml 30 3/8", 1/2 ml 27 1/2", 1/2 ml 30 3/8", 1 ml 27 1/2")</i>	generic	QL 150 / 30 days
TGT Advanced Lancing Device	TGT ADVANCED LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
TGT Lancet Alternate Site	TGT LANCET ALTERNATE SITE 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Micro Thin 33G	TGT LANCET MICRO THIN 33G 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Super Thin 30G	TGT LANCET SUPER THIN 30G (30 MISC, 33 MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Thin 23G	TGT LANCET THIN 23G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Thin 26G	TGT LANCET THIN 26G 26 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Ultra Thin 28G	TGT LANCET ULTRA THIN 28G (28 MISC, 33 MISC) <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancet Ultra Thin 30G	TGT LANCET ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TGT Lancing Device	TGT LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
<i>Thinpro Insulin Syringe</i>	<i>thinpro insulin syringe (0.3 ml 30, 1/2 ml 30)</i>	generic	QL 150 / 30 days
<i>Todays Health Lancing Device</i>	TODAYS HEALTH LANCING DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
TRUEplus Lancets 28G	TRUEPLUS LANCETS 28G (AUGEMISC, 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 33 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
TRUEtest Control Level 1	TRUETEST CONTROL LEVEL 1 LIQUID <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
TRUEtest Control Level 2	TRUETEST CONTROL LEVEL 2 LIQUID <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
TRUEtest Control Level 3	TRUETEST CONTROL LEVEL 3 LIQUID <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
TrueTrack Glucose Control	TRUETRACK GLUCOSE CONTROL (LIQUID, LOW LIQUID) <i>blood glucose calibration</i>	BRAND	QL 1 / 90 days
Ulti-Lance Auto-Adjust Device	ULTI-LANCE AUTO-ADJUST DEVICE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Ulti-Lance Automatic	ULTI-LANCE AUTOMATIC MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
Ulti-Lance Mini Adjustable	ULTI-LANCE MINI ADJUSTABLE MISC <i>lancet devices</i>	BRAND	QL 1 / 180 days
UltiCare Insulin Syringe	ulticare insulin syringe (0.3 ml 30 1/2", 1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")	generic	QL 150 / 30 days
UltiCare Insulin Syringe	ULTICARE INSULIN SYRINGE (SYRINGE/NEEDLE U-100 0.3 ML 31, ULTICARE SYRINGE 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
UltiCare Pen Needles	ulticare pen needles (pen 29 12 (1/2"), pen 29 12.7)	generic	MDD 5 per day
Ultilet Basic Lancets 30G	ULTILET BASIC LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
Ultilet Classic Lancets	ULTILET CLASSIC LANCETS (28 GAUGE MISC, 30 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Ultilet Insulin Syringe</i>	ULTILET INSULIN SYRINGE (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	QL 150 / 30 days
<i>Ultilet Insulin Syringe Short</i>	ULTILET INSULIN SYRINGE SHORT (SYRINGE/NEEDLE U-100 0.3 ML 31, ULTILET SYRINGE SHORT 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Ultilet Lancets</i>	ULTILET LANCETS 28 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultra Comfort Insulin Syringe</i>	<i>ultra comfort insulin syringe (1 ml 30 1/2", 1/2 ml 31 5/16", 1/2 ml 30 1/2")</i>	generic	QL 150 / 30 days
<i>Ultra Comfort Insulin Syringe</i>	ULTRA COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Ultra Thin Lancets 28G</i>	ULTRA THIN LANCETS 28G MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultra Thin Lancets 30G</i>	ULTRA THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i>	BRAND	QL 200 / 30 days
<i>Ultra-Comfort Insulin Syringe</i>	ULTRA-COMFORT INSULIN SYRINGE (SYRINGE/NEEDLE U-100 0.3 ML 31, ULTRA- COMFORT SYRINGE 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Ultra-Thin II Ins Syr Short</i>	ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31, ULTRA-THIN II INS SYR SHORT 31G 1 ML MISC) <i>insulin syringe/needle u-100</i>	BRAND	MDD 5 per day
<i>Unifine Pentips</i>	<i>unifine pentips (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Unifine Pentips Plus</i>	<i>unifine pentips plus (pen 29 12 (1/2"), pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))</i>	generic	MDD 5 per day
<i>Unilet ComforTouch Lancet</i>	UNILET COMFORTOUCH LANCET (26 GAUGE MISC, MISC) <i>lancets</i>	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Unilet ExceLite II</i>	UNILET EXCELITE II MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet ExceLite</i>	UNILET EXCELITE MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet G.P. Lancet</i>	UNILET G.P. LANCET MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet G.P. Superlite Lancet</i>	UNILET G.P. SUPERLITE LANCET MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet GP 28 Ultra Thin</i>	UNILET GP 28 ULTRA THIN MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet Lancet</i>	UNILET LANCET MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet Micro-Thin 33G</i>	UNILET MICRO-THIN 33G MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet Super-Thin 30G</i>	UNILET SUPER-THIN 30G MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet Superlite Lancet</i>	UNILET SUPERLITE LANCET MISC lancets	BRAND	QL 200 / 30 days
<i>Unilet Ultra-Thin 28G</i>	UNILET ULTRA-THIN 28G MISC lancets	BRAND	QL 200 / 30 days
<i>Universal 1 Lancets Thin 26G</i>	UNIVERSAL 1 LANCETS THIN 26G MISC lancets	BRAND	QL 200 / 30 days
<i>Universal 1 Lancets Ultra Thin</i>	UNIVERSAL 1 LANCETS ULTRA THIN MISC lancets	BRAND	QL 200 / 30 days
<i>Value Plus Lancet Standard 21G</i>	VALUE PLUS LANCET STANDARD 21G MISC lancets	BRAND	QL 200 / 30 days
<i>Value Plus Lancets Super Thin</i>	VALUE PLUS LANCETS SUPER THIN MISC lancets	BRAND	QL 200 / 30 days
<i>Value Plus Lancets Thin 26G</i>	VALUE PLUS LANCETS THIN 26G MISC lancets	BRAND	QL 200 / 30 days
<i>Value Plus Lancing Device</i>	VALUE PLUS LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
<i>ValuMark Lancet Super Thin 30G</i>	VALUMARK LANCET SUPER THIN 30G 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
ValuMark Lancet Ultra Thin 28G	VALUMARK LANCET ULTRA THIN 28G 28 GAUGE MISC lancets	BRAND	QL 200 / 30 days
ValuMark Pen Needles	valumark pen needles (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"))	generic	MDD 5 per day
Vida Mia Autolet Lancing Dev	VIDA MIA AUTOLET LANCING DEV MISC lancet devices	BRAND	QL 1 / 180 days
Vida Mia Unifine Pentips	vida mia unifine pentips (pen 29 12 (1/2"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
Vida Mia Unilet Lancets 28G	VIDA MIA UNILET LANCETS 28G 28 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Vida Mia Unilet Lancets 30G	VIDA MIA UNILET LANCETS 30G 30 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Vistogard	VISTOGARD 10 GM PACKET uridine triacetate (emergency treatment)	BRAND	
W&F Lancets 26G	W&F LANCETS 26G MISC lancets	BRAND	QL 200 / 30 days
W&F Lancets Colored 21G	W&F LANCETS COLORED 21G MISC lancets	BRAND	QL 200 / 30 days
Walgreens Lancets Micro Thin	WALGREENS LANCETS MICRO THIN 33 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Walgreens Lancets	WALGREENS LANCETS MISC lancets	BRAND	QL 200 / 30 days
Walgreens Lancets Super Thin	WALGREENS LANCETS SUPER THIN 28 GAUGE MISC lancets	BRAND	QL 200 / 30 days
Walgreens Lancing Device	WALGREENS LANCING DEVICE MISC lancet devices	BRAND	QL 1 / 180 days
Walgreens Thin Lancets	WALGREENS THIN LANCETS MISC lancets	BRAND	QL 200 / 30 days
Walgreens Ultra Thin Lancets	WALGREENS ULTRA THIN LANCETS MISC lancets	BRAND	QL 200 / 30 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Wegmans Unifine Pentips Plus	wegmans unifine pentips plus (pen 31 5 (3/16"), pen 31 6 (1/4"), pen 31 8 (1/3" or 5/16"), pen 32 4 (5/32"))	generic	MDD 5 per day
OPHTHALMIC AGENTS			
OPHTHALMIC AGENTS, OTHER			
Atropine-Care	atropine sulfate ophth soln 1%	generic	
Bacitracin	bacitracin (ophth oint 500, 500 ointment)	generic	QL 4 / 31 days
AK-Poly-Bac	bacitracin-polymyxin b ophth oint	generic	QL 4 / 31 days
Blephamide	BLEPHAMIDE 10-0.2 % SUSPENSION sulfacetamide sod- prednisolone	BRAND	MPL 1 / 31 days
Blephamide S.O.P.	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT sulfacetamide sod- prednisolone	BRAND	
Cyclopentolate HCl	cyclopentolate hcl (soln 0.5%, soln 1%)	generic	
Cyclopentolate HCl	cyclopentolate hcl ophth soln 2%	generic	MPL 1 / 31 days
Homatropine HBr	homatropine hbr ophth soln 5%	generic	
Isopto Homatropine	ISOPTO HOMATROPINE 2 % SOLUTION homatropine hbr	BRAND	QL 15 / 31 days
Naphazoline HCl	naphazoline hcl (ophth soln 0.1%, 0.1 % solution)	generic	
Neomycin-Bacitracin Zn-Polymyx	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	generic	QL 4 / 31 days
Neomycin-Polymyxin-Gramicidin	neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml	generic	MPL 1 / claim
Neomycin-Polymyxin-Dexameth	neomycin-polomyxin-dexamethasone ophth oint 0.1%	generic	QL 4 / 31 days
Neomycin-Polymyxin-Dexameth	neomycin-polomyxin-dexamethasone ophth susp 0.1%	generic	QL 10 / 31 days
Neomycin-Polymyxin-HC	neomycin-polomyxin-hc (3.5- 10000-1 suspension, ophth susp)	generic	QL 15 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Phenylephrine HCl</i>	<i>phenylephrine hcl ophth soln 2.5%</i>	generic	QL 5 / 31 days
<i>Polymyxin B-Trimethoprim</i>	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	generic	QL 10 / 31 days MPL 1 / claim
<i>Pred-G</i>	<i>PRED-G 0.3-1 % SUSPENSION gentamicin-prednisolone acetate</i>	BRAND	MPL 1 / claim
<i>Sulfacetamide-Prednisolone</i>	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	generic	QL 10 / 31 days
<i>Sulfacetamide-Prednisolone</i>	<i>SULFACETAMIDE-PREDNISOLONE 10-0.2 % SUSPENSION sulfacetamide sod-prednisolone</i>	BRAND	MPL 1 / 31 days
<i>Tobramycin-Dexamethasone</i>	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	generic	MPL 1 / 31 days
<i>Tropicamide</i>	<i>tropicamide (soln 0.5%, soln 1%)</i>	generic	

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>Alocril</i>	<i>ALOCRIL 2 % SOLUTION nedocromil sodium (ophth)</i>	BRAND	QL 5 / 31 days ST
<i>Alomide</i>	<i>ALOMIDE 0.1 % SOLUTION lodoxamide tromethamine</i>	BRAND	QL 10 / 31 days ST
<i>Azelastine HCl</i>	<i>azelastine hcl ophth soln 0.05%</i>	generic	QL 6 / 31 days
<i>Cromolyn Sodium</i>	<i>cromolyn sodium ophth soln 4%</i>	generic	QL 10 / 31 days MPL 1 / claim

OPHTHALMIC ANTI-INFLAMMATORIES

<i>Dexamethasone Sodium Phosphate</i>	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	generic	
<i>Diclofenac Sodium</i>	<i>diclofenac sodium ophth soln 0.1%</i>	generic	QL 3 / 31 days
<i>Fluorometholone</i>	<i>fluorometholone ophth susp 0.1%</i>	generic	MPL 1 / 31 days
<i>Flurbiprofen Sodium</i>	<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	generic	QL 5 / 31 days
<i>FML</i>	<i>FML 0.1 % OINTMENT fluorometholone (ophth)</i>	BRAND	QL 4 / 31 days

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Ketorolac Tromethamine	<i>ketorolac tromethamine ophth soln 0.4%</i>	generic	MFL 1 / 30 days
Ketorolac Tromethamine	<i>ketorolac tromethamine ophth soln 0.5%</i>	generic	MPL 1 / 31 days
Pred Mild	PRED MILD 0.12 % SUSPENSION <i>prednisolone acetate (ophth)</i>	BRAND	QL 10 / 31 days
PrednisoLONE Acetate	<i>prednisolone acetate ophth susp 1%</i>	generic	MPL 1 / 31 days
PrednisoLONE Sodium Phosphate	PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION <i>prednisolone sodium phosphate (ophth)</i>	BRAND	MPL 1 / 31 days
Vexol	VEXOL 1 % SUSPENSION <i>rimexolone</i>	BRAND	
OPHTHALMIC ANTIGLAUCOMA AGENTS			
Apraclonidine HCl	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	generic	
Azopt	AZOPT 1 % SUSPENSION <i>brinzolamide</i>	BRAND	MPL 1 / 31 days
Betaxolol HCl	<i>betaxolol hcl ophth soln 0.5%</i>	generic	MPL 1 / 31 days
Brimonidine Tartrate	<i>brimonidine tartrate ophth soln 0.2%</i>	generic	MPL 1 / 31 days
Carteolol HCl	<i>carteolol hcl ophth soln 1%</i>	generic	MFL 1 / 30 days
Dorzolamide HCl	<i>dorzolamide hcl ophth soln 2%</i>	generic	QL 10 / 31 days
Dorzolamide HCl-Timolol Mal	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	generic	QL 10 / 31 days
Iopidine	IOPIDINE 1 % SOLUTION <i>apraclonidine hcl</i>	BRAND	
Isopto Carbachol	ISOPTO CARBACHOL (1.5 % SOLUTION, 3 % SOLUTION) <i>carbachol (ophth)</i>	BRAND	
Levobunolol HCl	<i>levobunolol hcl ophth soln 0.25%</i>	generic	MPL 1 / claim
Levobunolol HCl	<i>levobunolol hcl ophth soln 0.5%</i>	generic	QL 15 / 31 days
Methazolamide	<i>methazolamide (tab 25 mg, tab 50 mg)</i>	generic	
Pilocarpine HCl	<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	generic	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Timolol Maleate</i>	<i>timolol maleate (soln 0.25%, soln 0.5%)</i>	generic	QL 15 / 31 days
<i>Timoptic OcuDose</i>	TIMOPTIC OCUDOSE (0.25 % SOLUTION, 0.5 % SOLUTION) <i>timolol maleate (ophth)</i>	BRAND	QL 15 / 31 days
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS			
<i>Latanoprost</i>	<i>latanoprost ophth soln 0.005%</i>	generic	QL 5 / 31 days
OTIC AGENTS			
<i>Acetic Acid</i>	<i>acetic acid otic soln 2%</i>	generic	QL 15 / 31 days
<i>Aurodex</i>	<i>antipyrine-benzocaine otic soln 54-14 mg/ml (5.4-1.4%)</i>	generic	MPL 1 / 30 days
<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>Otodox-HC</i>	<i>pramoxine-hc-chloroxylenol otic soln 10-10-1 mg/ml</i>	generic	MPL 1 / 30 days
RESPIRATORY TRACT/PULMONARY AGENTS			
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
<i>Aerospan</i>	AEROSPAN 80 MCG/ACT AERO SOLN <i>flunisolide hfa</i>	BRAND	QL 8.9 / 30 days
<i>Budesonide</i>	<i>budesonide (susp 0.25, susp 0.5)</i>	generic	QL 120 / claim AL 1 to 8 years old
<i>Budesonide</i>	<i>budesonide inhalation susp 1 mg/2ml</i>	generic	QL 60 / 30 days AL 1 to 8 years old
<i>Budesonide</i>	<i>budesonide nasal susp 32 mcg/act</i>	generic	QL 9 / 30 days
<i>Flovent Diskus</i>	FLOVENT DISKUS (50 AER POW BA, 100 AER POW BA, 250 AER POW BA) <i>fluticasone propionate (inhalation)</i>	BRAND	MDD 2 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Flovent HFA</i>	FLOVENT HFA (110 AEROSOL, 220 AEROSOL) <i>fluticasone propionate hfa</i>	BRAND	QL 12 / 25 days
<i>Flovent HFA</i>	FLOVENT HFA 44 MCG/ACT AEROSOL <i>fluticasone propionate hfa</i>	BRAND	QL 11 / 25 days
<i>Flunisolide</i>	<i>flunisolide (nasal soln 25, 25 solution)</i>	generic	QL 25 / 30 days
<i>Fluticasone Propionate</i>	<i>fluticasone propionate nasal susp 50 mcg/act</i>	generic	MPL 1 / claim
<i>Pulmicort Flexhaler</i>	PULMICORT FLEXHALER (90 AER POW BA, 180 AER POW BA) <i>budesonide (inhalation)</i>	BRAND	MPL 1 / claim
ANTIHISTAMINES			
<i>Azelastine HCl</i>	<i>azelastine hcl (0.1% (137, 0.15% (205.5)</i>	generic	MPL 1 / 30 days
<i>Cyproheptadine HCl</i>	<i>cyproheptadine hcl (syrup 2 mg/5ml, tab 4 mg)</i>	generic	
<i>Dexchlorpheniramine Maleate</i>	DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SYRUP <i>dexchlorpheniramine maleate</i>	BRAND	
<i>Pharbedryl</i>	<i>diphenhydramine hcl cap 50 mg</i>	generic	MDD 4 per day
<i>HydrOXYzine HCl</i>	<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	generic	
<i>HydrOXYzine Pamoate</i>	<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, cap 100 mg)</i>	generic	
<i>Phenadoz</i>	<i>phenadoz (suppos 12.5 mg, suppos 25 mg)</i>	generic	QL 12 / claim AL At least 2 yrs old
<i>Promethazine HCl</i>	<i>promethazine hcl (syrup 6.25 mg/5ml, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	generic	AL At least 2 yrs old
ANTILEUKOTRIENES			
<i>Montelukast Sodium</i>	<i>montelukast sodium (chew tab 4 mg, chew tab 5 mg, oral granules packet 4 mg, tab 10 mg)</i>	generic	MDD 1 per day
BRONCHODILATORS, ANTICHOLINERGIC			
<i>Atrovent HFA</i>	ATROVENT HFA 17 MCG/ACT AERO SOLN <i>ipratropium bromide hfa</i>	BRAND	MPL 2 / month

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Incruse Ellipta</i>	INCRUSE ELLIPTA 62.5 MCG/INH AER POW BA <i>umeclidinium bromide</i>	BRAND	MPL 1 / 30 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide inhal soln</i> 0.02%	generic	QL 375 / 25 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide nasal soln</i> 0.03% (21 mcg/spray)	generic	QL 31 / 30 days
<i>Ipratropium Bromide</i>	<i>ipratropium bromide nasal soln</i> 0.06% (42 mcg/spray)	generic	QL 15 / 30 days
<i>Tudorza Pressair</i>	TUDORZA PRESSAIR 400 MCG/ACT AER POW BA <i>aclidinium bromide</i>	BRAND	MPL 1 / month

BRONCHODILATORS, SYMPATHOMIMETIC

<i>Albuterol Sulfate</i>	<i>albuterol sulfate (soln nebu</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, <i>soln nebu</i> 1.25)	generic	QL 375 / 30 days
<i>Albuterol Sulfate ER</i>	<i>albuterol sulfate er (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	MDD 12.5 per day
<i>EPINEPHrine</i>	EPINEPHRINE (0.15 SOLN A- INJ, 0.3 SOLN A-INJ) <i>epinephrine (anaphylaxis)</i>	BRAND	QL 2 / 30 days MFL 4 / year(s)
<i>Metaproterenol Sulfate</i>	<i>metaproterenol sulfate (10 mg</i> tab, tab 10 mg, tab 20 mg)	generic	
<i>Metaproterenol Sulfate</i>	<i>metaproterenol sulfate syrup</i> 10 mg/5ml	generic	MDD 30 per day
<i>Serevent Diskus</i>	SEREVENT DISKUS 50 MCG/DOSE AER POW BA <i>salmeterol xinafoate</i>	BRAND	MPL 1 / claim
<i>Terbutaline Sulfate</i>	<i>terbutaline sulfate (tab 2.5 mg,</i> tab 5 mg)	generic	
<i>Ventolin HFA</i>	VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN <i>albuterol sulfate</i>	BRAND	QL 2 / month(s) MPL 1 / claim(s)

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>Caffeine Citrate</i>	<i>caffeine citrate (inj 60 mg/ml,</i> oral soln 60 mg/ml)	generic	QL 45 / claim MFL 2 / lifetime
<i>Elixophyllin</i>	ELIXOPHYLLIN 80 MG/15ML ELIXIR <i>theophylline</i>	BRAND	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
<i>Lufyllin</i>	LUFYLLIN 400 MG TAB <i>dyphylline</i>	BRAND	
<i>Theo-24</i>	THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H) <i>theophylline</i>	BRAND	
<i>Theochron</i>	<i>theochron (tab er 100 mg, tab er 200 mg, tab er 300 mg)</i>	generic	
<i>Theophylline ER</i>	<i>theophylline er (tab er 24hr 400 mg, tab er 24hr 600 mg, tab sr 12hr 100 mg, tab sr 12hr 200 mg, tab sr 12hr 300 mg, tab sr 12hr 450 mg, tab sr 24hr 400 mg, tab sr 24hr 600 mg)</i>	generic	
<i>Theophylline</i>	<i>theophylline soln 80 mg/15ml</i>	generic	QL 475 / claim
RESPIRATORY TRACT AGENTS, OTHER			
<i>Acetylcysteine</i>	<i>acetylcysteine (soln 10%, soln 20%)</i>	generic	
<i>Advair Diskus</i>	ADVAIR DISKUS (100-50 AER POW BA, 500-50 AER POW BA) <i>fluticasone-salmeterol</i>	BRAND	QL 60 / claim AL 4 to 5 yrs old
<i>Advair Diskus</i>	ADVAIR DISKUS 250-50 MCG/DOSE AER POW BA <i>fluticasone-salmeterol</i>	BRAND	QL 60 / 30 days AL 4 to 5 yrs old
<i>Benzonatate</i>	<i>benzonatate cap 100 mg</i>	generic	AL At least 10 yrs old
<i>Benzonatate</i>	<i>benzonatate cap 200 mg</i>	generic	QL 30 / 30 days AL At least 10 yrs old MFL 1 / 30 days
<i>Rinate Pediatric</i>	<i>chlorpheniramine tan- phenylephrine tan susp 4.5-5 mg/5ml</i>	generic	AL At least 3 yrs old C From age 6 and older, Daily Dosage=20 From age 3 through 5: Daily Dosage=10
<i>Combivent</i>	COMBIVENT 18-103 MCG/ACT AEROSOL <i>ipratropium-albuterol</i>	BRAND	MDD 1 per day
<i>Combivent Respimat</i>	COMBIVENT RESPIMAT 20- 100 MCG/ACT AERO SOLN <i>ipratropium-albuterol</i>	BRAND	QL 4 / 30 days
<i>Cromolyn Sodium</i>	<i>cromolyn sodium (soln nebu 20, 20 nebu soln)</i>	generic	MDD 8 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
Decon-A	DECON-A 2-5 MG/5ML ELIXIR <i>brompheniramine & phenyleph</i>	BRAND		
Dulera	DULERA (100-5 AEROSOL, 200-5 AEROSOL) <i>mometasone furoate-</i> <i>formoterol fumarate dihydrate</i>	BRAND	QL	13 / claim
Grastek	GRASTEK 2800 BAU SL TAB <i>timothy grass pollen allergen extract</i>	BRAND	ST AL MDD	5 to 65 yrs old 1 per day
Hydrocodone-Homatropine	hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	generic		
Ipratropium-Albuterol	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	generic	MDD	12 per day
Nortuss-Ex	NORTUSS-EX 20-200 MG/5ML LIQUID <i>dextromethorphan-guaifenesin</i>	BRAND		
Oralair	ORALAIR 300 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	ST AL MDD	10 to 65 yrs old 1 per day
Oralair Adult Sample Kit	ORALAIR ADULT SAMPLE KIT 300 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	ST AL MDD	10 to 65 yrs old 1 per day
Oralair Adult Starter Pack	ORALAIR ADULT STARTER PACK 300 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	ST AL MDD	10 to 65 yrs old 1 per day
Oralair Childrens Starter Pack	ORALAIR CHILDRENS STARTER PACK 100 IR SL TAB <i>grass mixed pollens allergen extract</i>	BRAND	ST AL MDD	10 to 65 yrs old 3 per day
Qual-Tussin	phenyleph-chlorphen w/ dm-gg syrup 10-2-7.5-100 mg/5ml	generic	QL	248 / 31 days
Promethazine VC	promethazine & phenylephrine syrup 6.25-5 mg/5ml	generic	QL AL	240 / 6 days At least 2 yrs old
Promethazine-Codeine	promethazine w/ codeine syrup 6.25-10 mg/5ml	generic	QL AL	240 / claim At least 6 yrs old
Promethazine-DM	promethazine-dm syrup 6.25-15 mg/5ml	generic	QL AL	240 / claim At least 2 yrs old

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
<i>Carbofed DM</i>	<i>pseudoephed-bromphen-dm syrup 45-4-15 mg/5ml</i>	generic	QL 240 / claim	
<i>Ragwitek</i>	RAGWITEK 12 AMB A 1-U SL TAB <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 (soln nebu 0.9%, soln nebu 3%, soln nebu 10%)</i>	generic		
<i>Symbicort</i>	SYMBICORT (80-4.5 AEROSOL, 160-4.5 AEROSOL) <i>budesonide-formoterol fumarate dihydrate</i>	BRAND	QL 11 / claim	
SKELETAL MUSCLE RELAXANTS				
<i>Chlorzoxazone</i>	<i>chlorzoxazone tab 500 mg</i>	generic		
<i>Cyclobenzaprine HCl</i>	<i>cyclobenzaprine hcl tab 10 mg</i>	generic	QL 93 / 31 days MDD 3 per day	
<i>Cyclobenzaprine HCl</i>	<i>cyclobenzaprine hcl tab 5 mg</i>	generic	QL 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	AL At least 21 yrs old MDD 1 per day	
<i>Triazolam</i>	<i>triazolam (0.125 mg tab, tab 0.125 mg, tab 0.25 mg)</i>	generic		
<i>Zaleplon</i>	<i>zaleplon cap 10 mg</i>	generic	AL At least 18 yrs old MDD 2 per day	
<i>Zaleplon</i>	<i>zaleplon cap 5 mg</i>	generic	AL At least 18 yrs old MDD 1 per day	
<i>Zolpidem Tartrate</i>	<i>zolpidem tartrate (tab 5 mg, tab 10 mg)</i>	generic	MDD 1 per day	
SLEEP DISORDERS, OTHER				
<i>Flurazepam HCl</i>	<i>flurazepam hcl (cap 15 mg, 15 mg cap, cap 30 mg, 30 mg cap)</i>	generic	MDD 1 per day	

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES			
ELECTROLYTE/MINERAL MODIFIERS			
Kionex	*sodium polystyrene sulfonate powder**	generic	
Chemet	CHEMET 100 MG CAP succimer	BRAND	
Jadenu	JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB) deferasirox	BRAND	PA
Sodium Polystyrene Sulfonate	sodium polystyrene sulfonate oral susp 15 gm/60ml	generic	
ELECTROLYTE/MINERAL REPLACEMENT			
Ferrocite Plus	*ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg***	generic	MDD 1 per day
Fluoritab	fluoritab (chew tab 0.5 mg f (from 1.1 mg, chew tab 1 mg f (from 2.2 mg, soln 0.125 mg/drop f (0.275 mg/drop)	generic	AL Up to 15 yrs old
Klor-Con	klor-con (powder packet 20, tab cr 8 (600 mg))	generic	
Klor-Con M15	KLOR-CON M15 15 MEQ TAB ER potassium chloride microencapsulated crystals cr	BRAND	
Klor-Con/EF	potassium bicarbonate effer tab 25 meq	generic	
Potassium Chloride	potassium chloride (soln 10% (20, soln 20% (40)	generic	
Potassium Chloride Crys ER	potassium chloride crys er (crys cr tab 10, crys cr tab 20, crys er tab 10, crys er tab 20)	generic	
Potassium Chloride ER	potassium chloride er (cap cr 10, cap er 10, tab er 10)	generic	
Potassium Chloride ER	potassium chloride er (cap cr 8, cap er 8)	generic	MDD 1 per day
Klor-Con 10	potassium chloride tab cr 10 meq	generic	
Sodium Chloride	sodium chloride (inj, iv soln)	generic	
Epiflur	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	generic	AL Up to 15 yrs old
Sodium Fluoride	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	generic	AL Up to 15 yrs old

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
LevOCARNitine	levocarnitine tab 330 mg	generic	MDD 3 per day
Mephyton	MEPHYTON 5 MG TAB <i>phytonadione</i>	BRAND	
Multi-Vit/Fluoride	multi-vit/fluoride (soln 0.25, soln 0.5)	generic	QL 50 / claim AL Up to 21 yrs old
Multi-Vitamin/Fluoride	multi-vitamin/fluoride (chew tab 0.25, chew tab 1)	generic	
Mynatal	MYNATAL 65 MG-1 MG CAP <i>prenatal multivit-min w/fe-fa</i>	BRAND	
Mynatal Plus	MYNATAL PLUS 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Mynatal-Z	MYNATAL-Z 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Mynate 90 Plus	MYNATE 90 PLUS 90-50-1MG TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
NataChew	NATACHEW 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Natal-V RX	NATAL-V RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i>	BRAND	
Natalvit	NATALVIT 75-1MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
O-Cal Prenatal	O-CAL PRENATAL 15-1MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
PNV Fe Fum/Docusate/Folic Acid	PNV FE FUM/DOCUSATE/FOLIC ACID 29-1 MG TAB <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
PNV Tabs 29-1	PNV TABS 29-1 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i>	BRAND	
PrenaFirst	PRENAFIRST 17-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS
Prenatabs FA	PRENATABS FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Prenatabs Rx	PRENATABS RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	
Prenatal 19	PRENATAL 19 (19 29-1-25 MG TAB, 19 29-1 MG CHEW TAB, 19 29 MG-1 MG CHEW TAB, 19 29-1 MG TAB) <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
Prenatal Plus Iron	PRENATAL PLUS IRON 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	
Prenatal-U	PRENATAL-U 106.5-1 MG CAP <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND	
PreTAB	PRETAB 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
Quiflora Pediatric	QUFLORA PEDIATRIC (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION) <i>pediatric multivitamins w/fl</i>	BRAND	QL 50 / claim AL Up to 21 yrs old
RE Prenatal Multivitamin/Iron	RE PRENATAL MULTIVITAMIN/IRON 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	
RE-Nata 29 OB	RE-NATA 29 OB 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND	
Se-Natal 19	SE-NATAL 19 (19 MG TAB, 19 MG CHEW TAB) <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
Se-Natal 90	SE-NATAL 90 90-1 MG TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	BRAND	
Se-Natal ONE	SE-NATAL ONE 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days MDD 1 per day

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
Tri-Vit/Fluoride	<i>tri-vit/fluoride (soln 0.25, soln 0.5)</i>	generic	QL 50 / claim	AL Up to 21 yrs old
Trinatal Rx 1	TRINATAL RX 1 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days	MDD 1 per day
Triveen-U	TRIVEEN-U 106.5-1 MG CAP <i>prenatal without a vit w/ fe fumarate-folic acid</i>	BRAND		
Venatal-FA	VENATAL-FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND		
Vinate Calcium	VINATE CALCIUM 27-1 MG TAB <i>prenatal vit w/ iron carbonyl-fe gluconate-folic acid</i>	BRAND		
Vinate M	VINATE M 27-1 MG TAB <i>prenatal vit w/ selenium-fe fumarate-folic acid</i>	BRAND		
Vinate One	VINATE ONE 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND	QL 100 / 85 days	MDD 1 per day
Vitafol-OB	VITAFOL-OB 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND		
Vitafol-PN	VITAFOL-PN 65 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	BRAND		
VitaSpire	VITASPIRE 29-1 MG TAB <i>prenatal without a vit w/ iron carbonyl-folic acid</i>	BRAND		
Vol-Tab Rx	VOL-TAB RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl-folic acid</i>	BRAND		

LIST OF COVERED SPECIALTY MEDICATIONS

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

BRAND NAME	DRUG DESCRIPTION (RX)	COVERAGE	LIMITS & RESTRICTIONS	
<i>Tecfidera</i>	DIMETHYL FUMARATE (120 MG CAP DR, 120 & 240 MG MISC, 240 MG CAP DR) <i>dimethyl fumarate</i>	BRAND	PA S	Specialty Drug
GASTROINTESTINAL AGENTS				
GASTROINTESTINAL AGENTS, OTHER				
<i>Cholbam</i>	CHOLIC ACID (50 MG CAP, 250 MG CAP) <i>cholic acid</i>	BRAND	PA MDD S	5 per day Specialty Drug
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)				
<i>Norditropin</i>	SOMATROPIN (5 SOLUTION, 15 SOLUTION) <i>somatropin</i>	BRAND	PA S	Specialty Drug
<i>Norditropin FlexPro</i>	SOMATROPIN (5 SOLUTION, 10 SOLUTION, 15 SOLUTION) <i>somatropin</i>	BRAND	PA S	Specialty Drug
<i>Norditropin NordiFlex Pen</i>	SOMATROPIN (PEN 5 MG/1.5ML SOLUTION, PEN 10 MG/1.5ML SOLUTION, PEN 15 MG/1.5ML SOLUTION, PEN 30 MG/3ML SOLUTION) <i>somatropin</i>	BRAND	PA S	Specialty Drug
IMMUNOLOGICAL AGENTS				
IMMUNE SUPPRESSANTS				
<i>Enbrel</i>	ETANERCEPT (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) <i>etanercept</i>	BRAND	PA S	Specialty Drug
<i>Enbrel SureClick</i>	ENBREL SURECLICK 50 MG/ML SOLN A-INJ <i>etanercept</i>	BRAND	PA S	Specialty Drug
<i>Humira</i>	ADALIMUMAB (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) <i>adalimumab</i>	BRAND	PA S	Specialty Drug

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

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