

Comprehensive
PREFERRED DRUG LIST

Louisiana Healthcare Connections



Preferred Drug List

Pharmacy Program

Louisiana Healthcare Connections is committed to providing appropriate, high quality, and cost effective drug therapy to all Louisiana Healthcare Connections members. Louisiana Healthcare Connections works with providers and pharmacists to ensure medications used to treat a variety of conditions and diseases are covered. Louisiana Healthcare Connections covers prescription medications and certain over-the-counter (OTC) medications when ordered by a 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 Louisiana Healthcare Connections Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The Louisiana Healthcare Connections PDL is continually evaluated by the Louisiana Healthcare Connections Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is comprised of the Louisiana Healthcare Connections Medical Director, Louisiana Healthcare Connections Pharmacy Director and several Louisiana physicians, pharmacists, dentists and specialists. (Click [HERE](#) if you have trouble opening the PDL.)

Pharmacy Benefit Manager

Louisiana Healthcare Connections works with US Script to process all pharmacy claims for prescribed drugs. Some drugs on the Louisiana Healthcare Connections PDL require PA, and US Script is responsible for administering this process. US Script is our Pharmacy Benefit Manager.

Specialty Drugs

Louisiana Healthcare Connections contracts with a number of specialty pharmacies to ensure members have adequate access to the specialty drugs they require. All specialty drugs, such as biopharmaceuticals and injectable drugs require PA to be approved for payment by Louisiana Healthcare Connections. PA requirements are programmed specific to the drug.

For providers wishing to have a specialty drug distributed by a specialty pharmacy that is contracted with Louisiana Healthcare Connections, the listing of specialty medications requiring PA can be found on the PDL.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty (30) day supply for each new prescription or refill. A total of 85% of the 30 day supply must have elapsed before the prescription can be refilled for most drugs.

Appropriate Use and Safety Edits

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

Additional information about the drugs that are part of these edits can be found in the Appropriate Use and Safety Edits document.

Prior Authorizations

Some medications listed on the Louisiana Healthcare Connections PDL may require PA. The information should be submitted by the practitioner or pharmacist to US Script on the Medication Prior Authorization Form. This form should be faxed to US Script at 1-866-399-0929. This document is located on the Louisiana Healthcare Connections website at www.louisianahealthconnect.com.

Louisiana Healthcare Connections will cover the medication if:

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

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Louisiana Healthcare Connections P&T Committee. If the request is approved, US Script notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, Louisiana Healthcare Connections will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

Step Therapy

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

Quantity Limits

Louisiana Healthcare Connections may limit how much medication a member can get at

one time. If the practitioner has a medical reason for increasing the amount of medication a member receives, a PA may be requested. If Louisiana Healthcare Connections does not grant PA, we will notify the member and his or her practitioner and provide information regarding the appeal process.

Age Limits

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

Gender Limits

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

Medical Necessity Requests

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

- 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.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Louisiana Healthcare Connections P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication, Louisiana Healthcare Connections will notify the member and his or her practitioner of alternatives and provide information regarding the appeal process.

72 Hour Emergency Supply Policy

State and Federal laws require that a pharmacy dispense a 72 hour (3 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 72 hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72 hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call US Script at **1-888-929-3790** for a prescription override to submit the 72 hour medication supply for payment.

Exclusions

The following drug categories are not part of the Louisiana Healthcare Connections PDL and are not covered by the 72 hour emergency supply policy:

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for weight loss (with the exception of orlistat)
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Cough and cold preparations
- Compounded prescriptions (mixtures of two or more ingredients; the individual drugs will continue to be reimbursed)

Newly Approved Products

Louisiana Healthcare Connections 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 Louisiana Healthcare Connections does not grant PA, we will notify the member and his or her practitioner and provide information regarding the appeal process.

Over-the-Counter (OTC) Medications

The Louisiana Healthcare Connections PDL covers a variety of OTC medications. A list of covered OTC medications can be found in the Over-the-Counter Medication Section of the Comprehensive Preferred Drug List. These OTCs are covered when the member has a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered by Louisiana Healthcare Connections for members over the age of 18 and participating in an approved smoking cessation program: generic nicotine replacement products (gum, lozenges, and patches) and bupropion SR (Zyban). A prescription will be required for all tobacco cessation medications.

Louisiana Healthcare Connections authorizes benefits for tobacco cessation medications for the purpose of supporting members who are trying to quit tobacco use with the temporary assistance of nicotine replacement therapy. It is expected that

utilization of these products will be in accordance with medical standards of practice, FDA guidelines and manufacturers' recommendations which generally limit product use to approximately 12 weeks.

Generic Drugs

When generic drugs are available, the brand-name drug will not be covered without PA. Generic drugs have the same active ingredient, work the same as brand-name drugs and have lower co-payments. If the member or practitioner feels a brand-name drug is medically necessary, the practitioner can request the drug using the PA process. We will cover the brand-name drug according to our clinical guidelines if there is a medical reason for the member needing the particular brand-name drug. If Louisiana Healthcare Connections does not grant PA, we will notify the member and his or her practitioner and provide information regarding the appeal process.

The provision is waived for the following products due to their narrow therapeutic index (NTI) as recognized by current medical and pharmaceutical literature: Aminophylline, Carbamazepine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-Thyroxine, Lithium, Phenytoin, Procainamide, Theophylline, Thyroid, Valproic Acid and Warfarin.

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 Louisiana Healthcare Connections.

Filling a Prescription

A member can have prescriptions filled at a Louisiana Healthcare Connections network pharmacy. If the member decides to have a prescription filled at a network pharmacy, the member can locate a pharmacy near them by contacting Louisiana Healthcare Connections Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and a Louisiana Healthcare Connections ID card.

Copayments

The table below lists the copayment for the drugs according to the actual cost of the prescription.

| Actual Cost of Prescription | Member Copayment |
|------------------------------------|-------------------------|
| Less than \$10.01 | \$0.50 |
| Between \$10.01 and \$25.00 | \$1.00 |
| Between \$25.01 and \$50.00 | \$2.00 |
| More than \$50.01 | \$3.00 |

Copayments are not required for:

- **children under the age of 21**
- **pregnant women**
- **family planning supplies**
- **members in the hospital or a nursing home**
- **Alaskan Eskimo or American Indian members**
- **Preventative medications which includes:**
 - Aspirin 81mg*
 - Vitamin D 400IU*
 - Folic Acid 0.4mg and 0.8mg*
 - Breast Cancer preventive medications (Tamoxifen and Raloxifene only)*
 - Tobacco cessation pharmacotherapy*
 - Oral Fluoride Supplementation (Children <21 years old)*
 - Gonorrhea prophylactic medication in newborns (Erythromycin eye ointment)*

Contact Information

Louisiana Healthcare Connections Provider Services

1-866-595-8133 Fax: 1-866-768-9374

US Script Prior Authorizations

1-888-929-3790 Fax: 1-866-399-0929

US Script Help Desk

1-877-690-9330

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 Louisiana Healthcare Connections 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 Louisiana Healthcare Connections 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 | | | |
| <i>Aspirin</i> | <i>aspirin (81 mg tab, tab 81 mg, tab delayed release 500 mg)</i> | generic | |
| <i>Aspirin</i> | <i>aspirin (suppos 300 mg, suppos 600 mg)</i> | generic | QL 12 / claim |
| <i>St Joseph Aspirin</i> | <i>aspirin (tab chew 81 mg, tab delayed release 81 mg)</i> | generic | |
| <i>Tri-Buffered Aspirin</i> | <i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i> | generic | |
| <i>Buffasal</i> | <i>aspirin buffered tab 325 mg</i> | generic | |
| <i>Aspirin Low Dose</i> | ASPIRIN LOW DOSE 81 MG TAB <i>aspirin</i> | BRAND | |
| <i>GoodSense Aspirin</i> | <i>aspirin tab 325 mg</i> | generic | |
| <i>Aspirin EC</i> | <i>aspirin tab delayed release 325 mg</i> | generic | |
| <i>Wal-Profen</i> | <i>ibuprofen cap 200 mg</i> | generic | |
| <i>GoodSense Ibuprofen Junior St</i> | <i>ibuprofen chew tab 100 mg</i> | generic | |
| <i>GoodSense Ibuprofen Childrens</i> | <i>ibuprofen susp 100 mg/5ml</i> | generic | |
| <i>GoodSense Ibuprofen Infants</i> | <i>ibuprofen susp 40 mg/ml</i> | generic | |
| <i>Advil Junior Strength</i> | <i>ibuprofen tab 100 mg</i> | generic | |
| <i>Motrin IB</i> | <i>ibuprofen tab 200 mg</i> | generic | |
| TGT Naproxen Sodium | <i>naproxen sodium cap 220 mg</i> | generic | MDD 2 per day |
| <i>All Day Pain Relief</i> | <i>naproxen sodium tab 220 mg</i> | generic | MDD 2 per day |

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

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------|---|----------|----------------------------------|
| <i>Miconazole Nitrate</i> | <i>miconazole nitrate aerosol pow 2%</i> | generic | QL 45 / claim |
| <i>Anti-Fungal</i> | <i>miconazole nitrate cream 2%</i> | generic | MPL 1 / claim(s) |
| <i>Micro Guard</i> | <i>miconazole nitrate powder 2%</i> | generic | MPL 1 / claim |
| EQL Miconazole 3 Applicator | <i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> | generic | |
| <i>Miconazole 7</i> | <i>miconazole nitrate vaginal cream 2%</i> | generic | QL 45 / claim |
| <i>Miconazole 3</i> | <i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> | generic | QL 45 / 30 days |
| <i>Vagistat-3</i> | <i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> | generic | MPL 1 / claim |
| <i>Miconazole 7</i> | <i>miconazole nitrate vaginal suppos 100 mg</i> | generic | QL 7 / claim |
| <i>Nizoral A-D</i> | NIZORAL A-D 1 % SHAMPOO <i>ketoconazole (topical)</i> | BRAND | MPL 1 / claim |
| <i>Tioconazole-1</i> | <i>tioconazole vaginal oint 6.5%</i> | generic | QL 5 / claim |
| ANTIPARASITICS | | | |
| ANTIHELMINTHICS | | | |
| <i>Pin-X</i> | PIN-X 720.5 MG CHEW TAB <i>pyrantel pamoate</i> | BRAND | QL 4 / claim MFL 1 / 30 days |
| <i>Pin-X</i> | <i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i> | generic | QL 60 / claim MFL 1 / 30 days |
| <i>Reeses Pinworm Medicine</i> | REESES PINWORM MEDICINE 144 MG/ML SUSPENSION <i>pyrantel pamoate</i> | BRAND | MFL 1 / 30 days |
| <i>Reeses Pinworm Medicine</i> | REESES PINWORM MEDICINE 180 MG TAB <i>pyrantel pamoate</i> | BRAND | QL 16 / claim MFL 1 / 30 days |
| BLOOD GLUCOSE REGULATORS | | | |
| GLYCEMIC AGENTS | | | |
| BD Glucose | BD GLUCOSE 5 GM CHEW TAB <i>dextrose (diabetic use)</i> | BRAND | QL 50 / 30 days |
| CVS Glucose | CVS GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i> | BRAND | QL 50 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-----------------------|
| <i>Dex4 Quick Dissolve Glucose</i> | DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i> | BRAND | QL 50 / 30 days |
| <i>Glucose</i> | <i>dextrose (diabetic use) (chew tab 4 gm, 4 gm chew tab)</i> | generic | QL 50 / 30 days |
| GNP Glucose | GNP GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i> | BRAND | QL 50 / 30 days |
| GNP Quick Dissolve Glucose | GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i> | BRAND | QL 50 / 30 days |
| <i>Leader Quick Dissolve Glucose</i> | LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB <i>dextrose (diabetic use)</i> | BRAND | QL 50 / 30 days |
| 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 |
| <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> | <i>*omega-3 fatty acids cap 1000 mg**</i> | generic | MDD 6 per day |
| KP Fish Oil | <i>*omega-3 fatty acids cap 1200 mg**</i> | generic | MDD 6 per day |
| <i>Omega-3 Fish Oil</i> | <i>*omega-3 fatty acids cap 500 mg**</i> | generic | MDD 6 per day |
| RA Fish Oil | <i>*omega-3 fatty acids cap delayed release 1000 mg**</i> | generic | MDD 6 per day |
| <i>Fish Oil Maximum Strength</i> | <i>*omega-3 fatty acids cap delayed release 1200 mg**</i> | generic | MDD 6 per day |
| <i>Niacin ER</i> | <i>niacin (er tab er 500 mg, er tab er 750 mg)</i> | generic | |
| <i>Slo-Niacin</i> | <i>niacin tab cr 250 mg</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------|
| CENTRAL NERVOUS SYSTEM AGENTS | | | |
| CENTRAL NERVOUS SYSTEM, OTHER | | | |
| <i>Little Remedies for Fever</i> | <i>acetaminophen liquid 160 mg/5ml</i> | generic | |
| Q-PAP Infants | <i>acetaminophen soln 100 mg/ml</i> | generic | QL 30 / claim |
| <i>Acetaminophen</i> | <i>acetaminophen soln 160 mg/5ml</i> | generic | |
| <i>Infants Silapap</i> | INFANTS SILAPAP 100 MG/ML SOLUTION <i>acetaminophen</i> | BRAND | |
| DENTAL AND ORAL AGENTS | | | |
| <i>Biotene Dry Mouth Moisturizing</i> | BIOTENE DRY MOUTH MOISTURIZING SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Biotene Moisturizing Mouth</i> | BIOTENE MOISTURIZING MOUTH SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Biotene OralBalance Dry Mouth</i> | BIOTENE ORALBALANCE DRY MOUTH LIQUID <i>artificial saliva</i> | BRAND | |
| CVS Dry Mouth | CVS DRY MOUTH SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Dry Mouth Spray</i> | DRY MOUTH SPRAY SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Moi-Stir</i> | MOI-STIR SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Mouth Kote</i> | MOUTH KOTE SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Oral Relief Spray</i> | ORAL RELIEF SPRAY SOLUTION <i>artificial saliva</i> | BRAND | |
| RA Dry Mouth | RA DRY MOUTH SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Neutral Sodium Fluoride</i> | <i>sodium fluoride rinse 0.2%</i> | generic | |
| <i>PerioMed</i> | <i>stannous fluoride conc 0.63%</i> | generic | |
| <i>Zinc</i> | <i>zinc lozenge 15 mg</i> | generic | |
| DERMATOLOGICAL AGENTS | | | |
| CVS Moisturizing | <i>*emollient - cream**</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------|--|----------|-----------------------|
| DML | <i>*emollient - lotion**</i> | generic | |
| Lan-O-Soothe | <i>*lanolin cream***</i> | generic | |
| Triple Antibiotic | <i>*neomycin-bacitracin-polymyxin oint***</i> | generic | MPL 1 / claim |
| Minerlin | <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 | MPL 1 / claim |
| PanOxyl Aqua | <i>benzoyl peroxide gel 10%</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 | |
| Triaxicin 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 | MPL 1 / claim |
| Dibucaine | <i>dibucaine rectal ointment 1%</i> | generic | MPL 1 / claim |
| SM Allergy Maximum Strength | <i>diphenhydramine hcl cream 2%</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|---|----------|-----------------------|
| <i>Hydrocortisone</i> | <i>hydrocortisone (topical) (cream, oint)</i> | generic | QL 30 / claim |
| <i>Anti-Itch Maximum Strength</i> | <i>hydrocortisone cream 1%</i> | generic | MPL 1 / claim |
| <i>Cortizone-10</i> | <i>hydrocortisone gel 1%</i> | generic | |
| <i>Aquanil HC</i> | <i>hydrocortisone lotion 1%</i> | generic | MPL 1 / claim |
| <i>Hydrocortisone</i> | <i>hydrocortisone oint 1%</i> | generic | QL 60 / 30 days |
| <i>Cortaid Intensive Therapy</i> | <i>hydrocortisone soln 1%</i> | generic | MPL 1 / claim |
| <i>Hydrocortisone-Aloe</i> | <i>hydrocortisone-aloe vera cream 1%</i> | generic | MPL 1 / claim |
| <i>Keralyt</i> | KERALYT 3 % GEL <i>salicylic acid</i> | BRAND | QL 30 / claim |
| <i>AmLactin</i> | <i>lactic acid (ammonium lactate) cream 12%</i> | generic | MPL 1 / claim |
| <i>AmLactin</i> | <i>lactic acid (ammonium lactate) lotion 12%</i> | generic | MPL 1 / 30 days |
| <i>Licide Treatment</i> | LICIDE TREATMENT KIT <i>pyrethrins-piperonyl butoxide</i> | BRAND | |
| <i>AneCream</i> | <i>lidocaine cream 4%</i> | generic | MPL 1 / claim(s) |
| <i>Moisture</i> | MOISTURE CREAM <i>dermatological products, misc.</i> | BRAND | |
| <i>Double Antibiotic + Pain Rlf</i> | <i>neomycin-polymyxin w/ pramoxine cream 1%</i> | generic | MPL 1 / claim |
| <i>NeuroMed7</i> | NEUROMED7 4 % CREAM <i>lidocaine hcl</i> | BRAND | MPL 1 / claim(s) |
| <i>Permethrin</i> | <i>permethrin lotion 1%</i> | generic | MPL 1 / claim |
| <i>RA Lice Solution</i> | <i>permethrin spray & pyrethrins-piperonyl butoxide shamp kit</i> | generic | |
| <i>Hemorrhoidal</i> | <i>phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%</i> | generic | QL 12 / claim |
| <i>QC Hemorrhoidal</i> | <i>phenylephrine-cocoa butter suppos 0.25-88.44%</i> | generic | |
| <i>CVS Hemorrhoidal</i> | <i>phenylephrine-mineral oil-petrolatum oint 0.25-14-74.9%</i> | generic | MPL 1 / claim |
| <i>Hemorrhoidal</i> | <i>phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%</i> | generic | MPL 1 / claim |
| <i>Pramoxine HCl</i> | <i>pramoxine hcl rectal foam 1%</i> | generic | QL 15 / claim |
| <i>Predator</i> | PREDATOR 4 % CREAM <i>lidocaine hcl</i> | BRAND | MPL 1 / claim(s) |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-------------------------|
| <i>Complete Lice Treatment</i> | <i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> | generic | |
| SB Lice Treatment | <i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> | generic | |
| <i>Pronto Plus-Lice Killing</i> | <i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> | generic | MPL 1 / claim |
| <i>Lice Killing Maximum Strength</i> | <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | generic | |
| RA Dandruff Shampoo | <i>pyrithione zinc shampoo 1%</i> | generic | QL 240 / claim |
| RA Arthritis Pain Relief | RA ARTHRITIS PAIN RELIEF 0.075 % CREAM <i>capsaicin</i> | BRAND | |
| <i>SchoolTime Shampoo</i> | SCHOOLTIME SHAMPOO SHAMPOO <i>nit remover</i> | BRAND | |
| <i>Anti-Dandruff</i> | <i>selenium sulfide lotion 1%</i> | generic | QL 240 / claim |
| KP Terbinafine Hydrochloride | <i>terbinafine hcl cream 1%</i> | generic | MPL 1 / claim |
| <i>Tolnaftate</i> | <i>tolnaftate (aerosol pow, cream, soln)</i> | generic | MPL 1 / claim |
| TGT Antifungal | <i>tolnaftate aerosol 1%</i> | generic | MPL 1 / claim |
| <i>Anti-Fungal</i> | <i>tolnaftate powder 1%</i> | generic | MPL 1 / claim |
| <i>Xolido XP</i> | XOLIDO XP 4 % CREAM <i>lidocaine hcl</i> | BRAND | MPL 1 / claim(s) |
| <i>Zinc Oxide</i> | <i>zinc oxide oint 20%</i> | generic | MPL 1 / claim |
| GASTROINTESTINAL AGENTS | | | |
| GASTROINTESTINAL AGENTS, OTHER | | | |
| <i>Maalox Regular Strength</i> | <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | generic | QL 496 / 30 days |
| <i>Aluminum Hydroxide Gel</i> | <i>aluminum hydroxide gel susp 320 mg/5ml</i> | generic | |
| <i>Soothe</i> | <i>bismuth subsalicylate (chew tab 262 mg, tab 262 mg)</i> | generic | |
| <i>Stomach Relief Max St</i> | <i>bismuth subsalicylate susp 525 mg/15ml</i> | generic | |
| <i>Calcium Antacid</i> | <i>calcium carbonate (antacid) chew tab 500 mg</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|--|----------|-------------------------|
| <i>Anti-Diarrheal</i> | <i>loperamide hcl (cap 2 mg, liq 1 mg/5ml (0.2 mg/ml))</i> | generic | |
| <i>Anti-Diarrheal</i> | <i>loperamide hcl tab 2 mg</i> | generic | MDD 2 per day |
| <i>Magnesium Oxide</i> | <i>magnesium oxide tab 400 mg</i> | generic | |
| <i>SM Gas Relief Extra Strength</i> | <i>simethicone cap 125 mg</i> | generic | |
| <i>Simethicone</i> | <i>simethicone chew tab 80 mg</i> | generic | |
| <i>Infants Simethicone</i> | <i>simethicone susp 40 mg/0.6ml</i> | generic | MPL 1 / claim |
| <i>Sodium Bicarbonate</i> | <i>sodium bicarbonate (antacid) (tab 325 mg, tab 650 mg)</i> | generic | QL 496 / 30 days |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | | |
| <i>Axid AR</i> | <i>AXID AR 75 MG TAB nizatidine</i> | BRAND | |
| <i>Heartburn Relief</i> | <i>cimetidine tab 200 mg</i> | generic | |
| <i>Acid Reducer</i> | <i>famotidine tab 10 mg</i> | generic | |
| <i>Acid Reducer Maximum Strength</i> | <i>famotidine tab 20 mg</i> | generic | |
| <i>KLS Acid Reducer Max St</i> | <i>ranitidine hcl tab 150 mg</i> | generic | MDD 2 per day |
| <i>Acid Reducer</i> | <i>ranitidine hcl tab 75 mg</i> | generic | MDD 2 per day |
| LAXATIVES | | | |
| <i>Ex-Lax Ultra</i> | <i>bisacodyl ec tab dr 5 mg</i> | generic | MDD 1 per day |
| <i>Gentle Laxative</i> | <i>bisacodyl laxative suppos 10 mg</i> | generic | QL 12 / claim |
| <i>Fiber Laxative</i> | <i>calcium polycarbophil tab 625 mg</i> | generic | MDD 10 per day |
| <i>Enema</i> | <i>complete ready-to-use enema enema 7-19 gm/118ml</i> | generic | |
| <i>Stool Softener</i> | <i>docusate sodium cap 100 mg</i> | generic | MDD 3 per day |
| <i>D.O.S.</i> | <i>docusate sodium cap 250 mg</i> | generic | MDD 3 per day |
| <i>RA Col-Rite</i> | <i>docusate sodium cap 50 mg</i> | generic | |
| <i>Docusate Sodium</i> | <i>docusate sodium liquid 150 mg/15ml</i> | generic | |
| <i>Diocto</i> | <i>docusate sodium syrup 60 mg/15ml</i> | generic | |
| <i>DOK</i> | <i>docusate sodium tab 100 mg</i> | generic | MDD 3 per day |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------|---|----------|-----------------------|
| <i>Sani-Supp Adult</i> | <i>glycerin suppos 2 gm</i> | generic | |
| <i>Magnesium Citrate</i> | <i>magnesium citrate solution 1.745 gm/30ml</i> | generic | |
| <i>Milk of Magnesia</i> | <i>milk of magnesia suspension 400 mg/5ml</i> | generic | QL 990 / 30 days |
| <i>Smooth LAX</i> | <i>polyethylene glycol 3350 oral packet</i> | generic | |
| <i>Smooth LAX</i> | <i>polyethylene glycol 3350 oral powder</i> | generic | MDD 34 per day |
| <i>Konsyl</i> | <i>psyllium (fiber cap 0.52 gm, psyllium powder 28.3%, psyllium powder 30.9%)</i> | generic | |
| <i>SB Fib Lax Orange</i> | <i>psyllium (powder 30%, powder 33%)</i> | generic | |
| <i>Wal-Mucil</i> | <i>psyllium (powder 48.57%, powder 100%)</i> | generic | |
| <i>Genfiber</i> | <i>psyllium powder 50%</i> | generic | |
| <i>Natural Fiber</i> | <i>psyllium powder 58.6%</i> | generic | |
| <i>Natural Fiber Laxative</i> | <i>psyllium powder 68%</i> | generic | |
| <i>Senna-Gen</i> | <i>senna tab 8.6 mg</i> | generic | |
| <i>Senna S</i> | <i>senna-docusate sodium tab 8.6-50 mg</i> | generic | MDD 4 per day |
| <i>Senna</i> | <i>sennosides cap 8.6 mg</i> | generic | |
| <i>Sorbitol</i> | <i>sorbitol (laxative) (oral solution, rectal solution)</i> | generic | |
| PROTON PUMP INHIBITORS | | | |
| <i>Lansoprazole</i> | <i>lansoprazole cap delayed release 15 mg</i> | generic | MDD 4 per day |
| <i>NexIUM 24HR</i> | <i>NEXIUM 24HR 20 MG CAP DR esomeprazole magnesium</i> | BRAND | MDD 2 per day |
| <i>Omeprazole</i> | <i>omeprazole delayed release tab 20 mg</i> | generic | MDD 1 per day |
| <i>PriLOSEC OTC</i> | <i>PRILOSEC OTC 20 MG TAB DR omeprazole magnesium</i> | BRAND | MDD 1 per day |
| GENITOURINARY AGENTS | | | |
| GENITOURINARY AGENTS, OTHER | | | |
| <i>Conceptrol Inserts</i> | <i>CONCEPTROL INSERTS 150 MG INSERT nonoxynol-9</i> | BRAND | QL 10 / claim |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|--|
| <i>Encare</i> | ENCARE 100 MG SUPPOS <i>nonoxynol-9</i> | BRAND | MPL 1 / claim |
| <i>Gynol II</i> | GYNOL II 2 % GEL <i>nonoxynol-9</i> | BRAND | MPL 1 / claim |
| VCF Vaginal Contraceptive | NONOXYNOL-9 (12.5 % FOAM, 28 % FILM) <i>nonoxynol-9</i> | BRAND | MPL 1 / claim |
| <i>Options Gynol II Contraceptive</i> | OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL <i>nonoxynol-9</i> | BRAND | QL 86 / claim |
| <i>Cytra-2</i> | <i>sodium citrate & citric acid soln 500-334 mg/5ml</i> | generic | QL 500 / 30 days |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | | |
| PROGESTINS | | | |
| <i>My Way</i> | <i>levonorgestrel tab 1.5 mg</i> | generic | QL 1 / 21 days MFL 4 / 365 days |
| MISCELLANEOUS THERAPEUTIC AGENTS | | | |
| <i>Feverall</i> | <i>acetaminophen (suppos 120 mg, suppos 325 mg)</i> | generic | QL 12 / claim |
| <i>Acetaminophen</i> | <i>acetaminophen cap 500 mg</i> | generic | |
| SM Pain Reliever Jr St | <i>acetaminophen chew tab 160 mg</i> | generic | |
| <i>Childrens Non-Aspirin</i> | <i>acetaminophen chew tab 80 mg</i> | generic | |
| <i>Childrens Acetaminophen</i> | <i>acetaminophen dispersible tab 80 mg</i> | generic | |
| <i>Childrens Aspirin Free</i> | <i>acetaminophen elixir 160 mg/5ml</i> | generic | |
| <i>Ed-APAP</i> | <i>acetaminophen liquid 160 mg/5ml</i> | generic | |
| <i>Acetaminophen</i> | <i>acetaminophen suppos 650 mg</i> | generic | QL 12 / claim |
| <i>Pain Relief Childrens</i> | <i>acetaminophen susp 160 mg/5ml</i> | generic | |
| <i>Infants Pain Reliever</i> | <i>acetaminophen susp 80 mg/0.8ml</i> | generic | |
| <i>Genebs</i> | <i>acetaminophen tab 325 mg</i> | generic | |
| <i>Pain Relief Extra Strength</i> | <i>acetaminophen tab 500 mg</i> | generic | |
| <i>AimSCO Lubricated</i> | AIMSCO LUBRICATED MISC <i>condoms latex lubricated - male</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| <i>Alcohol Prep</i> | ALCOHOL SWABS (*ALCOHOL SWABS***, ALCOHOL PREP 70 % PAD) <i>alcohol swabs</i> | BRAND | |
| GNP Alcohol Swabs | ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i> | BRAND | |
| <i>ReliOn Alcohol Swabs</i> | ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i> | BRAND | |
| SM Alcohol Prep | ALCOHOL SWABS (70 % PAD, PAD) <i>alcohol swabs</i> | BRAND | |
| <i>Alcohol Swabs</i> | ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Arial Chamber</i> | ARIAL CHAMBER DEVICE <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |
| BD Swab Single Use Regular | BD SWAB SINGLE USE REGULAR PAD <i>alcohol swabs</i> | BRAND | |
| <i>Chlorhexidine Gluconate</i> | <i>chlorhexidine gluconate liquid 4%</i> | generic | |
| <i>Cromolyn Sodium</i> | <i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i> | generic | QL 26 / claim |
| <i>Curity Alcohol Preps</i> | CURITY ALCOHOL PREPS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Curity Alcohol Swabs</i> | CURITY ALCOHOL SWABS PAD <i>alcohol swabs</i> | BRAND | |
| CVS Alcohol Prep Swabs | CVS ALCOHOL PREP SWABS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| CVS Alcohol Swabs | CVS ALCOHOL SWABS PAD <i>alcohol swabs</i> | BRAND | |
| CVS Nasal Mist | CVS NASAL MIST 0.9 % AERO SOLN <i>saline</i> | BRAND | QL 240 / claim |
| CVS Prep | CVS PREP 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Easy Touch Alcohol Prep Medium</i> | EASY TOUCH ALCOHOL PREP MEDIUM 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Elexa Natural Feel</i> | ELEXA NATURAL FEEL MISC <i>condoms latex lubricated - male</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|--|----------|-----------------------|
| <i>Elexa Stimulating</i> | ELEXA STIMULATING MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Elexa Ultra Sensitive</i> | ELEXA ULTRA SENSITIVE MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Fantasy Lubricated</i> | FANTASY LUBRICATED MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Fantasy Lubricated/Spermicide</i> | FANTASY LUBRICATED/SPERMICIDE MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Fifty50 Alcohol Prep</i> | FIFTY50 ALCOHOL PREP 70% PAD <i>alcohol swabs</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>Ginger Root</i> | <i>ginger (zingiber officinalis) cap 250 mg</i> | generic | MDD 4 per day |
| <i>Kameleon Lubricated</i> | KAMELEON LUBRICATED MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Kimono Micro Thin</i> | KIMONO MICRO THIN MISC <i>condoms latex non-lubricated - male</i> | BRAND | QL 36 / claim |
| <i>Kimono Micro Thin Plus</i> | KIMONO MICRO THIN PLUS MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Kimono</i> | KIMONO MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Kimono Plus</i> | KIMONO PLUS MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Kimono PS</i> | KIMONO PS MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Kimono PS Plus</i> | KIMONO PS PLUS MISC <i>condoms latex lubricated - male</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-----------------------|
| <i>Kimono Sensation</i> | KIMONO SENSATION MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Kimono Sensation Plus</i> | KIMONO SENSATION PLUS MISC <i>condoms latex lubricated - male</i> | BRAND | |
| HPA Lanolin | <i>lanolin</i> | generic | |
| <i>Maxx</i> | MAXX MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Maxx Plus</i> | MAXX PLUS MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Meijer Alcohol Swabs</i> | MEIJER ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <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>Afrin Saline Nasal Mist</i> | <i>nasal moisturizing spray solution 0.65 %</i> | generic | MPL 1 / claim |
| <i>Nessi Spacer with Mask Large</i> | NESSI SPACER WITH MASK LARGE DEVICE <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |
| <i>Nessi Spacer with Mask Sm/Med</i> | NESSI SPACER WITH MASK SM/MED DEVICE <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |
| <i>Nessi Spacer with Mouthpiece</i> | NESSI SPACER WITH MOUTHPIECE DEVICE <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |
| <i>Nova Max Plus Ketone Test</i> | NOVA MAX PLUS KETONE TEST STRIP <i>ketone blood test</i> | BRAND | QL 30 / 30 days |
| <i>OptiChamber Face Mask-Large</i> | OPTICHAMBER FACE MASK- LARGE MISC <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |
| <i>OptiChamber Face Mask-Medium</i> | OPTICHAMBER FACE MASK- MEDIUM MISC <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|---|----------|-----------------------|
| <i>OptiChamber Face Mask-Small</i> | OPTICHAMBER FACE MASK-SMALL MISC <i>spacer/aerosol-holding chambers</i> | BRAND | QL 2 / 360 days |
| RA Lice Bedding | <i>permethrin aerosol 0.5%</i> | generic | |
| <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 | |
| <i>Precision Xtra Ketone</i> | PRECISION XTRA KETONE STRIP <i>ketone blood test</i> | BRAND | QL 30 / 30 days |
| <i>Premium Condoms Lubricated</i> | PREMIUM CONDOMS LUBRICATED MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Pseudoephedrine HCl</i> | <i>pseudoephedrine hcl (30 mg/5ml syrup, 30 mg/5ml liquid, tab 30 mg)</i> | generic | |
| <i>Nasal Decongestant</i> | PSEUDOEPHEDRINE HCL (30 SYRUP, 30 LIQUID) <i>pseudoephedrine hcl</i> | BRAND | |
| <i>Sudafed 12 Hour</i> | <i>pseudoephedrine hcl er tab er 12h 120 mg</i> | generic | MDD 2 per day |
| GNP Suphedrin | <i>pseudoephedrine hcl liq 15 mg/5ml</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 | |
| RA Alcohol Swabs | RA ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Reality Latex/Ultra Textured</i> | REALITY LATEX/ULTRA TEXTURED DEVICE <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Reality Latex/Ultra Thin</i> | REALITY LATEX/ULTRA THIN DEVICE <i>condoms latex lubricated - male</i> | BRAND | |
















| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-----------------------|
| SB Alcohol Prep | SB ALCOHOL PREP 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Shopko Alcohol Swabs</i> | SHOPKO ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Gas-X Infant Drops</i> | <i>simethicone liquid 40 mg/0.6ml</i> | generic | MPL 1 / claim |
| <i>Sorbitol</i> | <i>sorbitol (70 % solution, solution (bulk))</i> | generic | |
| <i>Sudafed PE Childrens</i> | SUDAFED PE CHILDRENS 2.5 MG/5ML SOLUTION <i>phenylephrine hcl (oral)</i> | BRAND | QL 120 / claim |
| TGT Alcohol Swabs | TGT ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Trojan Magnum Warm Sensations</i> | TROJAN MAGNUM WARM SENSATIONS DEVICE <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trojan Supras Spermicidal</i> | TROJAN SUPRAS SPERMICIDAL DEVICE <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trojan Twisted Pleasure</i> | TROJAN TWISTED PLEASURE DEVICE <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Color Condoms + Lube</i> | TRUSTEX COLOR CONDOMS + LUBE MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Lub/Ribbed/Studded</i> | TRUSTEX LUB/RIBBED/STUDED MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Lub/Spermicide Ex St</i> | TRUSTEX LUB/SPERMICIDE EX ST MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Lub/Spermicide XL</i> | TRUSTEX LUB/SPERMICIDE XL MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Lubricated Ex Large</i> | TRUSTEX LUBRICATED EX LARGE MISC <i>condoms latex lubricated - male</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------|
| <i>Trustex Lubricated Extra St</i> | TRUSTEX LUBRICATED EXTRA ST MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Lubricated</i> | TRUSTEX LUBRICATED MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Lubricated/Spermicide</i> | TRUSTEX LUBRICATED/SPERMICIDE MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Natural Condoms + Lube</i> | TRUSTEX NATURAL CONDOMS + LUBE MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Non-Lubricated</i> | TRUSTEX NON-LUBRICATED MISC <i>condoms latex non-lubricated - male</i> | BRAND | QL 36 / claim |
| <i>Trustex Ria Lub/Spermicide</i> | TRUSTEX RIA LUB/SPERMICIDE MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Ria Lubricated</i> | TRUSTEX RIA LUBRICATED MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Trustex Ria Non-Lubricated</i> | TRUSTEX RIA NON-LUBRICATED MISC <i>condoms latex non-lubricated - male</i> | BRAND | QL 36 / claim |
| <i>Trustex-Nonoxynol-9/Rib/Stud</i> | TRUSTEX-NONOXYNOL-9/RIB/STUD MISC <i>condoms latex lubricated - male</i> | BRAND | |
| <i>Ultilet Alcohol Swab</i> | ULTILET ALCOHOL SWAB PAD <i>alcohol swabs</i> | BRAND | |
| <i>Ultilet Alcohol Swabs</i> | ULTILET ALCOHOL SWABS PAD <i>alcohol swabs</i> | BRAND | |
| <i>Webcol Alcohol Prep Large</i> | WEBCOL ALCOHOL PREP LARGE 70 % PAD <i>alcohol swabs</i> | BRAND | |
| <i>Webcol Alcohol Prep Medium</i> | WEBCOL ALCOHOL PREP MEDIUM 70 % PAD <i>alcohol swabs</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|---|
| <i>SimplyThick</i> | XANTHAN GUM (THICKENING) (15 G GEL, 30G GEL, 120G GEL, 240 G GEL) <i>xanthan gum (thickening)</i> | BRAND | QL 1816 / claim AL Up to 1 yrs old |
| OPHTHALMIC AGENTS | | | |
| OPHTHALMIC AGENTS, OTHER | | | |
| <i>Refresh P.M.</i> | <i>*artificial tear ophth ointment***</i> | generic | QL 4 / claim |
| <i>Tears Again</i> | <i>*artificial tear ophth solution***</i> | generic | QL 4 / claim |
| <i>Systane Nighttime</i> | <i>*white petrolatum-mineral oil ophth ointment***</i> | generic | MPL 1 / claim(s) |
| <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 / claim |
| <i>Visine-A</i> | <i>naphazoline w/ pheniramine ophth soln 0.025-0.3%</i> | generic | MFL 1 / 30 days |
| TGT Eye Allergy Relief | <i>naphazoline w/ pheniramine ophth soln 0.027-0.315%</i> | generic | QL 15 / 30 days |
| <i>Artificial Tears</i> | <i>polyvinyl alcohol ophth soln 1.4%</i> | generic | QL 15 / claim |
| <i>Tetrahydrozoline HCl</i> | <i>tetrahydrozoline hcl ophth soln 0.05%</i> | generic | MPL 1 / 30 days |
| OTIC AGENTS | | | |
| <i>Earwax Treatment Drops</i> | <i>carbamide peroxide 6.5% otic soln</i> | generic | QL 15 / 30 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 / claim(s) AL At least 2 yrs old |
| ANTIHISTAMINES | | | |
| <i>Cetirizine HCl</i> | <i>cetirizine hcl (chew tab 10 mg, tab 5 mg)</i> | generic | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|--|----------|-----------------------------------|
| All Day Allergy | cetirizine hcl cap 10 mg | generic | MDD 1 per day |
| Wal-Zyr Childrens | cetirizine hcl chew tab 5 mg | generic | MDD 1 per day |
| KLS Aller-Tec | cetirizine hcl tab 10 mg | generic | MDD 1 per day |
| Wal-itin | childrens loratadine syrup 5 mg/5ml | generic | QL 240 / claim |
| Ed Chlorped Jr | chlorpheniramine maleate syrup 2 mg/5ml | generic | MDD 60 per day |
| Allergy 4 Hour | chlorpheniramine maleate tab 4 mg | generic | QL 120 / claim |
| 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 |
| Allegra Allergy Childrens | FEXOFENADINE HCL (30 MG TAB DISP, 30 MG TAB) fexofenadine hcl | BRAND | MDD 2 per day |
| 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 | |
| Loratadine | loratadine tab 10 mg | generic | |
| RESPIRATORY TRACT AGENTS, OTHER | | | |
| Biospec DMX | BIOSPEC DMX 15-25 MG/5ML LIQUID dextromethorphan-guaifenesin | BRAND | QL 240 / claim MFL 1 / 30 days |
| 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 |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------------------|
| <i>Brotapp DM</i> | BROTAPP DM 15-1-5 MG/5ML LIQUID <i>pseudoephed-bromphen-dm</i> | BRAND | MFL 1 / 30 days |
| <i>All Day Allergy-D</i> | <i>cetirizine-pseudoephedrine tab sr 12hr 5-120 mg</i> | generic | MDD 2 per day |
| <i>EQ Cold Plus</i> | <i>chlorphen-pseudoephedrine w/ apap cap 2-30-325 mg</i> | generic | |
| <i>Trigofen</i> | <i>chlorpheniramine & phenylephrine liquid 1-2 mg/ml</i> | generic | |
| <i>Robitussin Cough/Cold Long-Act</i> | <i>chlorpheniramine-dm liquid 2-15 mg/5ml</i> | generic | QL 240 / claim MFL 1 / 30 days |
| <i>Decon-A</i> | DECON-A 2-5 MG/ML LIQUID <i>brompheniramine & phenyleph</i> | BRAND | |
| <i>Wal-Tussin Cough/Chest DM Max</i> | <i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> | generic | QL 240 / claim MFL 1 / 30 days |
| <i>Mucus Relief Cough Childrens</i> | <i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i> | generic | QL 240 / claim MFL 1 / 30 days |
| <i>Tussin DM</i> | <i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> | generic | QL 240 / claim MFL 1 / 30 days |
| <i>Dimetapp Long Act Cough/Cold</i> | DIMETAPP LONG ACT COUGH/COLD 1-7.5 MG/5ML SYRUP <i>chlorpheniramine-dm</i> | BRAND | QL 240 / claim MFL 1 / 30 days |
| <i>Robitussin Mucus+Chest Congest</i> | <i>guaifenesin liquid 100 mg/5ml</i> | generic | QL 240 / claim MFL 1 / 30 days |
| <i>Tussin Mucus+Chest Congestion</i> | <i>guaifenesin syrup 100 mg/5ml</i> | generic | QL 240 / claim MFL 1 / 30 days |
| <i>LoHist-D</i> | LOHIST-D 2-30 MG/5ML LIQUID <i>chlorpheniramine & pseudoeph</i> | BRAND | QL 240 / claim |
| <i>Wal-itin D</i> | <i>loratadine & pseudoephedrine tab sr 12hr 5-120 mg</i> | generic | MDD 2 per day |
| <i>Allergy/Congestion Relief</i> | <i>loratadine & pseudoephedrine tab sr 24hr 10-240 mg</i> | generic | MDD 1 per day |
| <i>Medi-Graine</i> | MEDI-GRAINE 500-75-5 MG TAB <i>phenylephrine-apap-caffeine</i> | BRAND | QL 120 / 30 days |
| <i>Triaminic Cold/Cough Day Time</i> | PHENYLEPHRINE-DM (SOLUTION, SYRUP) <i>phenylephrine-dm</i> | BRAND | QL 240 / claim |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|--|
| <i>Sudafed PE Cold & Cough Child</i> | <i>phenylephrine-dm soln 2.5-5 mg/5ml</i> | generic |  240 / claim |
| Q-Tapp DM | <i>pseudoephed-bromphen-dm elixir 15-1-5 mg/5ml</i> | generic |   1 / 30 days |
| <i>Kidkare Cough/Cold</i> | <i>pseudoephed-chlorphen-dm liq 15-1-5 mg/5ml</i> | generic |   1 / 30 days |
| <i>Cheratussin DAC</i> | <i>pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml</i> | generic |   1 / 30 days |
| <i>Tussin CF</i> | <i>pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml</i> | generic |   1 / 30 days |
| <i>Altarussin-PE</i> | <i>pseudoephedrine-guaifenesin syrup 30-100 mg/5ml</i> | generic |   1 / 30 days |
| RA Ibuprofen Cold Childrens | <i>pseudoephedrine-ibuprofen susp 15-100 mg/5ml</i> | generic | |
| <i>Wal-Profen Cold & Sinus</i> | <i>pseudoephedrine-ibuprofen tab 30-200 mg</i> | generic | |
| <i>Nasal Mist</i> | <i>sodium chloride aero soln 0.9%</i> | generic |  240 / claim |
| <i>Wal-Dryl-D</i> | WAL-DRYL-D 25-60 MG TAB <i>diphenhydramine & pseudoephed</i> | BRAND |  4 per day |
| SLEEP DISORDER AGENTS | | | |
| SLEEP DISORDERS, OTHER | | | |
| <i>Wal-Som Maximum Strength</i> | <i>diphenhydramine hcl (sleep) cap 50 mg</i> | generic | |
| <i>Nighttime Sleep Aid</i> | <i>diphenhydramine hcl (sleep) tab 25 mg</i> | generic |  1 per day |
| <i>Sominex Maximum Strength</i> | <i>diphenhydramine hcl (sleep) tab 50 mg</i> | generic | |
| <i>Wal-Som</i> | <i>diphenhydramine hcl (sleep) tab disp 25 mg</i> | generic | |
| SM Pain Reliever PM Ex St | <i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i> | generic |  1 per day |
| <i>Sleep Aid</i> | <i>doxylamine succinate (sleep) tab 25 mg</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|-----------------------|
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES | | | |
| ELECTROLYTE/MINERAL REPLACEMENT | | | |
| <i>Oralyte</i> | <i>*oral electrolyte solution***</i> | generic | |
| Calcium Carbonate | calcium carbonate susp 1250 mg/5ml (500 mg/5ml elemental ca) | generic | QL 500 / 30 days |
| Calcium | calcium carbonate-cholecalciferol chew tab 500 mg-100 unit | generic | |
| Oysco D | calcium carbonate-cholecalciferol tab 250 mg-125 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 | MDD 2 per day |
| Calcium 600-D | calcium carbonate-cholecalciferol tab 600 mg-400 unit | generic | MDD 2 per day |
| QC Calcium 600 +D3 | calcium carbonate-cholecalciferol tab 600 mg-800 unit | generic | MDD 2 per day |
| Oyster Shell Calcium/D | calcium carbonate-vitamin d (tab 250 mg-125, tab 500 mg-200) | generic | |
| Calcium Carbonate-Vitamin D | calcium carbonate-vitamin d cap 600 mg-200 unit | generic | MDD 2 per day |
| Calcium 600/Vitamin D | calcium carbonate-vitamin d chew tab 600 mg-400 unit | generic | MDD 2 per day |
| 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 | MDD 2 per day |
| Calcarb 600/D | calcium carbonate-vitamin d tab 600 mg-400 unit | generic | MDD 2 per day |
| Caltrate 600+D3 Soft | CALTRATE 600+D3 SOFT 600-800 MG-UNIT CHEW TAB calcium carbonate-cholecalciferol | BRAND | |
| Ferretts | FERRETTS 325 (106 FE) MG TAB ferrous fumarate | BRAND | MDD 2 per day |






| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|-----------------------------|---|----------|------------------------|
| <i>Ferrocite</i> | <i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i> | generic | MDD 2 per day |
| <i>Ferrous Fumarate</i> | <i>ferrous fumarate tab 325 mg (106 mg elemental fe)</i> | generic | MDD 2 per day |
| <i>Ferrous Gluconate</i> | <i>ferrous gluconate (225 (27 fe) mg tab, tab 240 mg (27 mg elemental fe), tab 325 mg (37.5 mg elemental fe), tab 325 mg)</i> | generic | |
| <i>Slow Release Iron</i> | <i>ferrous sulfate dried tab cr 160 mg (50 mg fe equivalent)</i> | generic | |
| <i>Ferrous Sulfate</i> | <i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> | generic | MDD 16 per day |
| <i>Fer-Iron</i> | <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | generic | MDD 3.4 per day |
| KP Ferrous Sulfate | <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | generic | |
| <i>Ferrous Sulfate</i> | <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | generic | |
| <i>Iron Chews Pediatric</i> | IRON CHEWS PEDIATRIC 15 MG CHEW TAB <i>carbonyl iron</i> | BRAND | |
| <i>Magnesium Oxide</i> | <i>magnesium oxide (mg supplement) (tab 400 mg (241.3 mg, tab 400 mg (240 mg)</i> | generic | |
| <i>Magnesium</i> | <i>magnesium tab 400 mg</i> | generic | |
| <i>Oysco 500</i> | <i>oyster shell calcium tab 500 mg</i> | generic | |
| RA Oyster Shell Calcium/D | RA OYSTER SHELL CALCIUM/D 500-200 MG-UNIT TAB <i>calcium carbonate-vitamin d</i> | BRAND | |
| <i>Orazinc</i> | <i>zinc sulfate cap 220 mg (50 mg elemental zn)</i> | generic | |
| B-Complex/B-12 | <i>*b-complex vitamin sublingual liquid**</i> | generic | MDD 1 per day |
| <i>Vitamin B Complex-C</i> | <i>*b-complex w/ c cap**</i> | generic | MDD 1 per day |
| B Complex-C | <i>*b-complex w/ c tab**</i> | generic | MDD 1 per day |
| <i>One-Tablet-Daily</i> | <i>*multiple vitamin tab**</i> | generic | MDD 1 per day |
| <i>Stress/Zinc</i> | <i>*multiple vitamins w/ iron tab**</i> | generic | MDD 1 per day |
| <i>Eye Vitamins</i> | <i>*multiple vitamins w/ minerals cap**</i> | generic | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------|---|----------|--------------------------------------|
| A Thru Z Select | *multiple vitamins w/ minerals chew tab** | generic | MDD 1 per day |
| Certagen | *multiple vitamins w/ minerals liquid** | generic | MDD 1 per day |
| ICaps MV | *multiple vitamins w/ minerals tab** | generic | MDD 1 per day |
| 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 |
| Lipogen SG | *vitamins w/ lipotropics cap** | generic | MDD 1 per day |
| Balanced B-50 Complex | *vitamins w/ lipotropics tab** | generic | MDD 1 per day |
| Vitamin C | ascorbic acid (chew tab 250 mg, chew tab 500 mg, tab 250 mg, tab 500 mg, tab 1000 mg) | generic | QL 100 / 34 days |
| C-1000 | ascorbic acid tab cr 1000 mg | generic | QL 100 / 34 days |
| GNP Vitamin C | ascorbic acid tab cr 500 mg | generic | QL 100 / 34 days |
| B Complex | b-complex vitamins (cap**, tab**) | generic | MDD 1 per day |
| Cerovite Advanced Formula | CEROVITE ADVANCED FORMULA LIQUID multiple vitamins w/ minerals | BRAND | |
| Vitamin D3 | cholecalciferol (cap 5000, chew tab 5000) | generic | MDD 2 per day |
| Vitamin D-3 | cholecalciferol tab 5000 unit | generic | MDD 2 per day |
| Folic Acid | folic acid tab 1 mg | generic | |
| Folic Acid | folic acid tab 400 mcg | generic | MDD 1 per day |
| KP Folic Acid | folic acid tab 800 mcg | generic | MDD 1 per day |
| Polycose | GLUCOSE POLYMER (380/100 G POWDER, 380/100 G LIQUID, LIQUID, POWDER) glucose polymer | BRAND | MPL 1 / 30 days |
| Hair/Skin/Nails | HAIR/SKIN/NAILS TAB multiple vitamins w/ minerals | BRAND | MDD 1 per day |
| KPN Prenatal | KPN PRENATAL 0.1 MG TAB prenatal multivit-min w/fe-fa | BRAND | AL Up to 45 yrs old MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|----------------------------------|---|----------|--------------------------------------|
| <i>Mission Prenatal</i> | MISSION PRENATAL TAB <i>prenatal vit w/ ferrous gluconate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Multivital Platinum</i> | MULTIVITAL PLATINUM TAB <i>multiple vitamins w/ minerals</i> | BRAND | MDD 1 per day |
| <i>Niacin ER</i> | <i>niacin (cap 250 mg, cap 500 mg)</i> | generic | |
| <i>Niacin</i> | <i>niacin tab 500 mg</i> | generic | |
| <i>Nutricion Porvida</i> | NUTRICION PORVIDA 0.25 MG TAB <i>prenatal multivit-min w/fe-fa</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Perry Prenatal</i> | PERRY PRENATAL 13.5-0.4 MG CAP <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Nu-Iron</i> | <i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> | generic | MDD 1 per day |
| <i>PreserVision AREDS</i> | PRESERVISION AREDS 7160-113 TAB <i>multiple vitamins w/ minerals</i> | BRAND | MDD 1 per day |
| <i>ProRenal + D</i> | PRORENAL + D 8MG-800MCG TAB <i>multiple vitamins w/ minerals</i> | BRAND | MDD 1 per day |
| <i>Vitamin B-6</i> | <i>pyridoxine hcl (tab 25 mg, tab 100 mg)</i> | generic | |
| <i>Pyridoxine HCl</i> | <i>pyridoxine hcl tab 50 mg</i> | generic | |
| B-2 | <i>riboflavin (tab 50 mg, tab 100 mg)</i> | generic | QL 100 / 34 days |
| <i>Vitamin B-2</i> | <i>riboflavin tab 25 mg</i> | generic | QL 100 / 34 days |
| <i>TheraNatal Core Nutrition</i> | THERANATAL CORE NUTRITION 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Vitamin B-1</i> | <i>thiamine hcl (tab 50 mg, tab 250 mg)</i> | generic | QL 100 / 34 days |
| <i>Thiamine HCl</i> | <i>thiamine hcl tab 100 mg</i> | generic | QL 100 / 34 days |
| SM Vitamin B1 | <i>thiamine mononitrate tab 100 mg</i> | generic | QL 100 / 34 days |
| <i>Tri-Vi-Sol/Iron</i> | TRI-VI-SOL/IRON 10 MG/ML SOLUTION <i>pediatric vitamins acd w/ iron</i> | BRAND | |
| <i>Vitamin E</i> | <i>vitamin e (cap 200, cap 400, tab 400)</i> | generic | MDD 2 per day |

| BRAND NAME | DRUG DESCRIPTION (OTC) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------|-------------------------------|----------|-----------------------|
| KP Vitamin E | <i>vitamin e cap 100 unit</i> | generic | MDD 2 per day |

LIST OF COVERED PRESCRIPTION MEDICATIONS

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|---|
| ANALGESICS | | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | | |
| <i>Butalbital-Aspirin-Caffeine</i> | <i>butalbital-aspirin-caffeine tab 50-325-40 mg</i> | generic |  4 per day |
| <i>Celecoxib</i> | <i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i> | generic |   2 per day |
| <i>Choline & Mag Trisalicylate</i> | <i>choline & mag trisalicylate (mag trisalicylate 1000 mg tab, magnesium salicylates tab 1000 mg)</i> | generic | |
| <i>Choline-Mag Trisalicylate</i> | <i>choline & magnesium salicylates liq 500 mg/5ml</i> | generic | |
| <i>Diclofenac Potassium</i> | <i>diclofenac potassium tab 50 mg</i> | generic | |
| <i>Diclofenac Sodium</i> | <i>diclofenac sodium (tab 25 mg, tab 50 mg, tab 75 mg)</i> | generic | |
| <i>Diclofenac Sodium ER</i> | <i>diclofenac sodium tab sr 24hr 100 mg</i> | generic | |
| <i>Diflunisal</i> | <i>diflunisal tab 500 mg</i> | generic | |
| <i>Etodolac</i> | <i>etodolac (cap 200 mg, cap 300 mg, tab 400 mg, tab 500 mg)</i> | generic | |
| <i>Etodolac ER</i> | <i>etodolac er (tab 24hr 600 mg, tab 24hr 400 mg, tab 24hr 500 mg)</i> | generic | |
| <i>Flurbiprofen</i> | <i>flurbiprofen (tab 50 mg, tab 100 mg)</i> | generic | |
| <i>Ibuprofen</i> | <i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i> | generic | |
| <i>Indomethacin</i> | <i>indomethacin (cap 25 mg, cap 50 mg)</i> | generic | |
| <i>Indomethacin ER</i> | <i>indomethacin cap cr 75 mg</i> | generic | |
| <i>Ketoprofen</i> | <i>ketoprofen (cap 50 mg, cap 75 mg)</i> | generic | |
| <i>Ketoprofen ER</i> | KETOPROFEN ER (CAP SR 24HR 200 MG, ER 200 MG CAP ER 24H) <i>ketoprofen</i> | BRAND | |
| <i>Ketorolac Tromethamine</i> | <i>ketorolac tromethamine tab 10 mg</i> | generic |  20 / 30 days  At least 17 yrs old |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------|---|----------|-----------------------|
| Meloxicam | meloxicam (tab 7.5 mg, tab 15 mg) | generic | |
| 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 | |
| Tolmetin Sodium | tolmetin sodium (cap 400 mg, tab 200 mg, 400 mg cap, tab 600 mg) | generic | |
| OPIOID ANALGESICS, LONG-ACTING | | | |
| FentaNYL | fentanyl (patch 72hr 25, patch 72hr 12, patch 72hr 100, patch 72hr 75, patch 72hr 50) | generic | MDD 0.33 per day |
| Methadone HCl | methadone hcl tab 10 mg | generic | PA MDD 10 Per Day |
| Methadone HCl | methadone hcl tab 5 mg | generic | PA MDD 4 per day |
| Morphine Sulfate ER | morphine sulfate er (cap sr 24hr 30 mg, cap sr 24hr 60 mg, cap sr 24hr 100 mg, er (tab 15 tab 30 tab 60 tab 100 tab 200 mg)) | generic | MDD 3 per day |
| OxyCODONE HCl ER | oxycodone hcl er (tab er deter 10 mg, tab er deter 15 mg, tab er deter 20 mg, tab er deter 30 mg, tab er deter 60 mg, tab er deter 80 mg) | generic | PA |
| OxyCODONE HCl ER | oxycodone hcl tab er 12hr deter 40 mg | generic | PA MDD 2 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|---|----------|-----------------------|
| OxyCONTIN | OXYCONTIN 10 MG TB12 DETER <i>oxycodone hcl</i> | BRAND | PA |
| OPIOID ANALGESICS, SHORT-ACTING | | | |
| Acetaminophen-Codeine | <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | generic | MDD 30 per day |
| Acetaminophen-Codeine #2 | <i>acetaminophen w/ codeine tab 300-15 mg</i> | generic | MDD 6 per day |
| Acetaminophen-Codeine #3 | <i>acetaminophen w/ codeine tab 300-30 mg</i> | generic | MDD 6 per day |
| Acetaminophen-Codeine #4 | <i>acetaminophen w/ codeine tab 300-60 mg</i> | generic | MDD 6 per day |
| Butalbital-APAP-Caff-Cod | <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | generic | MDD 4 per day |
| Butalbital-ASA-Caff-Codeine | <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> | generic | MDD 4 per day |
| Codeine Sulfate | <i>codeine sulfate (tab 15 mg, tab 60 mg)</i> | generic | MDD 2 per day |
| Hydrocodone-Acetaminophen | <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | generic | MDD 180 per day |
| Hydrocodone-Acetaminophen | <i>hydrocodone-acetaminophen tab 10-325 mg</i> | generic | MDD 6 per day |
| Hydrocodone-Acetaminophen | <i>hydrocodone-acetaminophen tab 5-325 mg</i> | generic | MDD 12 per day |
| Hydrocodone-Acetaminophen | <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | generic | MDD 8 per day |
| HYDROmorphine HCl | <i>hydromorphone hcl (tab 2 mg, tab 4 mg, tab 8 mg)</i> | generic | MDD 8 per day |
| HYDROmorphine HCl | <i>hydromorphone hcl suppos 3 mg</i> | generic | |
| Meperidine HCl | <i>meperidine hcl (tab 50 mg, tab 100 mg)</i> | generic | MDD 6 per day |
| Meperidine HCl | <i>meperidine hcl oral soln 50 mg/5ml</i> | generic | |
| Morphine Sulfate | <i>morphine sulfate (soln 10, soln 20)</i> | generic | QL 500 / 30 days |
| Morphine Sulfate | <i>morphine sulfate (suppos 5 mg, suppos 10 mg, suppos 20 mg, suppos 30 mg, tab 30 mg)</i> | generic | |
| Morphine Sulfate (Concentrate) | <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | generic | QL 240 / claim |
| OxyCODONE HCl | <i>oxycodone hcl (cap 5 mg, conc 100 mg/5ml (20 mg/ml), tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i> | generic | MDD 6 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|--|----------|---|
| <i>OxyCODONE HCl</i> | <i>oxycodone hcl soln 5 mg/5ml</i> | generic | |
| <i>Roxicet</i> | <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | generic | MDD 6 per day |
| <i>Oxycodone-Acetaminophen</i> | <i>oxycodone-acetaminophen (tab 7.5-325 mg, tab 10-325 mg)</i> | generic | MDD 6 per day |
| <i>Oxycodone-Aspirin</i> | <i>oxycodone-aspirin tab 4.8355-325 mg</i> | generic | MDD 6 per day |
| <i>TraMADol HCl</i> | <i>tramadol hcl tab 50 mg</i> | generic | MDD 8 per day |
| <i>Tramadol-Acetaminophen</i> | <i>tramadol-acetaminophen tab 37.5-325 mg</i> | generic | MDD 4 per day |
| ANESTHETICS | | | |
| LOCAL ANESTHETICS | | | |
| <i>Lidocaine Viscous</i> | <i>lidocaine hcl viscous soln 2%</i> | generic | QL 100 / claim |
| <i>Lidocaine-Prilocaine</i> | <i>lidocaine-prilocaine cream 2.5-2.5%</i> | generic | MPL 1 / claim |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | | | |
| ALCOHOL DETERRENTS/ANTI-CRAVING | | | |
| <i>Disulfiram</i> | <i>disulfiram tab 250 mg</i> | generic | |
| <i>Naltrexone HCl</i> | <i>naltrexone hcl tab 50 mg</i> | generic | |
| OPIOID DEPENDENCE TREATMENTS | | | |
| <i>Suboxone</i> | SUBOXONE (2-0.5 MG FILM, 4-1 MG FILM) <i>buprenorphine hcl-naloxone hcl dihydrate</i> | BRAND | PA MDD 1 per day |
| <i>Suboxone</i> | SUBOXONE (8-2 MG FILM, 12-3 MG FILM) <i>buprenorphine hcl-naloxone hcl dihydrate</i> | BRAND | PA MDD 2 per day |
| OPIOID REVERSAL AGENTS | | | |
| <i>Naloxone HCl</i> | <i>naloxone hcl (inj 0.4 mg/ml, inj 1 mg/ml, inj 4 mg/10ml)</i> | generic | QL 2 / 90 days |
| <i>Narcan</i> | NARCAN 4 MG/0.1ML LIQUID <i>naloxone hcl</i> | BRAND | QL 2 / 90 days |
| SMOKING CESSATION AGENTS | | | |
| <i>Buproban</i> | <i>bupropion hcl (smoking deterrent) tab sr 12hr 150 mg</i> | generic | MDD 2 per day MDS 180 / 365 Days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|---|----------|--|
| <i>Chantix</i> | CHANTIX (0.5 MG TAB, 1 MG TAB) <i>varenicline tartrate</i> | BRAND | MDD 2 per day MDS 180 / 365 Days |
| <i>Chantix Continuing Month Pak</i> | CHANTIX CONTINUING MONTH PAK 1 MG TAB <i>varenicline tartrate</i> | BRAND | MDD 2 per day MDS 180 / 365 Days |
| <i>Chantix Starting Month Pak</i> | CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB <i>varenicline tartrate</i> | BRAND | MFL 2 / 365 days MDS 180 / 365 Days |
| <i>Nicotrol</i> | NICOTROL 10 MG INHALER <i>nicotine</i> | BRAND | QL 504 / 30 days MDS 180 / 365 Days |
| <i>Nicotrol NS</i> | NICOTROL NS 10 MG/ML SOLUTION <i>nicotine</i> | BRAND | QL 120 / 30 days MDS 180 / 365 Days |
| ANTIBACTERIALS | | | |
| AMINOGLYCOSIDES | | | |
| <i>Gentamicin Sulfate</i> | <i>gentamicin sulfate (cream 0.1%, oint 0.1%, ophth soln 0.3%)</i> | generic | MPL 1 / claim |
| <i>Gentak</i> | <i>gentamicin sulfate ophth oint 0.3%</i> | generic | QL 4 / claim(s) |
| <i>Neomycin Sulfate</i> | <i>neomycin sulfate tab 500 mg</i> | generic | |
| <i>TobraDex</i> | TOBRADEX 0.3-0.1 % OINTMENT <i>tobramycin-dexamethasone</i> | BRAND | QL 4 / claim |
| <i>Tobramycin</i> | <i>tobramycin ophth soln 0.3%</i> | generic | QL 5 / claim |
| <i>Tobramycin Sulfate</i> | <i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), inj 2 gm/50ml (40 mg/ml) (base equiv), inj 10 mg/ml (base equivalent), inj 80 mg/2ml (40 mg/ml) (base equiv), inj 80 mg/2ml (40 mg/ml))</i> | generic | PA |
| <i>Tobramycin Sulfate in Saline</i> | TOBRAMYCIN SULFATE IN SALINE 1.2-0.9 MG/ML-% SOLUTION <i>tobramycin sulfate in saline</i> | BRAND | PA |
| <i>Tobrex</i> | TOBREX 0.3 % OINTMENT <i>tobramycin (ophth)</i> | BRAND | QL 4 / claim |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------|--|----------|--------------------------------------|
| ANTIBACTERIALS, OTHER | | | |
| Phosphasal | *methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg*** | generic | |
| Bactroban Nasal | BACTROBAN NASAL 2 % OINTMENT mupirocin calcium | BRAND | |
| 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 | MPL 1 / claim |
| Erythromycin-Sulfisoxazole | erythromycin-sulfisoxazole for susp 200-600 mg/5ml | generic | |
| First-Vancomycin 25 | FIRST-VANCOMYCIN 25 25 MG/ML SOLUTION vancomycin hcl | BRAND | |
| First-Vancomycin 50 | FIRST-VANCOMYCIN 50 50 MG/ML SOLUTION vancomycin hcl | BRAND | |
| Methenamine Mandelate | methenamine mandelate (tab 0.5 gm, tab 1 gm) | generic | |
| MetroNIDAZOLE | metronidazole (cream 0.75 %, gel 0.75 %, lotion 0.75%) | generic | QL 45 / claim |
| MetroNIDAZOLE | metronidazole (tab 250 mg, tab 500 mg) | generic | |
| Vandazole | metronidazole vaginal gel 0.75% | generic | QL 70 / claim |
| Mupirocin Calcium | mupirocin calcium cream 2% | generic | MPL 1 / claim |
| Mupirocin | mupirocin oint 2% | generic | MPL 1 / claim |
| 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 | AL Up to 6 yrs old MDD 40 per day |
| Sivextro | SIVEXTRO 200 MG RECON SOLN tedizolid phosphate | BRAND | PA |
| Sivextro | SIVEXTRO 200 MG TAB tedizolid phosphate | BRAND | QL 6 / claim PA |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|---|----------|---------------------------------------|
| <i>Trimethoprim</i> | <i>trimethoprim tab 100 mg</i> | generic | |
| <i>Vancomycin HCl</i> | <i>vancomycin hcl cap 125 mg</i> | generic | MDD 4 per day |
| <i>Vancomycin HCl</i> | <i>vancomycin hcl cap 250 mg</i> | generic | MDD 8 per day |
| <i>Vancomycin HCl</i> | <i>vancomycin hcl for inj 1000 mg</i> | generic | QL 14 / claim |
| <i>Vancomycin HCl</i> | <i>vancomycin hcl for inj 500 mg</i> | generic | QL 14 / 30 days |
| BETA-LACTAM, CEPHALOSPORINS | | | |
| <i>Cefaclor</i> | <i>cefaclor (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, for susp 375 mg/5ml)</i> | generic | |
| <i>Cefadroxil</i> | <i>cefadroxil (cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i> | generic | |
| <i>Cefdinir</i> | <i>cefdinir (susp 125, susp 250)</i> | generic | MPL 1 / claim |
| <i>Cefdinir</i> | <i>cefdinir cap 300 mg</i> | generic | QL 20 / claim |
| <i>Cefprozil</i> | <i>cefprozil (tab 250 mg, tab 500 mg)</i> | generic | QL 20 / claim |
| <i>Cefprozil</i> | <i>cefprozil for susp 125 mg/5ml</i> | generic | MPL 1 / claim |
| <i>Cefprozil</i> | <i>cefprozil for susp 250 mg/5ml</i> | generic | AL Up to 12 yrs old MPL 1 / claim |
| <i>Ceftin</i> | CEFTIN 250 MG/5ML RECON SUSP <i>cefuroxime axetil</i> | BRAND | QL 100 / claim AL Up to 12 yrs old |
| <i>CefTRIAXone Sodium</i> | <i>ceftriaxone sodium (inj 1 gm, inj 250 mg, inj 500 mg)</i> | generic | QL 3 / claim MFL 1 / 30 days |
| <i>CefTRIAXone Sodium</i> | <i>ceftriaxone sodium for iv soln 1 gm</i> | generic | QL 3 / claim |
| <i>Cefuroxime Axetil</i> | <i>cefuroxime axetil (tab 250 mg, tab 500 mg)</i> | generic | QL 20 / claim |
| <i>Cefuroxime Axetil</i> | <i>cefuroxime axetil for susp 125 mg/5ml</i> | generic | QL 100 / claim AL Up to 12 yrs old |
| <i>Cephalexin</i> | <i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| BETA-LACTAM, PENICILLINS | | | |
| <i>Amoxicillin-Pot Clavulanate</i> | <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | generic | |
| <i>Amoxicillin-Pot Clavulanate</i> | <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | generic | MPL 2 / claim |
| <i>Amoxicillin-Pot Clavulanate</i> | <i>amoxicillin & k clavulanate tab 250-125 mg</i> | generic | QL 30 / claim |
| <i>Amoxicillin-Pot Clavulanate ER</i> | <i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i> | generic | QL 40 / 30 days |
| <i>Amoxicillin</i> | <i>amoxicillin (cap 250 mg, cap 500 mg, chew tab 250 mg, for susp 125 mg/5ml, for susp 200 mg/5ml, for susp 250 mg/5ml, for susp 400 mg/5ml, tab 500 mg, tab 875 mg)</i> | generic | |
| <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 500-125 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>Ampicillin</i> | <i>ampicillin (cap 250 mg, cap 500 mg)</i> | generic | |
| <i>Bicillin L-A</i> | BICILLIN L-A 600000 UNIT/ML SUSPENSION <i>penicillin g benzathine</i> | BRAND | |
| <i>Dicloxacillin Sodium</i> | <i>dicloxacillin sodium (cap 250 mg, cap 500 mg)</i> | generic | |
| <i>Penicillin V Potassium</i> | <i>penicillin v potassium (for soln 125 mg/5ml, for soln 250 mg/5ml, tab 250 mg, tab 500 mg)</i> | generic | |
| MACROLIDES | | | |
| <i>Azithromycin</i> | <i>azithromycin (iv for soln 500 mg, tab 500 mg)</i> | generic | MDD 4 per day |
| <i>Azithromycin</i> | <i>azithromycin (powd pack for susp 1 gm, 1 gm packet, tab 250 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|---|----------|--------------------------------|
| <i>Azithromycin</i> | <i>azithromycin for susp 100 mg/5ml</i> | generic | QL 15 / claim |
| <i>Azithromycin</i> | <i>azithromycin for susp 200 mg/5ml</i> | generic | MPL 1 / claim |
| <i>Azithromycin</i> | <i>azithromycin tab 600 mg</i> | generic | QL 8 / 28 days |
| <i>Clarithromycin</i> | <i>clarithromycin (tab 250 mg, tab 500 mg)</i> | generic | QL 28 / claim |
| <i>Clarithromycin</i> | <i>clarithromycin for susp 125 mg/5ml</i> | generic | MPL 1 / claim |
| <i>Clarithromycin</i> | <i>clarithromycin for susp 250 mg/5ml</i> | generic | |
| <i>Clarithromycin ER</i> | <i>clarithromycin tab sr 24hr 500 mg</i> | generic | QL 14 / claim |
| <i>Ery-Tab</i> | ERY-TAB (250 MG TAB DR, 333 MG TAB DR, 500 MG TAB DR) <i>erythromycin base</i> | BRAND | |
| <i>EryPed 400</i> | ERYPED 400 400 MG/5ML RECON SUSP <i>erythromycin ethylsuccinate</i> | BRAND | |
| <i>Erythromycin</i> | <i>erythromycin (pads, soln)</i> | generic | |
| <i>Erythromycin Ethylsuccinate</i> | <i>erythromycin ethylsuccinate (for susp 200 mg/5ml, tab 400 mg)</i> | generic | |
| <i>Erythromycin</i> | <i>erythromycin gel 2%</i> | generic | MPL 1 / claim |
| <i>Erythromycin</i> | <i>erythromycin ophth oint 5 mg/gm</i> | generic | QL 4 / claim |
| <i>Erythromycin Base</i> | <i>erythromycin w/ delayed release particles cap 250 mg</i> | generic | |
| PCE | PCE (333 MG TAB DR, 500 MG TAB DR) <i>erythromycin base (coated)</i> | BRAND | |
| QUINOLONONES | | | |
| <i>Ciloxan</i> | CILOXAN 0.3 % OINTMENT <i>ciprofloxacin hcl (ophth)</i> | BRAND | QL 4 / claim |
| <i>Ciprofloxacin HCl</i> | <i>ciprofloxacin hcl (tab 250 mg, tab 500 mg, tab 750 mg)</i> | generic | |
| <i>Ciprofloxacin HCl</i> | <i>ciprofloxacin hcl ophth soln 0.3%</i> | generic | MPL 1 / claim |
| <i>Ciprofloxacin HCl</i> | <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | generic | QL 6 / claim |
| <i>LevoFLOXacin</i> | <i>levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)</i> | generic | QL 14 / claim MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|----------------------------|
| <i>Ofloxacin</i> | <i>ofloxacin (ophth soln, otic soln)</i> | generic | MPL 1 / claim |
| <i>Ofloxacin</i> | <i>ofloxacin (tab 200 mg, tab 300 mg, tab 400 mg)</i> | generic | QL 56 / claim |
| <i>Vigamox</i> | VIGAMOX 0.5 % SOLUTION <i>moxifloxacin hcl (ophth)</i> | BRAND | QL 3 / claim |
| SULFONAMIDES | | | |
| <i>Silver Sulfadiazine</i> | <i>silver sulfadiazine cream 1%</i> | generic | MPL 1 / claim |
| <i>Sulfacetamide Sodium</i> | <i>sulfacetamide sodium (ophth oint 10%, 10 % ointment)</i> | generic | |
| <i>Sulfacetamide Sodium</i> | <i>sulfacetamide sodium ophth soln 10%</i> | generic | QL 15 / claim(s) |
| <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, for inj 100 mg, tab 100 mg, tab delayed release 100 mg)</i> | generic | |
| <i>Minocycline HCl</i> | <i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 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 30 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 | AL Up to 21 yrs old |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-----------------------------|---|----------|-----------------------|
| <i>Divalproex Sodium</i> | <i>divalproex sodium (cap sprinkle 125 mg, tab 125 mg, tab 250 mg, tab 500 mg)</i> | generic | |
| <i>Divalproex Sodium ER</i> | <i>divalproex sodium er (tab 24 hr 500 mg, tab 24 hr 250 mg)</i> | generic | |
| <i>Gabapentin</i> | <i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, tab 600 mg, tab 800 mg)</i> | generic | MDD 4 per day |
| <i>Gabapentin</i> | <i>gabapentin oral soln 250 mg/5ml</i> | generic | |
| <i>Gabitril</i> | GABITRIL (12 MG TAB, 16 MG TAB) <i>tiagabine hcl</i> | BRAND | |
| PHENobarbital | <i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 100 mg)</i> | generic | |
| <i>Primidone</i> | <i>primidone (tab 50 mg, tab 250 mg)</i> | generic | |
| <i>TiaGABine HCl</i> | <i>tiagabine hcl (tab 2 mg, tab 4 mg)</i> | generic | |
| <i>Valproate Sodium</i> | <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | generic | |
| <i>Valproic Acid</i> | <i>valproic acid (valproate sodium syrup 250 mg/5ml (base equiv), valproic acid cap 250 mg)</i> | generic | |
| GLUTAMATE REDUCING AGENTS | | | |
| <i>Felbamate</i> | <i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i> | generic | |
| <i>LamoTRigine</i> | <i>lamotrigine (tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)</i> | generic | |
| <i>Topiramate</i> | <i>topiramate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i> | generic | MDD 3 per day |
| <i>Topiramate</i> | <i>topiramate sprinkle cap 15 mg</i> | generic | MDD 6 per day |
| <i>Topiramate</i> | <i>topiramate sprinkle cap 25 mg</i> | generic | MDD 8 per day |
| SODIUM CHANNEL AGENTS | | | |
| <i>CarBAMazepine</i> | <i>carbamazepine (chew tab 100 mg, susp 100 mg/5ml)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|-----------------------|
| <i>CarBAMazepine ER</i> | <i>carbamazepine er (cap 200 mg, tab 100 mg, tab 200 mg, tab 400 mg)</i> | generic | |
| <i>Epitol</i> | <i>carbamazepine tab 200 mg</i> | generic | |
| <i>Dilantin</i> | DILANTIN 30 MG CAP <i>phenytoin sodium extended</i> | BRAND | |
| OXcarbazepine | <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 | |
| ANTIDEMENTIA AGENTS | | | |
| ANTIDEMENTIA AGENTS, OTHER | | | |
| <i>Ergoloid Mesylates</i> | <i>ergoloid mesylates tab 1 mg</i> | generic | |
| CHOLINESTERASE INHIBITORS | | | |
| <i>Donepezil HCl</i> | <i>donepezil hcl (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i> | generic | MDD 1 per day |
| <i>Exelon</i> | EXELON 2 MG/ML SOLUTION <i>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 24hr 8 mg, cap 24hr 24 mg, cap 24hr 16 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 |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | | | |
| <i>Memantine HCl</i> | <i>memantine hcl (tab 5 mg, tab 10 mg)</i> | generic | PA MDD 2 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|-----------------------|
| <i>Memantine HCl</i> | <i>memantine hcl oral solution 2 mg/ml</i> | generic | PA MDD 10 per day |
| <i>Memantine HCl</i> | <i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i> | generic | PA MPL 1 / 28 days |
| ANTIDEPRESSANTS | | | |
| ANTIDEPRESSANTS, OTHER | | | |
| <i>Budeprion SR</i> | <i>budeprion sr (er (sr) tab er 12h 150 mg, er (sr) tab er 12h 100 mg, tab sr 12hr 150 mg, tab sr 12hr 100 mg)</i> | generic | MDD 2 per day |
| <i>Budeprion XL</i> | <i>budeprion xl (tab 24hr 150 mg, tab 24hr 300 mg)</i> | generic | MDD 1 per day |
| <i>BuPROPion HCl</i> | <i>bupropion hcl (tab 75 mg, tab 100 mg)</i> | generic | MDD 3 per day |
| <i>BuPROPion HCl ER (SR)</i> | <i>bupropion hcl tab sr 12hr 200 mg</i> | generic | MDD 2 per day |
| <i>Chlordiazepoxide-Amitriptyline</i> | <i>chlordiazepoxide-amitriptyline (tab 5-12.5 mg, tab 10-25 mg)</i> | generic | |
| <i>Duo-Vil 2-10</i> | <i>DUO-VIL 2-10 2-10 MG TAB perphenazine-amitriptyline</i> | BRAND | MDD 4 per day |
| <i>Duo-Vil 2-25</i> | <i>DUO-VIL 2-25 2-25 MG TAB perphenazine-amitriptyline</i> | BRAND | MDD 4 per day |
| <i>Mirtazapine</i> | <i>mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i> | generic | MDD 1 per day |
| <i>Perphenazine-Amitriptyline</i> | <i>perphenazine-amitriptyline (tab 2-10 mg, 2-25 mg tab, tab 2-25 mg, tab 4-10 mg, tab 4-25 mg, tab 4-50 mg)</i> | generic | MDD 4 per day |
| MONOAMINE OXIDASE INHIBITORS | | | |
| <i>Phenelzine Sulfate</i> | <i>phenelzine sulfate tab 15 mg</i> | generic | |
| <i>Tranlycypromine Sulfate</i> | <i>tranlycypromine sulfate tab 10 mg</i> | generic | |
| SSRIS/SNRI (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) | | | |
| <i>Citalopram Hydrobromide</i> | <i>citalopram hydrobromide (tab 10 mg, tab 20 mg)</i> | generic | MDD 1.5 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------|---|----------|--|
| <i>Citalopram Hydrobromide</i> | <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | generic | |
| <i>Citalopram Hydrobromide</i> | <i>citalopram hydrobromide tab 40 mg (base equiv)</i> | generic | MDD 1 per day |
| <i>Escitalopram Oxalate</i> | <i>escitalopram oxalate (tab 5 mg, tab 10 mg, tab 20 mg)</i> | generic | MDD 1 per day |
| FLUoxetine HCl | <i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, tab 20 mg)</i> | generic | MDD 4 per day |
| FLUoxetine HCl | <i>fluoxetine hcl solution 20 mg/5ml</i> | generic | QL 120 / 30 days |
| FLUoxetine HCl | <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 | MDD 2 per day |
| <i>FluvoxaMINE Maleate</i> | <i>fluvoxamine maleate tab 100 mg</i> | generic | MDD 3 per day |
| <i>Nefazodone HCl</i> | <i>nefazodone hcl (tab 50 mg, 100 mg tab, tab 100 mg, 150 mg tab, tab 150 mg, 200 mg tab, tab 200 mg, tab 250 mg)</i> | generic | |
| PARoxetine HCl | <i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i> | generic | MDD 2 per day |
| PARoxetine HCl | <i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i> | generic | MDD 40 per day |
| <i>Sertraline HCl</i> | <i>sertraline hcl (tab 25 mg, tab 50 mg)</i> | generic | MDD 1.5 per day |
| <i>Sertraline HCl</i> | <i>sertraline hcl oral conc 20 mg/ml</i> | generic | MDD 10 per day |
| <i>Sertraline HCl</i> | <i>sertraline hcl tab 100 mg</i> | generic | MDD 2 per day |
| <i>TraZODone HCl</i> | <i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)</i> | generic | |
| <i>TraZODone HCl</i> | <i>trazodone hcl tab 300 mg</i> | generic | MDD 2 per day |
| <i>Venlafaxine HCl</i> | <i>venlafaxine hcl (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i> | generic | |
| <i>Venlafaxine HCl ER</i> | <i>venlafaxine hcl er (cap sr 24hr 150 mg (base equivalent), cap sr 24hr 37.5 mg (base equivalent), cap sr 24hr 75 mg (base equivalent), er 225 mg tab er 24h, tab sr 24hr 37.5 mg (base equivalent))</i> | generic | MDD 1 per day |
| <i>Venlafaxine HCl ER</i> | <i>venlafaxine hcl er (tab 24hr 225 mg, tab 24hr 150 mg, tab 24hr 75 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|--|----------|------------------------|
| <i>Viibryd</i> | VIIIBRYD (10 MG TAB, 20 MG TAB, 40 MG TAB) <i>vilazodone hcl</i> | BRAND | PA MDD 1 per day |
| <i>Viibryd</i> | VIIIBRYD 10 & 20 & 40 MG KIT <i>vilazodone hcl</i> | BRAND | QL 30 / 365 days PA |
| TRICYCLICS | | | |
| <i>Amitriptyline HCl</i> | <i>amitriptyline hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i> | generic | |
| <i>Amoxapine</i> | <i>amoxapine (tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab, tab 150 mg)</i> | generic | |
| <i>ClomiPRAMINE HCl</i> | <i>clomipramine hcl cap 75 mg</i> | generic | |
| <i>Desipramine HCl</i> | <i>desipramine hcl (tab 10 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i> | generic | |
| <i>Desipramine HCl</i> | <i>desipramine hcl tab 25 mg</i> | generic | MDD 2 per day |
| <i>Doxepin HCl</i> | <i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i> | generic | |
| <i>Imipramine HCl</i> | <i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i> | generic | |
| <i>Nortriptyline HCl</i> | <i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i> | generic | |
| <i>Nortriptyline HCl</i> | <i>nortriptyline hcl soln 10 mg/5ml</i> | generic | MDD 20 per day |
| ANTIEMETICS | | | |
| ANTIEMETICS, OTHER | | | |
| <i>Metoclopramide HCl</i> | <i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml), tab 5 mg, tab 10 mg)</i> | generic | |
| <i>Perphenazine</i> | <i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i> | generic | MDD 4 per day |
| <i>Prochlorperazine Maleate</i> | <i>prochlorperazine maleate (tab 5 mg, tab 10 mg)</i> | generic | |
| <i>Compro</i> | <i>prochlorperazine suppos 25 mg</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|---|----------|--|
| EMETOGENIC THERAPY ADJUNCTS | | | |
| <i>Ondansetron</i> | <i>ondansetron (tab 4 mg, tab 8 mg)</i> | generic | QL 30 / claim MDD 2 per day |
| <i>Ondansetron HCl</i> | <i>ondansetron hcl (tab 4 mg, tab 8 mg)</i> | generic | MDD 2 per day MDS 90 / 365 Days |
| <i>Ondansetron HCl</i> | <i>ondansetron hcl oral soln 4 mg/5ml</i> | generic | QL 50 / claim |
| <i>Ondansetron HCl</i> | <i>ondansetron hcl tab 24 mg</i> | generic | QL 1 / 14 days |
| ANTIFUNGALS | | | |
| <i>Nystop</i> | <i>*nystatin topical powder**</i> | generic | MPL 1 / claim |
| <i>Econazole Nitrate</i> | <i>econazole nitrate cream 1%</i> | generic | MPL 1 / claim |
| <i>Fluconazole</i> | <i>fluconazole (susp 10 mg/ml, susp 40 mg/ml)</i> | generic | QL 70 / claim |
| <i>Fluconazole</i> | <i>fluconazole tab 100 mg</i> | generic | MDD 1 per day |
| <i>Fluconazole</i> | <i>fluconazole tab 150 mg</i> | generic | QL 2 / claim |
| <i>Fluconazole</i> | <i>fluconazole tab 200 mg</i> | generic | MDD 2 per day |
| <i>Fluconazole</i> | <i>fluconazole tab 50 mg</i> | generic | QL 7 / claim |
| <i>Griseofulvin Microsize</i> | <i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i> | generic | |
| <i>Griseofulvin Ultramicrosize</i> | <i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i> | generic | |
| <i>Gynazole-1</i> | GYNAZOLE-1 2 % CREAM <i>butoconazole nitrate (one dose)</i> | BRAND | |
| <i>Itraconazole</i> | <i>itraconazole cap 100 mg</i> | generic | PA MDD 1 per day |
| <i>Ketoconazole</i> | <i>ketoconazole (cream, foam)</i> | generic | MPL 1 / claim |
| <i>Ketoconazole</i> | <i>ketoconazole shampoo 2%</i> | generic | |
| <i>Nystatin</i> | <i>nystatin (cream 100000, oint 100000)</i> | generic | MPL 1 / claim |
| <i>Nystatin</i> | <i>nystatin susp 100000 unit/ml</i> | generic | QL 120 / claim |
| <i>Nystatin</i> | <i>nystatin tab 500000 unit</i> | generic | MDD 6 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|--|
| <i>Nystatin</i> | <i>nystatin topical powder 100000 unit/gm</i> | generic | |
| <i>Nystatin-Triamcinolone</i> | <i>nystatin-triamcinolone (cream, oint)</i> | generic | MPL 1 / claim |
| <i>Terbinafine HCl</i> | <i>terbinafine hcl tab 250 mg</i> | generic | QL 90 / 120 days |
| <i>Terconazole</i> | <i>terconazole vaginal cream 0.4%</i> | generic | QL 45 / claim |
| <i>Zazole</i> | <i>terconazole vaginal cream 0.8%</i> | generic | QL 20 / claim |
| <i>Zazole</i> | <i>terconazole vaginal suppos 80 mg</i> | generic | QL 3 / claim |
| 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 (6 soln prsyr, inj 6, solution auto-injector 6, solution prefilled syringe 6)</i> | generic | QL 2 / 30 days AL At least 12 yrs old |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|----------------------------------|--|----------|--|
| SUMatriptan Succinate | <i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i> | generic | QL 9 / 30 days AL At least 12 yrs old |
| SUMatriptan Succinate Refill | <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> | generic | QL 2 / 30 days AL At least 12 yrs old |
| ZOLMitriptan | <i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i> | generic | QL 6 / 30 days |
| Zomig | ZOMIG 5 MG SOLUTION <i>zolmitriptan</i> | BRAND | QL 6 / 30 days AL At least 12 yrs old |
| Zomig | ZOMIG 5 MG TAB <i>zolmitriptan</i> | BRAND | QL 6 / 30 days |
| ANTIMYASTHENIC AGENTS | | | |
| PARASYMPATHOMIMETICS | | | |
| <i>Pyridostigmine Bromide</i> | <i>pyridostigmine bromide tab 60 mg</i> | generic | |
| <i>Pyridostigmine Bromide ER</i> | <i>pyridostigmine bromide tab cr 180 mg</i> | generic | |
| 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> | TRECATOR 250 MG TAB <i>ethionamide</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------|--|----------|-----------------------|
| ANTINEOPLASTICS | | | |
| ALKYLATING AGENTS | | | |
| <i>Alkeran</i> | ALKERAN 2 MG TAB <i>melfhalan</i> | BRAND | |
| <i>Cyclophosphamide</i> | <i>cyclophosphamide (tab 25 mg, 25 mg tab, 50 mg tab, tab 50 mg)</i> | generic | |
| <i>Leukeran</i> | LEUKERAN 2 MG TAB <i>chlorambucil</i> | BRAND | |
| <i>Myleran</i> | MYLERAN 2 MG TAB <i>busulfan</i> | BRAND | |
| ANTIANDROGENS | | | |
| <i>Bicalutamide</i> | <i>bicalutamide tab 50 mg</i> | generic | MDD 1 per day |
| <i>Flutamide</i> | <i>flutamide cap 125 mg</i> | generic | |
| ANTIESTROGENS/MODIFIERS | | | |
| <i>Fareston</i> | FARESTON 60 MG TAB <i>toremifene citrate</i> | BRAND | |
| <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, 15 mg tab, tab 15 mg, tab 25 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|----------------------------------|
| AROMATASE INHIBITORS, 3RD GENERATION | | | |
| <i>Anastrozole</i> | <i>anastrozole tab 1 mg</i> | generic | |
| <i>Exemestane</i> | <i>exemestane tab 25 mg</i> | generic | ST |
| <i>Letrozole</i> | <i>letrozole tab 2.5 mg</i> | generic | ST |
| ANTIPARASITICS | | | |
| ANTIPROTOZOALS | | | |
| <i>Chloroquine Phosphate</i> | CHLOROQUINE PHOSPHATE 250 MG TAB <i>chloroquine phosphate</i> | BRAND | |
| <i>Chloroquine Phosphate</i> | <i>chloroquine phosphate tab 250 mg</i> | generic | QL 60 / 30 days |
| <i>Chloroquine Phosphate</i> | <i>chloroquine phosphate tab 500 mg</i> | generic | QL 8 / 56 days |
| <i>Coartem</i> | COARTEM 20-120 MG TAB <i>artemether-lumefantrine</i> | BRAND | QL 24 / claim |
| <i>Hydroxychloroquine Sulfate</i> | <i>hydroxychloroquine sulfate tab 200 mg</i> | generic | |
| <i>Mefloquine HCl</i> | <i>mefloquine hcl tab 250 mg</i> | generic | |
| <i>Primaquine Phosphate</i> | <i>primaquine phosphate (tab 26.3 mg (15 mg base), 26.3 mg tab)</i> | generic | |
| PEDICULICIDES/SCABICIDES | | | |
| <i>Eurax</i> | EURAX 10 % CREAM <i>crotamiton</i> | BRAND | QL 60 / claim |
| <i>Eurax</i> | EURAX 10 % LOTION <i>crotamiton</i> | BRAND | MPL 1 / claim |
| <i>Malathion</i> | <i>malathion lotion 0.5%</i> | generic | QL 59 / claim MFL 2 / 30 days |
| <i>Acticin</i> | <i>permethrin cream 5%</i> | generic | MPL 1 / claim |
| ANTIPARKINSON AGENTS | | | |
| ANTICHOLINERGICS | | | |
| <i>Benztropine Mesylate</i> | <i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i> | generic | |
| <i>Trihexyphenidyl HCl</i> | <i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|---|
| <i>Trihexyphenidyl HCl</i> | <i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> | generic | QL 500 / 31 days |
| ANTIPARKINSON AGENTS, OTHER | | | |
| <i>Amantadine HCl</i> | <i>amantadine hcl (cap 100 mg, syrup 50 mg/5ml)</i> | generic | |
| DOPAMINE AGONISTS | | | |
| <i>Bromocriptine Mesylate</i> | <i>bromocriptine mesylate (cap 5 mg, tab 2.5 mg)</i> | generic | |
| <i>Pramipexole Dihydrochloride</i> | <i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i> | generic | AL At least 18 yrs old MDD 3 per day |
| ROPINIRole HCl | <i>ropinirole hcl (tab 0.25 mg, tab 3 mg, tab 4 mg)</i> | generic | MDD 6 per day |
| 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 | | | |
| <i>Carbidopa</i> | <i>carbidopa tab 25 mg</i> | generic | |
| <i>Carbidopa-Levodopa</i> | <i>carbidopa-levodopa (odt 25-250 mg, odt 25-100 mg, odt 10-100 mg, tab 10-100 mg, tab 25-100 mg, tab 25-250 mg)</i> | generic | |
| <i>Carbidopa-Levodopa ER</i> | <i>carbidopa-levodopa er (tab 25-100 mg, tab 50-200 mg)</i> | generic | |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | | |
| <i>Selegiline HCl</i> | <i>selegiline hcl (cap 5 mg, tab 5 mg)</i> | generic | |
| ANTIPSYCHOTICS | | | |
| 1ST GENERATION/TYPICAL | | | |
| <i>ChlorproMAZINE HCl</i> | <i>chlorpromazine hcl (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i> | generic | MDD 3 per day |
| <i>ChlorproMAZINE HCl</i> | <i>chlorpromazine hcl tab 10 mg</i> | generic | MDD 10 per day |
| <i>FluPHENAZine Decanoate</i> | <i>fluphenazine decanoate inj 25 mg/ml</i> | generic | |
| <i>FluPHENAZine HCl</i> | <i>fluphenazine hcl (tab 1 mg, tab 2.5 mg, tab 5 mg, tab 10 mg)</i> | generic | |
| <i>Haloperidol</i> | <i>haloperidol (tab 0.5 mg, tab 1 mg, tab 10 mg)</i> | generic | MDD 3 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------|---|----------|---|
| <i>Haloperidol</i> | <i>haloperidol (tab 2 mg, tab 5 mg, tab 20 mg)</i> | generic | |
| <i>Haloperidol Decanoate</i> | <i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i> | generic | |
| <i>Haloperidol Lactate</i> | <i>haloperidol lactate oral conc 2 mg/ml</i> | generic | |
| <i>Loxapine Succinate</i> | <i>loxapine succinate (cap 5 mg, cap 10 mg, cap 25 mg, cap 50 mg)</i> | generic | MDD 4 per day |
| <i>Thioridazine HCl</i> | <i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i> | generic | MDD 3 per day |
| <i>Thiothixene</i> | <i>thiothixene (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i> | generic | MDD 3 per day |
| <i>Trifluoperazine HCl</i> | <i>trifluoperazine hcl (tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg)</i> | generic | MDD 3 per day |
| 2ND GENERATION/ATYPICAL | | | |
| <i>Abilify Discmelt</i> | ABILIFY DISCMELT (10 MG TAB DISP, 15 MG TAB DISP) <i>aripiprazole</i> | BRAND | PA AL At least 6 yrs old MDD 1 per day |
| ARIPiprazole | <i>aripiprazole (tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i> | generic | PA AL At least 6 yrs old MDD 1 per day |
| <i>Nuplazid</i> | NUPLAZID 17 MG TAB <i>pimavanserin tartrate</i> | BRAND | PA MDD 2 Per Day |
| OLANZapine | <i>olanzapine (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)</i> | generic | AL At least 10 yrs old MDD 1 per day |
| QUETiapine Fumarate | <i>quetiapine fumarate (tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg)</i> | generic | AL At least 10 yrs old MDD 2 per day |
| QUETiapine Fumarate | <i>quetiapine fumarate (tab 25 mg, tab 50 mg)</i> | generic | AL 18 to 64 yrs old MDD 2 per day MFL 1 / year(s) |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|--|----------|---|
| RisperiD <small>ONE</small> | <i>risperidone (orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i> | generic | AL At least 5 yrs old MDD 2 per day |
| RisperiD <small>ONE</small> | <i>risperidone orally disintegrating tab 0.25 mg</i> | generic | AL At least 5 yrs old MDD 1 per day |
| RisperiD <small>ONE</small> | <i>risperidone soln 1 mg/ml</i> | generic | AL At least 5 yrs old MDD 4 per day |
| Ziprasidone H <small>Cl</small> | <i>ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)</i> | generic | AL At least 18 yrs old MDD 2 per day |
| TREATMENT-RESISTANT | | | |
| CloZAP <small>ine</small> | <i>clozapine (orally disintegrating tab 100 mg, tab 100 mg)</i> | generic | AL At least 18 yrs old MDD 9 per day |
| CloZAP <small>ine</small> | <i>clozapine (orally disintegrating tab 25 mg, tab 25 mg, tab 50 mg, 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 | |
| TiZAN <small>idine HCl</small> | <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 | | | |
| ValGAN <small>ciclovir HCl</small> | <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | generic | MDD 2 per day |
| ANTI-HEPATITIS B (HBV) AGENTS | | | |
| Ep <small>ivir HBV</small> | EPIVIR HBV 5 MG/ML SOLUTION <i>lamivudine (hbv)</i> | BRAND | |
| LamiV <small>UDine</small> | <i>lamivudine tab 100 mg (hbv)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|---|
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | | |
| <i>Genvoya</i> | GENVOYA 150-150-200-10 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> | BRAND | MDD 1 per day |
| <i>Isentress</i> | ISENTRESS (100 MG PACKET, 400 MG TAB) <i>raltegravir potassium</i> | BRAND | MDD 2 per day |
| <i>Isentress</i> | ISENTRESS 100 MG CHEW TAB <i>raltegravir potassium</i> | BRAND | MDD 6 per day |
| <i>Isentress</i> | ISENTRESS 25 MG CHEW TAB <i>raltegravir potassium</i> | BRAND | MDD 12 per day |
| <i>Stribild</i> | STRIBILD 150-150-200-300 MG TAB <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> | BRAND | |
| <i>Tivicay</i> | TIVICAY 50 MG TAB <i>dolutegravir sodium</i> | BRAND | |
| <i>Vitekta</i> | VITEKTA (85 MG TAB, 150 MG TAB) <i>elvitegravir</i> | BRAND | AL At least 18 yrs old MDD 1 per day |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | | | |
| <i>Atripla</i> | ATRIPLA 600-200-300 MG TAB <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | BRAND | MDD 1 per day |
| <i>Complera</i> | COMPLERA 200-25-300 MG TAB <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> | BRAND | MDD 1 per day |
| <i>Edurant</i> | EDURANT 25 MG TAB <i>rilpivirine hcl</i> | BRAND | MDD 1 per day |
| <i>Intelligence</i> | INTELENC (25 MG TAB, 100 MG TAB) <i>etravirine</i> | BRAND | MDD 4 per day |
| <i>Intelligence</i> | INTELENC 200 MG TAB <i>etravirine</i> | BRAND | MDD 2 per day |
| <i>Nevirapine</i> | <i>nevirapine susp 50 mg/5ml</i> | generic | MDD 40 per day |
| <i>Nevirapine</i> | <i>nevirapine tab 200 mg</i> | generic | MDD 2 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|------------------------|
| <i>Nevirapine ER</i> | <i>nevirapine tab sr 24hr 100 mg</i> | generic | MDD 3 Per Day |
| <i>Nevirapine ER</i> | <i>nevirapine tab sr 24hr 400 mg</i> | generic | QL 30 / 30 days |
| <i>Odefsey</i> | ODEFSEY 200-25-25 MG TAB <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> | BRAND | MDD 1 per day |
| <i>Rescriptor</i> | RESCRIPTOR 100 MG TAB <i>delavirdine mesylate</i> | BRAND | MDD 12 per day |
| <i>Rescriptor</i> | RESCRIPTOR 200 MG TAB <i>delavirdine mesylate</i> | BRAND | MDD 6 per day |
| <i>Sustiva</i> | SUSTIVA (200 MG CAP, 600 MG TAB) <i>efavirenz</i> | BRAND | MDD 1 per day |
| <i>Sustiva</i> | SUSTIVA 50 MG CAP <i>efavirenz</i> | BRAND | MDD 2 per day |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) | | | |
| <i>Abacavir Sulfate</i> | <i>abacavir sulfate tab 300 mg (base equiv)</i> | generic | MDD 2 per day |
| <i>Abacavir Sulfate-Lamivudine</i> | <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | generic | MDD 1 per day |
| <i>Abacavir-Lamivudine-Zidovudine</i> | <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | generic | MDD 2 per day |
| <i>Descovy</i> | DESCOVY 200-25 MG TAB <i>emtricitabine-tenofovir alafenamide fumarate</i> | BRAND | MDD 1 per day |
| <i>Didanosine</i> | <i>didanosine (capsule 125 mg, capsule 200 mg, capsule 250 mg, capsule 400 mg)</i> | generic | MDD 1 per day |
| <i>Emtriva</i> | EMTRIVA 10 MG/ML SOLUTION <i>emtricitabine</i> | BRAND | MDD 24 per day |
| <i>Emtriva</i> | EMTRIVA 200 MG CAP <i>emtricitabine</i> | BRAND | MDD 1 per day |
| <i>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>Lamivudine-Zidovudine</i> | <i>lamivudine-zidovudine tab 150-300 mg</i> | generic | MDD 2 per day |
| <i>Retrovir</i> | RETROVIR 10 MG/ML SOLUTION <i>zidovudine</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|---|
| <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>Fuzeon</i> | FUZEON (90 MG RECON SOLN, 90 MG KIT) <i>enfuvirtide</i> | BRAND | |
| <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 |
| <i>Tybost</i> | TYBOST 150 MG TAB <i>cobicistat</i> | BRAND | AL At least 18 yrs old MDD 1 per day |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS | | | |
| <i>Aptivus</i> | APTIVUS 100 MG/ML SOLUTION <i>tipranavir</i> | BRAND | MDD 10 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|----------------------------|--|----------|-----------------------|
| <i>Aptivus</i> | APTIVUS 250 MG CAP <i>tipranavir</i> | BRAND | MDD 4 per day |
| <i>Crixivan</i> | CRIXIVAN 200 MG CAP <i>indinavir sulfate</i> | BRAND | MDD 9 per day |
| <i>Crixivan</i> | CRIXIVAN 400 MG CAP <i>indinavir sulfate</i> | BRAND | MDD 6 per day |
| <i>Evotaz</i> | EVOTAZ 300-150 MG TAB <i>atazanavir sulfate-cobicistat</i> | BRAND | MDD 1 per day |
| <i>Invirase</i> | INVIRASE 200 MG CAP <i>saquinavir mesylate</i> | BRAND | MDD 10 per day |
| <i>Invirase</i> | INVIRASE 500 MG TAB <i>saquinavir mesylate</i> | BRAND | MDD 4 per day |
| <i>Kaletra</i> | KALETRA (100-25 MG TAB, 200-50 MG TAB) <i>lopinavir-ritonavir</i> | BRAND | MDD 4 per day |
| <i>Lexiva</i> | LEXIVA 50 MG/ML SUSPENSION <i>fosamprenavir calcium</i> | BRAND | MDD 56 per day |
| <i>Lexiva</i> | LEXIVA 700 MG TAB <i>fosamprenavir calcium</i> | BRAND | MDD 4 per day |
| <i>Lopinavir-Ritonavir</i> | <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | generic | |
| <i>Norvir</i> | NORVIR (100 MG CAP, 100 MG TAB) <i>ritonavir</i> | BRAND | MDD 12 per day |
| <i>Norvir</i> | NORVIR 80 MG/ML SOLUTION <i>ritonavir</i> | BRAND | MDD 15 per day |
| <i>Prezista</i> | PREZISTA (75 MG TAB, 600 MG TAB) <i>darunavir ethanolate</i> | BRAND | MDD 2 per day |
| <i>Prezista</i> | PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i> | BRAND | MDD 12 per day |
| <i>Prezista</i> | PREZISTA 150 MG TAB <i>darunavir ethanolate</i> | BRAND | MDD 3 per day |
| <i>Prezista</i> | PREZISTA 300 MG TABS <i>darunavir ethanolate</i> | BRAND | |
| <i>Prezista</i> | PREZISTA 800 MG TAB <i>darunavir ethanolate</i> | BRAND | MDD 1 per day |
| <i>Reyataz</i> | REYATAZ (150 MG CAP, 200 MG CAP, 300 MG CAP) <i>atazanavir sulfate</i> | BRAND | MDD 2 per day |
| <i>Reyataz</i> | REYATAZ 50 MG PACKET <i>atazanavir sulfate</i> | BRAND | MDD 6 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------|---|----------|--|
| <i>Viracept</i> | VIRACEPT 250 MG TAB <i>nelfinavir mesylate</i> | BRAND | MDD 9 per day |
| <i>Viracept</i> | VIRACEPT 625 MG TAB <i>nelfinavir mesylate</i> | BRAND | MDD 4 per day |
| ANTI-INFLUENZA AGENTS | | | |
| <i>Oseltamivir Phosphate</i> | <i>oseltamivir phosphate (cap 45 mg, cap 75 mg)</i> | generic | QL 10 / 30 day(s) |
| <i>Oseltamivir Phosphate</i> | <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | generic | QL 20 / 30 day(s) |
| <i>Relenza Diskhaler</i> | RELENZA DISKHALER 5 MG/BLISTER AER POW BA <i>zanamivir</i> | BRAND | AL At least 5 yrs old MPL 1 / 30 days |
| <i>Tamiflu</i> | TAMIFLU 6 MG/ML RECON SUSP <i>oseltamivir phosphate</i> | BRAND | QL 120 / 30 days |
| ANTIHERPETIC AGENTS | | | |
| <i>Acyclovir</i> | <i>acyclovir (cap 200 mg, tab 800 mg)</i> | generic | QL 50 / 30 days |
| <i>Acyclovir</i> | <i>acyclovir oint 5%</i> | generic | QL 30 / 30 days MPL 1 / claim(s) |
| <i>Acyclovir</i> | <i>acyclovir susp 200 mg/5ml</i> | generic | QL 400 / 30 days |
| <i>Acyclovir</i> | <i>acyclovir tab 400 mg</i> | generic | MDD 3 per day |
| <i>Trifluridine</i> | <i>trifluridine ophth soln 1%</i> | generic | QL 8 / claim |
| <i>ValACYclovir HCl</i> | <i>valacyclovir hcl tab 1 gm</i> | generic | QL 21 / 21 days |
| <i>ValACYclovir HCl</i> | <i>valacyclovir hcl tab 500 mg</i> | generic | QL 60 / 30 days |
| <i>Zovirax</i> | ZOVIRAX 5 % CREAM <i>acyclovir topical</i> | BRAND | MPL 1 / claim |
| <i>Zovirax</i> | ZOVIRAX 5 % OINTMENT <i>acyclovir topical</i> | BRAND | MPL 1 / claim(s) |
| ANXIOLYTICS | | | |
| ANXIOLYTICS, OTHER | | | |
| <i>BusPIRone HCl</i> | <i>bupirone hcl (tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg)</i> | generic | MDD 3 per day |
| <i>BusPIRone HCl</i> | <i>bupirone hcl tab 5 mg</i> | generic | |
| <i>Meprobamate</i> | <i>meprobamate (tab 200 mg, tab 400 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|--|----------|--------------------------------------|
| <i>Midazolam HCl</i> | <i>midazolam hcl (inj 2 mg/2ml, inj 5 mg/ml, inj 5 mg/5ml, inj 10 mg/2ml, inj 10 mg/10ml, inj 25 mg/5ml, inj 50 mg/10ml)</i> | generic | |
| BENZODIAZEPINES | | | |
| ALPRAZolam | <i>alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i> | generic | MDD 4 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)</i> | generic | MDD 4 per day |
| <i>DiazePAM</i> | <i>diazepam tab 10 mg</i> | generic | AL Up to 21 yrs old MDD 4 per day |
| LORazepam | <i>lorazepam (tab 0.5 mg, tab 2 mg)</i> | generic | MDD 3 per day |
| LORazepam | <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 | |
| <i>Lithium Carbonate</i> | <i>lithium carbonate (cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg)</i> | generic | |
| <i>Lithium Carbonate ER</i> | <i>lithium carbonate er (tab 300 mg, tab 450 mg)</i> | generic | |
| BLOOD GLUCOSE REGULATORS | | | |
| ANTIDIABETIC AGENTS | | | |
| <i>Alogliptin Benzoate</i> | ALOGLIPTIN BENZOATE <i>(6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)</i> <i>alogliptin benzoate</i> | BRAND | MDD 1 Per Day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|--|----------|---|
| <i>Alogliptin-Metformin HCl</i> | ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB) <i>alogliptin-metformin hcl</i> | BRAND | MDD 1 Per Day |
| <i>Alogliptin-Pioglitazone</i> | ALOGLIPTIN-PIOGLITAZONE (12.5-45 MG TAB, 12.5-15 MG TAB, 12.5-30 MG TAB, 25-45 MG TAB, 25-30 MG TAB, 25-15 MG TAB) <i>alogliptin-pioglitazone</i> | BRAND | MDD 1 Per Day |
| <i>Avandamet</i> | AVANDAMET (2-500 MG TAB, 2-1000 MG TAB, 4-500 MG TAB, 4-1000 MG TAB) <i>rosiglitazone maleate-metformin hcl</i> | BRAND | MDD 2 per day |
| <i>Avandaryl</i> | AVANDARYL (4-1 MG TAB, 4-2 MG TAB, 4-4 MG TAB, 8-4 MG TAB, 8-2 MG TAB) <i>rosiglitazone maleate-glimepiride</i> | BRAND | MDD 1 per day |
| <i>Avandia</i> | AVANDIA (2 MG TAB, 4 MG TAB, 8 MG TAB) <i>rosiglitazone maleate</i> | BRAND | MDD 1 per day |
| <i>Bydureon</i> | BYDUREON (2 MG SRER, 2 MG RECON SUSP, 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>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 | |
| <i>GlipiZIDE ER</i> | <i>glipizide er (tab 24hr 2.5 mg, tab 24hr 5 mg, tab 24hr 10 mg)</i> | generic | |
| <i>GlipiZIDE-MetFORMIN HCl</i> | <i>glipizide-metformin hcl (tab 2.5-500 mg, tab 2.5-250 mg, tab 5-500 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|---|
| <i>GlyBURIDE</i> | <i>glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)</i> | generic | |
| <i>GlyBURIDE Micronized</i> | <i>glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)</i> | generic | |
| <i>GlyBURIDE-MetFORMIN</i> | <i>glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i> | generic | |
| <i>Jentaduetto</i> | JENTADUETO (2.5-500 MG TAB, 2.5-850 MG TAB, 2.5-1000 MG TAB) <i>linagliptin-metformin hcl</i> | BRAND | MDD 2 per day |
| <i>MetFORMIN HCl</i> | <i>metformin hcl tab 1000 mg</i> | generic | MDD 2 per day |
| <i>MetFORMIN HCl</i> | <i>metformin hcl tab 500 mg</i> | generic | MDD 5 per day |
| <i>MetFORMIN HCl</i> | <i>metformin hcl tab 850 mg</i> | generic | MDD 3 per day |
| <i>MetFORMIN HCl ER</i> | <i>metformin hcl tab sr 24hr 500 mg</i> | generic | MDD 4 per day |
| <i>MetFORMIN HCl ER</i> | <i>metformin hcl tab sr 24hr 750 mg</i> | generic | MDD 2 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 15-500 mg, -metformin tab 15-850 mg)</i> | generic | MDD 2 per day |
| <i>SymlinPen 120</i> | SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN <i>pramlintide acetate</i> | BRAND | QL 10.8 / 30 days PA |
| <i>SymlinPen 60</i> | SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN <i>pramlintide acetate</i> | BRAND | QL 6 / 30 days PA |
| <i>Tradjenta</i> | TRADJENTA 5 MG TAB <i>linagliptin</i> | BRAND | AL At least 18 yrs old MDD 1 per day |
| <i>Victoza</i> | VICTOZA 18 MG/3ML SOLN PEN <i>liraglutide</i> | BRAND | PA MDD 1.8mg Per Day |
| GLYCEMIC AGENTS | | | |
| <i>GlucaGen Diagnostic</i> | GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN <i>glucagon hcl rdna (diagnostic)</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|--|----------|-----------------------|
| <i>Glucagen HypoKit</i> | GLUCAGEN HYPOKIT 1 MG RECON SOLN <i>glucagon hcl (rdna)</i> | BRAND | |
| <i>Glucagon Emergency</i> | GLUCAGON EMERGENCY 1 MG KIT <i>glucagon (rdna)</i> | BRAND | QL 1 / claim |
| INSULINS | | | |
| <i>Apidra SoloStar</i> | APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN <i>insulin glulisine</i> | BRAND | QL 30 / 30 days |
| <i>Basaglar KwikPen</i> | BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin glargine</i> | BRAND | QL 30 / 30 day(s) |
| <i>HumaLOG</i> | HUMALOG 100 UNIT/ML SOLN CART <i>insulin lispro (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumaLOG</i> | HUMALOG 100 UNIT/ML SOLUTION <i>insulin lispro (human)</i> | BRAND | QL 40 / 30 days |
| <i>HumaLOG KwikPen</i> | HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin lispro (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumaLOG Mix 50/50</i> | HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION <i>insulin lispro protamine & lispro (human)</i> | BRAND | QL 40 / 30 days |
| <i>HumaLOG Mix 50/50 KwikPen</i> | HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine & lispro (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumaLOG Mix 50/50 Pen</i> | HUMALOG MIX 50/50 PEN (50-50) 100 UNIT/ML SUSP PEN <i>insulin lispro protamine & lispro (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumaLOG Mix 75/25</i> | HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION <i>insulin lispro protamine & lispro (human)</i> | BRAND | QL 40 / 30 days |
| <i>HumaLOG Mix 75/25 KwikPen</i> | 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 |
|---------------------------------------|---|----------|-----------------------|
| <i>HumaLOG Pen</i> | HUMALOG PEN 100 UNIT/ML SOLN PEN <i>insulin lispro (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumuLIN 70/30</i> | HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane & reg (human)</i> | BRAND | QL 40 / 30 days |
| <i>HumuLIN 70/30 KwikPen</i> | HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin nph isophane & reg (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumuLIN 70/30 Pen</i> | HUMULIN 70/30 PEN (70-30) 100 UNIT/ML SUSP PEN <i>insulin nph isophane & reg (human)</i> | BRAND | QL 30 / 30 days |
| <i>HumuLIN N</i> | HUMULIN N 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i> | BRAND | QL 40 / 30 days |
| <i>HumuLIN N KwikPen</i> | HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN <i>insulin nph (human) (isophane)</i> | BRAND | QL 30 / 30 days |
| <i>HumuLIN N Pen</i> | HUMULIN N PEN 100 UNIT/ML SUSP PEN <i>insulin nph (human) (isophane)</i> | BRAND | QL 30 / 30 days |
| <i>HumuLIN R</i> | HUMULIN R 100 UNIT/ML SOLUTION <i>insulin regular (human)</i> | BRAND | QL 40 / 30 days |
| <i>HumuLIN R U-500 (CONCENTRATED)</i> | HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION <i>insulin regular (human)</i> | BRAND | QL 40 / 30 days |
| <i>Lantus</i> | LANTUS 100 UNIT/ML SOLUTION <i>insulin glargine</i> | BRAND | QL 30 / 30 days |
| <i>Lantus SoloStar</i> | LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN <i>insulin glargine</i> | BRAND | QL 30 / 30 day(s) |
| <i>NovoLIN 70/30</i> | NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION <i>insulin nph isophane & reg (human)</i> | BRAND | QL 40 / 30 days |
| <i>NovoLIN N</i> | NOVOLIN N 100 UNIT/ML SUSPENSION <i>insulin nph (human) (isophane)</i> | BRAND | QL 40 / 30 days |
| <i>NovoLIN R</i> | NOVOLIN R 100 UNIT/ML SOLUTION <i>insulin regular (human)</i> | BRAND | QL 40 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|------------------------------------|
| <i>NovoLOG</i> | NOVOLOG 100 UNIT/ML SOLUTION <i>insulin aspart</i> | BRAND | QL 30 / 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 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 3 / 180 days |
| <i>Enoxaparin Sodium</i> | <i>enoxaparin sodium (inj 80, inj 120)</i> | generic | QL 12 / 7 days MFL 3 / 180 days |
| <i>Enoxaparin Sodium</i> | <i>enoxaparin sodium inj 30 mg/0.3ml</i> | generic | QL 5 / 7 days MFL 3 / 180 days |
| <i>Enoxaparin Sodium</i> | <i>enoxaparin sodium inj 300 mg/3ml</i> | generic | QL 42 / 7 days MFL 3 / 180 days |
| <i>Enoxaparin Sodium</i> | <i>enoxaparin sodium inj 40 mg/0.4ml</i> | generic | QL 6 / 7 days MFL 3 / 180 days |
| <i>Enoxaparin Sodium</i> | <i>enoxaparin sodium inj 60 mg/0.6ml</i> | generic | QL 9 / 7 days MFL 3 / 180 days |
| <i>Heparin Sodium (Porcine)</i> | <i>heparin sodium (porcine) (inj 1000, inj 5000, inj 10000, inj 20000)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|--|----------|---|
| <i>Heparin Sodium (Porcine) PF</i> | <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> | generic | |
| <i>Warfarin Sodium</i> | <i>warfarin sodium (tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg)</i> | generic | |
| <i>Xarelto</i> | XARELTO 10 MG TAB <i>rivaroxaban</i> | BRAND | QL 35 / 180 days MDD 1 per day |
| <i>Xarelto</i> | XARELTO 15 MG TAB <i>rivaroxaban</i> | BRAND | MDD 2 per day |
| <i>Xarelto</i> | XARELTO 20 MG TAB <i>rivaroxaban</i> | BRAND | MDD 1 per day |
| BLOOD FORMATION MODIFIERS | | | |
| <i>Zarxio</i> | ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) <i>filgrastim-sndz</i> | BRAND | PA |
| 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 12 to 49 yrs old MFL 1 / month |
| 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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|-----------------------|
| 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>Methyl dopa</i> | <i>methyl dopa (tab 250 mg, tab 500 mg)</i> | generic | |
| <i>Midodrine HCl</i> | <i>midodrine hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)</i> | generic | |
| 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>Diovan</i> | DIOVAN 80 MG TAB <i>valsartan</i> | BRAND | ST MDD 1 per day |
| <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 |
| 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 | AL Up to 8 yrs old |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|-----------------------|
| <i>Fosinopril Sodium</i> | <i>fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)</i> | generic | MDD 1 per day |
| <i>Lisinopril</i> | <i>lisinopril (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i> | generic | MDD 2 per day |
| <i>Lisinopril</i> | <i>lisinopril tab 2.5 mg</i> | generic | MDD 1 per day |
| <i>Quinapril HCl</i> | <i>quinapril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i> | generic | MDD 1 per day |
| <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>Norpace 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 | |
| <i>QuiNIDine Sulfate</i> | <i>quinidine sulfate (tab 200 mg, tab 300 mg)</i> | generic | |
| <i>Sotalol HCl (AF)</i> | <i>sotalol hcl (af) (tab 80 mg, tab 120 mg, tab 160 mg)</i> | generic | MDD 2 per day |
| <i>Sotalol HCl</i> | <i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg)</i> | generic | MDD 2 per day |
| <i>Sotalol HCl</i> | <i>sotalol hcl tab 240 mg</i> | generic | |
| BETA-ADRENERGIC BLOCKING AGENTS | | | |
| <i>Acebutolol HCl</i> | <i>acebutolol hcl (cap 200 mg, cap 400 mg)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|--|----------|-----------------------|
| <i>Atenolol</i> | <i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i> | generic | MDD 2 per day |
| <i>Bisoprolol Fumarate</i> | <i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i> | generic | MDD 1 per day |
| <i>Carvedilol</i> | <i>carvedilol (tab 3.125 mg, tab 6.25 mg, tab 12.5 mg)</i> | generic | MDD 3 per day |
| <i>Carvedilol</i> | <i>carvedilol tab 25 mg</i> | generic | MDD 4 per day |
| <i>Coreg CR</i> | COREG CR (10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H) <i>carvedilol phosphate</i> | BRAND | MDD 1 per day |
| <i>Labetalol HCl</i> | <i>labetalol hcl tab 100 mg</i> | generic | MDD 3 per day |
| <i>Labetalol HCl</i> | <i>labetalol hcl tab 200 mg</i> | generic | MDD 6 per day |
| <i>Labetalol HCl</i> | <i>labetalol hcl tab 300 mg</i> | generic | MDD 8 per day |
| <i>Metoprolol Succinate ER</i> | <i>metoprolol succinate er (tab 24hr 100 mg, tab 24hr 50 mg (tartrate equiv), tab 24hr 100 mg (tartrate equiv), tab 24hr 25 mg (tartrate equiv), tab 24hr 25 mg)</i> | generic | MDD 1 per day |
| <i>Metoprolol Succinate ER</i> | <i>metoprolol succinate er (tab 24hr 200 mg, tab 24hr 200 mg (tartrate equiv))</i> | generic | MDD 2 per day |
| <i>Metoprolol Tartrate</i> | <i>metoprolol tartrate (tab 25 mg, tab 100 mg)</i> | generic | MDD 2 per day |
| <i>Metoprolol Tartrate</i> | <i>metoprolol tartrate tab 50 mg</i> | generic | MDD 3 per day |
| <i>Nadolol</i> | <i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i> | generic | MDD 2 per day |
| <i>Pindolol</i> | <i>pindolol (tab 5 mg, tab 10 mg)</i> | generic | |
| <i>Propranolol HCl</i> | <i>propranolol hcl (oral soln 20 mg/5ml, oral soln 40 mg/5ml, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i> | generic | |
| <i>Propranolol HCl ER</i> | <i>propranolol hcl er (cap 24hr 80 mg, cap 24hr 60 mg, cap 24hr 120 mg, cap 24hr 160 mg)</i> | generic | MDD 2 per day |
| <i>Timolol Maleate</i> | <i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i> | generic | |
| CALCIUM CHANNEL BLOCKING AGENTS | | | |
| <i>AmLODIPine Besylate</i> | <i>amlodipine besylate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i> | generic | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|--|----------|-----------------------|
| <i>DiltiaZEM HCl</i> | <i>diltiazem hcl (tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i> | generic | MDD 3 per day |
| <i>DiltiaZEM HCl ER</i> | <i>diltiazem hcl er (cap 12hr 90 mg, cap 12hr 120 mg, cap 12hr 60 mg, cap 24hr 240 mg)</i> | generic | MDD 2 per day |
| <i>DiltiaZEM HCl ER</i> | <i>diltiazem hcl er (cap 24hr 120 mg, cap 24hr 180 mg)</i> | generic | MDD 1 per day |
| <i>DiltiaZEM HCl ER Beads</i> | <i>diltiazem hcl er beads (beads cap 24hr 360 mg, beads cap 24hr 180 mg, beads cap 24hr 300 mg, beads cap 24hr 240 mg, beads cap 24hr 120 mg, beads cap 24hr 420 mg)</i> | generic | MDD 1 per day |
| <i>DiltiaZEM HCl ER Coated Beads</i> | <i>diltiazem hcl er coated beads (beads cap 24hr 240 mg, beads tab 24hr 240 mg)</i> | generic | MDD 2 per day |
| <i>DiltiaZEM HCl ER Coated Beads</i> | <i>diltiazem hcl er coated beads (beads cap 24hr 300 mg, beads cap 24hr 180 mg, beads cap 24hr 120 mg, beads tab 24hr 300 mg, beads tab 24hr 180 mg)</i> | generic | MDD 1 per day |
| <i>Felodipine ER</i> | <i>felodipine er (tab 24hr 10 mg, tab 24hr 5 mg, tab 24hr 2.5 mg)</i> | generic | MDD 1 per day |
| <i>NiCARdipine HCl</i> | <i>nicardipine hcl (cap 20 mg, cap 30 mg)</i> | generic | |
| NIFEdipine | <i>nifedipine (cap 10 mg, cap 20 mg)</i> | generic | MDD 4 per day |
| NIFEdipine ER | <i>nifedipine tab sr 24hr 30 mg</i> | generic | MDD 1 per day |
| <i>Nifediac CC</i> | <i>nifedipine tab sr 24hr 60 mg</i> | generic | MDD 2 per day |
| <i>Nifediac CC</i> | <i>nifedipine tab sr 24hr 90 mg</i> | generic | MDD 1 per day |
| <i>Nifedical XL</i> | <i>nifedipine tab sr 24hr osmotic release 30 mg</i> | generic | MDD 1 per day |
| <i>Nifedical XL</i> | <i>nifedipine tab sr 24hr osmotic release 60 mg</i> | generic | MDD 2 per day |
| NIFEdipine ER Osmotic Release | <i>nifedipine tab sr 24hr osmotic release 90 mg</i> | generic | MDD 1 per day |
| <i>Verapamil HCl</i> | <i>verapamil hcl (40 mg tab, tab 40 mg)</i> | generic | |
| <i>Verapamil HCl</i> | <i>verapamil hcl (tab 80 mg, tab 120 mg)</i> | generic | MDD 3 per day |
| <i>Verapamil HCl ER</i> | <i>verapamil hcl er (cap 24hr 360 mg, cap 24hr 300 mg)</i> | generic | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------|--|----------|-----------------------|
| Verapamil HCl ER | verapamil hcl er (cap sr 24hr 120 mg, cap sr 24hr 100 mg, cap sr 24hr 180 mg, cap sr 24hr 200 mg, cap sr 24hr 240 mg, tab cr 120 mg, tab cr 180 mg, tab cr 240 mg) | generic | MDD 2 per day |
| CARDIOVASCULAR AGENTS, OTHER | | | |
| AMILoride-HydroCHLOROthiazide | amiloride & hydrochlorothiazide tab 5-50 mg | generic | MDD 1 per day |
| Amlodipine Besy-Benazepril HCl | amlodipine besy-benazepril hcl (cap 2.5-10 mg, cap 5-10 mg, cap 5-40 mg, cap 5-20 mg, cap 10-40 mg, cap 10-20 mg) | generic | MDD 1 per day |
| Atenolol-Chlorthalidone | atenolol-chlorthalidone (tab 50-25 mg, tab 100-25 mg) | generic | MDD 1 per day |
| Benazepril-Hydrochlorothiazide | benazepril-hydrochlorothiazide (tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg) | generic | MDD 1 per day |
| Bisoprolol-Hydrochlorothiazide | bisoprolol-hydrochlorothiazide (tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg) | generic | MDD 1 per day |
| Digoxin | digoxin (oral soln 0.05 mg/ml, 0.05 mg/ml solution, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg)) | generic | |
| Enalapril-Hydrochlorothiazide | enalapril-hydrochlorothiazide (tab 5-12.5 mg, tab 10-25 mg) | generic | MDD 2 per day |
| Fosinopril Sodium-HCTZ | fosinopril sodium-hctz (tab 10-12.5 mg, tab 20-12.5 mg) | generic | MDD 1 per day |
| Irbesartan-Hydrochlorothiazide | irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg) | generic | MDD 1 per day |
| Lisinopril-Hydrochlorothiazide | lisinopril & hydrochlorothiazide tab 20-25 mg | generic | MDD 1 per day |
| Lisinopril-Hydrochlorothiazide | lisinopril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg) | generic | MDD 2 per day |
| Losartan Potassium-HCTZ | losartan potassium-hctz (tab 50-12.5 mg, tab 100-25 mg, tab 100-12.5 mg) | generic | MDD 1 per day |
| Metoprolol-HCTZ ER | METOPROLOL-HCTZ ER (ER 25-12.5 MG TAB ER 24H, ER 50-12.5 MG TAB ER 24H, ER 100-12.5 MG TAB ER 24H) metoprolol & hydrochlorothiazide | BRAND | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|-----------------------|
| <i>Metoprolol-Hydrochlorothiazide</i> | <i>metoprolol-hydrochlorothiazide (tab 50-25 mg, tab 100-25 mg, tab 100-50 mg)</i> | generic | MDD 2 per day |
| <i>Pentoxifylline ER</i> | <i>pentoxifylline tab cr 400 mg</i> | generic | |
| <i>Propranolol-HCTZ</i> | <i>propranolol-hctz (tab 40-25 mg, tab 80-25 mg)</i> | generic | MDD 2 per day |
| <i>Reserpine</i> | <i>reserpine (tab 0.1 mg, tab 0.25 mg)</i> | generic | |
| <i>Spirolactone-HCTZ</i> | <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | generic | |
| <i>Triamterene-HCTZ</i> | <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | generic | |
| <i>Triamterene-HCTZ</i> | <i>triamterene-hctz (cap 37.5-25 mg, tab 75-50 mg)</i> | generic | MDD 1 per day |
| <i>Valsartan-Hydrochlorothiazide</i> | <i>valsartan-hydrochlorothiazide (tab 80-12.5 mg, tab 160-25 mg, tab 160-12.5 mg, tab 320-25 mg, tab 320-12.5 mg)</i> | generic | MDD 1 per day |
| DIURETICS, CARBONIC ANHYDRASE INHIBITORS | | | |
| <i>AcetaZOLAMIDE</i> | <i>acetazolamide (tab 125 mg, tab 250 mg)</i> | generic | |
| <i>AcetaZOLAMIDE ER</i> | <i>acetazolamide cap sr 12hr 500 mg</i> | generic | |
| DIURETICS, LOOP | | | |
| <i>Bumetanide</i> | <i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i> | generic | |
| <i>Furosemide</i> | <i>furosemide (inj 10 mg/ml, oral soln 8 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i> | generic | |
| <i>Torsemide</i> | <i>torsemide (tab 5 mg, tab 10 mg, tab 20 mg, tab 100 mg)</i> | generic | MDD 1 per day |
| DIURETICS, POTASSIUM-SPARING | | | |
| <i>AMILoride HCl</i> | <i>amiloride hcl tab 5 mg</i> | generic | MDD 4 per day |
| <i>Spirolactone</i> | <i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i> | generic | |
| DIURETICS, THIAZIDE | | | |
| <i>Chlorothiazide</i> | <i>chlorothiazide tab 250 mg</i> | generic | MDD 2 per day |




| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|-----------------------|
| <i>Chlorothiazide</i> | <i>chlorothiazide tab 500 mg</i> | generic | MDD 4 per day |
| <i>Chlorthalidone</i> | <i>chlorthalidone (50 mg tab, tab 50 mg)</i> | generic | |
| <i>HydroCHLORothiazide</i> | <i>hydrochlorothiazide (cap 12.5 mg, tab 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 | |
| <i>Colestipol HCl</i> | <i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|-------------------------------------|
| <i>Niacor</i> | NIACOR 500 MG TAB <i>niacin (antihyperlipidemic)</i> | BRAND | |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | | |
| <i>HydrALAZINE HCl</i> | <i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i> | generic | |
| <i>Minoxidil</i> | <i>minoxidil (tab 2.5 mg, tab 10 mg)</i> | generic | |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | | | |
| <i>Isosorbide Dinitrate</i> | <i>isosorbide dinitrate (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)</i> | generic | |
| <i>Isosorbide Dinitrate ER</i> | <i>isosorbide dinitrate er (er 40 mg tab er, tab cr 40 mg)</i> | generic | |
| <i>Isosorbide Mononitrate</i> | <i>isosorbide mononitrate (tab 10 mg, tab 20 mg)</i> | generic | MDD 2 per day |
| <i>Isosorbide Mononitrate ER</i> | <i>isosorbide mononitrate er (tab 24hr 120 mg, tab 24hr 60 mg, tab 24hr 30 mg)</i> | generic | MDD 1 per day |
| <i>Nitro-Bid</i> | NITRO-BID 2 % OINTMENT <i>nitroglycerin</i> | BRAND | |
| <i>Nitroglycerin</i> | <i>nitroglycerin (patch 24hr 0.4, patch 24hr 0.2, patch 24hr 0.1, patch 24hr 0.6)</i> | generic | |
| <i>Nitroglycerin ER</i> | <i>nitroglycerin er (cap 2.5 mg, cap 6.5 mg, cap 9 mg)</i> | generic | |
| CENTRAL NERVOUS SYSTEM AGENTS | | | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | | | |
| <i>Amphetamine-Dextroamphet ER</i> | <i>amphetamine-dextroamphet er (cap 24hr 30 mg, cap 24hr 20 mg, cap 24hr 15 mg, cap 24hr 5 mg, cap 24hr 25 mg, cap 24hr 10 mg)</i> | generic | AL 6 to 18 yrs old MDD 1 per day |
| <i>Amphetamine-Dextroamphetamine</i> | <i>amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i> | generic | AL 3 to 18 yrs old MDD 2 per day |
| <i>Dextroamphetamine Sulfate</i> | <i>dextroamphetamine sulfate (tab 5 mg, tab 10 mg)</i> | generic | AL 3 to 18 yrs old MDD 3 per day |
| <i>Dextroamphetamine Sulfate ER</i> | <i>dextroamphetamine sulfate cap sr 24hr 5 mg</i> | generic | AL 6 to 18 yrs old MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|---|
| <i>Dextroamphetamine Sulfate ER</i> | <i>dextroamphetamine sulfate er (cap 24hr 15 mg, cap 24hr 10 mg)</i> | generic | AL 6 to 18 yrs old MDD 2 per day |
| <i>Vyvanse</i> | VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP) <i>lisdexamfetamine dimesylate</i> | BRAND | ST AL 6 to 18 yrs old MDD 1 per day |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES | | | |
| <i>Dexmethylphenidate HCl</i> | <i>dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg)</i> | generic | MDD 2 per day |
| <i>Dexmethylphenidate HCl ER</i> | <i>dexmethylphenidate hcl cap sr 24 hr 15 mg</i> | generic | AL 6 to 18 yrs old MDD 1 per day |
| <i>Dexmethylphenidate HCl</i> | <i>dexmethylphenidate hcl tab 10 mg</i> | generic | AL 6 to 18 yrs old MDD 2 per day |
| <i>GuanFACINE HCl ER</i> | <i>guanfacine hcl er (tab 24hr 3 mg, tab 24hr 2 mg, tab 24hr 1 mg, tab 24hr 4 mg)</i> | generic | PA AL 6 to 17 yrs old MDD 1 per day |
| <i>Methylin</i> | <i>methylin (tab 5 mg, tab 10 mg, tab 20 mg)</i> | generic | AL 3 to 18 yrs old MDD 3 per day |
| <i>Methylphenidate HCl ER (CD)</i> | <i>methylphenidate hcl er (cd) (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg, cap 50 mg, cap 60 mg)</i> | generic | AL 6 to 18 yrs old MDD 1 per day |
| <i>Methylphenidate HCl ER</i> | <i>methylphenidate hcl er (er 18 mg tab er 24h, er 27 mg tab er 24h, er 54 mg tab er 24h, tab sa osm 18 mg, tab sa osm 27 mg, tab sa osm 54 mg, tab sr 24hr 27 mg, tab sr 24hr 54 mg, tab sr 24hr 18 mg)</i> | generic | AL 6 to 18 yrs old MDD 1 per day |
| <i>Methylphenidate HCl ER</i> | <i>methylphenidate hcl er (er 36 mg tab er 24h, tab sa osm 36 mg, tab sr 24hr 36 mg)</i> | generic | AL 6 to 18 yrs old MDD 2 per day |
| <i>Methylin ER</i> | <i>methylphenidate hcl tab cr 10 mg</i> | generic | AL 6 to 18 yrs old MDD 2 per day |
| <i>Methylin ER</i> | <i>methylphenidate hcl tab cr 20 mg</i> | generic | AL 6 to 18 yrs old MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|---|----------|--|
| CENTRAL NERVOUS SYSTEM, OTHER | | | |
| <i>Butalbital-Acetaminophen</i> | <i>butalbital-acetaminophen tab 50-325 mg</i> | generic | |
| <i>Margesic</i> | <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | generic | MDD 4 per day |
| <i>Butalbital-APAP-Caffeine</i> | <i>butalbital-apap-caffeine (tab 50-500-40 mg, tab 50-325-40 mg)</i> | generic | MDD 4 per day |
| <i>Butalbital-Aspirin-Caffeine</i> | <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | generic | MDD 4 per day |
| <i>Phrenilin Forte</i> | PHRENILIN FORTE 50-650 MG CAP <i>butalbital-acetaminophen</i> | BRAND | |
| FIBROMYALGIA AGENTS | | | |
| DULoxetine HCl | <i>duloxetine hcl (cap 20 mg, cap 30 mg, cap 60 mg)</i> | generic | AL At least 7 yrs old MDD 1 per day |
| <i>Savella</i> | SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB) <i>milnacipran hcl</i> | BRAND | PA MDD 2 per day |
| <i>Savella Titration Pack</i> | SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC <i>milnacipran hcl</i> | BRAND | QL 55 / 365 days PA |
| DENTAL AND ORAL AGENTS | | | |
| <i>Caphosol</i> | CAPHOSOL SOLUTION <i>artificial saliva</i> | BRAND | |
| <i>Chlorhexidine Gluconate</i> | <i>chlorhexidine gluconate soln 0.12%</i> | generic | |
| <i>Numoisyn</i> | NUMOISYN LIQUID <i>artificial saliva</i> | BRAND | |
| <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 | MPL 1 / claim |
| <i>Phos-Flur</i> | <i>sodium fluoride gel 1.1% (0.5% f)</i> | generic | MPL 1 / claim |
| <i>ControlRx</i> | <i>sodium fluoride paste 1.1%</i> | generic | QL 106 / claim |
| <i>Stannous Fluoride</i> | <i>stannous fluoride conc 0.63%</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|--|----------|--|
| DERMATOLOGICAL AGENTS | | | |
| <i>Aluminum Chloride</i> | <i>aluminum chloride soln 20%</i> | generic | MPL 1 / claim |
| <i>Amnesteem</i> | <i>amnesteem (cap 10 mg, cap 20 mg, cap 40 mg)</i> | generic | ST AL Up to 22 yrs old MDD 2 per day |
| <i>Avita</i> | <i>avita (cream, gel)</i> | generic | AL Up to 21 yrs old MPL 1 / claim |
| <i>Calcipotriene</i> | <i>calcipotriene (cream, oint, soln (50 mcg/ml))</i> | generic | QL 60 / claim |
| <i>Clotrimazole-Betamethasone</i> | <i>clotrimazole-betamethasone (cream, lotion)</i> | generic | MPL 1 / claim |
| <i>Dritho-Creme HP</i> | DRITHO-CREME HP 1 % CREAM <i>anthralin</i> | BRAND | |
| <i>Elidel</i> | ELIDEL 1 % CREAM <i>pimecrolimus</i> | BRAND | QL 30 / 30 days PA AL At least 2 yrs old |
| <i>Epifoam</i> | EPIFOAM 1-1 % FOAM <i>pramoxine-hc</i> | BRAND | |
| <i>Fluorouracil</i> | <i>fluorouracil (soln 2%, soln 5%)</i> | generic | QL 10 / claim |
| <i>Fluorouracil</i> | <i>fluorouracil cream 0.5%</i> | generic | MPL 1 / claim |
| <i>Fluorouracil</i> | <i>fluorouracil cream 5%</i> | generic | QL 40 / claim |
| <i>Hydrocortisone</i> | <i>hydrocortisone (cream, lotion, oint)</i> | generic | MPL 1 / claim |
| TL Hydroquinone | <i>hydroquinone cream 4%</i> | generic | MPL 1 / claim |
| <i>Imiquimod</i> | <i>imiquimod cream 5%</i> | generic | QL 48 / 180 days |
| <i>Lidocaine HCl</i> | <i>lidocaine hcl cream 3%</i> | generic | MPL 1 / claim |
| <i>Lidocaine</i> | <i>lidocaine patch 5%</i> | generic | PA |
| <i>Podofilox</i> | <i>podofilox soln 0.5%</i> | generic | QL 4 / claim |
| <i>Hydrocortisone Ace-Pramoxine</i> | <i>pramoxine-hc cream 1-2.5%</i> | generic | MPL 1 / claim |
| <i>Selenium Sulfide</i> | <i>selenium sulfide lotion 2.5%</i> | generic | QL 120 / claim |










| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|--|----------|--|
| <i>Sulfacetamide Sodium</i> | <i>sulfacetamide sodium liquid 10%</i> | generic |  1 / claim |
| <i>Sulfacetamide Sodium</i> | <i>sulfacetamide sodium lotion 10% (acne)</i> | generic |  120 / claim |
| <i>Sulfacetamide Sodium-Sulfur</i> | <i>sulfacetamide sodium-sulfur (cleansing cloth, cream, emulsion, foam, lotion)</i> | generic |  1 / claim |
| <i>Sulfacetamide Sodium-Sulfur</i> | SULFACETAMIDE SODIUM-SULFUR (SODIUM W/ SULFUR SUSP 10-5%, SODIUM-SULFUR 10-5 % LOTION) <i>sulfacetamide sodium w/ sulfur</i> | BRAND | |
| <i>Tacrolimus</i> | <i>tacrolimus oint 0.03%</i> | generic |  30 / 30 days   At least 2 yrs old |
| <i>Tacrolimus</i> | <i>tacrolimus oint 0.1%</i> | generic |  30 / 30 days   At least 16 yrs old |
| <i>Tazarotene</i> | <i>tazarotene cream 0.1%</i> | generic |  Up to 21 years  1 / claim(s) |
| <i>Tazorac</i> | TAZORAC (0.05 % GEL, 0.1 % GEL) <i>tazarotene</i> | BRAND |  Up to 21 years  1 / claim |
| <i>Tazorac</i> | TAZORAC 0.05 % CREAM <i>tazarotene</i> | BRAND |  Up to 21 yrs old  1 / claim |
| <i>Tretinoin</i> | <i>tretinoin (cream 0.05%, cream 0.1%, gel 0.01%)</i> | generic |  Up to 21 yrs old  1 / claim |
| <i>Urea</i> | <i>urea (cream, gel, lotion)</i> | generic |  1 / claim |
| ENZYME REPLACEMENT/MODIFIERS | | | |
| <i>Creon</i> | CREON (6000 CP DR PART, 12000 CP DR PART, 24000 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i> | BRAND | |
| <i>Pancreaze</i> | PANCREAZE (4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-----------------------|
| <i>Pancrelipase (Lip-Prot-Amyl)</i> | <i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i> | generic | |
| <i>Zenpep</i> | ZENPEP (3000-10000 CP DR PART, 10000 CP DR PART, 15000 CP DR PART, 20000 CP DR PART, 25000 CP DR PART) <i>pancrelipase (lipase-protease-amylase)</i> | BRAND | |
| GASTROINTESTINAL AGENTS | | | |
| ANTISPASMODICS, GASTROINTESTINAL | | | |
| <i>Dicyclomine HCl</i> | <i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i> | generic | |
| <i>Glycopyrrolate</i> | <i>glycopyrrolate (tab 1 mg, tab 2 mg)</i> | generic | MDD 4 per day |
| <i>Hyoscyamine Sulfate</i> | <i>hyoscyamine sulfate (elixir 0.125 mg/5ml, soln 0.125 mg/ml, tab 0.125 mg, tab sl 0.125 mg)</i> | generic | |
| <i>Ed-Spaz</i> | <i>hyoscyamine sulfate tab disp 0.125 mg</i> | generic | |
| <i>Hyoscyamine Sulfate ER</i> | <i>hyoscyamine sulfate tab sr 12hr 0.375 mg</i> | generic | MDD 4 per day |
| GASTROINTESTINAL AGENTS, OTHER | | | |
| <i>Diphenoxylate-Atropine</i> | DIPHENOXYLATE-ATROPINE (DIPHENOXYLATE W/ ATROPINE LIQ MG/5ML, DIPHENOXYLATE W/ ATROPINE TAB MG, DIPHENOXYLATE-ATROPINE MG/5ML LIQUID) <i>diphenoxylate w/ atropine</i> | BRAND | |
| <i>Ursodiol</i> | <i>ursodiol cap 300 mg</i> | generic | MDD 3 per day |
| <i>Ursodiol</i> | <i>ursodiol tab 250 mg</i> | generic | MDD 7 per day |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | | |
| <i>Cimetidine</i> | <i>cimetidine (tab 300 mg, tab 400 mg, tab 800 mg)</i> | generic | |
| <i>Cimetidine HCl</i> | <i>cimetidine hcl soln 300 mg/5ml</i> | generic | MDD 27 per day |
| <i>Famotidine</i> | <i>famotidine tab 40 mg</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|--|----------|--|
| <i>RaNITidine HCl</i> | <i>ranitidine hcl (cap 150 mg, tab 150 mg, tab 300 mg)</i> | generic | MDD 2 per day |
| <i>RaNITidine HCl</i> | <i>ranitidine hcl cap 300 mg</i> | generic | MDD 1 per day |
| <i>RaNITidine HCl</i> | <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i> | generic | AL Up to 6 yrs old MDD 20 per day |
| LAXATIVES | | | |
| <i>Lactulose Encephalopathy</i> | <i>lactulose (encephalopathy) solution 10 gm/15ml</i> | generic | |
| <i>Lactulose</i> | <i>lactulose solution 10 gm/15ml</i> | generic | |
| <i>PEG-3350/Electrolytes</i> | <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | generic | MPL 1 / claim |
| <i>PEG 3350/Electrolytes</i> | <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> | generic | MPL 1 / claim |
| <i>PEG 3350-KCl-Na Bicarb-NaCl</i> | <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | generic | MPL 1 / claim |
| PROTECTANTS | | | |
| <i>Misoprostol</i> | <i>misoprostol (tab 100 mcg, tab 200 mcg)</i> | generic | |
| <i>Sucralfate</i> | <i>sucralfate (1 suspension, susp 1)</i> | generic | AL At least 6 yrs old |
| <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+Syrspen d 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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|---|----------|-------------------------|
| 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 24hr 15 mg, tab 24hr 10 mg, tab 24hr 5 mg)</i> | generic | MDD 2 per day |
| <i>Oxybutynin Chloride</i> | <i>oxybutynin chloride syrup 5 mg/5ml</i> | generic | QL 480 / 30 days |
| <i>Oxybutynin Chloride</i> | <i>oxybutynin chloride tab 5 mg</i> | generic | MDD 3 per day |
| <i>Tolterodine Tartrate</i> | <i>tolterodine tartrate (tab 1 mg, tab 2 mg)</i> | generic | MDD 2 per day |
| <i>Tolterodine Tartrate ER</i> | <i>tolterodine tartrate er (cap 24hr 4 mg, cap 24hr 2 mg)</i> | generic | MDD 1 per day |
| <i>Tropium Chloride</i> | <i>tropium chloride tab 20 mg</i> | generic | MDD 2 per day |
| BENIGN PROSTATIC HYPERTROPHY AGENTS | | | |
| <i>Finasteride</i> | <i>finasteride tab 5 mg</i> | generic | MDD 1 per day |
| <i>Tamsulosin HCl</i> | <i>tamsulosin hcl cap 0.4 mg</i> | generic | MDD 2 per day |
| <i>Terazosin HCl</i> | <i>terazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i> | generic | |
| GENITOURINARY AGENTS, OTHER | | | |
| <i>Bethanechol Chloride</i> | <i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i> | generic | |
| <i>Depen Titratabs</i> | DEPEN TITRATABS 250 MG TAB <i>penicillamine</i> | BRAND | |
| <i>Elmiron</i> | ELMIRON 100 MG CAP <i>pentosan polysulfate sodium</i> | BRAND | MDD 3 per day |
| <i>Phenazopyridine HCl</i> | <i>phenazopyridine hcl (tab 100 mg, tab 200 mg)</i> | generic | |
| <i>Phospha 250 Neutral</i> | <i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> | generic | MDD 8 per day |
| <i>Taron-Crystals</i> | <i>potassium citrate & citric acid powder pack 3300-1002 mg</i> | generic | |
| <i>Potassium Citrate ER</i> | <i>potassium citrate er (tab 5 (540, tab 10 (1080)</i> | generic | |
| <i>Sodium Chloride</i> | <i>sodium chloride irrigation soln 0.9%</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|-----------------------|
| <i>Sod Citrate-Citric Acid</i> | <i>sodium citrate & citric acid soln 500-334 mg/5ml</i> | generic | QL 500 / 30 days |
| PHOSPHATE BINDERS | | | |
| <i>Calcium Acetate (Phos Binder)</i> | <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | generic | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | | |
| <i>ApexiCon E</i> | <i>APEXICON E 0.05 % CREAM diflorasone diacetate emollient base</i> | BRAND | MPL 1 / claim |
| <i>Betamethasone Dipropionate Aug</i> | <i>betamethasone dipropionate augmented cream 0.05%</i> | generic | MPL 1 / claim |
| <i>Beta-Val</i> | <i>betamethasone valerate cream 0.1%</i> | generic | MPL 1 / claim |
| <i>Beta-Val</i> | <i>betamethasone valerate lotion 0.1%</i> | generic | QL 60 / claim |
| <i>Betamethasone Valerate</i> | <i>betamethasone valerate oint 0.1%</i> | generic | MPL 1 / claim |
| <i>Clobetasol Propionate</i> | <i>clobetasol propionate (cream, gel, oint)</i> | generic | MPL 1 / claim |
| <i>Clobetasol Propionate E</i> | <i>clobetasol propionate emollient base cream 0.05%</i> | generic | MPL 1 / claim |
| <i>Cormax Scalp Application</i> | <i>clobetasol propionate soln 0.05%</i> | generic | MPL 1 / claim |
| <i>Dexamethasone</i> | <i>dexamethasone (elixir 0.5 mg/5ml, tab 0.5 mg, tab 0.75 mg, 1 mg tab, tab 1 mg, tab 1.5 mg, 2 mg tab, tab 2 mg, tab 4 mg, tab 6 mg)</i> | generic | |
| <i>Dexamethasone Intensol</i> | <i>DEXAMETHASONE INTENSOL 1 MG/ML CONC dexamethasone</i> | BRAND | |
| <i>Dexamethasone Sodium Phosphate</i> | <i>dexamethasone sodium phosphate (inj 4 mg/ml, inj 20 mg/5ml, inj 120 mg/30ml)</i> | generic | MPL 1 / 30 days |
| <i>Diflorasone Diacetate</i> | <i>diflorasone diacetate oint 0.05%</i> | generic | MPL 1 / claim |
| <i>Fludrocortisone Acetate</i> | <i>fludrocortisone acetate tab 0.1 mg</i> | generic | |
| <i>Fluocinonide</i> | <i>fluocinonide (cream, gel, oint, soln)</i> | generic | MPL 1 / claim |
| <i>Fluocinonide-E</i> | <i>fluocinonide emulsified base cream 0.05%</i> | generic | MPL 1 / claim |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|--|----------|--|
| <i>Fluticasone Propionate</i> | <i>fluticasone propionate cream 0.05%</i> | generic |  1 / 30 days |
| <i>Fluticasone Propionate</i> | <i>fluticasone propionate oint 0.005%</i> | generic |  1 / claim |
| <i>Hydrocortisone</i> | <i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i> | generic | |
| <i>Hydrocortisone Butyrate</i> | <i>hydrocortisone butyrate soln 0.1%</i> | generic |  1 / claim |
| <i>MethylPREDNISolone</i> | <i>methylprednisolone (tab 4 mg, tab 8 mg, tab therapy pack 4 mg (21))</i> | generic | |
| <i>MethylPREDNISolone (Pak)</i> | <i>methylprednisolone tab 4 mg dose pack</i> | generic | |
| <i>Millipred</i> | MILLIPRED 5 MG TAB <i>prednisolone</i> | BRAND | |
| <i>Mometasone Furoate</i> | <i>mometasone furoate (cream, oint, solution (lotion))</i> | generic |  1 / claim |
| <i>Prednicarbate</i> | <i>prednicarbate (cream, oint)</i> | generic |  1 / claim |
| <i>PrednisoLONE Sodium Phosphate</i> | <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | generic | |
| <i>PrednisoLONE Sodium Phosphate</i> | <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | generic |  240 / claim |
| <i>PrednisoLONE Sodium Phosphate</i> | <i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> | generic |  150 / claim(s) |
| <i>PrednisoLONE</i> | <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> | generic | |
| <i>PredniSONE</i> | <i>prednisone (tab 1 mg, tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48), 50 mg tab)</i> | generic | |
| <i>PredniSONE Intensol</i> | PREDNISONONE INTENSOL 5 MG/ML CONC <i>prednisone</i> | BRAND | |
| <i>Triamcinolone Acetonide</i> | <i>triamcinolone acetonide (cream 0.025%, lotion 0.1%)</i> | generic | |
| <i>Triamcinolone Acetonide</i> | <i>triamcinolone acetonide (cream 0.1%, oint 0.025%, oint 0.1%)</i> | generic |  1 / claim |
| <i>Triamcinolone Acetonide</i> | <i>triamcinolone acetonide cream 0.5%</i> | generic |  15 / claim |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|-------------------------|
| <i>Triamcinolone Acetonide</i> | <i>triamcinolone acetonide dental paste 0.1%</i> | generic | QL 5 / claim |
| <i>Triamcinolone Acetonide</i> | <i>triamcinolone acetonide lotion 0.025%</i> | generic | QL 60 / claim |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | | |
| <i>Desmopressin Acetate</i> | <i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i> | generic | MDD 3 per day |
| <i>Desmopressin Ace Rhinal Tube</i> | <i>desmopressin acetate nasal soln 0.01% (refrigerated)</i> | generic | QL 5 / claim |
| <i>Desmopressin Acetate Spray</i> | <i>desmopressin acetate nasal spray soln 0.01%</i> | generic | QL 5 / claim |
| <i>Desmopressin Ace Spray Refrig</i> | <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | generic | QL 5 / claim |
| 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 | MDD 0.29 per day |
| <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 | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|----------------------------------|--|----------|-----------------------|
| Kariva | desogestrel-ethinyl estradiol tab 0.15-0.02/0.01 mg (azurette, kariva, pimtrea, viorele, caziant, cesia, velivet) | generic | MDD 1 per day |
| Apri | desogestrel-ethinyl estradiol tab 0.15-30 mg-mcg (apri, emoquette, enskyce, reclipsen, solia) | generic | MDD 1 per day |
| Gianvi | drospirenone-ethinyl estradiol tab 3-0.02 mg(gianvi, loryna, nikki, vestura) | generic | MDD 1 Per Day |
| Ocella | drospirenone-ethinyl estradiol tab 3-0.03 mg | generic | MDD 1 per day |
| Est Estrogens- Methyltest HS | esterified estrogens & methyltestosterone tab 0.625- 1.25 mg | generic | MDD 1 per day |
| Est Estrogens- Methyltest DS | esterified estrogens & methyltestosterone tab 1.25- 2.5 mg | generic | MDD 1 per day |
| Estrace | ESTRACE 0.1 MG/GM CREAM estradiol vaginal | BRAND | QL 43 / 30 days |
| Estraderm | ESTRADERM (0.05 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) estradiol | BRAND | MDD 0.29 per day |
| Estradiol- Norethindrone Acet | estradiol & norethindrone acetate tab 0.5-0.1 mg | generic | MDD 1 per day |
| Mimvey | estradiol & norethindrone acetate tab 1-0.5 mg | generic | MDD 1 per day |
| Estradiol | estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr) | generic | QL 4 / 28 days |
| Estradiol | estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg) | generic | |
| Estropipate | estropipate (tab 0.75 mg, tab 1.5 mg) | generic | MDD 1 per day |
| Estropipate | ESTROPIPATE 0.75 MG TAB estropipate | BRAND | |
| Estropipate | estropipate tab 3 mg | generic | MDD 2 per day |
| Kelnor 1/35 | ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (kelnor, zovia) | generic | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------|---|----------|-----------------------|
| Camrese | levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (amethia, camrese, daysee) | generic | QL 91 / claim |
| Jolessa | levonorgest-eth estrad 91-day tab 0.15-0.03 mg (introvale, jolessa, quasense) | generic | QL 91 / claim |
| Enpresse-28 | levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg (enpresse, levonest, myzilra, trivora) | generic | MDD 1 per day |
| Lessina | levonorgestrel-ethinyl estrad tab 0.1-20 mg (aubra, aviane, delyla, falmina, lessina, lutera, orsythia, sronyx) | generic | MDD 1 per day |
| Levonorgestrel-Ethinyl Estrad | levonorgestrel-ethinyl estrad tab 0.15-30 mg (altavera, chateal, kurvelo, levora, marlissa, portia) | generic | MDD 1 per day |
| Minivelle | MINIVELLE (0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) estradiol | BRAND | MDD 0.29 per day |
| Necon 1/50 (28) | NECON 1/50 (28) 1-50 MG-MCG TAB norethindrone & mestranol | BRAND | MDD 1 per day |
| Necon 10/11 (28) | NECON 10/11 (28) 35 MCG TAB norethindrone-eth estradiol (biphasic) | BRAND | MDD 1 per day |
| Xulane | NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR (XULANE) norelgestromin-ethinyl estradiol | BRAND | QL 3 / 28 day(s) |
| Balziva | norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (balziva, briellyn, gildagia, philith, vyfemla, zenchent) | generic | MDD 1 per day |
| Nortrel 0.5/35 (28) | norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (necon, nortrel, vera) | generic | MDD 1 per day |
| Nortrel 1/35 (21) | norethindrone & ethinyl estradiol tab 1 mg-35 mcg (alyacen, cyclafem, dasetta, necon, nortrel, pirmella) | generic | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------|---|----------|-----------------------|
| Junel 1/20 | norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (gildess, junel, larin, microgestin) | generic | MDD 1 per day |
| Junel 1.5/30 | norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (gildess, junel, larin, microgestin) | generic | MDD 1 per day |
| Junel FE 1/20 | norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (gildess, junel, larin, microgestin) | generic | MDD 1 per day |
| Junel FE 1.5/30 | norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (gildess, junel, larin, microgestin) | generic | MDD 1 per day |
| Nortrel 7/7/7 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg (alyacen, cyclofem, dasetta, necon, nortrel, pirmella) | generic | MDD 1 per day |
| Aranelle | norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg (aranelle, leena) | generic | MDD 1 per day |
| Sprintec 28 | norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (estarylla, mono-lynyah, mononessa, previfem, sprintec) | generic | MDD 1 per day |
| Tri-Sprintec | norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg (tri-estarylla, tri-lynyah, tri-previfem, tri-sprintec, trinessa) | generic | MDD 1 per day |
| Cryselle-28 | norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (cryselle, elinest, low-ogestrel) | generic | MDD 2 per day |
| Norinyl 1+50 (28) | NORINYL 1+50 (28) 1-50 MG-MCG TAB norethindrone & mestranol | BRAND | MDD 1 per day |
| NuvaRing | NUVARING 0.12-0.015 MG/24HR RING etonogestrel-ethinyl estradiol | BRAND | QL 1 / claim |
| Ogestrel | OGESTREL 0.5-50 MG-MCG TAB norgestrel & ethinyl estradiol | BRAND | MDD 1 per day |
| Premarin | PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) estrogens, conjugated | BRAND | MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-----------------------------------|---|----------|-----------------------|
| <i>Premarin</i> | PREMARIN 0.625 MG/GM CREAM <i>estrogens, conjugated vaginal</i> | BRAND | QL 43 / 30 days |
| <i>Premphase</i> | PREMPHASE 0.625-5 MG TAB <i>conjugated estrogens-medroxyprogesterone acetate</i> | BRAND | QL 28 / 28 days |
| <i>Prempro</i> | PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) <i>conjugated estrogens-medroxyprogesterone acetate</i> | BRAND | MDD 1 per day |
| <i>Zovia 1/50E (28)</i> | ZOVIA 1/50E (28) (ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG, ZOVIA 1/50E (28) 1-50 MG-MCG TAB) <i>ethynodiol diacet & eth estrad</i> | BRAND | |
| PROGESTERONE AGONISTS/ANTAGONISTS | | | |
| <i>Ella</i> | ELLA 30 MG TAB <i>ulipristal acetate</i> | BRAND | QL 4 / 365 days |
| PROGESTINS | | | |
| <i>Crinone</i> | CRINONE (4 % GEL, 8 % GEL) <i>progesterone (vaginal)</i> | BRAND | |
| <i>Depo-SubQ Provera 104</i> | DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR <i>medroxyprogesterone acetate (contraceptive)</i> | BRAND | |
| <i>First-Progesterone VGS 100</i> | FIRST-PROGESTERONE VGS 100 100 MG SUPPOS <i>progesterone (vaginal)</i> | BRAND | |
| <i>First-Progesterone VGS 200</i> | FIRST-PROGESTERONE VGS 200 200 MG SUPPOS <i>progesterone (vaginal)</i> | BRAND | |
| <i>First-Progesterone VGS 25</i> | FIRST-PROGESTERONE VGS 25 25 MG SUPPOS <i>progesterone (vaginal)</i> | BRAND | |
| <i>First-Progesterone VGS 400</i> | FIRST-PROGESTERONE VGS 400 400 MG SUPPOS <i>progesterone (vaginal)</i> | BRAND | |
| <i>First-Progesterone VGS 50</i> | FIRST-PROGESTERONE VGS 50 50 MG SUPPOS <i>progesterone (vaginal)</i> | BRAND | |
| <i>Implanon</i> | IMPLANON 68 MG IMPLANT <i>etonogestrel</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|--|----------|-------------------------|
| <i>Next Choice</i> | <i>levonorgestrel tab 0.75 mg</i> | generic | MFL 4 / 365 days |
| <i>Liletta (52 MG)</i> | LILETTA (52 MG) 18.6 MCG/DAY IUD <i>levonorgestrel (iud)</i> | BRAND | |
| <i>MedroxyPROGESTERONE Acetate</i> | <i>medroxyprogesterone acetate (im susp prefilled syr 150 mg/ml, tab 2.5 mg, tab 5 mg, tab 10 mg)</i> | generic | |
| <i>MedroxyPROGESTERONE Acetate</i> | <i>medroxyprogesterone acetate im susp 150 mg/ml</i> | generic | QL 1 / claim |
| <i>Megestrol Acetate</i> | <i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i> | generic | |
| <i>Mirena (52 MG)</i> | MIRENA (52 MG) 20 MCG/24HR IUD <i>levonorgestrel (iud)</i> | BRAND | |
| <i>Nexplanon</i> | NEXPLANON 68 MG IMPLANT <i>etonogestrel</i> | BRAND | |
| <i>Norethindrone Acetate</i> | <i>norethindrone acetate tab 5 mg</i> | generic | |
| <i>Norethindrone</i> | <i>norethindrone tab 0.35 mg (camila, deblitane, errin, heather, jencycla, jolivette, lyza, nora-be, norlyroc, sharobel)</i> | generic | MDD 1 per day |
| <i>Prochieve</i> | PROCHIEVE (4 % GEL, 8 % GEL) <i>progesterone (vaginal)</i> | BRAND | |
| <i>Progesterone</i> | <i>progesterone im in oil 50 mg/ml</i> | generic | |
| <i>Progesterone Micronized</i> | <i>progesterone micronized cap 100 mg</i> | generic | QL 30 / 30 days |
| <i>Progesterone Micronized</i> | <i>progesterone micronized cap 200 mg</i> | generic | QL 20 / 30 days |
| <i>Skyla</i> | SKYLA 13.5 MG IUD <i>levonorgestrel (iud)</i> | BRAND | |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | | |
| <i>Raloxifene HCl</i> | <i>raloxifene hcl tab 60 mg</i> | generic | MDD 1 per day |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | | |
| <i>Armour Thyroid</i> | ARMOUR THYROID (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 (np tab 30 mg, np tab 60 mg, np tab 90 mg, tab 15 mg (1/4 grain))</i> | generic | |
| Thyrolar-1 | THYROLAR-1 60 (12.5-50) MG (MCG) TAB <i>liotrix (t3-t4)</i> | BRAND | |
| Thyrolar-1/2 | THYROLAR-1/2 30 (6.25-25) MG (MCG) TAB <i>liotrix (t3-t4)</i> | BRAND | |
| Thyrolar-1/4 | THYROLAR-1/4 15 (3.1-12.5) MG (MCG) TAB <i>liotrix (t3-t4)</i> | BRAND | |
| Thyrolar-2 | THYROLAR-2 120 (25-100) MG (MCG) TAB <i>liotrix (t3-t4)</i> | BRAND | |
| Thyrolar-3 | THYROLAR-3 180 (37.5-150) MG (MCG) TAB <i>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 | SSKI 1 GM/ML SOLUTION <i>potassium iodide</i> | BRAND | |
| IMMUNOLOGICAL AGENTS | | | |
| IMMUNE SUPPRESSANTS | | | |
| Azasan | AZASAN (75 MG TAB, 100 MG TAB) <i>azathioprine</i> | BRAND | MDD 3 per day |
| AzaTHIOprine | <i>azathioprine tab 50 mg</i> | generic | |
| CycloSPORINE | <i>cyclosporine (cap 25 mg, cap 100 mg)</i> | generic | MDD 4 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|---|----------|-----------------------|
| <i>CycloSPORINE Modified</i> | <i>cyclosporine modified cap 50 mg</i> | generic | MDD 4 per day |
| <i>Gengraf</i> | <i>cyclosporine modified oral soln 100 mg/ml</i> | generic | MDD 8 per day |
| <i>Enbrel</i> | ENBREL 25 MG RECON SOLN <i>etanercept</i> | BRAND | |
| <i>Gengraf</i> | <i>gengraf (cap 25 mg, cap 100 mg)</i> | generic | MDD 4 per day |
| <i>Hecoria</i> | <i>hecoria (cap 0.5 mg, cap 1 mg, cap 5 mg)</i> | generic | MDD 3 per day |
| <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</i> | generic | MDD 2 per day |
| <i>Mycophenolate Mofetil</i> | <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | generic | MDD 15 per day |
| <i>Mycophenolate Mofetil</i> | <i>mycophenolate mofetil tab 500 mg</i> | generic | MDD 4 per day |
| <i>Mycophenolate Sodium</i> | <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | generic | MDD 2 per day |
| <i>Mycophenolate Sodium</i> | <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | generic | MDD 4 per day |
| <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 | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|-------------------------|
| IMMUNIZING AGENTS, PASSIVE | | | |
| <i>HyperRHO S/D</i> | HYPERRHO S/D 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i> | BRAND | |
| <i>RhoGAM Ultra-Filtered Plus</i> | RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i> | BRAND | |
| IMMUNOMODULATORS | | | |
| <i>Leflunomide</i> | <i>leflunomide (tab 10 mg, tab 20 mg)</i> | generic | MDD 1 per day |
| INFLAMMATORY BOWEL DISEASE AGENTS | | | |
| AMINOSALICYLATES | | | |
| <i>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 | QL 420 / claim |
| <i>Proctocream HC</i> | <i>hydrocortisone rectal cream 2.5%</i> | generic | MPL 1 / claim |
| SULFONAMIDES | | | |
| <i>SulfaSALazine</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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|--|----------|-----------------------|
| <i>Calcitonin (Salmon)</i> | <i>calcitonin (salmon) nasal soln 200 unit/act</i> | generic | QL 4 / 30 days |
| <i>Calcitriol</i> | <i>calcitriol (cap 0.25 mcg, cap 0.5 mcg)</i> | generic | |
| <i>Miacalcin</i> | MIACALCIN 200 UNIT/ML SOLUTION <i>calcitonin (salmon)</i> | BRAND | QL 2 / 30 days |
| <i>Risedronate Sodium</i> | <i>risedronate sodium (tab 5 mg, tab 30 mg)</i> | generic | PA MDD 1 per day |
| <i>Risedronate Sodium</i> | <i>risedronate sodium tab 35 mg</i> | generic | QL 4 / 28 days PA |
| MISCELLANEOUS THERAPEUTIC AGENTS | | | |
| <i>Lancets</i> | <i>*lancets***</i> | generic | |
| <i>1st Choice Lancets Super Thin</i> | 1ST CHOICE LANCETS SUPER THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>1st Choice Lancets Thin</i> | 1ST CHOICE LANCETS THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>1st Choice Lancets Ultra Thin</i> | 1ST CHOICE LANCETS ULTRA THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>1st Tier Unilet ComforTouch</i> | 1ST TIER UNILET COMFORTOUCH (28 MISC, 30 MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Accu-Chek Soft Touch Lancets</i> | ACCU-CHEK SOFT TOUCH LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>AF Lancets Super Thin</i> | AF LANCETS SUPER THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>AgaMatrix Ultra-Thin Lancets</i> | AGAMATRIX ULTRA-THIN LANCETS 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Aurora Lancet Super Thin 30G</i> | AURORA LANCET SUPER THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Aurora Lancet Thin 23G</i> | AURORA LANCET THIN 23G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>BD Lancet Ultrafine 30G</i> | BD LANCET ULTRAFINE 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| <i>CareOne Lancet Thin 23G</i> | CAREONE LANCET THIN 23G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>CareOne Lancet Ultra Thin 28G</i> | CAREONE LANCET ULTRA THIN 28G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Cleanlet Lancets 28G</i> | CLEANLET LANCETS 28G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Comfort Assured Lancets 28G</i> | COMFORT ASSURED LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Comfort Assured Lancets 33G</i> | COMFORT ASSURED LANCETS 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Comfort Lancets</i> | COMFORT LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Lancets 21G | CVS LANCETS 21G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Lancets Micro Thin 33G | CVS LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Lancets Original | CVS LANCETS ORIGINAL MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Lancets Thin 26G | CVS LANCETS THIN 26G (26 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Lancets Thin | CVS LANCETS THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Lancets Ultra Thin 30G | CVS LANCETS ULTRA THIN 30G (30 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| CVS Ultra Thin Lancets | CVS ULTRA THIN LANCETS 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Diastar Easy Test II Lancets</i> | DIASTAR EASY TEST II LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Diastar Easy Test Lancets</i> | DIASTAR EASY TEST LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Droplet Lancets Ultra Thin 30G</i> | DROPLET LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| <i>Drug Mart Lancets Thin 26G</i> | DRUG MART LANCETS THIN 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Drug Mart Lancets Ultra Thin</i> | DRUG MART LANCETS ULTRA THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Drug Mart Unilet Lancets 28G</i> | DRUG MART UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Drug Mart Unilet Lancets 30G</i> | DRUG MART UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Duane Reade Lancet Altern Site</i> | DUANE READE LANCET ALTERN SITE 26 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Duane Reade Lancet Super Thin</i> | DUANE READE LANCET SUPER THIN 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Duane Reade Lancet Ultra Thin</i> | DUANE READE LANCET ULTRA THIN 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| E-Z Ject Lancet Micro-Thin 33G | E-Z JECT LANCET MICRO-THIN 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| E-Z Ject Lancet Super Thin 30G | E-Z JECT LANCET SUPER THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| E-Z Ject Lancets | E-Z JECT LANCETS (32 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| E-Z Ject Lancets 21G | E-Z JECT LANCETS 21G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| E-Z Ject Lancets Thin 26G | E-Z JECT LANCETS THIN 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 26G</i> | EASY TOUCH LANCETS 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 26G/Twist</i> | EASY TOUCH LANCETS 26G/TWIST MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| <i>Easy Touch Lancets 28G</i> | EASY TOUCH LANCETS 28G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 28G/Twist</i> | EASY TOUCH LANCETS 28G/TWIST 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 30G</i> | EASY TOUCH LANCETS 30G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 30G/Twist</i> | EASY TOUCH LANCETS 30G/TWIST 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 32G</i> | EASY TOUCH LANCETS 32G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 32G/Twist</i> | EASY TOUCH LANCETS 32G/TWIST 32 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Easy Touch Lancets 33G/Twist</i> | EASY TOUCH LANCETS 33G/TWIST 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| 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 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>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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------|
| FORA Lancets | FORA LANCETS 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Formadon</i> | <i>formaldehyde solution 10%</i> | generic | QL 90 / claim |
| <i>Freds Pharmacy Unilet Lanc 28G</i> | FREDS PHARMACY UNILET LANC 28G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Freds Pharmacy Unilet Lanc 30G</i> | FREDS PHARMACY UNILET LANC 30G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>GlucoCom Lancets 28G</i> | GLUCOCOM LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>GlucoCom Lancets 30G</i> | GLUCOCOM LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Glucosource Lancets</i> | GLUCOSOURCE LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| 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 |
| H&H Thinlet Lancets 26G | H&H THINLET LANCETS 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| H&H Thinlet Lancets 30G | H&H THINLET LANCETS 30G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| H-E-B inControl Lancets 28G | H-E-B INCONTROL LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| H-E-B inControl Lancets 30G | H-E-B INCONTROL LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| H-E-B inControl Lancets 33G | H-E-B INCONTROL LANCETS 33G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Healthy Accents Unilet Lancets</i> | HEALTHY ACCENTS UNILET LANCETS 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| HM Lancets Micro Thin 33G | HM LANCETS MICRO THIN 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| HM Lancets Ultra Thin 30G | HM LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Hy-Vee Lancets</i> | HY-VEE LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Hy-Vee Thin Lancets</i> | HY-VEE THIN LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Inspirease Bags</i> | INSPIREASE BAGS MISC <i>spacer/aerosol-holding chamber supplies - bags</i> | BRAND | QL 3 / 180 days |
| <i>Inspirease Mouthpiece</i> | INSPIREASE MOUTHPIECE MISC <i>spacer/aerosol-holding chamber supplies - mouthpieces</i> | BRAND | QL 1 / 180 days |
| <i>Inspirease Reservoir Bags</i> | INSPIREASE RESERVOIR BAGS MISC <i>spacer/aerosol-holding chamber supplies - bags</i> | BRAND | QL 3 / 180 days |
| <i>Monoject Insulin Syringe</i> | <i>insulin syringe/needle u-100 1 ml 27 x 1/2"</i> | generic | MDD 5 per day |
| <i>ReliOn Ketone</i> | KETOSTIX STRIP <i>acetone (urine) test</i> | BRAND | |
| <i>Chek-Stix Control</i> | KETOSTIX STRIP <i>acetone (urine) test</i> | BRAND | |
| <i>KetoCare</i> | KETOSTIX STRIP <i>acetone (urine) test</i> | BRAND | |















| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|---|----------|-----------------------|
| <i>Chemstrip K</i> | KETOSTIX STRIP <i>acetone (urine) test</i> | BRAND | |
| <i>Ketostix</i> | KETOSTIX STRIP <i>acetone (urine) test</i> | BRAND | |
| <i>Kinney Lancets</i> | KINNEY LANCETS 23 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Kinney Thin Lancets</i> | KINNEY THIN LANCETS 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>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>Lady Lite Lancets</i> | LADY LITE LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Lancets</i> | LANCETS (28 GAUGE MISC, 30 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Lancets 28G</i> | LANCETS 28G (28 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Lancets 30G</i> | LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Lancets Thin</i> | LANCETS THIN 23 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Lancets Ultra Thin</i> | LANCETS ULTRA THIN 26 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|--|----------|-----------------------|
| <i>Live Better Lancet Super Thin</i> | LIVE BETTER LANCET SUPER THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Live Better Lancet Ultra Thin</i> | LIVE BETTER LANCET ULTRA THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Longs Lancets Standard</i> | LONGS LANCETS STANDARD MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Longs Lancets Thin</i> | LONGS LANCETS THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Major Comfort Lancets</i> | MAJOR COMFORT LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Medi-Lance Lancets</i> | MEDI-LANCE LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Medicine Shoppe Lancets</i> | MEDICINE SHOPPE LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Medicine Shoppe Lancets Thin</i> | MEDICINE SHOPPE LANCETS THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>MediSense Thin Lancets</i> | MEDISENSE THIN LANCETS (28 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Meijer Lancets</i> | MEIJER LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Meijer Lancets Thin</i> | MEIJER LANCETS THIN 26 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Meijer Lancets Universal 30G</i> | MEIJER LANCETS UNIVERSAL 30G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Meijer Lancets Universal 33G</i> | MEIJER LANCETS UNIVERSAL 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Meijer Super Thin Lancets</i> | MEIJER SUPER THIN LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Methylergonovine Maleate</i> | <i>methylergonovine maleate tab 0.2 mg</i> | generic | |
| <i>Monolet Lancets</i> | MONOLET LANCETS (21 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Monolet OPD Lancets</i> | MONOLET OPD LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------|
| <i>Nova Sureflex Lancets</i> | NOVA SUREFLEX LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>OneTouch Lancets</i> | ONETOUCH LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Ortho Diaphragm All-Flex</i> | ORTHO DIAPHRAGM ALL-FLEX (DIAPHRAGM 65 DIAPHRAGM, DIAPHRAGM 70 DIAPHRAGM, DIAPHRAGM 75 DIAPHRAGM, DIAPHRAGM 80 DIAPHRAGM) <i>diaphragm arc-spring</i> | BRAND | |
| <i>Ortho Diaphragm Coil</i> | ORTHO DIAPHRAGM COIL (DIAPHRAGM 100 KIT, DIAPHRAGM 105 KIT) <i>diaphragm coil spring</i> | BRAND | QL 1 / 180 days |
| <i>Ortho Diaphragm Coil</i> | ORTHO DIAPHRAGM COIL 50 MM KIT <i>diaphragm coil spring</i> | BRAND | QL 1 / 365 days |
| <i>Ortho Diaphragm Flat</i> | ORTHO DIAPHRAGM FLAT (DIAPHRAGM 55 KIT, DIAPHRAGM 60 KIT, DIAPHRAGM 65 KIT, DIAPHRAGM 70 KIT, DIAPHRAGM 75 KIT, DIAPHRAGM 80 KIT, DIAPHRAGM 85 KIT, DIAPHRAGM 90 KIT, DIAPHRAGM 95 KIT) <i>diaphragm flat spring</i> | BRAND | QL 1 / 180 days |
| <i>Paragard Intrauterine Copper</i> | PARAGARD INTRAUTERINE COPPER (380 SQ MM IUD, IUD) <i>copper (iud)</i> | BRAND | |
| <i>PC Lancets Super Thin 30G</i> | PC LANCETS SUPER THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Perfect Lancets 30G</i> | PERFECT LANCETS 30G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Pharmacy Counter Lancets</i> | PHARMACY COUNTER LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Preferred Plus Lancets Colored</i> | PREFERRED PLUS LANCETS COLORED MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-----------------------|
| <i>Preferred Plus Lancets Thin</i> | PREFERRED PLUS LANCETS THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Prodigy Twist Top Lancets 28G</i> | PRODIGY TWIST TOP LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 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 |
| 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 Unilet Lancets Micro Thin | QC UNILET LANCETS MICRO THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| RA E-Zject Color Lancets 33G | RA E-ZJECT COLOR LANCETS 33G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| RA E-Zject Lancets 28G | RA E-ZJECT LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| RA E-Zject Lancets Thin 26G | RA E-ZJECT LANCETS THIN 26G 26 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| RA E-Zject Lancets Thin 28G | RA E-ZJECT LANCETS THIN 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| RA E-Zject Lancets Ultra Thin | RA E-ZJECT LANCETS ULTRA THIN 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| <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>Rexall Lancets Ultra Thin 30G</i> | REXALL LANCETS ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Rightest GL300 Lancets</i> | RIGHTTEST GL300 LANCETS 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Safety Seal Lancets</i> | SAFETY SEAL LANCETS (28 MISC, 30 MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| SB 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 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 |
| 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 Sense Color Lancets 33G</i> | SMART SENSE COLOR LANCETS 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Smart Sense Standard Lancets</i> | SMART SENSE STANDARD LANCETS 21 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|---|
| <i>Smart Sense Super Thin Lancets</i> | SMART SENSE SUPER THIN LANCETS 30 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| <i>Smart Sense Thin Lancets 26G</i> | SMART SENSE THIN LANCETS 26G 26 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| <i>SteriLance TL</i> | STERILANCE TL (30 GAUGE MISC, 32 GAUGE MISC, MISC) <i>lancets</i> | BRAND |  200 / 30 days |
| <i>Super Thin Lancets</i> | SUPER THIN LANCETS MISC <i>lancets</i> | BRAND |  200 / 30 days |
| <i>Surelite Lancets</i> | SURELITE LANCETS MISC <i>lancets</i> | BRAND |  200 / 30 days |
| <i>TechLite AST Lancets</i> | TECHLITE AST LANCETS MISC <i>lancets</i> | BRAND |  200 / 30 days |
| <i>TechLite Lancets</i> | TECHLITE LANCETS (25 GAUGE MISC, 28 GAUGE MISC, MISC) <i>lancets</i> | BRAND |  200 / 30 days |
| <i>TechLite Lancets 30G</i> | TECHLITE LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Alternate Site | TGT LANCET ALTERNATE SITE 26 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Micro Thin 33G | TGT LANCET MICRO THIN 33G 33 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Super Thin 30G | TGT LANCET SUPER THIN 30G (30 MISC, 33 MISC) <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Thin 23G | TGT LANCET THIN 23G MISC <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Thin 26G | TGT LANCET THIN 26G 26 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Ultra Thin 28G | TGT LANCET ULTRA THIN 28G (28 MISC, 33 MISC) <i>lancets</i> | BRAND |  200 / 30 days |
| TGT Lancet Ultra Thin 30G | TGT LANCET ULTRA THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |
| <i>Todays Health Thin Lancets 28G</i> | TODAYS HEALTH THIN LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND |  200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|--|----------|-----------------------|
| <i>Today's Health Thin Lancets 30G</i> | TODAYS HEALTH THIN LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>True Metrix Air Glucose Meter</i> | TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT <i>blood glucose monitoring supplies</i> | BRAND | |
| <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 | |
| <i>True Metrix Level 3</i> | TRUE METRIX LEVEL 3 HIGH SOLUTION <i>blood glucose calibration</i> | BRAND | |
| <i>True Metrix Meter</i> | TRUE METRIX METER W/DEVICE KIT <i>blood glucose monitoring supplies</i> | BRAND | |
| TRUEdraw Lancing Device | TRUEDRAW LANCING DEVICE MISC <i>lancet devices</i> | BRAND | |
| TRUEplus Lancets 26G | TRUEPLUS LANCETS 26G 26 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| TRUEplus Lancets 28G | TRUEPLUS LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| TRUEplus Lancets 30G | TRUEPLUS LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| TRUEplus Lancets 33G | TRUEPLUS LANCETS 33G 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| TRUEplus Safety Lancets 28G | TRUEPLUS SAFETY LANCETS 28G 28 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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|--|----------|-----------------------|
| TRUEtest Control Level 2 | TRUETEST CONTROL LEVEL 2 LIQUID <i>blood glucose calibration</i> | BRAND | QL 1 / 90 days |
| TRUEtest Control Level 3 | TRUETEST CONTROL LEVEL 3 LIQUID <i>blood glucose calibration</i> | BRAND | QL 1 / 90 days |
| <i>TrueTrack Glucose Control</i> | TRUETRACK GLUCOSE CONTROL (LIQUID, LOW LIQUID) <i>blood glucose calibration</i> | BRAND | QL 1 / 90 days |
| <i>Ultilet Basic Lancets 30G</i> | ULTILET BASIC LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Ultilet Classic Lancets</i> | ULTILET CLASSIC LANCETS (28 GAUGE MISC, 30 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Ultilet Lancets</i> | ULTILET LANCETS 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <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>Unilet ComforTouch Lancet</i> | UNILET COMFORTOUCH LANCET (26 GAUGE MISC, MISC) <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet ExceLite II</i> | UNILET EXCELITE II MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet ExceLite</i> | UNILET EXCELITE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet G.P. Lancet</i> | UNILET G.P. LANCET MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet G.P. Superlite Lancet</i> | UNILET G.P. SUPERLITE LANCET MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet GP 28 Ultra Thin</i> | UNILET GP 28 ULTRA THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet Lancet</i> | UNILET LANCET MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet Micro-Thin 33G</i> | UNILET MICRO-THIN 33G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------|
| <i>Unilet Super-Thin 30G</i> | UNILET SUPER-THIN 30G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet Superlite Lancet</i> | UNILET SUPERLITE LANCET MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Unilet Ultra-Thin 28G</i> | UNILET ULTRA-THIN 28G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Universal 1 Lancets Thin 26G</i> | UNIVERSAL 1 LANCETS THIN 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Universal 1 Lancets Ultra Thin</i> | UNIVERSAL 1 LANCETS ULTRA THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Value Plus Lancet Standard 21G</i> | VALUE PLUS LANCET STANDARD 21G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Value Plus Lancets Super Thin</i> | VALUE PLUS LANCETS SUPER THIN MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Value Plus Lancets Thin 26G</i> | VALUE PLUS LANCETS THIN 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>ValuMark Lancet Super Thin 30G</i> | VALUMARK LANCET SUPER THIN 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>ValuMark Lancet Ultra Thin 28G</i> | VALUMARK LANCET ULTRA THIN 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Vida Mia Unilet Lancets 28G</i> | VIDA MIA UNILET LANCETS 28G 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Vida Mia Unilet Lancets 30G</i> | VIDA MIA UNILET LANCETS 30G 30 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Vistogard</i> | VISTOGARD 10 GM PACKET <i>uridine triacetate (emergency treatment)</i> | BRAND | |
| <i>W&F Lancets 26G</i> | W&F LANCETS 26G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>W&F Lancets Colored 21G</i> | W&F LANCETS COLORED 21G MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Walgreens Lancets Micro Thin</i> | WALGREENS LANCETS MICRO THIN 33 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|--|----------|-----------------------|
| <i>Walgreens Lancets</i> | WALGREENS LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Walgreens Lancets Super Thin</i> | WALGREENS LANCETS SUPER THIN 28 GAUGE MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Walgreens Thin Lancets</i> | WALGREENS THIN LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| <i>Walgreens Ultra Thin Lancets</i> | WALGREENS ULTRA THIN LANCETS MISC <i>lancets</i> | BRAND | QL 200 / 30 days |
| OPHTHALMIC AGENTS | | | |
| OPHTHALMIC AGENTS, OTHER | | | |
| <i>Atropine-Care</i> | <i>atropine sulfate ophth soln 1%</i> | generic | MPL 1 / claim |
| <i>AK-Poly-Bac</i> | <i>bacitracin-polymyxin b ophth oint</i> | generic | QL 4 / claim |
| <i>Blephamide</i> | BLEPHAMIDE 10-0.2 % SUSPENSION <i>sulfacetamide sod- prednisolone</i> | BRAND | MPL 1 / claim |
| <i>Blephamide S.O.P.</i> | BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT <i>sulfacetamide sod- prednisolone</i> | BRAND | QL 4 / claim |
| <i>Cyclopentolate HCl</i> | <i>cyclopentolate hcl (soln 1%, soln 2%)</i> | generic | MPL 1 / claim |
| <i>Cyclopentolate HCl</i> | <i>cyclopentolate hcl ophth soln 0.5%</i> | generic | |
| <i>Homatropine HBr</i> | <i>homatropine hbr ophth soln 5%</i> | generic | MPL 1 / claim |
| <i>Isopto Homatropine</i> | ISOPTO HOMATROPINE 2 % SOLUTION <i>homatropine hbr</i> | BRAND | QL 5 / claim |
| <i>Neomycin-Bacitracin Zn-Polymyx</i> | <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | generic | QL 4 / claim |
| <i>Neomycin-Polymyxin-Gramicidin</i> | <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i> | generic | QL 10 / claim |
| <i>Neomycin-Polymyxin-Dexameth</i> | <i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i> | generic | QL 4 / claim |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------------|---|----------|-----------------------|
| <i>Neomycin-Polymyxin-Dexameth</i> | <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | generic | QL 5 / claim |
| <i>Neomycin-Polymyxin-HC</i> | <i>neomycin-polymyxin-hc (3.5-10000-1 suspension, ophth susp)</i> | generic | |
| <i>Phenylephrine HCl</i> | <i>phenylephrine hcl ophth soln 2.5%</i> | generic | MPL 1 / claim |
| <i>Polymyxin B-Trimethoprim</i> | <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | generic | QL 10 / claim |
| <i>Pred-G</i> | PRED-G 0.3-1 % SUSPENSION <i>gentamicin-prednisolone acetate</i> | BRAND | MPL 1 / claim |
| <i>Sulfacetamide-Prednisolone</i> | SULFACETAMIDE-PREDNISOLONE (SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%, SULFACETAMIDE-PREDNISOLONE 10-0.2 % SUSPENSION) <i>sulfacetamide sod-prednisolone</i> | BRAND | MPL 1 / claim |
| <i>Tobramycin-Dexamethasone</i> | <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | generic | MPL 1 / claim |
| <i>Tropicamide</i> | <i>tropicamide ophth soln 0.5%</i> | generic | QL 15 / claim |
| <i>Tropicamide</i> | <i>tropicamide ophth soln 1%</i> | generic | MPL 1 / claim |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | | |
| <i>Alocril</i> | ALOCRIL 2 % SOLUTION <i>nedocromil sodium (ophth)</i> | BRAND | QL 5 / claim ST |
| <i>Alomide</i> | ALOMIDE 0.1 % SOLUTION <i>lodoxamide tromethamine</i> | BRAND | QL 10 / claim ST |
| <i>Azelastine HCl</i> | <i>azelastine hcl ophth soln 0.05%</i> | generic | QL 6 / claim |
| <i>Cromolyn Sodium</i> | <i>cromolyn sodium ophth soln 4%</i> | generic | QL 10 / claim |
| OPHTHALMIC ANTI-INFLAMMATORIES | | | |
| <i>Dexamethasone Sodium Phosphate</i> | <i>dexamethasone sodium phosphate ophth soln 0.1%</i> | generic | QL 5 / claim |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--------------------------------------|---|----------|-----------------------|
| <i>Diclofenac Sodium</i> | <i>diclofenac sodium ophth soln 0.1%</i> | generic | MPL 1 / claim |
| <i>Fluorometholone</i> | <i>fluorometholone ophth susp 0.1%</i> | generic | MPL 1 / claim |
| <i>Flurbiprofen Sodium</i> | <i>flurbiprofen sodium ophth soln 0.03%</i> | generic | QL 3 / claim |
| FML | FML 0.1 % OINTMENT <i>fluorometholone (ophth)</i> | BRAND | QL 4 / claim |
| <i>Ketorolac Tromethamine</i> | <i>ketorolac tromethamine ophth soln 0.4%</i> | generic | MFL 1 / 30 days |
| <i>Ketorolac Tromethamine</i> | <i>ketorolac tromethamine ophth soln 0.5%</i> | generic | MPL 1 / claim |
| <i>Nevanac</i> | NEVANAC 0.1 % SUSPENSION <i>nepafenac</i> | BRAND | QL 3 / claim |
| <i>Pred Mild</i> | PRED MILD 0.12 % SUSPENSION <i>prednisolone acetate (ophth)</i> | BRAND | QL 10 / claim |
| <i>PrednisoLONE Acetate</i> | <i>prednisolone acetate ophth susp 1%</i> | generic | MPL 1 / claim |
| <i>PrednisoLONE Sodium Phosphate</i> | <i>prednisolone sodium phosphate ophth soln 1%</i> | generic | |
| <i>Vexol</i> | VEXOL 1 % SUSPENSION <i>rimexolone</i> | BRAND | MPL 1 / claim |
| OPHTHALMIC ANTIGLAUCOMA AGENTS | | | |
| <i>Apraclonidine HCl</i> | <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> | generic | |
| <i>Azopt</i> | AZOPT 1 % SUSPENSION <i>brinzolamide</i> | BRAND | MPL 1 / claim |
| <i>Betaxolol HCl</i> | <i>betaxolol hcl ophth soln 0.5%</i> | generic | MPL 1 / claim |
| <i>Betoptic-S</i> | BETOPTIC-S 0.25 % SUSPENSION <i>betaxolol hcl (ophth)</i> | BRAND | MPL 1 / claim |
| <i>Brimonidine Tartrate</i> | <i>brimonidine tartrate ophth soln 0.2%</i> | generic | MPL 1 / claim |
| <i>Carteolol HCl</i> | <i>carteolol hcl ophth soln 1%</i> | generic | MFL 1 / 30 days |
| <i>Dorzolamide HCl</i> | <i>dorzolamide hcl ophth soln 2%</i> | generic | QL 10 / claim |
| <i>Dorzolamide HCl-Timolol Mal</i> | <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | generic | QL 10 / claim |
| <i>Iopidine</i> | IOPIDINE 1 % SOLUTION <i>apraclonidine hcl</i> | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|---|
| <i>Isopto Carbachol</i> | ISOPTO CARBACHOL (1.5 % SOLUTION, 3 % SOLUTION) <i>carbachol (ophth)</i> | BRAND | |
| <i>Levobunolol HCl</i> | <i>levobunolol hcl ophth soln 0.5%</i> | generic | MPL 1 / claim |
| <i>Methazolamide</i> | <i>methazolamide (tab 25 mg, tab 50 mg)</i> | generic | |
| <i>Metipranolol</i> | <i>metipranolol ophth soln 0.3%</i> | generic | |
| <i>Pilocarpine HCl</i> | <i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i> | generic | |
| <i>Timolol Maleate</i> | <i>timolol maleate (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)</i> | generic | MPL 1 / claim |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | | | |
| <i>Latanoprost</i> | <i>latanoprost ophth soln 0.005%</i> | generic | QL 3 / claim |
| OTIC AGENTS | | | |
| <i>Acetic Acid</i> | <i>acetic acid otic soln 2%</i> | generic | QL 15 / claim |
| <i>Aurodex</i> | <i>antipyrine-benzocaine otic soln 54-14 mg/ml (5.4-1.4%)</i> | generic | MPL 1 / claim |
| <i>Fluocinolone Acetonide</i> | <i>fluocinolone acetonide (otic) oil 0.01%</i> | generic | MPL 1 / 30 days |
| <i>Acetasol HC</i> | <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | generic | QL 10 / claim |
| <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>Cortic-ND</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 | MPL 1 / month |
| <i>Budesonide</i> | <i>budesonide (susp 0.25, susp 0.5)</i> | generic | QL 120 / 30 days AL 1 to 8 yrs old |
| <i>Budesonide</i> | <i>budesonide inhalation susp 1 mg/2ml</i> | generic | QL 120 / 30 day(s) AL 1 to 8 yrs old |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|------------------------------------|---|----------|--|
| <i>Flovent Diskus</i> | FLOVENT DISKUS (100 AER POW BA, 250 AER POW BA) <i>fluticasone propionate (inhalation)</i> | BRAND | MDD 2 per day |
| <i>Flovent Diskus</i> | FLOVENT DISKUS 50 MCG/BLIST AER POW BA <i>fluticasone propionate (inhalation)</i> | BRAND | QL 60 / 25 days |
| <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 mcg/act (0.025%)</i> | generic | QL 25 / claim |
| <i>Fluticasone Propionate</i> | <i>fluticasone propionate nasal susp 50 mcg/act</i> | generic | QL 16 / claim |
| <i>Pulmicort Flexhaler</i> | PULMICORT FLEXHALER (90 AER POW BA, 180 AER POW BA) <i>budesonide (inhalation)</i> | BRAND | QL 1 / 25 days |
| 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>Fexofenadine HCl</i> | FEXOFENADINE HCL TAB 60 MG <i>fexofenadine hcl</i> | BRAND | MDD 2 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 (suppos 50 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i> | generic | AL At least 2 yrs old |



| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|----------------------------------|--|----------|---|
| <i>Promethazine HCl</i> | <i>promethazine hcl syrup 6.25 mg/5ml</i> | generic | QL 240 / claim 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 | QL 26 / 30 days |
| <i>Incruse Ellipta</i> | INCRUSE ELLIPTA 62.5 MCG/INH AER POW BA <i>umeclidinium bromide</i> | BRAND | MPL 1 / 30 days |
| <i>Ipratropium Bromide</i> | <i>ipratropium bromide inhal soln 0.02%</i> | generic | QL 375 / 25 days |
| <i>Ipratropium Bromide</i> | <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> | generic | QL 30 / 25 days |
| <i>Ipratropium Bromide</i> | <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> | generic | QL 15 / 30 days |
| <i>Tudorza Pressair</i> | TUDORZA PRESSAIR 400 MCG/ACT AER POW BA <i>aclidinium bromide</i> | BRAND | QL 1 / 30 days |
| BRONCHODILATORS, SYMPATHOMIMETIC | | | |
| <i>Adrenaclick</i> | ADRENACLICK 0.3 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / claim MFL 8 / 365 day(s) |
| <i>Adrenalin</i> | ADRENALIN 0.1 % SOLUTION <i>epinephrine hcl (nasal)</i> | BRAND | |
| <i>Albuterol Sulfate</i> | <i>albuterol sulfate (soln nebu 0.63, soln nebu 1.25)</i> | generic | QL 375 / 30 days |
| <i>Albuterol Sulfate</i> | <i>albuterol sulfate (syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i> | generic | |
| <i>Albuterol Sulfate ER</i> | <i>albuterol sulfate er (tab 4 mg, tab 8 mg)</i> | generic | |
| <i>Albuterol Sulfate</i> | <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> | generic | QL 375 / 25 days |
| <i>Albuterol Sulfate</i> | <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> | generic | MDD 2 per day |
| EPINEPHrine | EPINEPHRINE 0.15 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / 30 days MFL 8 / 365 day(s) |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|--|----------|---------------------------------------|
| EPINEPHrine | EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / claim MFL 8 / 365 day(s) |
| <i>EpiPen</i> | EPIPEN 0.3 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / claim MFL 8 / 365 day(s) |
| <i>EpiPen 2-Pak</i> | EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / claim MFL 8 / 365 day(s) |
| <i>EpiPen Jr</i> | EPIPEN JR 0.15 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / 30 days MFL 8 / 365 day(s) |
| <i>EpiPen Jr 2-Pak</i> | EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / 30 days MFL 8 / 365 day(s) |
| <i>Metaproterenol Sulfate</i> | <i>metaproterenol sulfate (10 mg tab, tab 10 mg, tab 20 mg)</i> | generic | |
| <i>Metaproterenol Sulfate</i> | <i>metaproterenol sulfate syrup 10 mg/5ml</i> | generic | MDD 30 per day |
| <i>Serevent Diskus</i> | SEREVENT DISKUS 50 MCG/DOSE AER POW BA <i>salmeterol xinafoate</i> | BRAND | MDD 2 per day |
| <i>Terbutaline Sulfate</i> | <i>terbutaline sulfate (tab 2.5 mg, tab 5 mg)</i> | generic | |
| <i>Twinject</i> | TWINJECT 0.3 MG/0.3ML SOLN A-INJ <i>epinephrine</i> | BRAND | QL 2 / claim MFL 8 / 365 day(s) |
| <i>Ventolin HFA</i> | VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN <i>albuterol sulfate</i> | BRAND | MPL 2 / claim(s) MFL 2 / 30 day(s) |
| CYSTIC FIBROSIS AGENTS | | | |
| <i>Tobramycin</i> | <i>tobramycin nebu soln 300 mg/5ml</i> | generic | PA |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | | |
| <i>Caffeine Citrate</i> | <i>caffeine citrate inj 60 mg/3ml</i> | generic | QL 45 / claim |
| <i>Caffeine Citrate</i> | <i>caffeine citrate oral solution 20 mg/ml</i> | 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 (200 MG TAB, 400 MG TAB) <i>dyphylline</i> | BRAND | |
| <i>Theo-24</i> | THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H) <i>theophylline</i> | BRAND | |
| <i>Theophylline ER</i> | <i>theophylline er (tab 12hr 200 mg, tab 12hr 450 mg, tab 12hr 300 mg, tab 12hr 100 mg, tab 24hr 600 mg, tab 24hr 400 mg)</i> | generic | |
| <i>Theophylline</i> | <i>theophylline soln 80 mg/15ml</i> | generic | QL 475 / claim |
| RESPIRATORY TRACT AGENTS, OTHER | | | |
| <i>Acetylcysteine</i> | <i>acetylcysteine (soln 10%, soln 20%)</i> | generic | |
| <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 ages 3-5: Daily Dose=10; From ages 6 and older: Daily Dose=20 |
| <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 | QL 240 / 30 days |
| <i>Decon-A</i> | DECON-A 2-5 MG/5ML ELIXIR <i>brompheniramine & phenyleph</i> | BRAND | |
| <i>Dulera</i> | DULERA (100-5 AEROSOL, 200-5 AEROSOL) <i>mometasone furoate-formoterol fumarate dihydrate</i> | BRAND | QL 13 / claim |
| <i>Ipratropium-Albuterol</i> | <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | generic | MDD 12 per day |
| <i>Promethazine VC</i> | <i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> | generic | QL 240 / claim AL At least 2 yrs old |
| <i>Promethazine-DM</i> | <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | generic | QL 240 / claim AL At least 2 yrs old MFL 1 / 30 days |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|---|
| Sodium Chloride | sodium chloride (soln nebu 0.9%, soln nebu 3%, soln nebu 10%) | generic | |
| Symbicort | SYMBICORT (80-4.5 AEROSOL, 160-4.5 AEROSOL) budesonide-formoterol fumarate dihydrate | BRAND | QL 11 / claim |
| SKELETAL MUSCLE RELAXANTS | | | |
| Chlorzoxazone | chlorzoxazone tab 500 mg | generic | |
| Cyclobenzaprine HCl | cyclobenzaprine hcl (tab 5 mg, tab 10 mg) | generic | MDD 3 per day |
| Methocarbamol | methocarbamol (tab 500 mg, tab 750 mg) | generic | |
| SLEEP DISORDER AGENTS | | | |
| GABA RECEPTOR MODULATORS | | | |
| Temazepam | temazepam (cap 15 mg, cap 30 mg) | generic | AL At least 18 yrs old MDD 1 per day |
| Triazolam | triazolam (tab 0.125 mg, 0.125 mg tab, tab 0.25 mg) | generic | MDD 1 per day |
| Zaleplon | zaleplon cap 10 mg | generic | ST AL At least 18 yrs old MDD 1 per day |
| Zaleplon | zaleplon cap 5 mg | generic | AL At least 18 yrs old MDD 1 per day |
| Zolpidem Tartrate | zolpidem tartrate (tab 5 mg, tab 10 mg) | generic | MDD 1 per day |
| SLEEP DISORDERS, OTHER | | | |
| Flurazepam HCl | flurazepam hcl (cap 15 mg, 15 mg cap, cap 30 mg, 30 mg cap) | generic | MDD 1 per day |
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES | | | |
| ELECTROLYTE/MINERAL MODIFIERS | | | |
| Kionex | *sodium polystyrene sulfonate powder** | generic | QL 454 / claim |
| Chemet | CHEMET 100 MG CAP succimer | BRAND | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---------------------------------|--|----------|-----------------------|
| Jadenu | JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB) <i>deferasirox</i> | BRAND | PA |
| Sodium Polystyrene Sulfonate | <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | 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 | <i>fluoritab (chew tab 0.5 mg f (from 1.1 mg, chew tab 1 mg f (from 2.2 mg, soln 0.125 mg/drop f (0.275 mg/drop)</i> | generic | |
| Flura-Drops | FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION <i>sodium fluoride</i> | BRAND | |
| Klor-Con | <i>klor-con (powder packet 20, tab cr 8 (600 mg))</i> | generic | |
| Klor-Con M15 | KLOR-CON M15 15 MEQ TAB ER <i>potassium chloride microencapsulated crystals cr</i> | BRAND | |
| Klor-Con/EF | <i>potassium bicarbonate effer tab 25 meq</i> | generic | |
| Potassium Chloride | <i>potassium chloride (soln 10% (20, soln 20% (40)</i> | generic | |
| Potassium Chloride ER | <i>potassium chloride cap cr 8 meq</i> | generic | MDD 1 per day |
| Potassium Chloride Crys ER | <i>potassium chloride crys er (microencapsulated ys tab 10, microencapsulated ys tab 20)</i> | generic | |
| Potassium Chloride ER | POTASSIUM CHLORIDE ER (CAP CR 10, ER 8 TAB ER) <i>potassium chloride</i> | BRAND | |
| Klor-Con 10 | <i>potassium chloride tab cr 10 meq</i> | generic | |
| Sodium Chloride | <i>sodium chloride (inj 0.9%, inj 3%, iv soln 0.9%)</i> | generic | |
| Sodium Chloride Flush | <i>sodium chloride flush iv soln 0.9%</i> | generic | |
| Epiflur | <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> | generic | |
| Sodium Fluoride | <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> | generic | |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-----------------------------------|--|----------|--|
| <i>Triphrocaps</i> | <i>*b-complex w/ c & folic acid cap 1 mg***</i> | generic |  1 per day |
| <i>PhluoriVit + Fe</i> | <i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> | generic |  50 / claim  Up to 13 yrs old |
| <i>Multi-Vitamin/Fluoride</i> | <i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i> | generic |  30 / 30 days  Up to 13 yrs old |
| <i>Tri-Vitamin/Iron/Fluoride</i> | <i>*pediatric vitamins acid fluoride & fe drops 0.25-10 mg/ml***</i> | generic |  50 / claim  Up to 14 yrs old |
| <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 |  Up to 46 yrs old  1 per day |
| <i>Co-Natal FA</i> | CO-NATAL FA 29 MG-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND |  Up to 45 yrs old  1 per day |
| <i>Complete-RF Prenatal</i> | COMPLETE-RF PRENATAL 90-1 MG TAB <i>prenatal without a w/ fe carbonyl-docusate-folic acid</i> | BRAND |  Up to 46 yrs old  1 per day |
| <i>CompleteNate</i> | COMPLETENATE 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND |  Up to 45 yrs old  1 per day |
| <i>Cyanocobalamin</i> | <i>cyanocobalamin inj 1000 mcg/ml</i> | generic | |
| <i>Vitamin D (Ergocalciferol)</i> | <i>ergocalciferol cap 50000 unit</i> | generic |  8 / 30 days |
| <i>Gesticare</i> | GESTICARE 28-1 MG TAB DR <i>prenatal without a vit w/ fe fumarate-folic acid</i> | BRAND |  Up to 46 yrs old  1 per day |
| <i>LevOCARNitine</i> | <i>levocarnitine oral soln 1 gm/10ml (10%)</i> | generic |  30 per day |
| <i>LevOCARNitine</i> | <i>levocarnitine tab 330 mg</i> | generic |  3 per day |
| <i>Mephyton</i> | MEPHYTON 5 MG TAB <i>phytonadione</i> | BRAND | |
| <i>Multi-Vit/Fluoride</i> | <i>multi-vit/fluoride (soln 0.25, soln 0.5)</i> | generic |  50 / claim  Up to 13 yrs old |
| <i>Multi-Vitamin/Fluoride</i> | <i>multi-vitamin/fluoride (chew tab 0.25, chew tab 0.5)</i> | generic |  Up to 13 yrs old  1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|----------------------------------|---|----------|--------------------------------------|
| <i>Mynatal</i> | MYNATAL 65 MG-1 MG CAP <i>prenatal multivit-min w/fe-fa</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Mynate 90 Plus</i> | MYNATE 90 PLUS 90-50-1MG TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> | BRAND | AL Up to 46 yrs old MDD 1 per day |
| <i>NataChew</i> | NATACHEW 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Natal-V RX</i> | NATAL-V RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Natalvit</i> | NATALVIT 75-1MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| O-Cal Prenatal | O-CAL PRENATAL 15-1MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Prenatabs FA</i> | PRENATABS FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Prenatabs Rx</i> | PRENATABS RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Prenatal 19</i> | PRENATAL 19 (19 29-1 MG TAB, 19 29 MG-1 MG CHEW TAB, 19 29-1 MG CHEW TAB) <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Prenatal Plus Iron</i> | PRENATAL PLUS IRON 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| RE Prenatal Multivitamin/Iron | RE PRENATAL MULTIVITAMIN/IRON 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| RE-Nata 29 OB | RE-NATA 29 OB 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------|---|----------|--------------------------------------|
| <i>Se-Natal 19</i> | SE-NATAL 19 29-1 MG CHEW TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Se-Natal 90</i> | SE-NATAL 90 90-1 MG TAB ER <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> | BRAND | AL Up to 46 yrs old MDD 1 per day |
| <i>Tri-Vit/Fluoride</i> | <i>tri-vit/fluoride (soln 0.25, soln 0.5)</i> | generic | QL 50 / claim AL Up to 13 yrs old |
| <i>Venatal-FA</i> | VENATAL-FA 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Vinate Calcium</i> | VINATE CALCIUM 27-1 MG TAB <i>prenatal vit w/ iron carbonyl-fe gluconate-folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |
| <i>Vinate M</i> | VINATE M 27-1 MG TAB <i>prenatal vit w/ selenium-fe fumarate-folic acid</i> | BRAND | AL Up to 46 yrs old MDD 1 per day |
| <i>VitaSpire</i> | VITASPIRE 29-1 MG TAB <i>prenatal without a vit w/ iron carbonyl-folic acid</i> | BRAND | AL Up to 46 yrs old MDD 1 per day |
| <i>Vol-Tab Rx</i> | VOL-TAB RX 29-1 MG TAB <i>prenatal vit w/ iron carbonyl- folic acid</i> | BRAND | AL Up to 45 yrs old MDD 1 per day |

LIST OF COVERED SPECIALTY MEDICATIONS

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------|--|----------|---|
| ANTINEOPLASTICS | | | |
| MOLECULAR TARGET INHIBITORS | | | |
| <i>Cotellic</i> | COTELIC 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 |
| ANTIPSYCHOTICS | | | |
| 2ND GENERATION/ATYPICAL | | | |
| <i>Abilify Maintena</i> | ARIPIRAZOLE (300 MG RECON SUSP, 400 MG RECON SUSP) <i>aripiprazole</i> | BRAND | PA S Specialty Drug |
| <i>RisperDAL Consta</i> | RISPERIDONE MICROSPHERES (12.5 MG RECON SUSP, 25 MG RECON SUSP, 37.5 MG RECON SUSP, 50 MG RECON SUSP) <i>risperidone microspheres</i> | BRAND | PA S Specialty Drug |
| ANTIVIRALS | | | |
| ANTI-HEPATITIS C (HCV) AGENTS | | | |
| <i>Epclusa</i> | EPCLUSA 400-100 MG TAB <i>sofosbuvir-velpatasvir</i> | BRAND | PA MDD 1 Per Day C Specialty Drug |
| <i>Zepatier</i> | ZEPATIER 50-100 MG TAB <i>elbasvir-grazoprevir</i> | BRAND | PA MDD 1 per day C 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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|--|--|----------|---|
| <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>glatopa soln prefilled syringe 20mg/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 |
| <i>Tecfidera</i> | DIMETHYL FUMARATE (120 & 240 MG MISC, 120 MG CAP DR, 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 5 per day S 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 |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|---|---|----------|---|
| <i>Norditropin</i> <i>NordiFlex Pen</i> | SOMATROPIN (PEN 5 MG/1.5ML SOLUTION, PEN 10 MG/1.5ML SOLUTION, PEN 15 MG/1.5ML SOLUTION, PEN 30 MG/3ML SOLUTION) <i>somatropin</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | | |
| PROGESTINS | | | |
| <i>Makena</i> | MAKENA 250 MG/ML OIL <i>hydroxyprogesterone caproate</i> | BRAND | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 5 / 30 days</div> <div style="margin-bottom: 5px;"><div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div></div> <div style="margin-bottom: 5px;"><div style="background-color: #228B22; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> At least 16 yrs old</div> <div style="margin-bottom: 5px;"><div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">MDS</div> 5 ml / 35 day(s)</div> <div style="margin-bottom: 5px;"><div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">C</div> Available at Specialty Pharmacy without PA</div> <div style="margin-bottom: 5px;"><div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug</div> </div> |
| IMMUNOLOGICAL AGENTS | | | |
| IMMUNE SUPPRESSANTS | | | |
| <i>Enbrel</i> | ETANERCEPT (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) <i>etanercept</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |
| <i>Enbrel SureClick</i> | ENBREL SURECLICK 50 MG/ML SOLN A-INJ <i>etanercept</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |
| <i>Humira</i> | ADALIMUMAB (10 MG/0.2ML PEF SY KT, 20 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF SY KT) <i>adalimumab</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |
| <i>Humira Pediatric Crohns Start</i> | HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PEF SY KT <i>adalimumab</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |
| <i>Humira Pen</i> | HUMIRA PEN 40 MG/0.8ML PEN KIT <i>adalimumab</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |
| <i>Humira Pen-Crohns Starter</i> | HUMIRA PEN-CROHNS STARTER 40 MG/0.8ML PEN KIT <i>adalimumab</i> | BRAND | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug </div> |

| BRAND NAME | DRUG DESCRIPTION (RX) | COVERAGE | LIMITS & RESTRICTIONS |
|-------------------------------------|--|----------|--|
| <i>Humira Pen-Psoriasis Starter</i> | HUMIRA PEN-PSORIASIS STARTER 40 MG/0.8ML PEN KIT <i>adalimumab</i> | BRAND | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 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 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug |
| <i>Orkambi</i> | ORKAMBI 200-125 MG TAB <i>lumacaftor-ivacaftor</i> | BRAND | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug |

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