

KEYSTONE MERCY

A Program of Keystone First and Mercy Health Plan



If you have questions about Keystone Mercy Health Plan, please call Member Services at 1-800-521-6860, TTY users should call 1-800-684-5505.

<u>Status and Restriction Definitions</u>	
F	Formulary Drug
GA	Non-Preferred Brand Drug - Preferred Generic is Available
NF	Non-Formulary Drug - Prior Authorization is Required
QL	Maximum Quantity Limit Allowed
PA	Prior Authorization Required (Yes)
AL	Age Restriction (Minimum /Maximum)
ST	Step Therapy Required (Yes)
GR	Gender Restriction (Male / Female)
OTC	Over-The-Counter Medication (Yes)
90-days	Generic Medication that Require a 90-day Supply (Yes)

KeystoneMercy Health Plan Formulary Medication List 2012

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
► 5-ALPHA-REDUCTASE INHIBITORS										
FINASTERIDE FINASTERIDE		F								
PROSCAR FINASTERIDE		GA								
► 5-HT3 RECEPTOR ANTAGONISTS										
ANZEMET DOLASETRON MESYLATE	(50MG) QL 5 QY per 30 DY PA Required 50MG	F		5			Y			
ANZEMET DOLASETRON MESYLATE	(100MG) QL 5 QY per 30 DY PA Required 100MG	F		5			Y			
GRANISETRON HCL GRANISETRON HCL	PA Required 1MG	NF					Y			
ONDANSETRON HCL ONDANSETRON HCL	(8MG) QL 15 QY per 30 DY	F		15						
ONDANSETRON HCL ONDANSETRON HCL	(4MG/5ML) QL 50 QY per 30 DY	F		50						
ONDANSETRON HCL ONDANSETRON HCL	(4MG) QL 15 QY per 30 DY	F		15						
ONDANSETRON ODT ONDANSETRON	(8MG) QL 15 QY per 30 DY	F		15						
ONDANSETRON ODT ONDANSETRON	(4MG) QL 15 QY per 30 DY	F		15						
ZOFRAN ONDANSETRON HCL	(4MG) QL 15 QY per 30 DY	GA		15						
ZOFRAN ONDANSETRON HCL	(8MG) QL 15 QY per 30 DY	GA		15						
ZOFRAN ONDANSETRON HCL	(4MG/5ML) QL 50 QY per 30 DY	GA		50						
ZOFRAN ODT ONDANSETRON	(8MG) QL 15 QY per 30 DY	GA		15						
ZOFRAN ODT ONDANSETRON	(4MG) QL 15 QY per 30 DY	GA		15						
► ADAMANTANES (CNS)										
AMANTADINE HCL AMANTADINE HYDROCHLORIDE		F								
► ADRENALS										
CORTEF HYDROCORTISONE		GA								
CORTISONE ACETATE CORTISONE ACETATE		F								
DEXAMETHASONE DEXAMETHASONE		F								
DEXAMETHASONE INTENSOL DEXAMETHASONE		F								
ENTOCORT EC BUDESONIDE	PA Required 3MG	NF					Y			

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
FLUDROCORTISONE ACETATE FLUDROCORTISONE ACETATE		F								
MEDROL METHYLPREDNISOLONE		GA								
MEDROL DOSEPAK METHYLPREDNISOLONE		GA								
METHYLPREDNISOLONE METHYLPREDNISOLONE		F								
METHYLPREDNISOLONE DOSE PACK METHYLPREDNISOLONE		F								
ORAPRED PREDNISOLONE SODIUM PHOSPHATE		GA								
PEDIAPRED PREDNISOLONE SODIUM PHOSPHATE		GA								
PREDNISOLONE PREDNISOLONE ANHYDROUS		F								
PREDNISON PREDNISON		F								
PREDNISON INTENSOL PREDNISON		F								
PRELONE PREDNISOLONE ANHYDROUS		GA								
▶ ALCOHOL DETERRENTS										
ANTABUSE DISULFIRAM		GA								
DISULFIRAM DISULFIRAM		F								
▶ ALKALINIZING AGENTS										
POTASSIUM CITRATE POTASSIUM CITRATE		F								
UROCIT-K 10 POTASSIUM CITRATE		GA								
UROCIT-K 5 POTASSIUM CITRATE		GA								
▶ ALLYLAMINES										
LAMISIL TERBINAFINE HYDROCHLORIDE	(250MG) QL 90 DS per 365 DY	GA							90	
TERBINAFINE HCL TERBINAFINE HYDROCHLORIDE	(250MG) QL 90 DS per 365 DY	F							90	
▶ ALPHA- AND BETA-ADRENERGIC AGONISTS										
ADRENALIN EPINEPHRINE HYDROCHLORIDE	Formulary Drug	F								
ADRENALIN EPINEPHRINE HYDROCHLORIDE	Formulary Drug	GA								
EPINEPHRINE HCL EPINEPHRINE HYDROCHLORIDE		F								
EPIPEN 2-PAK EPINEPHRINE	(0.3MG/0.3ML) QL 2 QY per 30 DY	F							2	
EPIPEN-JR 2-PAK EPINEPHRINE HYDROCHLORIDE	(0.15MG/0.3ML) QL 2 QY per 30 DY	F							2	
PSEUDOEPHEDRINE HCL PSEUDOEPHEDRINE HYDROCHLORIDE	OTC 60MG TABS	F								Y
▶ ALPHA-ADRENERGIC AGONISTS										
DONATUSSIN CHLOPHEDIANOL HYDROCHLORIDE; GUAIFENESIN; PHENYLEPHRINE HYDROCHLORIDE	OTC 12.5MG/5ML; 120MG/5ML; 5MG/5ML SYRP	F								Y
▶ ALPHA-ADRENERGIC AGONISTS (EENT)										
ALPHAGAN P BRIMONIDINE TARTRATE		GA								
BRIMONIDINE TARTRATE BRIMONIDINE TARTRATE		F								

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▶ ALPHA-ADRENERGIC BLOCKING AGENTS										
CARDURA DOXAZOSIN MESYLATE		GA								
DOXAZOSIN MESYLATE DOXAZOSIN MESYLATE		F								
MINIPRESS PRAZOSIN HYDROCHLORIDE		GA								
PRAZOSIN HCL PRAZOSIN HYDROCHLORIDE		F								
TERAZOSIN HCL TERAZOSIN HCL		F								
▶ AMEBICIDES										
PAROMOMYCIN SULFATE PAROMOMYCIN SULFATE	(250MG) QL 10 DS per 30 DY PA Required 250MG	F	10					Y		
YODOXIN IODOQUINOL		F								
▶ AMINOPENICILLINS										
AMOXICILLIN AMOXICILLIN		F								
AMOXICILLIN/CLAVULANATE POTASSIUM AMOXICILLIN; POTASSIUM CLAVULANATE	Augmentin 125/5ml & 250mg/5ml are not on formulary	F								
AMOXICILLIN/CLAVULANATE POTASSIUM AMOXICILLIN; CLAVULANIC ACID		F								
AMOXICILLIN/POTASSIUM CLAVULANATE AMOXICILLIN; CLAVULANIC ACID		F								
AMPICILLIN AMPICILLIN		F								
AUGMENTIN AMOXICILLIN; CLAVULANIC ACID		GA								
▶ AMMONIA DETOXICANTS										
LACTULOSE LACTULOSE		F								
▶ AMPHETAMINES										
ADDERALL AMPHETAMINE ASPARTATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
ADDERALL XR AMPHETAMINE ASPARTATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
AMPHETAMINE/DEXTROAMPHETAMINE AMPHETAMINE ASPARTATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
DEXEDRINE DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 20)	GA							20	
DEXTROAMPHETAMINE SULFATE DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 21)	F							21	
DEXTROAMPHETAMINE SULFATE ER DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 21)	F							21	
DEXTROAMPHETAMINE SULFATE ER DEXTROAMPHETAMINE SULFATE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
VYVANSE LISDEXAMFETAMINE DIMESYLATE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
▶ ANALGESICS AND ANTIPYRETICS, MISC.										
BUTALBITAL/ACETAMINOPHEN ACETAMINOPHEN; BUTALBITAL		F								
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ACETAMINOPHEN; BUTALBITAL; CAFFEINE		F								
ED-APAP ACETAMINOPHEN	OTC 160MG/5ML LIQD	F								Y
FIORICET ACETAMINOPHEN; BUTALBITAL; CAFFEINE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
MARTEN-TAB ACETAMINOPHEN; BUTALBITAL		GA								
PAIN RELIEF ACETAMINOPHEN	OTC 650MG TBCR	F								Y
Q-PAP ACETAMINOPHEN	OTC 160MG/5ML LIQD	F								Y
► ANDROGENS										
ANDROID METHYLTESTOSTERONE		F								
ANDROXY FLUOXYMESTERONE		F								
DANAZOL DANAZOL	PA Required 100MG	F					Y			
DANAZOL DANAZOL	PA Required 200MG	F					Y			
DANAZOL DANAZOL	PA Required 50MG	F					Y			
DELATESTRYL TESTOSTERONE ENANTHATE	(200MG/ML) QL 1 QY per 30 DY	GA			1					
FORTESTA TESTOSTERONE		F								
METHITEST METHYLTESTOSTERONE		F								
TESTIM TESTOSTERONE	PA Required 1%	NF					Y			
TESTOSTERONE ENANTHATE TESTOSTERONE ENANTHATE	(200MG/ML) QL 1 QY per 30 DY	F			1					
TESTRED METHYLTESTOSTERONE		F								
► ANGIOTENSIN II RECEPTOR ANTAGONISTS										
COZAAR LOSARTAN POTASSIUM	Generic 90-days	GA			Y					
DIOVAN VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (80MG TABS)	F								Y
DIOVAN VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (320MG TABS)	F								Y
DIOVAN VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (160MG TABS)	F								Y
DIOVAN VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (40MG TABS)	F								Y
DIOVAN HCT HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (12.5MG; 320MG TABS)	F								Y
DIOVAN HCT HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (12.5MG; 160MG TABS)	F								Y
DIOVAN HCT HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (25MG; 320MG TABS)	F								Y
DIOVAN HCT HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (25MG; 160MG TABS)	F								Y
DIOVAN HCT HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (12.5MG; 80MG TABS)	F								Y
HYZAAR HYDROCHLOROTHIAZIDE; LOSARTAN POTASSIUM	Generic 90-days	GA			Y					
LOSARTAN POTASSIUM LOSARTAN POTASSIUM		F								
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE; LOSARTAN POTASSIUM		F								
► ANGIOTENSIN-CONVERTING ENZYME INHIBITORS										
BENAZEPRIL HCL BENAZEPRIL HCL		F								

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BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE BENAZEPRIL HCL; HYDROCHLOROTHIAZIDE		F								
CAPTOPRIL CAPTOPRIL		F								
CAPTOPRIL/HYDROCHLOROTHIAZIDE CAPTOPRIL; HYDROCHLOROTHIAZIDE		F								
ENALAPRIL MALEATE ENALAPRIL MALEATE		F								
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ENALAPRIL MALEATE; HYDROCHLOROTHIAZIDE		F								
FOSINOPRIL SODIUM FOSINOPRIL SODIUM		F								
LISINOPRIL LISINOPRIL	Generic 90-days	F	Y							
LISINOPRIL/HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE; LISINOPRIL		F								
LOTENSIN BENAZEPRIL HCL		GA								
LOTENSIN HCT BENAZEPRIL HCL; HYDROCHLOROTHIAZIDE		GA								
PRINIVIL LISINOPRIL	Generic 90-days	GA	Y							
PRINZIDE HYDROCHLOROTHIAZIDE; LISINOPRIL		GA								
VASERETIC ENALAPRIL MALEATE; HYDROCHLOROTHIAZIDE		GA								
VASOTEC ENALAPRIL MALEATE	Generic 90-days	GA	Y							
ZESTORETIC HYDROCHLOROTHIAZIDE; LISINOPRIL		GA								
ZESTRIL LISINOPRIL	Generic 90-days	GA	Y							
► ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC										
CAFCIT CITRATED CAFFEINE		GA								
CAFFEINE CITRATE CITRATED CAFFEINE		F								
CONCERTA METHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	GA							20	
FOCALIN XR DEXMETHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
METHYLPHENIDATE HCL METHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
METHYLPHENIDATE HCL ER METHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 21)	F							21	
METHYLPHENIDATE HCL SR METHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	F							20	
RITALIN METHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	GA							20	
RITALIN SR METHYLPHENIDATE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	GA							20	
► ANTACIDS AND ADSORBENTS										
ALUMINUM HYDROXIDE ALUMINUM HYDROXIDE	OTC 320MG/5ML SUSP	F								Y
ANTACID ANTI-GAS MAXIMUM STRENGTH ALUMINUM HYDROXIDE; MAGNESIUM HYDROXIDE; SIMETHICONE	OTC 400MG/5ML; 400MG/5ML; 40MG/5ML SUSP	F								Y
ANTACID PLUS ANTI-GAS RELIEF ALUMINUM HYDROXIDE; MAGNESIUM HYDROXIDE; SIMETHICONE	OTC 200MG/5ML; 200MG/5ML; 20MG/5ML SUSP	F								Y
CALCIUM ANTACID EXTRA STRENGTH CALCIUM CARBONATE	OTC 750MG CHEW	F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
CHEWABLE ANTACID CALCIUM CARBONATE	OTC 500MG CHEW	F								Y
MAGNESIUM MAGNESIUM OXIDE	OTC 500MG TABS	F								Y
MAGNESIUM MAGNESIUM OXIDE	OTC 500MG CAPS	F								Y
MAGNESIUM OXIDE MAGNESIUM OXIDE	OTC 250MG TABS	F								Y
MAGNESIUM OXIDE MAGNESIUM OXIDE	OTC 400MG TABS	F								Y
MAGNESIUM OXIDE MAGNESIUM OXIDE	OTC 420MG TABS	F								Y
SODIUM BICARBONATE SODIUM BICARBONATE	OTC 325MG TABS	F								Y
SODIUM BICARBONATE SODIUM BICARBONATE	OTC 650MG TABS	F								Y
TUMS CALCIUM CARBONATE	OTC 500MG CHEW	GA								Y
TUMS ULTRA 1000 CALCIUM CARBONATE	OTC 1000MG CHEW	GA								Y
URO-MAG MAGNESIUM OXIDE	OTC 140MG CAPS	F								Y
▶ ANTHELMINTICS										
BILTRICIDE PRAZIQUANTEL		F								
▶ ANTIALLERGIC AGENTS										
ALAWAY KETOTIFEN FUMARATE	(0.03%) QL 1 QY per 30 DYOTC 0.03% SOLN	F			1					Y
ASTELIN AZELASTINE HYDROCHLORIDE		GA								
ASTEPRO AZELASTINE HYDROCHLORIDE		F								
AZELASTINE HCL AZELASTINE HYDROCHLORIDE		F								
KETOTIFEN FUMARATE KETOTIFEN FUMARATE	(0.03%) QL 1 QY per 30 DYOTC 0.03% SOLN	F			1					Y
PATADAY OLOPATADINE HYDROCHLORIDE	Requires trial and failure or intolerance to Zaditor OTC or Alaway OTC.(0.20%) Q 1 QY per 30 DY (0.20% SOLN)	F			1				Y	
ZADITOR KETOTIFEN FUMARATE	(0.03%) QL 1 QY per 30 DYOTC 0.03% SOLN	F			1					Y
▶ ANTIBACTERIALS (EENT)										
BACITRACIN/POLYMYXIN B BACITRACIN ZINC; POLYMYXIN B SULFATE		F								
BLEPH-10 SULFACETAMIDE SODIUM		GA								
CILOXAN CIPROFLOXACIN HCL		GA								
CIPRODEX CIPROFLOXACIN HCL; DEXAMETHASONE	Requires trial and failure or intolerance to ofloxacin otic drops or prescribing provid is an ear, eye, nose and throat (EENT) physician. PA Required 0.3%; 0.1% (0.3%; 0.1% SUSP)	NF				Y			Y	
CORTISPORIN HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		GA								
GENTAK GENTAMICIN SULFATE		F								
MAXITROL DEXAMETHASONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		GA								
NEOMYCIN/BACITRACIN/POLYMYXIN BACITRACIN ZINC; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE BACITRACIN ZINC; HYDROCORTISONE ACETATE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		F								
NEOMYCIN/POLYMYXIN/DEXAMETHASONE DEXAMETHASONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		F								
NEOMYCIN/POLYMYXIN/GRAMICIDIN GRAMICIDIN; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		F								
NEOMYCIN/POLYMYXIN/HYDROCORTISONE HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		F								
NEOSPORIN GRAMICIDIN; NEOMYCIN SULFATE; POLYMYXIN B SULFATE		GA								
OCUFLOX OFLOXACIN		GA								
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE POLYMYXIN B SULFATE; TRIMETHOPRIM SULFATE		F								
POLYTRIM POLYMYXIN B SULFATE; TRIMETHOPRIM SULFATE		GA								
SULFACETAMIDE SODIUM SULFACETAMIDE SODIUM		F								
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PREDNISOLONE SODIUM PHOSPHATE; SULFACETAMIDE SODIUM		F								
TOBRADEX DEXAMETHASONE; TOBRAMYCIN SULFATE		GA								
TOBRAMYCIN SULFATE TOBRAMYCIN SULFATE		F								
TOBRAMYCIN/DEXAMETHASONE DEXAMETHASONE; TOBRAMYCIN SULFATE		F								
TOBREX TOBRAMYCIN SULFATE	Formulary Drug	F								
TOBREX TOBRAMYCIN SULFATE	Formulary Drug	GA								
VIGAMOX MOXIFLOXACIN HYDROCHLORIDE	PA Required 0.50%	F						Y		
▶ ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE)										
BACTROBAN MUPIROCIN	Cream requires prior authorization.	GA								
BENZAMYCIN BENZOYL PEROXIDE; ERYTHROMYCIN		GA								
CLEOCIN-T CLINDAMYCIN PHOSPHATE		GA								
CLINDAMYCIN PHOSPHATE CLINDAMYCIN PHOSPHATE		F								
DOUBLE ANTIBIOTIC BACITRACIN ZINC; POLYMYXIN B SULFATE	OTC 500UNIT/GM; 10000UNIT/GM OINT	F								Y
ERY ERYTHROMYCIN		F								
ERYTHROMYCIN ERYTHROMYCIN	Formulary Drug	GA								
ERYTHROMYCIN ERYTHROMYCIN	Formulary Drug	F								
ERYTHROMYCIN/BENZOYL PEROXIDE BENZOYL PEROXIDE; ERYTHROMYCIN		F								
GENTAMICIN SULFATE GENTAMICIN SULFATE		F								
METROGEL METRONIDAZOLE	Generic available for the 0.75% strength.	F								
METROGEL-VAGINAL METRONIDAZOLE		GA								
METRONIDAZOLE METRONIDAZOLE	Generic available for the 0.75% strength.	F								

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METRONIDAZOLE METRONIDAZOLE		F								
METRONIDAZOLE VAGINAL METRONIDAZOLE		F								
MUPIROCIN MUPIROCIN	Cream requires prior authorization.	F								
POLYSPORIN BACITRACIN ZINC; POLYMYXIN B SULFATE	OTC 500UNIT/GM; 10000UNIT/GM OINT	GA								Y
▶ ANTICHOLINERGIC AGENTS (CNS)										
BENZTROPINE MESYLATE BENZTROPINE MESYLATE		F								
TRIHEXYPHENIDYL HCL TRIHEXYPHENIDYL HYDROCHLORIDE		F								
▶ ANTICONVULSANTS, MISCELLANEOUS										
BANZEL RUFINAMIDE	PA Required 400MG	NF						Y		
BANZEL RUFINAMIDE	PA Required 200MG	NF						Y		
CARBAMAZEPINE CARBAMAZEPINE		F								
CARBAMAZEPINE ER CARBAMAZEPINE		F								
DEPAKENE VALPROATE SODIUM		GA								
DEPAKENE VALPROIC ACID		GA								
DEPAKOTE DIVALPROEX SODIUM		GA								
DEPAKOTE ER DIVALPROEX SODIUM		GA								
DEPAKOTE SPRINKLES DIVALPROEX SODIUM		GA								
DIVALPROEX SODIUM DIVALPROEX SODIUM		F								
DIVALPROEX SODIUM DR DIVALPROEX SODIUM		F								
DIVALPROEX SODIUM ER DIVALPROEX SODIUM		F								
GABAPENTIN GABAPENTIN		F								
KEPPRA LEVETIRACETAM		GA								
LAMICTAL LAMOTRIGINE		GA								
LAMICTAL CHEWABLE DISPERSIBLE LAMOTRIGINE		GA								
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE LAMOTRIGINE		F								
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE LAMOTRIGINE		F								
LAMICTAL STARTER/TAKING VALPROATE LAMOTRIGINE		F								
LAMOTRIGINE LAMOTRIGINE		F								
LEVETIRACETAM LEVETIRACETAM		F								
NEURONTIN GABAPENTIN		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
OXCARBAZEPINE OXCARBAZEPINE	Diagnosis of seizure disorder required. Seizure disorder ICD-9 codes= 345.0, 345.1 345.2, 345.3, 345.4, 345.5, 345.6, 345.7, 345.8, 345.9 and 780.3	F								
TEGRETOL CARBAMAZEPINE		GA								
TEGRETOL-XR CARBAMAZEPINE	Formulary Drug	GA								
TEGRETOL-XR CARBAMAZEPINE	Formulary Drug	F								
TOPAMAX TOPIRAMATE		GA								
TOPAMAX SPRINKLE TOPIRAMATE		GA								
TOPIRAMATE TOPIRAMATE		F								
TRILEPTAL OXCARBAZEPINE	Diagnosis of seizure disorder required. Seizure disorder ICD-9 codes= 345.0, 345.1 345.2, 345.3, 345.4, 345.5, 345.6, 345.7, 345.8, 345.9 and 780.3	GA								
VALPROIC ACID VALPROATE SODIUM		F								
VALPROIC ACID VALPROIC ACID		F								
▶ ANTIDEPRESSANTS, MISCELLANEOUS										
BUDEPRION SR BUPROPION HCL		F								
BUPROBAN BUPROPION HCL		F								
BUPROPION HCL BUPROPION HCL		F								
BUPROPION HCL SR BUPROPION HCL		F								
BUPROPION HCL XL BUPROPION HCL		F								
MIRTAZAPINE MIRTAZAPINE		F								
MIRTAZAPINE ODT MIRTAZAPINE		F								
REMERON MIRTAZAPINE		GA								
REMERON SOLTAB MIRTAZAPINE		GA								
WELLBUTRIN BUPROPION HCL		GA								
WELLBUTRIN SR BUPROPION HCL		GA								
WELLBUTRIN XL BUPROPION HCL		GA								
ZYBAN BUPROPION HCL		GA								
▶ ANTIDIARRHEA AGENTS										
DIPHENOXYLATE/ATROPINE ATROPINE SULFATE; DIPHENOXYLATE HYDROCHLORIDE		F								
LOMOTIL ATROPINE SULFATE; DIPHENOXYLATE HYDROCHLORIDE		GA								
LOPERAMIDE HCL LOPERAMIDE HYDROCHLORIDE		F								
PEPTO-BISMOL BISMUTH SUBSALICYLATE	OTC 262MG CHEW	GA								Y
PEPTO-BISMOL BISMUTH SUBSALICYLATE	OTC 262MG/15ML SUSP	GA								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
PINK BISMUTH BISMUTH SUBSALICYLATE	OTC 262MG CHEW	F								Y
PINK BISMUTH REGULAR STRENGTH BISMUTH SUBSALICYLATE	OTC 262MG/15ML SUSP	F								Y
▶ ANTIDOTES LEUCOVORIN CALCIUM LEUCOVORIN CALCIUM		F								
▶ ANTIEMETICS, MISCELLANEOUS EMEND APREPITANT		F								
EMEND APREPITANT	(40MG) QL 1 QY per 30 DY	F			1					
EMEND (In a Dose Pack) APREPITANT		F								
TRANSDERM-SCOP SCOPOLAMINE	PA Required 1.5MG	NF					Y			
▶ ANTIFUNGALS (SKIN & MUCOUS MEMBRANE) CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE BETAMETHASONE DIPROPIONATE; CLOTRIMAZOLE	(0.05%; 1%) QL 15 QY per 34 DY	F			15					
LOTRIMIN ULTRA BUTENAFINE HYDROCHLORIDE	OTC 1% CREA	F								Y
LOTRISONE BETAMETHASONE DIPROPIONATE; CLOTRIMAZOLE	(0.05%; 1%) QL 15 QY per 34 DY	GA			15					
MENTAX BUTENAFINE HYDROCHLORIDE	Lotrimin Ultra (OTC) is preferred.	GA								
▶ ANTIFUNGALS, MISCELLANEOUS GRIFULVIN V GRISEOFULVIN		F								
GRISEOFULVIN MICROSIZED GRISEOFULVIN		F								
GRIS-PEG GRISEOFULVIN ULTRAMICROSIZED		F								
▶ ANTIGOUT AGENTS ALLOPURINOL ALLOPURINOL		F								
ZYLOPRIM ALLOPURINOL		GA								
▶ ANTI-HISTAMINES (GI DRUGS) ANTIVERT MECLIZINE HYDROCHLORIDE		GA								
MECLIZINE HCL MECLIZINE HYDROCHLORIDE	OTC 12.5MG TABS	F								Y
MECLIZINE HCL MECLIZINE HYDROCHLORIDE	OTC 25MG TABS	F								Y
PROCHLORPERAZINE PROCHLORPERAZINE		F								
PROCHLORPERAZINE EDISYLATE PROCHLORPERAZINE EDISYLATE		F								
PROCHLORPERAZINE MALEATE PROCHLORPERAZINE MALEATE		F								
TIGAN TRIMETHOBENZAMIDE HYDROCHLORIDE		GA								
TRAVEL SICKNESS MECLIZINE HYDROCHLORIDE	OTC 25MG CHEW	F								Y
TRIMETHOBENZAMIDE HCL TRIMETHOBENZAMIDE HYDROCHLORIDE		F								
▶ ANTI-INFLAMMATORY AGENTS (GI DRUGS) ASACOL MESALAMINE (5-ASA)		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
BALSALAZIDE DISODIUM BALSALAZIDE DISODIUM		F								
CANASA MESALAMINE (5-ASA)		F								
COLAZAL BALSALAZIDE DISODIUM		GA								
DIPENTUM OLSALAZINE SODIUM		F								
MESALAMINE MESALAMINE (5-ASA)		F								
PENTASA MESALAMINE (5-ASA)		F								
▶ ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)										
AMCINONIDE AMCINONIDE		F								
ANUSOL-HC HYDROCORTISONE		GA								
AUGMENTED BETAMETHASONE DIPROPIONATE AUGMENTED BETAMETHASONE DIPROPIONATE		F								
BETAMETHASONE DIPROPIONATE BETAMETHASONE DIPROPIONATE		F								
BETAMETHASONE VALERATE BETAMETHASONE VALERATE		F								
CLOBETASOL PROPIONATE CLOBETASOL PROPIONATE		F								
CLOBETASOL PROPIONATE EMOLLIENT CLOBETASOL PROPIONATE		F								
DESONIDE DESONIDE		F								
DESOXIMETASONE DESOXIMETASONE		F								
DIFLORASONE DIACETATE DIFLORASONE DIACETATE		F								
DIPROLENE AUGMENTED BETAMETHASONE DIPROPIONATE		GA								
DIPROLENE AF AUGMENTED BETAMETHASONE DIPROPIONATE		GA								
ELOCON MOMETASONE FUROATE	(0.10%) QL 45 QY per 30 DY	GA					45			
ELOCON MOMETASONE FUROATE		GA								
FLUOCINOLONE ACETONIDE FLUOCINOLONE ACETONIDE		F								
FLUOCINONIDE FLUOCINONIDE		F								
FLUOCINONIDE-E FLUOCINONIDE		F								
HYDROCORTISONE HYDROCORTISONE	OTC 1% LOTN	F								Y
HYDROCORTISONE HYDROCORTISONE		F								
HYDROCORTISONE IN ABSORBASE HYDROCORTISONE		F								
HYDROCORTISONE VALERATE HYDROCORTISONE VALERATE		F								
MOMETASONE FUROATE MOMETASONE FUROATE		F								
MOMETASONE FUROATE MOMETASONE FUROATE	(0.10%) QL 45 QY per 30 DY	F					45			

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
PROCTOFOAM HC HYDROCORTISONE ACETATE; PRAMOXINE HYDROCHLORIDE		F								
TEMOVATE CLOBETASOL PROPIONATE		GA								
TEMOVATE E CLOBETASOL PROPIONATE		GA								
TOPICORT DESOXIMETASONE		GA								
TRIAMCINOLONE ACETONIDE TRIAMCINOLONE ACETONIDE		F								
TRIAMCINOLONE ACETONIDE TRIAMCINOLONE ACETONIDE	PA Required 55MCG/ACT	NF					Y			
WESTCORT HYDROCORTISONE VALERATE		GA								
▶ ANTI-LIPIDIC AGENTS, MISCELLANEOUS										
NIACIN NIACIN	OTC 50MG TABS	F								Y
NIACIN NIACIN	OTC 500MG TABS	F								Y
NIACIN NIACIN	OTC 100MG TABS	F								Y
NIACIN NIACIN	OTC 250MG TABS	F								Y
NIACIN SR NIACIN	OTC 500MG CPR	F								Y
NIACIN TR NIACIN	OTC 1000MG TBCR	F								Y
NIACIN TR NIACIN	OTC 250MG TBCR	F								Y
NIACIN TR NIACIN	OTC 500MG TBCR	F								Y
NIACIN TR NIACIN	OTC 750MG TBCR	F								Y
NIACOR NIACIN		F								
NICOTINIC ACID SR NIACIN	OTC 250MG CPR	F								Y
▶ ANTI-MALARIALS										
ARALEN CHLOROQUINE PHOSPHATE		GA								
CHLOROQUINE PHOSPHATE CHLOROQUINE PHOSPHATE		F								
DARAPRIM PYRIMETHAMINE		F								
HYDROXYCHLOROQUINE SULFATE HYDROXYCHLOROQUINE SULFATE		F								
MEFLOQUINE HCL MEFLOQUINE HCL		F								
PLAQUENIL HYDROXYCHLOROQUINE SULFATE		GA								
PRIMAQUINE PHOSPHATE PRIMAQUINE PHOSPHATE		F								
▶ ANTI-MANIC AGENTS										
LITHIUM CARBONATE LITHIUM CARBONATE		F								
LITHIUM CARBONATE ER LITHIUM CARBONATE		F								
LITHIUM CITRATE LITHIUM CITRATE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
LITHOBID LITHIUM CARBONATE		GA								
▶ ANTIMUSCARINICS/ANTISPASMODICS										
ATROVENT HFA IPRATROPIUM BROMIDE		F								
BENTYL DICYCLOMINE HYDROCHLORIDE		GA								
DICYCLOMINE HCL DICYCLOMINE HYDROCHLORIDE		F								
GLYCOPYRROLATE GLYCOPYRROLATE		F								
HYOMAX-SR HYOSCYAMINE SULFATE		F								
HYOSCYAMINE SULFATE HYOSCYAMINE SULFATE		F								
LEVBID HYOSCYAMINE SULFATE		GA								
PROPANTHELINE BROMIDE PROPANTHELINE BROMIDE		F								
ROBINUL GLYCOPYRROLATE		GA								
ROBINUL FORTE GLYCOPYRROLATE		GA								
SPIRIVA HANDIHALER TIOTROPIUM BROMIDE MONOHYDRATE		F								
▶ ANTIMYCOBACTERIALS, MISCELLANEOUS										
DAPSONE DAPSONE		F								
▶ ANTINEOPLASTIC AGENTS										
ALKERAN MELPHALAN		F								
BICALUTAMIDE BICALUTAMIDE		F								
CASODEX BICALUTAMIDE	(Gender M)	GA								M
CEENU LOMUSTINE		F								
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE		F								
DROXIA HYDROXYUREA		F								
EMCYT ESTRAMUSTINE PHOSPHATE SODIUM		F								
FARESTON TOREMIFENE CITRATE	Must have documented intolerance to tamoxifen. PA Required 60MG	F						Y		
FEMARA LETOZOLE	(2.5MG) QL 1 QY per 1 DY	F						1		
FLUTAMIDE FLUTAMIDE	(Gender M)	F								M
HEXALEN ALTRETAMINE		F								
HYDREA HYDROXYUREA		GA								
HYDROXYUREA HYDROXYUREA		F								
LEUKERAN CHLORAMBUCIL		F								
LYSODREN MITOTANE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
MATULANE PROCARBAZINE HYDROCHLORIDE		F								
MEGACE ES MEGESTROL ACETATE	(625MG/5ML) QL 150 QY per 30 DY	F		150						
MEGACE ORAL MEGESTROL ACETATE		GA								
MEGESTROL ACETATE MEGESTROL ACETATE		F								
MERCAPTOPURINE MERCAPTOPURINE		F								
METHOTREXATE METHOTREXATE		F								
METHOTREXATE SODIUM METHOTREXATE SODIUM		F								
MYLERAN BUSULFAN		F								
PURINETHOL MERCAPTOPURINE		GA								
RHEUMATREX METHOTREXATE SODIUM		GA								
TABLOID THIOGUANINE		F								
TAMOXIFEN CITRATE TAMOXIFEN CITRATE	(Gender F)	F								F
TREXALL METHOTREXATE SODIUM		F								
▶ ANTIPROTOZOALS, MISCELLANEOUS										
FLAGYL METRONIDAZOLE		GA								
MEPRON ATOVAQUONE	PA Required 750MG/5ML	F				Y				
▶ ANTIPRURITICS AND LOCAL ANESTHETICS										
DIBUCAINE DIBUCAINE	OTC 1% OINT	F								Y
LIDOCAINE LIDOCAINE HYDROCHLORIDE		F								
LIDOCAINE/PRILOCAINE LIDOCAINE; PRILOCAINE	(2.5%; 2.5%) QL 30 QY per 30 DY	F		30						
LIDODERM LIDOCAINE	PA Required 5%	NF				Y				
NUPERCAINAL DIBUCAINE	OTC 1% OINT	F								Y
PHENAZOPYRIDINE HCL PHENAZOPYRIDINE HYDROCHLORIDE		F								
PYRIDIUM PHENAZOPYRIDINE HYDROCHLORIDE		GA								
▶ ANTIPSYCHOTICS, MISCELLANEOUS										
LOXAPINE SUCCINATE LOXAPINE SUCCINATE		F								
LOXITANE LOXAPINE SUCCINATE		GA								
ORAP PIMOZIDE		F								
▶ ANTITHYROID AGENTS										
METHIMAZOLE METHIMAZOLE		F								
PROPYLTHIOURACIL PROPYLTHIOURACIL		F								
SSKI POTASSIUM IODIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
TAPAZOLE METHIMAZOLE		GA								
▶ ANTITUBERCULOSIS AGENTS										
ETHAMBUTOL HCL ETHAMBUTOL HYDROCHLORIDE		F								
ISONIAZID ISONIAZID		F								
MYCOBUTIN RIFABUTIN		F								
PYRAZINAMIDE PYRAZINAMIDE		F								
RIFADIN RIFAMPIN		GA								
RIFAMPIN RIFAMPIN		F								
▶ ANTITUSSIVES										
BENZONATATE BENZONATATE		F								
BROMFED DM BROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDROCHLORIDE		F								
CHERATUSSIN AC CODEINE PHOSPHATE; GUAIFENESIN	OTC 10MG/5ML; 100MG/5ML SYRP	F								Y
CHERATUSSIN DAC CODEINE PHOSPHATE; GUAIFENESIN; PSEUDOEPHEDRINE HYDROCHLORIDE	OTC 10MG/5ML; 100MG/5ML; 30MG/5ML SOLN	F								Y
GUAIFENESIN-DM DEXTROMETHORPHAN HYDROBROMIDE; GUAIFENESIN	OTC 10MG/5ML; 100MG/5ML SYRP	F								Y
HYDROCODONE/HOMATROPINE HOMATROPINE METHYLBROMIDE; HYDROCODONE BITARTRATE		F								
M-END DMX DEXBROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	OTC 0.667MG/5ML; 10MG/5ML; 20MG/5ML LIQD	F								Y
PROMETHAZINE VC/CODEINE CODEINE PHOSPHATE; PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE		F								
PROMETHAZINE/CODEINE CODEINE PHOSPHATE; PROMETHAZINE HYDROCHLORIDE		F								
PROMETHAZINE/DEXTROMETHORPHAN DEXTROMETHORPHAN HYDROBROMIDE; PROMETHAZINE HYDROCHLORIDE		F								
PROMETHAZINE-DM DEXTROMETHORPHAN HYDROBROMIDE; PROMETHAZINE HYDROCHLORIDE		F								
TESSALON BENZONATATE		GA								
TESSALON PERLES BENZONATATE		GA								
TUSSIGON HOMATROPINE METHYLBROMIDE; HYDROCODONE BITARTRATE		F								
▶ ANTIVIRALS (EENT)										
TRIFLURIDINE TRIFLURIDINE		F								
VIROPTIC TRIFLURIDINE		GA								
▶ ANTIVIRALS (SKIN & MUCOUS MEMBRANE)										
DENAVIR PENCICLOVIR	(1%) QL 5 QY per 30 DY	F				5				
ZOVIRAX ACYCLOVIR	Requires trial and failure or intolerance to a preferred oral antiviral such as acyclovi PA Required 5%	NF							Y	
ZOVIRAX ACYCLOVIR		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day max	QL	PA	AL	AL	ST	GR	OTC
						min	max			M/F
► ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC.										
AMBIEN ZOLPIDEM TARTRATE		GA								
AMBIEN CR ZOLPIDEM TARTRATE	PA Required 6.25MG	NF						Y		
AMBIEN CR ZOLPIDEM TARTRATE	PA Required 12.5MG	NF						Y		
BUSPIRONE HCL BUSPIRONE HYDROCHLORIDE		F								
DROPERIDOL DROPERIDOL		F								
EDLUAR ZOLPIDEM TARTRATE	PA Required 5MG	NF						Y		
EDLUAR ZOLPIDEM TARTRATE	PA Required 10MG	NF						Y		
HYDROXYZINE HCL HYDROXYZINE HYDROCHLORIDE		F								
HYDROXYZINE PAMOATE HYDROXYZINE PAMOATE		F								
LUNESTA ESZOPICLONE	PA Required 3MG	NF						Y		
LUNESTA ESZOPICLONE	PA Required 1MG	NF						Y		
LUNESTA ESZOPICLONE	PA Required 2MG	NF						Y		
MEPROBAMATE MEPROBAMATE		F								
ROZEREM RAMELTEON	Requires trial and failure or intolerance to zolpidem or zaleplon. Note: Can be approved as first line agent if there is a history of substance abuse (8MG TABS)	F								Y
SONATA ZALEPLON		GA								
VISTARIL HYDROXYZINE PAMOATE		GA								
ZALEPLON ZALEPLON		F								
ZOLPIDEM TARTRATE ZOLPIDEM TARTRATE		F								
► ASTRINGENTS										
DRYSOL ALUMINUM CHLORIDE		GA								
HYPERCARE ALUMINUM CHLORIDE		F								
► ATYPICAL ANTIPSYCHOTICS										
ABILIFY ARIPIPRAZOLE		F								
ABILIFY DISCMELT ARIPIPRAZOLE		F								
CLOZAPINE CLOZAPINE	Only Teva products covered - NDCs starting "00093". **A pharmacy override can be placed if the pharmacy states they cannot get an adequate supply of the preferred TEVA generic**	F								
CLOZARIL CLOZAPINE	Only Teva products covered - NDCs starting "00093". **A pharmacy override can be placed if the pharmacy states they cannot get an adequate supply of the preferred TEVA generic**	GA								
GEODON ZIPRASIDONE HYDROCHLORIDE		GA								
LATUDA LURASIDONE HYDROCHLORIDE		F								
RISPERDAL RISPERIDONE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
RISPERIDONE RISPERIDONE		F								
SAPHRIS ASENAPINE MALEATE		F								
SEROQUEL QUETIAPINE FUMARATE		GA								
► AUTONOMIC DRUGS, MISCELLANEOUS										
CHANTIX VARENICLINE TARTRATE	(1MG) QL 360 QY per 365 DY Min Age 18	F		360			18			
CHANTIX VARENICLINE TARTRATE	(0.5MG) QL 360 QY per 365 DY Min Age 18	F		360			18			
CHANTIX STARTING MONTH PAK (In a Dose Pack) VARENICLINE TARTRATE	(0) QL 360 QY per 365 DY Min Age 18	F		360			18			
NICODERM CQ NICOTINE	OTC 7MG/24HR PT24	GA								Y
NICODERM CQ NICOTINE	OTC 21MG/24HR PT24	GA								Y
NICODERM CQ NICOTINE	OTC 14MG/24HR PT24	GA								Y
NICOTINE NICOTINE	OTC 21MG/24HR PT24	F								Y
NICOTINE NICOTINE	OTC 14MG/24HR PT24	F								Y
NICOTINE POLACRILEX NICOTINE POLACRILEX	OTC 4MG GUM	F								Y
NICOTINE POLACRILEX NICOTINE POLACRILEX	OTC 4MG LOZG	F								Y
NICOTINE POLACRILEX NICOTINE POLACRILEX	OTC 2MG GUM	F								Y
NICOTINE TRANSDERMAL SYSTEM NICOTINE	OTC 7MG/24HR PT24	F								Y
NICOTROL INHALER NICOTINE		F								
NICOTROL NS NICOTINE	(10MG/ML) QL 60 QY per 30 DY	F		60						
► AZOLES										
DIFLUCAN FLUCONAZOLE	(150MG) QL 2 QY per 30 DY	GA		2						
DIFLUCAN FLUCONAZOLE		GA								
FLUCONAZOLE FLUCONAZOLE	(150MG) QL 2 QY per 30 DY	F		2						
FLUCONAZOLE FLUCONAZOLE		F								
VFEND VORICONAZOLE	PA Required 200MG	NF					Y			
VFEND VORICONAZOLE	PA Required 50MG	NF					Y			
VFEND VORICONAZOLE	PA Required 40MG/ML	NF					Y			
► AZOLES (SKIN & MUCOUS MEMBRANE)										
CLOTRIMAZOLE CLOTRIMAZOLE	OTC 1% CREA	F								Y
CLOTRIMAZOLE CLOTRIMAZOLE		F								
KETOCONAZOLE KETOCONAZOLE	Prior 4 week therapy with selenium sulfide or ketoconazole 1% shampoo (OTC). (2' SHAM)	F								Y
KETOCONAZOLE KETOCONAZOLE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
LOTRIMIN AF CLOTRIMAZOLE	OTC 1% CREA	GA								Y
MICONAZOLE 3 MICONAZOLE NITRATE		F								
MICONAZOLE NITRATE MICONAZOLE NITRATE	OTC 2% CREA	F								Y
MONISTAT 1 TIOCONAZOLE	OTC 6.50% OINT	GA								Y
NIZORAL KETOCONAZOLE	Prior 4 week therapy with selenium sulfide or ketoconazole 1% shampoo (OTC). (2' SHAM)	GA								Y
▶ BARBITURATES (ANTICONVULSANTS)										
MYSOLINE PRIMIDONE		GA								
PRIMIDONE PRIMIDONE		F								
▶ BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)										
PHENOBARBITAL PHENOBARBITAL		F								
▶ BASIC LOTIONS AND LINIMENTS										
LACLOTION AMMONIUM LACTATE		F								
▶ BASIC OINTMENTS AND PROTECTANTS										
AMMONIUM LACTATE AMMONIUM LACTATE		F								
AMMONIUM LACTATE LACTIC ACID	OTC 12% LOTN	F								Y
AMMONIUM LACTATE LACTIC ACID		F								
LAC-HYDRIN LACTIC ACID		GA								
LAC-HYDRIN AMMONIUM LACTATE		GA								
▶ BENZODIAZEPINES (ANTICONVULSANTS)										
CLONAZEPAM CLONAZEPAM		F								
KLONOPIN CLONAZEPAM		GA								
▶ BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)										
ALPRAZOLAM ALPRAZOLAM		F								
ATIVAN LORAZEPAM		GA								
CHLORDIAZEPOXIDE HCL CHLORDIAZEPOXIDE HYDROCHLORIDE	Brand name product can not be approved. Excluded from DPW coverage.	F								
CLORAZEPATE DIPOTASSIUM CLORAZEPATE DIPOTASSIUM		F								
DIASTAT ACUDIAL DIAZEPAM	Diastat is supplied as a twin pack (kit), 2 doses per pack. The approvable quantity limit is 4 doses/month = 2 kits/month.(20MG) QL 2 QY per 30 DY PA Required 20MG	GA		2				Y		
DIASTAT ACUDIAL DIAZEPAM	Diastat is supplied as a twin pack (kit), 2 doses per pack. The approvable quantity limit is 4 doses/month = 2 kits/month.(10MG) QL 2 QY per 30 DY PA Required 10MG	GA		2				Y		
DIASTAT PEDIATRIC DIAZEPAM	Diastat is supplied as a twin pack (kit), 2 doses per pack. The approvable quantity limit is 4 doses/month = 2 kits/month.(2.5MG) QL 2 QY per 30 DY PA Required 2.5MG	GA		2				Y		
DIAZEPAM DIAZEPAM	Supplied as a twin pack (kit), 2 doses per pack. The approvable quantity limit is 4 doses/month = 2 kits/month.(20MG) QL 2 QY per 30 DY	F		2						

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
DIAZEPAM DIAZEPAM	Supplied as a twin pack (kit), 2 doses per pack. The approvable quantity limit is 4 doses/month = 2 kits/month.(2.5MG) QL 2 QY per 30 DY	F		2						
DIAZEPAM DIAZEPAM	Brand name product can not be approved. Excluded from DPW coverage.	F								
DIAZEPAM DIAZEPAM	Supplied as a twin pack (kit), 2 doses per pack. The approvable quantity limit is 4 doses/month = 2 kits/month.(10MG) QL 2 QY per 30 DY	F		2						
ESTAZOLAM ESTAZOLAM		F								
HALCION TRIAZOLAM		GA								
LORAZEPAM LORAZEPAM		F								
OXAZEPAM OXAZEPAM		F								
RESTORIL TEMAZEPAM		GA								
TEMAZEPAM TEMAZEPAM		F								
TRANXENE T CLORAZEPATE DIPOTASSIUM		GA								
TRIAZOLAM TRIAZOLAM		F								
XANAX ALPRAZOLAM		GA								
► BETA-ADRENERGIC BLOCKING AGENTS										
ATENOLOL ATENOLOL	Generic 90-days	F	Y							
BETAPACE SOTALOL HYDROCHLORIDE		GA								
BETAPACE AF SOTALOL HYDROCHLORIDE		GA								
BISOPROLOL FUMARATE BISOPROLOL FUMARATE		F								
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE BISOPROLOL FUMARATE; HYDROCHLOROTHIAZIDE		F								
CARVEDILOL CARVEDILOL		F								
COREG CARVEDILOL		GA								
CORGARD NADOLOL		GA								
INDERAL LA PROPRANOLOL HYDROCHLORIDE		GA								
LABETALOL HCL LABETALOL HYDROCHLORIDE		F								
LOPRESSOR METOPROLOL TARTRATE		GA								
METOPROLOL SUCCINATE ER METOPROLOL SUCCINATE	PA Required 100MG	F					Y			
METOPROLOL SUCCINATE ER METOPROLOL SUCCINATE	PA Required 200MG	F					Y			
METOPROLOL SUCCINATE ER METOPROLOL SUCCINATE	PA Required 25MG	F					Y			
METOPROLOL SUCCINATE ER METOPROLOL SUCCINATE	PA Required 50MG	F					Y			
METOPROLOL TARTRATE METOPROLOL TARTRATE		F								
NADOLOL NADOLOL		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
PINDOLOL PINDOLOL		F								
PROPRANOLOL HCL PROPRANOLOL HYDROCHLORIDE		F								
PROPRANOLOL HCL ER PROPRANOLOL HYDROCHLORIDE		F								
PROPRANOLOL/HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE; PROPRANOLOL HYDROCHLORIDE		F								
SOTALOL HCL SOTALOL HYDROCHLORIDE		F								
SOTALOL HCL (AF) SOTALOL HYDROCHLORIDE		F								
TENORMIN ATENOLOL	Generic 90-days	GA	Y							
TOPROL XL METOPROLOL SUCCINATE	PA Required 50MG	GA				Y				
TOPROL XL METOPROLOL SUCCINATE	PA Required 100MG	GA				Y				
TOPROL XL METOPROLOL SUCCINATE	PA Required 200MG	GA				Y				
TOPROL XL METOPROLOL SUCCINATE	PA Required 25MG	GA				Y				
TRANDATE LABETALOL HYDROCHLORIDE		GA								
ZEBETA BISOPROLOL FUMARATE		GA								
ZIAC BISOPROLOL FUMARATE; HYDROCHLOROTHIAZIDE		GA								
► BETA-ADRENERGIC BLOCKING AGENTS (EENT)										
BETAGAN LEVOBUNOLOL HYDROCHLORIDE		GA								
LEVOBUNOLOL HCL LEVOBUNOLOL HYDROCHLORIDE		F								
TIMOLOL MALEATE TIMOLOL MALEATE		F								
TIMOLOL MALEATE OPHTHALMIC GEL FORMING TIMOLOL MALEATE		F								
TIMOPTIC TIMOLOL MALEATE		GA								
TIMOPTIC OCUDOSE TIMOLOL MALEATE		F								
TIMOPTIC-XE TIMOLOL MALEATE		GA								
► BIGUANIDES										
GLUCOPHAGE METFORMIN HYDROCHLORIDE		GA								
GLUCOPHAGE XR METFORMIN HYDROCHLORIDE		GA								
METFORMIN HCL METFORMIN HYDROCHLORIDE		F								
METFORMIN HCL ER METFORMIN HYDROCHLORIDE		F								
► BILE ACID SEQUESTRANTS										
CHOLESTYRAMINE CHOLESTYRAMINE		F								
CHOLESTYRAMINE LIGHT CHOLESTYRAMINE		F								
COLESTID COLESTIPOL HYDROCHLORIDE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
COLESTIPOL HCL COLESTIPOL HYDROCHLORIDE		F								
PREVALITE CHOLESTYRAMINE		F								
QUESTRAN CHOLESTYRAMINE		GA								
QUESTRAN LIGHT CHOLESTYRAMINE		GA								
► BONE RESORPTION INHIBITORS										
ALENDRONATE SODIUM ALENDRONATE SODIUM		F								
DIDRONEL ETIDRONATE DISODIUM		GA								
ETIDRONATE DISODIUM ETIDRONATE DISODIUM		F								
FOSAMAX ALENDRONATE SODIUM	Generic 90-days	GA	Y							
► BUTYROPHENONES										
HALOPERIDOL HALOPERIDOL LACTATE	Formulary Drug	F								
HALOPERIDOL HALOPERIDOL	Formulary Drug Use two 5mg tablets	GA								
HALOPERIDOL HALOPERIDOL	Formulary Drug	F								
HALOPERIDOL DECANOATE HALOPERIDOL DECANOATE		F								
HALOPERIDOL LACTATE HALOPERIDOL LACTATE		F								
► CALCIUM-CHANNEL BLOCKING AGENTS, MISC.										
CALAN VERAPAMIL HYDROCHLORIDE		GA								
CALAN SR VERAPAMIL HYDROCHLORIDE		GA								
CARDIZEM DILTIAZEM HYDROCHLORIDE		GA								
CARDIZEM CD DILTIAZEM HYDROCHLORIDE		GA								
DILACOR XR DILTIAZEM HYDROCHLORIDE		GA								
DILTIAZEM CD DILTIAZEM HYDROCHLORIDE		F								
DILTIAZEM HCL DILTIAZEM HYDROCHLORIDE		F								
DILTIAZEM HCL ER DILTIAZEM HYDROCHLORIDE		F								
DILT-XR DILTIAZEM HYDROCHLORIDE		F								
ISOPTIN SR VERAPAMIL HYDROCHLORIDE		GA								
TAZTIA XT DILTIAZEM HYDROCHLORIDE		F								
TIAZAC DILTIAZEM HYDROCHLORIDE		GA								
VERAPAMIL HCL VERAPAMIL HYDROCHLORIDE		F								
VERAPAMIL HCL ER VERAPAMIL HYDROCHLORIDE		F								
VERAPAMIL HCL SR VERAPAMIL HYDROCHLORIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
VERELAN VERAPAMIL HYDROCHLORIDE		GA								
► CARBONIC ANHYDRASE INHIBITORS (EENT)										
ACETAZOLAMIDE ACETAZOLAMIDE		F								
ACETAZOLAMIDE ER ACETAZOLAMIDE	PA Required 500MG	F				Y				
COSOPT DORZOLAMIDE HYDROCHLORIDE; TIMOLOL MALEATE		GA								
DIAMOX ACETAZOLAMIDE	PA Required 500MG	GA				Y				
DORZOLAMIDE HCL DORZOLAMIDE HYDROCHLORIDE		F								
DORZOLAMIDE HCL/TIMOLOL MALEATE DORZOLAMIDE HYDROCHLORIDE; TIMOLOL MALEATE		F								
TRUSOPT DORZOLAMIDE HYDROCHLORIDE		GA								
► CARDIOTONIC AGENTS										
DIGOXIN DIGOXIN		F								
LANOXIN DIGOXIN		GA								
► CARIOSTATIC AGENTS										
CLINPRO 5000 SODIUM FLUORIDE	(Max Age 20)	F						20		
FLUORITAB SODIUM FLUORIDE	(Max Age 20)	F						20		
LURIDE SODIUM FLUORIDE	(Max Age 20)	GA						20		
NEUTRAL SODIUM FLUORIDE SODIUM FLUORIDE	(Max Age 20)	F						20		
PHOS FLUR SODIUM FLUORIDE	OTC 0.04% SOLN (Max Age 20)	F						20		Y
PREVIDENT SODIUM FLUORIDE	(Max Age 20)	GA						20		
PREVIDENT 5000 BOOSTER SODIUM FLUORIDE	(Max Age 20)	F						20		
PREVIDENT 5000 PLUS SODIUM FLUORIDE	(Max Age 20)	GA						20		
PREVIDENT FLUORIDE SODIUM FLUORIDE	(Max Age 20)	GA						20		
SF SODIUM FLUORIDE	(Max Age 20)	F						20		
SF 5000 PLUS SODIUM FLUORIDE	(Max Age 20)	F						20		
SODIUM FLUORIDE SODIUM FLUORIDE	(Max Age 20)	F						20		
► CATHARTICS AND LAXATIVES										
AMITIZA LUBIPROSTONE		F								
BISACODYL BISACODYL	OTC 10MG SUPP	F								Y
COLYTE-FLAVOR PACKS POLYETHYLENE GLYCOL; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE		GA								
DOC-Q-LACE DOCUSATE SODIUM	OTC 60MG/15ML SYRP	F								Y
DOCUSATE CALCIUM DOCUSATE CALCIUM	OTC 240MG CAPS	F								Y
DOCUSATE SODIUM DOCUSATE SODIUM	OTC 100MG CAPS	F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
FLEET LAXATIVE BISACODYL	OTC 5MG TBEC	F								Y
METAFIBER PSYLLIUM	OTC 30.90% POWD	F								Y
MILK OF MAGNESIA MAGNESIUM HYDROXIDE	OTC 400MG/5ML SUSP	F								Y
MINERAL OIL HEAVY MINERAL OIL		F								
MIRALAX POLYETHYLENE GLYCOL	OTC POWD	GA								Y
NATURAL FIBER THERAPY PSYLLIUM	OTC 48.57% POWD	F								Y
PEG 3350/ELECTROLYTES POLYETHYLENE GLYCOL; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE		F								
POLYETHYLENE GLYCOL 3350 POLYETHYLENE GLYCOL	OTC POWD	F								Y
POLYETHYLENE GLYCOL 3350 POLYETHYLENE GLYCOL		F								
SENNA SENNOSIDES	OTC 8.6MG TABS	F								Y
SENNA S DOCUSATE SODIUM; SENNOSIDES	OTC 50MG; 8.6MG TABS	F								Y
▶ CELL STIMULANTS AND PROLIFERANTS										
RETIN-A TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.10%	GA						Y		
RETIN-A TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.05%	GA						Y		
RETIN-A TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.03%	GA						Y		
RETIN-A TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.01%	GA						Y		
RETIN-A MICRO TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.04%	GA						Y		
TRETINOIN TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.05%	F						Y		
TRETINOIN TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.01%	F						Y		
TRETINOIN TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.03%	F						Y		
TRETINOIN TRETINOIN	Pays at point of sale for members less than 21 years old. PA Required 0.10%	F						Y		
▶ CENTRAL ALPHA-AGONISTS										
CATAPRES CLONIDINE HYDROCHLORIDE	Generic 90-days	GA	Y							
CATAPRES-TTS-1 CLONIDINE HYDROCHLORIDE	Generic 90-days	GA	Y							
CATAPRES-TTS-2 CLONIDINE HYDROCHLORIDE	Generic 90-days	GA	Y							
CATAPRES-TTS-3 CLONIDINE HYDROCHLORIDE	Generic 90-days	GA	Y							
CLONIDINE HCL CLONIDINE HYDROCHLORIDE	Generic 90-days	F	Y							
CLORPRES CHLOROTHALIDONE; CLONIDINE HYDROCHLORIDE		F								
GUANFACINE HCL GUANFACINE HCL		F								
METHYLDOPA METHYLDOPA		F								
METHYLDOPA/HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE; METHYLDOPA		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
TENEX GUANFACINE HCL		GA								
► CENTRAL NERVOUS SYSTEM AGENTS, MISC.										
NAMENDA MEMANTINE HYDROCHLORIDE	Min Age 18	F					18			
NAMENDA TITRATION PAK (In a Dose Pack) MEMANTINE HYDROCHLORIDE	Min Age 18	F					18			
STRATTERA ATOMOXETINE HYDROCHLORIDE	Not a covered benefit for members age 21 and older. (Max Age 20)	F						20		
► CENTRALLY ACTING SKELETAL MUSCLE RELAXNT										
CARISOPRODOL CARISOPRODOL		F								
CHLORZOXAZONE CHLORZOXAZONE		F								
CYCLOBENZAPRINE HCL CYCLOBENZAPRINE HYDROCHLORIDE		F								
FLEXERIL CYCLOBENZAPRINE HYDROCHLORIDE		GA								
METHOCARBAMOL METHOCARBAMOL		F								
ROBAXIN METHOCARBAMOL		GA								
ROBAXIN-750 METHOCARBAMOL		GA								
SOMA CARISOPRODOL		GA								
TIZANIDINE HCL TIZANIDINE HYDROCHLORIDE		F								
ZANAFLEX TIZANIDINE HYDROCHLORIDE		GA								
► CHLORAMPHENICOL										
CHLORAMPHENICOL SODIUM SUCCINATE CHLORAMPHENICOL SODIUM SUCCINATE		F								
► CHOLELITHOLYTIC AGENTS										
ACTIGALL URSODIOL		GA								
URSO 250 URSODIOL		GA								
URSO FORTE URSODIOL		GA								
URSODIOL URSODIOL		F								
► CHOLESTEROL ABSORPTION INHIBITORS										
VYTORIN EZETIMIBE; SIMVASTATIN		F								
VYTORIN EZETIMIBE; SIMVASTATIN - HIGH DOSE (40 MG & HIGHER)		F								
ZETIA EZETIMIBE		F								
► CLASS IA ANTIARRHYTHMICS										
DISOPYRAMIDE PHOSPHATE DISOPYRAMIDE PHOSPHATE		F								
NORPACE DISOPYRAMIDE PHOSPHATE		GA								
NORPACE CR DISOPYRAMIDE PHOSPHATE		GA								
QUINIDINE GLUCONATE ER QUINIDINE GLUCONATE		F								
QUINIDINE SULFATE QUINIDINE SULFATE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
QUINIDINE SULFATE ER QUINIDINE SULFATE		F								
▶ CLASS IB ANTIARRHYTHMICS										
MEXILETINE HCL MEXILETINE HYDROCHLORIDE		F								
▶ CLASS IC ANTIARRHYTHMICS										
FLECAINIDE ACETATE FLECAINIDE ACETATE		F								
PROPAFENONE HCL PROPAFENONE HCL		F								
RYTHMOL PROPAFENONE HCL		GA								
TAMBOCOR FLECAINIDE ACETATE		GA								
▶ CLASS III ANTIARRHYTHMICS										
AMIODARONE HCL AMIODARONE HCL		F								
CORDARONE AMIODARONE HCL		GA								
▶ CONTRACEPTIVES										
APRI DESOGESTREL; ETHINYL ESTRADIOL		F								
ARANELLE ETHINYL ESTRADIOL; NORETHINDRONE		F								
AVIANE ETHINYL ESTRADIOL; LEVONORGESTREL		F								
BALZIVA ETHINYL ESTRADIOL; NORETHINDRONE		F								
CAMILA NORETHINDRONE		F								
CAMRESE ETHINYL ESTRADIOL; LEVONORGESTREL		F								
CESIA DESOGESTREL; ETHINYL ESTRADIOL		F								
CRYSSELLE-28 ETHINYL ESTRADIOL; NORGESTREL		F								
CYCLESSA DESOGESTREL; ETHINYL ESTRADIOL		GA								
DESOGEN DESOGESTREL; ETHINYL ESTRADIOL		GA								
ENPRESSE-28 ETHINYL ESTRADIOL; LEVONORGESTREL		F								
ERRIN NORETHINDRONE		F								
ESTROSTEP FE ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		GA								
FEMCON FE ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE		F								
JOLESSA ETHINYL ESTRADIOL; LEVONORGESTREL		F								
JOLIVETTE NORETHINDRONE		F								
JUNEL 1.5/30 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE		F								
JUNEL 1/20 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE		F								
JUNEL FE 1.5/30 ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		F								
JUNEL FE 1/20 ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
KARIVA DESOGESTREL; ETHINYL ESTRADIOL		F								
KELNOR 1/35 ETHINYL ESTRADIOL; ETHYNODIOL DIACETATE		F								
LEENA ETHINYL ESTRADIOL; NORETHINDRONE		F								
LESSINA-28 ETHINYL ESTRADIOL; LEVONORGESTREL		F								
LEVORA 0.15/30-28 ETHINYL ESTRADIOL; LEVONORGESTREL		F								
LO/OVRAL-28 ETHINYL ESTRADIOL; NORGESTREL		GA								
LOESTRIN 1.5/30-21 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE		GA								
LOESTRIN 1/20-21 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE		GA								
LOESTRIN 24 FE ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		F								
LOESTRIN FE 1.5/30 ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		GA								
LOESTRIN FE 1/20 ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		GA								
LOW-OGESTREL ETHINYL ESTRADIOL; NORGESTREL		F								
LUTERA ETHINYL ESTRADIOL; LEVONORGESTREL		F								
MICROGESTIN 1.5/30 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE		F								
MICROGESTIN 1/20 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE		F								
MICROGESTIN FE ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		F								
MICROGESTIN FE 1.5/30 ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		F								
MIRCETTE DESOGESTREL; ETHINYL ESTRADIOL		GA								
MODICON ETHINYL ESTRADIOL; NORETHINDRONE		GA								
MONONESSA ETHINYL ESTRADIOL; NORGESTIMATE		F								
NECON 1/35-28 ETHINYL ESTRADIOL; NORETHINDRONE		F								
NECON 1/50-28 MESTRANOL; NORETHINDRONE		F								
NECON 10/11-28 ETHINYL ESTRADIOL; NORETHINDRONE		F								
NECON 7/7/7 ETHINYL ESTRADIOL; NORETHINDRONE		F								
NEXT CHOICE LEVONORGESTREL		F								
NORA-BE NORETHINDRONE		F								
NORDETTE-28 ETHINYL ESTRADIOL; LEVONORGESTREL		GA								
NORINYL 1+35 ETHINYL ESTRADIOL; NORETHINDRONE		GA								
NOR-QD NORETHINDRONE		F								
NORTREL 0.5/35 (28) ETHINYL ESTRADIOL; NORETHINDRONE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90	QL	PA	AL	AL	ST	GR	OTC
			day	max		min	max			M/F
NORTREL 1/35 (21) ETHINYL ESTRADIOL; NORETHINDRONE		F								
NORTREL 1/35 (28) ETHINYL ESTRADIOL; NORETHINDRONE		F								
NORTREL 7/7/7 ETHINYL ESTRADIOL; NORETHINDRONE		F								
NUVARING ETHINYL ESTRADIOL; ETNOGESTREL		F								
OCELLA DROSPIRENONE; ETHINYL ESTRADIOL		F								
OGESTREL ETHINYL ESTRADIOL; NORGESTREL		GA								
ORTHO EVRA ETHINYL ESTRADIOL; NORELGESTROMIN		F								
ORTHO MICRONOR NORETHINDRONE		GA								
ORTHO TRI-CYCLEN ETHINYL ESTRADIOL; NORGESTIMATE		GA								
ORTHO TRI-CYCLEN LO ETHINYL ESTRADIOL; NORGESTIMATE		F								
ORTHO-NOVUM 1/35-28 ETHINYL ESTRADIOL; NORETHINDRONE		GA								
OVCON-35 ETHINYL ESTRADIOL; NORETHINDRONE		GA								
OVCON-50 28 ETHINYL ESTRADIOL; NORETHINDRONE		F								
PLAN B LEVONORGESTREL		GA								
PLAN B ONE-STEP LEVONORGESTREL		F								
PORTIA-28 ETHINYL ESTRADIOL; LEVONORGESTREL		F								
QUASENSE ETHINYL ESTRADIOL; LEVONORGESTREL		F								
RECLIPSEN DESOGESTREL; ETHINYL ESTRADIOL		F								
SEASONALE ETHINYL ESTRADIOL; LEVONORGESTREL		GA								
SEASONIQUE ETHINYL ESTRADIOL; LEVONORGESTREL		GA								
SOLIA DESOGESTREL; ETHINYL ESTRADIOL		F								
SPRINTEC 28 ETHINYL ESTRADIOL; NORGESTIMATE		F								
SRONYX ETHINYL ESTRADIOL; LEVONORGESTREL		F								
TILIA FE ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE		F								
TRINESSA ETHINYL ESTRADIOL; NORGESTIMATE		F								
TRI-NORINYL 28 ETHINYL ESTRADIOL; NORETHINDRONE		GA								
TRI-SPRINTEC ETHINYL ESTRADIOL; NORGESTIMATE		F								
TRIVORA-28 ETHINYL ESTRADIOL; LEVONORGESTREL		F								
VELIVET DESOGESTREL; ETHINYL ESTRADIOL		F								
YASMIN 28 DROSPIRENONE; ETHINYL ESTRADIOL		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
ZOVIA 1/35E ETHINYL ESTRADIOL; ETHYNODIOL DIACETATE		F								
ZOVIA 1/50E ETHINYL ESTRADIOL; ETHYNODIOL DIACETATE		F								
► CORTICOSTEROIDS (EENT)										
BECONASE AQ BECLOMETHASONE DIPROPIONATE	PA Required 42MCG/SPRAY	NF						Y		
DEXAMETHASONE SODIUM PHOSPHATE DEXAMETHASONE SODIUM PHOSPHATE		F								
FLONASE FLUTICASONE PROPIONATE		GA								
FLUTICASONE PROPIONATE FLUTICASONE PROPIONATE		F								
FML FLUOROMETHOLONE		F								
FML FORTE FLUOROMETHOLONE		F								
FML LIQUIFILM FLUOROMETHOLONE		F								
MAXIDEX DEXAMETHASONE		F								
NASACORT AQ TRIAMCINOLONE ACETONIDE	PA Required 55MCG/ACT	NF						Y		
OMNARIS CICLESONIDE	PA Required 50MCG/ACT	NF						Y		
PRED FORTE PREDNISOLONE ACETATE		GA								
PRED MILD PREDNISOLONE ACETATE		F								
PREDNISOLONE ACETATE PREDNISOLONE ACETATE		F								
PREDNISOLONE SODIUM PHOSPHATE PREDNISOLONE SODIUM PHOSPHATE		F								
RHINOCORT AQUA BUDESONIDE	PA Required 32MCG/ACT	NF						Y		
VERAMYST FLUTICASONE FUROATE	PA Required 27.5MCG/SPRAY	NF						Y		
► COUMARIN DERIVATIVES										
COUMADIN WARFARIN SODIUM		GA								
WARFARIN SODIUM WARFARIN SODIUM		F								
► CYCLOOXYGENASE-2 (COX-2) INHIBITORS										
CELEBREX CELECOXIB	Requires prior use of 2 NSAIDs in previous 30 days, current anticoagulant therapy or documented GI disease. (50MG CAPS)	F								Y
CELEBREX CELECOXIB	Requires prior use of 2 NSAIDs in previous 30 days, current anticoagulant therapy or documented GI disease. (100MG CAPS)	F								Y
CELEBREX CELECOXIB	Requires prior use of 2 NSAIDs in previous 30 days, current anticoagulant therapy or documented GI disease. (200MG CAPS)	F								Y
CELEBREX CELECOXIB	Requires prior use of 2 NSAIDs in previous 30 days, current anticoagulant therapy or documented GI disease. (400MG CAPS)	F								Y
► DEVICES										
ASCENSIA AUTODISC LOW ANDHIGH CONTROLS ASCENSIA AUTODISC LOW ANDHIGH CONTROLS	OTC LIQD	F								Y
ASCENSIA AUTODISC NORMAL CONTROL ASCENSIA AUTODISC NORMAL CONTROL	OTC LIQD	F								Y
BAYER BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM BAYER BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM	OTC KIT	F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
BAYER BREEZE 2 HIGH CONTROL BAYER BREEZE 2 HIGH CONTROL	OTC LIQD	F								Y
BAYER BREEZE 2 LOW CONTROL BAYER BREEZE 2 LOW CONTROL	OTC LIQD	F								Y
BAYER BREEZE 2 NORMAL CONTROL BAYER BREEZE 2 NORMAL CONTROL	OTC LIQD	F								Y
BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM	OTC KIT	F								Y
BAYER CONTOUR HIGH CONTROL BAYER CONTOUR HIGH CONTROL	OTC LIQD	F								Y
BAYER CONTOUR LOW CONTROL BAYER CONTOUR LOW CONTROL	OTC LIQD	F								Y
BAYER CONTOUR NORMAL CONTROL BAYER CONTOUR NORMAL CONTROL	OTC LIQD	F								Y
BAYER MICROLET 2 LANCING DEVICE BAYER MICROLET 2 LANCING DEVICE	OTC MISC	F								Y
CONTOUR USB BLOOD GLUCOSE MONITORING SYSTEM CONTOUR USB BLOOD GLUCOSE MONITORING SYSTEM	OTC KIT	F								Y
► DIABETES MELLITUS										
ASCENSIA AUTODISC TEST STRIPS DIAGNOSTIC TEST	Quantity Limit Clarification: Non-insulin users-50 strips per 25 days. Insulin, Byetta Symlin users-100 strips per 30 days. Gestational diabetes-300 strips per 30 days.OTC DISK	F								Y
BAYER BREEZE 2 TEST DISC BAYER BREEZE 2 TEST DISC	Quantity Limit Clarification: Non-insulin users-50 strips per 25 days. Insulin users- 100 strips per 30 days. Gestational diabetes-300 strips per month.OTC DISK	F								Y
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS DIAGNOSTIC TEST	Quantity Limit Clarification: Non-insulin users-50 strips per 25 days. Insulin users- 100 strips per 30 days. Gestational diabetes-300 strips per month.OTC STRP	F								Y
► DIGESTANTS										
CREON AMYLASE (DIASTASE); LIPASE (AS PANCRELIPASE); PROTEASE		F								
ZENPEP AMYLASE (DIASTASE); LIPASE (AS PANCRELIPASE); PROTEASE	Formulary Drug	F								
ZENPEP AMYLASE (DIASTASE); LIPASE (AS PANCRELIPASE); PROTEASE	Formulary Drug	GA								
► DIHYDROPYRIDINES										
ADALAT CC NIFEDIPINE		GA								
AMLODIPINE BESYLATE AMLODIPINE BESYLATE		F								
EXFORGE AMLODIPINE BESYLATE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (5MG; 320MG TABS)	F								Y
EXFORGE AMLODIPINE BESYLATE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (10MG; 320MG TABS)	F								Y
EXFORGE AMLODIPINE BESYLATE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (5MG; 160MG TABS)	F								Y
EXFORGE AMLODIPINE BESYLATE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (10MG; 160MG TABS)	F								Y
EXFORGE HCT AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (10MG; 12.5MG; 160MG TABS)	F								Y
EXFORGE HCT AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (10MG; 25MG; 320MG TABS)	F								Y
EXFORGE HCT AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (10MG; 25MG; 160MG TABS)	F								Y
EXFORGE HCT AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (5MG; 25MG; 160MG TABS)	F								Y
EXFORGE HCT AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (5MG; 12.5MG; 160MG TABS)	F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
NIFEDIAC CC NIFEDIPINE		F								
NIFEDICAL XL NIFEDIPINE		F								
NIFEDIPINE NIFEDIPINE		F								
NIFEDIPINE ER NIFEDIPINE		F								
NISOLDIPINE NISOLDIPINE		F								
NORVASC AMLODIPINE BESYLATE	Generic 90-days	GA	Y							
PROCARDIA NIFEDIPINE		GA								
PROCARDIA XL NIFEDIPINE		GA								
SULAR NISOLDIPINE		GA								
► DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS										
JANUMET METFORMIN HYDROCHLORIDE; SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (1000MG; 50MG TABS)	F								Y
JANUMET METFORMIN HYDROCHLORIDE; SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (500MG; 50M TABS)	F								Y
JANUMET XR METFORMIN HYDROCHLORIDE; SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (1000MG; 50MG TB24)	F								Y
JANUMET XR METFORMIN HYDROCHLORIDE; SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (500MG; 50M TB24)	F								Y
JANUMET XR METFORMIN HYDROCHLORIDE; SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (1000MG; 100MG TB24)	F								Y
JANUVIA SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (50MG TABS	F								Y
JANUVIA SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (25MG TABS	F								Y
JANUVIA SITAGLIPTIN PHOSPHATE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (100MG TAB;	F								Y
JUVISYNC SIMVASTATIN - HIGH DOSE (40 MG & HIGHER); SITAGLIPTIN PHOSPHATE	Requires trial of a preferred sulfonylurea, insulin, or metformin. (40MG; 100MG TABS)	F								Y
JUVISYNC SIMVASTATIN; SITAGLIPTIN PHOSPHATE	Requires trial of a preferred sulfonylurea, insulin, or metformin. (20MG; 100MG TABS)	F								Y
JUVISYNC SIMVASTATIN; SITAGLIPTIN PHOSPHATE	Requires trial of a preferred sulfonylurea, insulin, or metformin. (10MG; 100MG TABS)	F								Y
KOMBIGLYZE XR METFORMIN HYDROCHLORIDE; SAXAGLIPTIN HYDROCHLORIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (1000MG; 5M TB24)	F								Y
KOMBIGLYZE XR METFORMIN HYDROCHLORIDE; SAXAGLIPTIN HYDROCHLORIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (500MG; 5M TB24)	F								Y
KOMBIGLYZE XR METFORMIN HYDROCHLORIDE; SAXAGLIPTIN HYDROCHLORIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (1000MG; 2.5MG TB24)	F								Y
ONGLYZA SAXAGLIPTIN HYDROCHLORIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (2.5MG TAB;	F								Y
ONGLYZA SAXAGLIPTIN HYDROCHLORIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (5MG TABS	F								Y
► DIRECT FACTOR XA INHIBITORS										
XARELTO RIVAROXABAN		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
► DIRECT THROMBIN INHIBITORS										
PRADAXA DABIGATRAN ETEXILATE MESYLATE		F								
► DIRECT VASODILATORS										
HYDRALAZINE HCL HYDRALAZINE HYDROCHLORIDE		F								
MINOXIDIL MINOXIDIL		F								
► DISEASE-MODIFYING ANTIRHEUMATIC AGENTS										
ARAVA LEFLUNOMIDE		GA								
LEFLUNOMIDE LEFLUNOMIDE		F								
► DOPAMINE PRECURSORS										
CARBIDOPA/LEVODOPA CARBIDOPA ANHYDROUS; LEVODOPA		F								
CARBIDOPA/LEVODOPA CR CARBIDOPA ANHYDROUS; LEVODOPA		F								
CARBIDOPA/LEVODOPA ER CARBIDOPA ANHYDROUS; LEVODOPA		F								
CARBIDOPA/LEVODOPA SR CARBIDOPA ANHYDROUS; LEVODOPA		F								
SINEMET CARBIDOPA ANHYDROUS; LEVODOPA		GA								
SINEMET CR CARBIDOPA ANHYDROUS; LEVODOPA		GA								
► EENT ANTI-INFECTIVES, MISCELLANEOUS										
ACETASOL HC ACETIC ACID; HYDROCORTISONE		F								
ACETIC ACID ACETIC ACID		F								
ACETIC ACID/ALUMINUM ACETATE ACETIC ACID; ALUMINUM ACETATE		F								
CHLORHEXIDINE GLUCONATE ORAL RINSE CHLORHEXIDINE GLUCONATE		F								
PERIOGARD CHLORHEXIDINE GLUCONATE		GA								
► EENT DRUGS, MISCELLANEOUS										
APRACLONIDINE APRACLONIDINE HYDROCHLORIDE		F								
ARTIFICIAL TEARS POLYVINYL ALCOHOL	OTC 1.40% SOLN	F								Y
ATROVENT IPRATROPIUM BROMIDE		GA								
CARTEOLOL HCL CARTEOLOL HCL		F								
IOPIDINE APRACLONIDINE HYDROCHLORIDE	Formulary Drug	GA								
IOPIDINE APRACLONIDINE HYDROCHLORIDE	Formulary Drug	F								
IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE		F								
TEARS NATURALE DEXTRAN 70; HYDROXYPROPYL METHYLCELLULOSE	OTC 0.1%; 0.3% SOLN	F								Y
TEARS NATURALE II BENZALKONIUM CHLORIDE; DEXTRAN 70; EDETIC ACID; HYDROXYPROPYL METHYLCELLULOSE	OTC 0.01%; 0; 0.05%; 0.3% SOLN	F								Y
► EENT NONSTEROIDAL ANTI-INFLAM. AGENTS										
ACULAR KETOROLAC TROMETHAMINE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
ACULAR LS KETOROLAC TROMETHAMINE		GA								
FLURBIPROFEN SODIUM FLURBIPROFEN SODIUM		F								
KETOROLAC TROMETHAMINE KETOROLAC TROMETHAMINE		F								
OCUFEN FLURBIPROFEN SODIUM		GA								
▶ ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS										
BROMOCRIPTINE MESYLATE BROMOCRIPTINE MESYLATE		F								
CABERGOLINE CABERGOLINE	PA Required 0.5MG	F					Y			
PARLODEL BROMOCRIPTINE MESYLATE		GA								
▶ ERYTHROMYCINS										
ERYTHROMYCIN/SULFISOXAZOLE ERYTHROMYCIN; SULFISOXAZOLE		F								
▶ ESTROGEN AGONIST-ANTAGONISTS										
EVISTA RALOXIFENE HYDROCHLORIDE	(Gender F)	F								F
▶ ESTROGENS										
CLIMARA ESTRADIOL		GA								
ESTRACE ESTRADIOL		GA								
ESTRADIOL ESTRADIOL		F								
ESTROPIPATE ESTROPIPATE		F								
FEMHRT 1/5 ETHINYL ESTRADIOL; NORETHINDRONE ACETATE	(Gender F)	F								F
FEMHRT LOW DOSE ETHINYL ESTRADIOL; NORETHINDRONE ACETATE	(Gender F)	F								F
MENEST ESTROGENS, ESTERIFIED		F								
PREMARIN ESTROGENS, CONJUGATED	(Gender F)	F								F
PREMARIN W/APPLICATOR ESTROGENS, CONJUGATED	(Gender F)	F								F
PREMPHASE ESTROGENS, CONJUGATED; MEDROXYPROGESTERONE ACETATE	(Gender F)	F								F
PREMPRO ESTROGENS, CONJUGATED; MEDROXYPROGESTERONE ACETATE	(Gender F)	F								F
VIVELLE-DOT ESTRADIOL		F								
▶ ETHANOLAMINE DERIVATIVES										
BANOPHEN DIPHENHYDRAMINE HYDROCHLORIDE	OTC 12.5MG/5ML LIQD	F								Y
CLEMASTINE FUMARATE CLEMASTINE FUMARATE		F								
CLEMASTINE FUMARATE CLEMASTINE FUMARATE	OTC 1.34MG TABS	F								Y
DIPHENHYDRAMINE HCL DIPHENHYDRAMINE HYDROCHLORIDE	OTC 50MG TABS	F								Y
DIPHENHYDRAMINE HCL DIPHENHYDRAMINE HYDROCHLORIDE	OTC 25MG TABS	F								Y
DIPHENHYDRAMINE HCL DIPHENHYDRAMINE HYDROCHLORIDE		F								

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DIPHENHYDRAMINE HCL DIPHENHYDRAMINE HYDROCHLORIDE	OTC 25MG CAPS	F								Y
▶ EXPECTORANTS										
COUGH SYRUP GUAIFENESIN	OTC 100MG/5ML SYRP	F								Y
DESPEC GUAIFENESIN; PHENYLEPHRINE HYDROCHLORIDE	OTC 100MG/5ML; 5MG/5ML LIQD	F								Y
MUCINEX GUAIFENESIN	OTC 600MG TB12	GA								Y
MUCINEX D GUAIFENESIN; PSEUDOEPHEDRINE HYDROCHLORIDE	OTC 600MG; 60MG TB12	F								Y
ROBAFEN CF COUGH & COLD DEXTROMETHORPHAN HYDROBROMIDE; GUAIFENESIN; PHENYLEPHRINE HYDROCHLORIDE	OTC 10MG/5ML; 100MG/5ML; 5MG/5ML SYRP	F								Y
ROBITUSSIN COUGH/COLD CF DEXTROMETHORPHAN HYDROBROMIDE; GUAIFENESIN; PHENYLEPHRINE HYDROCHLORIDE	OTC 10MG/5ML; 100MG/5ML; 5MG/5ML LIQD	GA								Y
▶ FIBRIC ACID DERIVATIVES										
FENOFIBRATE FENOFIBRATE		F								
FENOFIBRATE MICRONIZED FENOFIBRATE		F								
GEMFIBROZIL GEMFIBROZIL		F								
LOFIBRA FENOFIBRATE		GA								
LOPID GEMFIBROZIL		GA								
▶ FIBROMYALGIA AGENTS										
SAVELLA MILNACIPRAN HYDROCHLORIDE		F								
SAVELLA TITRATION PACK MILNACIPRAN HYDROCHLORIDE		F								
▶ FIRST GEN. ANTIHIST. DERIVATIVES, MISC.										
CYPROHEPTADINE HCL CYPROHEPTADINE HYDROCHLORIDE		F								
▶ FIRST GENERATION CEPHALOSPORINS										
CEFADROXIL CEFADROXIL HEMIHYDRATE		F								
CEFADROXIL CEFADROXIL MONOHYDRATE		F								
CEPHALEXIN CEPHALEXIN MONOHYDRATE		F								
CEPHALEXIN CEPHALEXIN		F								
KEFLEX CEPHALEXIN		GA								
▶ GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT										
BACLOFEN BACLOFEN		F								
▶ GENITOURINARY SMOOTH MUSCLE RELAXANTS										
DETROL TOLTERODINE TARTRATE		F								
DETROL LA TOLTERODINE TARTRATE		F								
ENABLEX DARIFENACIN HYDROBROMIDE		F								
OXYBUTYNIN CHLORIDE OXYBUTYNIN CHLORIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
► GLYCOGENOLYTIC AGENTS										
GLUCAGEN HYPOKIT GLUCAGON HYDROCHLORIDE (RDNA)	(1MG) QL 2 QY per 30 DY	F		2						
GLUCAGON EMERGENCY KIT GLUCAGON RDNA (HUMAN RECOMBINANT)	(1MG) QL 2 QY per 30 DY	F		2						
► GLYCOPEPTIDES										
VANCOCCIN HCL VANCOMYCIN HYDROCHLORIDE	Requires trial and failure or intolerance to metronidazole (125MG CAPS)	GA								Y
VANCOCCIN HCL VANCOMYCIN HYDROCHLORIDE	Requires trial and failure or intolerance to metronidazole (250MG CAPS)	GA								Y
VANCOMYCIN HCL VANCOMYCIN HYDROCHLORIDE	Requires trial and failure or intolerance to metronidazole (125MG CAPS)	F								Y
VANCOMYCIN HCL VANCOMYCIN HYDROCHLORIDE	Requires trial and failure or intolerance to metronidazole (250MG CAPS)	F								Y
► GOLD COMPOUNDS										
RIDAURA AURANOFIN		F								
► HEAVY METAL ANTAGONISTS										
CHEMET SUCCIMER		F								
EXJADE DEFERASIROX	PA Required 500MG	NF								Y
EXJADE DEFERASIROX	PA Required 250MG	NF								Y
EXJADE DEFERASIROX	PA Required 125MG	NF								Y
► HEMORRHEOLOGIC AGENTS										
PENTOXIFYLLINE ER PENTOXIFYLLINE		F								
TRENTAL PENTOXIFYLLINE		GA								
► HEMOSTATICS										
AMICAR AMINOCAPROIC ACID		GA								
AMINOCAPROIC ACID AMINOCAPROIC ACID		F								
► HEPARINS										
HEPARIN SODIUM HEPARIN SODIUM (PORCINE)		F								
► HISTAMINE H2-ANTAGONISTS										
ACID REDUCER RANITIDINE HYDROCHLORIDE	OTC 75MG TABS	F								Y
AXID NIZATIDINE		GA								
CIMETIDINE CIMETIDINE		F								
CIMETIDINE HCL CIMETIDINE HYDROCHLORIDE		F								
FAMOTIDINE FAMOTIDINE	Generic 90-days	F	Y							
FAMOTIDINE FAMOTIDINE	OTC 10MG TABS Generic 90-days	F	Y							Y
NIZATIDINE NIZATIDINE		F								
PEPCID FAMOTIDINE	Generic 90-days	GA	Y							
RANITIDINE HCL RANITIDINE HYDROCHLORIDE		F								
ZANTAC RANITIDINE HYDROCHLORIDE	Generic 90-days	GA	Y							

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► HIV ENTRY AND FUSION INHIBITORS										
SELZENTRY MARAVIROC		F								
► HIV PROTEASE INHIBITORS										
APTIVUS TIPRANA VIR		F								
CRIXIVAN INDINAVIR SULFATE		F								
INVIRASE SAQUINAVIR MESYLATE		F								
KALETRA LOPINAVIR; RITONAVIR		F								
LEXIVA FOSAMPRENAVIR CALCIUM		F								
NORVIR RITONAVIR		F								
PREZISTA DARUNAVIR		F								
PREZISTA DARUNAVIR ETHANOLATE		F								
REYATAZ ATAZANAVIR SULFATE		F								
VIRACEPT NELFINAVIR MESYLATE		F								
► HMG-COA REDUCTASE INHIBITORS										
ADVICOR LOVASTATIN; NIACIN		F								
ATORVASTATIN CALCIUM ATORVASTATIN CALCIUM		F								
LESCOL FLUVASTATIN SODIUM	Requires prior use of simvastatin, pravastatin, or lovastatin. (40MG CAPS)	GA							Y	
LESCOL FLUVASTATIN SODIUM	Requires prior use of simvastatin, pravastatin, or lovastatin. (20MG CAPS)	GA							Y	
LESCOL XL FLUVASTATIN SODIUM	Requires prior use of simvastatin, pravastatin, or lovastatin. (80MG TB24)	F							Y	
LIPITOR 40 Mg ATORVASTATIN CALCIUM		GA								
LOVASTATIN LOVASTATIN	Generic 90-days	F	Y							
MEVACOR LOVASTATIN	Generic 90-days	GA	Y							
PRAVACHOL PRAVASTATIN SODIUM	Generic 90-days	GA	Y							
PRAVASTATIN SODIUM PRAVASTATIN SODIUM		F								
SIMVASTATIN SIMVASTATIN	Generic 90-days	F	Y							
SIMVASTATIN SIMVASTATIN - HIGH DOSE (40 MG & HIGHER)	Generic 90-days	F	Y							
ZOCOR SIMVASTATIN	Generic 90-days	GA	Y							
ZOCOR SIMVASTATIN - HIGH DOSE (40 MG & HIGHER)	Generic 90-days	GA	Y							
► HYDANTOINS										
DILANTIN PHENYTOIN SODIUM		GA								
DILANTIN PHENYTOIN		GA								
DILANTIN INFATABS PHENYTOIN		F								

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PHENYTOIN PHENYTOIN		F								
PHENYTOIN SODIUM EXTENDED PHENYTOIN SODIUM		F								
▶ IMMUNOSUPPRESSIVE AGENTS										
AZATHIOPRINE AZATHIOPRINE		F								
CELLCEPT MYCOPHENOLATE MOFETIL	Formulary Drug	GA								
CELLCEPT MYCOPHENOLATE MOFETIL	Formulary Drug	F								
CYCLOSPORINE CYCLOSPORINE		F								
CYCLOSPORINE MODIFIED CYCLOSPORINE		F								
GENGRAF CYCLOSPORINE		F								
IMURAN AZATHIOPRINE		GA								
MYCOPHENOLATE MOFETIL MYCOPHENOLATE MOFETIL		F								
NEORAL CYCLOSPORINE		GA								
PROGRAF TACROLIMUS		GA								
SANDIMMUNE CYCLOSPORINE		GA								
TACROLIMUS TACROLIMUS		F								
▶ INSULINS										
APIDRA INSULIN GLULISINE	(100UNIT/ML) QL 3 QY per 30 DY	F		3						
APIDRA SOLOSTAR INSULIN GLULISINE	Quantity limit: 2 boxes (30ml)/month(100UNIT/ML) QL 2 QY per 30 DY	F		2						
HUMALOG VIAL INSULIN LISPRO	Requires trial and failure with Apidra.(100UNIT/ML) QL 3 QY per 30 DY (100UNIT/ML SOLN)	F		3					Y	
HUMALOG CARTRIDGE INSULIN LISPRO	Requires trial and failure with Apidra.(100UNIT/ML) QL 2 QY per 30 DY (100UNIT/ML SOLN)	F		2					Y	
HUMALOG KWIKPEN INSULIN LISPRO	Requires trial and failure with Apidra.(100UNIT/ML) QL 2 QY per 30 DY (100UNIT/ML SOLN)	F		2					Y	
HUMALOG MIX 50/50 INSULIN LISPRO; INSULIN LISPRO PROTAMINE (NPL)	(50UNIT/ML; 50UNIT/ML) QL 3 QY per 30 DY	F		3						
HUMALOG MIX 50/50 KWIKPEN INSULIN LISPRO; INSULIN LISPRO PROTAMINE (NPL)	(50UNIT/ML; 50UNIT/ML) QL 2 QY per 30 DY	F		2						
HUMALOG MIX 75/25 INSULIN LISPRO; INSULIN LISPRO PROTAMINE (NPL)	(25UNIT/ML; 75UNIT/ML) QL 3 QY per 30 DY	F		3						
HUMALOG MIX 75/25 KWIKPEN INSULIN LISPRO; INSULIN LISPRO PROTAMINE (NPL)	(25UNIT/ML; 75UNIT/ML) QL 2 QY per 30 DY	F		2						
HUMULIN 70/30 INSULIN HUMAN (REGULAR); INSULIN HUMAN, ISOPHANE (NPH)	(30UNIT/ML; 70UNIT/ML) QL 3 QY per 30 DYOTC 30UNIT/ML; 70UNIT/ML SUSP	F		3						Y
HUMULIN N INSULIN HUMAN, ISOPHANE (NPH)	(100UNIT/ML) QL 3 QY per 30 DYOTC 100UNIT/ML SUSP	F		3						Y
HUMULIN R INSULIN HUMAN (REGULAR)	(100UNIT/ML) QL 3 QY per 30 DYOTC 100UNIT/ML SOLN	F		3						Y
HUMULIN R U-500 (CONCENTRATED) INSULIN HUMAN (REGULAR)		F								
LANTUS INSULIN GLARGINE	(100UNIT/ML) QL 3 QY per 30 DY	F		3						

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LANTUS SOLOSTAR INSULIN GLARGINE	Quantity limit: 2 boxes (30ml)/month(100UNIT/ML) QL 2 QY per 30 DY	F		2						
LEVEMIR INSULIN DETEMIR	(100UNIT/ML) QL 3 QY per 30 DY	F		3						
LEVEMIR FLEXPEN INSULIN DETEMIR	Quantity limit: 2 boxes (30ml)/month(100UNIT/ML) QL 2 QY per 30 DY	F		2						
► INTEGRASE INHIBITORS										
ISENTRESS RALTEGRAVIR POTASSIUM		F								
► IRON PREPARATIONS										
FERRETTIS FERROUS FUMARATE	OTC 325MG TABS	F								Y
FERROUS FUMARATE FERROUS FUMARATE	OTC 90MG TABS	F								Y
FERROUS FUMARATE 324 FERROUS FUMARATE	OTC 324MG TABS	F								Y
FERROUS GLUCONATE FERROUS GLUCONATE	OTC 325MG TABS	F								Y
FERROUS GLUCONATE FERROUS GLUCONATE	OTC 324MG TABS	F								Y
FERROUS GLUCONATE FERROUS GLUCONATE	OTC 240MG TABS	F								Y
FERROUS SULFATE FERROUS SULFATE	OTC 300MG/5ML SYRP Generic 90-days	F	Y							Y
FERROUS SULFATE FERROUS SULFATE	OTC 324MG TBEC Generic 90-days	F	Y							Y
FERROUS SULFATE FERROUS SULFATE	OTC 15MG/ML SOLN Generic 90-days	F	Y							Y
FERROUS SULFATE FERROUS SULFATE	OTC 325MG TBEC Generic 90-days	F	Y							Y
FERROUS SULFATE FERROUS SULFATE	OTC 220MG/5ML ELIX Generic 90-days	F	Y							Y
IRON FERROUS SULFATE	OTC 28MG TABS Generic 90-days	F	Y							Y
IRON FERROUS SULFATE	OTC 90MG TABS Generic 90-days	F	Y							Y
IRON FERROUS FUMARATE	OTC 18MG TBCR Generic 90-days	F	Y							Y
MULTIGEN CALCIUM ASCORBATE ANHYDROUS; CALCIUM THREONATE; CYANOCOBALAMIN; DESICCATED GASTRIC SUBSTANCE; FERROUS ASPARTO GLYCINATE; SUCCINIC ACID (BUTANEDIOIC ACID)		F								
MULTIGEN FOLIC CALCIUM ASCORBATE ANHYDROUS; CALCIUM THREONATE; CYANOCOBALAMIN; FERROUS ASPARTO GLYCINATE; FOLIC ACID; SUCCINIC ACID (BUTANEDIOIC ACID)		F								
MULTIGEN PLUS CALCIUM ASCORBATE ANHYDROUS; CALCIUM THREONATE; CYANOCOBALAMIN; FERROUS ASPARTO GLYCINATE; FERROUS FUMARATE; FOLIC ACID; SUCCINIC ACID (BUTANEDIOIC ACID)		F								
SLOW FE FERROUS SULFATE	OTC 142MG TBCR Generic 90-days	F	Y							Y
SLOW FE FERROUS SULFATE, DRIED	OTC 160MG TBCR Generic 90-days	F	Y							Y
► KERATOLYTIC AGENTS										
BENZAC AC WASH BENZOYL PEROXIDE		F								
BENZOYL PEROXIDE BENZOYL PEROXIDE		F								
BENZOYL PEROXIDE BENZOYL PEROXIDE	OTC 5% GEL	F								Y
DESQUAM-X WASH BENZOYL PEROXIDE	OTC 10% LIQD	F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
LAVOCLEN-4 CREAMY WASH BENZOYL PEROXIDE		F								
NEUTROGENA ON-THE-SPOT ACNE TREATMENT BENZOYL PEROXIDE	OTC 2.50% CREA	F								Y
P & S SALICYLIC ACID	OTC 2% SHAM	F								Y
SODIUM SULFACETAMIDE/SULFUR SULFACETAMIDE SODIUM; SULFUR		F								
UREA UREA (CARBAMIDE)		F								
▶ KERATOPLASTIC AGENTS										
DRITHO-CREME HP ANTHRALIN		F								
▶ LEUKOTRIENE MODIFIERS										
SINGULAIR MONTELUKAST SODIUM		F								
▶ LINCOMYCINS										
CLEOCIN CLINDAMYCIN HYDROCHLORIDE		GA								
CLEOCIN PEDIATRIC GRANULES CLINDAMYCIN PALMITATE HCL		GA								
CLINDAMYCIN HCL CLINDAMYCIN HYDROCHLORIDE		F								
CLINDAMYCIN PALMITATE HCL CLINDAMYCIN PALMITATE HCL		F								
▶ LOCAL ANESTHETICS (EENT)										
ANTIPYRINE/BENZOCAINE ANTIPYRINE; BENZOCAINE		F								
LIDOCAINE HCL LIDOCAINE HYDROCHLORIDE		F								
LIDOCAINE VISCOUS LIDOCAINE HYDROCHLORIDE		F								
XYLOCAINE LIDOCAINE HYDROCHLORIDE		GA								
▶ LOCAL ANTI-INFECTIVES, MISCELLANEOUS										
KLARON SULFACETAMIDE SODIUM		GA								
METROGEL-VAGINAL METRONIDAZOLE		GA								
SELENIUM SULFIDE SELENIUM SULFIDE		F								
SELENIUM SULFIDE SELENIUM SULFIDE	OTC 1% LOTN	F								Y
SILVADENE SILVER SULFADIAZINE		GA								
SILVER SULFADIAZINE SILVER SULFADIAZINE		F								
SODIUM SULFACETAMIDE SULFACETAMIDE SODIUM		F								
▶ LOOP DIURETICS										
BUMETANIDE BUMETANIDE		F								
DEMADEX TORSEMIDE		GA								
FUROSEMIDE FUROSEMIDE	Generic 90-days	F	Y							
LASIX FUROSEMIDE	Generic 90-days	GA	Y							
TORSEMIDE TORSEMIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
► MACROLIDES										
E.E.S. GRANULES ERYTHROMYCIN ETHYLSUCCINATE		GA								
ERY-TAB ERYTHROMYCIN		F								
ERYTHROCIN STEARATE ERYTHROMYCIN STEARATE		F								
ERYTHROMYCIN BASE ERYTHROMYCIN		F								
ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN ETHYLSUCCINATE		F								
► MAST-CELL STABILIZERS										
CROMOLYN SODIUM CROMOLYN SODIUM		F								
CROMOLYN SODIUM CROMOLYN SODIUM	OTC 5.2MG/ACT AERS	F								Y
► MEGLITINIDES										
NATEGLINIDE NATEGLINIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (60MG TABS	F								Y
NATEGLINIDE NATEGLINIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (120MG TABS	F								Y
STARLIX NATEGLINIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (60MG TABS	GA								Y
STARLIX NATEGLINIDE	Requires prior use of a preferred sulfonylurea, metformin, or insulin. (120MG TABS	GA								Y
► MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS										
ALDACTAZIDE HYDROCHLOROTHIAZIDE; SPIRONOLACTONE		GA								
ALDACTONE SPIRONOLACTONE		GA								
SPIRONOLACTONE SPIRONOLACTONE		F								
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE; SPIRONOLACTONE		F								
► MIOTICS										
ISOPTO CARBACHOL CARBACHOL		GA								
PHOSPHOLINE IODIDE ECHOTHIOPHATE IODIDE		F								
PILOCARPINE HCL PILOCARPINE HYDROCHLORIDE		F								
PILOPINE HS PILOCARPINE HYDROCHLORIDE		F								
► MONOAMINE OXIDASE B INHIBITORS										
ELDEPRYL SELEGILINE HCL		GA								
SELEGILINE HCL SELEGILINE HCL		F								
► MONOAMINE OXIDASE INHIBITORS										
NARDIL PHENELZINE SULFATE		GA								
PARNATE TRANLYCYPROMINE SULFATE		GA								
PHENELZINE SULFATE PHENELZINE SULFATE		F								
TRANLYCYPROMINE SULFATE TRANLYCYPROMINE SULFATE		F								
► MUCOLYTIC AGENTS										
ACETYLCYSTEINE ACETYLCYSTEINE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90	QL	PA	AL	AL	ST	GR	OTC
			day	max	min	max	max			M/F

► **MULTIVITAMIN PREPARATIONS**

CENTRUM	Only members under 21 years old are covered OTC 60MG; 0; 30MCG; 75MCG; 200MG; 10MG; 72MG; 400UNIT; 35MCG; 0.5MG; 6MCG; 18MG; 400MCG; 50MG; 2.3MG; 20MG; 5MCG; 20MG; 25MCG; 80MG; 150MCG; 2MG; 1.7MG; 2MG; 10MCG; 45MCG; 55MCG; 10MCG; 1.5MG; 30UNIT; 3500UNIT;	GA						20		Y
ASCORBIC ACID; BETA CAROTENE; BIOTIN; BORON; CALCIUM; CALCIUM PANTOTHENATE; CHLORIDE ION; CHOLECALCIFEROL; CHROMIUM PICOLINATE; CUPRIC SULFATE ANHYDROUS; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; MAGNESIUM; MANGANESE SULFATE; NIACINAMIDE; NICKEL SULFA										
CHEWABLE VITE WITH IRON/CHILDRENS	Only members under 21 years old are covered OTC 0; 400UNIT; 4.5MCG; 15MG 0.3MG; 13.5MG; 1.05MG; 1.2MG; 9MG; 60MG; 1.05MG; 15UNIT; 1250UNIT CHEW	F						20		Y
BETA CAROTENE; CHOLECALCIFEROL; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; SODIUM; SODIUM ASCORBATE; THIAMINE; TOCOPHERYL ACET,DL-ALPHA; VITAMIN A ACETATE (RETINYL ACETATE)										
CHILDRENS CHEWABLE VITAMINS	Only members under 21 years old are covered OTC 60MG; 4.5MCG; 0.3MG; 13.5MG; 0; 1.2MG; 0; 2500UNIT; 400UNIT; 15UNIT CHEW	F						20		Y
ASCORBIC ACID; CYANOCOBALAMIN; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D; VITAMIN E										
COMPLETENATE		GA								
ASCORBIC ACID; BETA CAROTENE; CHOLECALCIFEROL; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; TOCOPHERYL ACET,DL-ALPHA										
DAILY-VITE/IRON	Only members under 21 years old are covered OTC 60MG; 0; 10MG; 400UNIT; 6MCG; 18MG; 400MCG; 20MG; 2MG; 1.7MG; 1.5MG; 30UNIT; 5000UNIT TABS	F						20		Y
ASCORBIC ACID; BETA CAROTENE; CALCIUM PANTOTHENATE; CHOLECALCIFEROL; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; TOCOPHERYL ACET,DL-ALPHA; VITAMIN A ACETATE (RETINYL ACETATE)										
ELDERTONIC	Only members under 21 years old are covered OTC 0; 2MCG/15ML; 0.7MG/15ML 0.7MG/15ML; 7MG/15ML; 0.7MG/15ML; 0.6MG/15ML; 0.5MG/15ML; 5MG/15ML ELIX	F						20		Y
ALCOHOL, USP; CYANOCOBALAMIN; MAGNESIUM; MANGANESE; NIACIN; PYRIDOXINE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; ZINC										
GERAVIM	Only members under 21 years old are covered OTC 100MG/30ML; 1MCG/30ML 15MG/30ML; 2MG/30ML; 50MG/30ML; 10MG/30ML; 100MCG/30ML; 1MG/30ML; 2.5MG/30ML; 5MG/30ML; 2MG/30ML LIQD	F						20		Y
CHOLINE; CYANOCOBALAMIN; FERROUS GLUCONATE; MAGNESIUM CHLORIDE; MANGANESE CHLORIDE; NIACINAMIDE; PANTOTHENIC ACID; POTASSIUM IODIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN 5 PHOSPHATE SODIUM; THIAMINE HYDROCHLORIDE; ZINC CHLORIDE										
MISSION PRENATAL	OTC 100MG; 50MG; 2MCG; 30MG; 0.4MG; 10MG; 1MG; 3MG; 2MG; 5MG; 4000UNIT; 400UNIT TABS (Gender F)	F								F Y
ASCORBIC ACID; CALCIUM; CYANOCOBALAMIN; FERROUS GLUCONATE; FOLIC ACID; NIACINAMIDE; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D										
MISSION PRENATAL HP	OTC 100MG; 50MG; 2MCG; 30MG; 0.8MG; 10MG; 1MG; 25MG; 2MG; 5MG; 4000UNIT; 400UNIT TABS (Gender F)	F								F Y
ASCORBIC ACID; CALCIUM; CYANOCOBALAMIN; FERROUS GLUCONATE; FOLIC ACID; NIACINAMIDE; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D										
MISSION PRENATAL/FOLIC ACID	OTC 100MG; 50MG; 2MCG; 30MG; 0.8MG; 10MG; 1MG; 10MG; 2MG; 1MG; 4000UNIT; 400UNIT; 0 TABS (Gender F)	F								F Y
ASCORBIC ACID; CALCIUM; CYANOCOBALAMIN; FERROUS GLUCONATE; FOLIC ACID; NIACINAMIDE; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D; ZINC										
MULTI-VIT/FLUORIDE	Only members under 21 years old are covered	F						20		
ASCORBIC ACID; CHOLECALCIFEROL; CYANOCOBALAMIN; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; SODIUM FLUORIDE; THIAMINE HYDROCHLORIDE; TOCOPHERYL ACET,DL-ALPHA; VITAMIN A PALMITATE (RETINYL PALMITATE)										
MULTI-VIT/IRON/FLUORIDE	Only members under 21 years old are covered	F						20		
ASCORBIC ACID; CHOLECALCIFEROL; FERROUS SULFATE; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; SODIUM FLUORIDE; THIAMINE HYDROCHLORIDE; TOCOPHERYL ACET,DL-ALPHA; VITAMIN A PALMITATE (RETINYL PALMITATE)										
MULTI-VITAMIN/FLUORIDE	Only members under 21 years old are covered	F						20		
ASCORBIC ACID; CHOLECALCIFEROL; CYANOCOBALAMIN; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; SODIUM FLUORIDE; THIAMINE HYDROCHLORIDE; VITAMIN A ACETATE (RETINYL ACETATE); VITAMIN E ACETATE (D-ALPHA)										
MULTIVITAMINS	Only members under 21 years old are covered OTC 37.5MG; 20MG; 1MG; 0.1MC 2MG; 1.5MG; 5000UNIT; 400UNIT TABS	F						20		Y
ASCORBIC ACID; NIACINAMIDE; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A; VITAMIN D										

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day max	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u> M/F	<u>OTC</u>
MY-VITALIFE	Only members under 21 years old are covered OTC 60MG; 5000UNIT; 30MCG; 130MG; 10MCG; 2MG; 6MCG; 0.4MG; 150MCG; 27MG; 100MG; 2.6MG; 10MCG; 20MG; 10MG; 100MG; 37.5MG; 2MG; 1.7MG; 10MCG; 1.5MG; 1500UNIT; 400UNIT; 30UNIT; 15MG CAPS	F						20		Y
ASCORBIC ACID; BETA CAROTENE; BIOTIN; CALCIUM; CHROMIUM; COPPER; CYANOCOBALAMIN; FOLIC ACID; IODINE; IRON; MANGANESE; MANGANESE SULFATE; MOLYBDENUM; NIACIN; PANTOTHENIC ACID; PHOSPHORUS; POTASSIUM; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; SELENIUM; THIAMINE										
ONE DAILY PLUS MINERALS	Only members under 21 years old are covered OTC 60MG; 5000UNIT; 30MCG; 130MG; 10MG; 34MG; 10MCG; 2MG; 6MCG; 18MG; 0.4MG; 150MCG; 100MG; 2.5MG; 10MCG; 20MG; 100MG; 37.5MG; 2MG; 1.7MG; 10MCG; 1.5MG; 30UNIT; 1500UNIT; 400UNIT; 15MG TABS	F						20		Y
ASCORBIC ACID; BETA CAROTENE; BIOTIN; CALCIUM; CALCIUM PANTOTHENATE; CHLORIDE ION; CHROMIUM; CUPRIC SULFATE PENTAHYDRATE; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; IODINE; MAGNESIUM; MANGANESE SULFATE; MOLYBDENUM; NIACINAMIDE; PHOSPHORUS; POTASSIUM; P										
ONE-A-DAY WOMENS FORMULA	OTC 60MG; 2500UNIT; 450MG; 6MCG; 0.4MG; 27MG; 20MG; 10MG; 2MG; 1.7MG; 1.5MG; 2500UNIT; 400UNIT; 30UNIT; 15MG TABS	F								Y
ASCORBIC ACID; BETA CAROTENE; CALCIUM; CYANOCOBALAMIN; FOLIC ACID; IRON; NIACIN; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A ACETATE (RETINYL ACETATE); VITAMIN D; VITAMIN E; ZINC										
PEDIAVIT	Only members under 21 years old are covered OTC 40MG/10ML; 150MCG/10ML 3MCG/10ML; 200MCG/10ML; 10MG/10ML; 9MG/10ML; 5MG/10ML; 0.7MG/10ML; 0.8MG/10ML; 0.7MG/10ML; 10UNIT/10ML; 2500UNIT/10ML; 400UNIT/10ML; 8MG/10ML LIQD	F						20		Y
ASCORBIC ACID; BIOTIN; CYANOCOBALAMIN; FOLIC ACID; IRON; NIACIN; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE; TOCOPHEROL, D-ALPHA; VITAMIN A; VITAMIN D; ZINC										
POLY-VI-SOL	OTC 35MG/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.5MG/ML; 1500UNIT/ML; 400UNIT/ML; 5UNIT/ML SOLN (Max Age 3)	GA						3		Y
ASCORBIC ACID; CYANOCOBALAMIN; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D; VITAMIN E										
POLY-VI-SOL/IRON	OTC 35MG/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.5MG/ML; 1500UNIT/ML; 400UNIT/ML; 5UNIT/ML SOLN (Max Age 3)	GA						3		Y
ASCORBIC ACID; IRON; NIACIN; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A; VITAMIN D; VITAMIN E										
POLYVITAMIN	OTC 35MG/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.5MG/ML; 1500UNIT/ML; 400UNIT/ML; 5UNIT/ML SOLN (Max Age 3)	F						3		Y
ASCORBIC ACID; CYANOCOBALAMIN; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D; VITAMIN E										
POLYVITAMIN/IRON	OTC 35MG/ML; 400UNIT/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.5MG/ML; 1500UNIT/ML; 400UNIT/ML; 5UNIT/ML SOLN (Max Age 3)	F						3		Y
ASCORBIC ACID; ERGOCALCIFEROL; IRON; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A ACETATE (RETINYL ACETATE); VITAMIN E										
POLYVITAMIN/IRON	Only members under 21 years old are covered OTC 60MG; 0.8MG; 4.5MCG; 0.3MG; 12MG; 13.5MG; 1.05MG; 1.2MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT; 8MG CHEW	F						20		Y
ASCORBIC ACID; COPPER; CYANOCOBALAMIN; FOLIC ACID; IRON; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A (SYNTHETIC); VITAMIN D; VITAMIN E; ZINC										
PR NATAL 400		F								
ASCORBIC ACID; BETA CAROTENE; CALCIUM CARBONATE; CHOLECALCIFEROL; CUPRIC OXIDE; CYANOCOBALAMIN; DOCOSAHEXAENOIC ACID (DHA); EICOSAPENTAENOIC ACID (EPA); FERROUS BISGLYCINATE; FOLIC ACID; IRON; IRON PROTEIN SUCCINYLATE; MAGNESIUM OXIDE; NIACINAMIDE; OMEGA-										
PR NATAL 400 EC		F								
ASCORBIC ACID; BETA CAROTENE; CALCIUM CARBONATE; CHOLECALCIFEROL; CUPRIC OXIDE; CYANOCOBALAMIN; DOCOSAHEXAENOIC ACID (DHA); EICOSAPENTAENOIC ACID (EPA); FOLIC ACID; IRON; MAGNESIUM OXIDE; NIACINAMIDE; OMEGA-3 FATTY ACIDS; PYRIDOXINE HYDROCHLORIDE; RIBOFLA										
PRENATAL	OTC 100MG; 200MG; 400UNIT; 4MCG; 0.8MG; 27MG; 18MG; 2.6MG; 1.7MG 1.84MG; 11UNIT; 4000UNIT; 25MG TABS (Gender F)	F								F Y
ASCORBIC ACID; CALCIUM SULFATE; CHOLECALCIFEROL; CYANOCOBALAMIN; FOLIC ACID; IRON; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; TOCOPHERYL ACET.DL-ALPHA; VITAMIN A; ZINC OXIDE										
PRENATAL LOW IRON	OTC 100MG; 0; 200MG; 400UNIT; 4MCG; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11MG; 25MG TABS (Gender F)	F								F Y
ASCORBIC ACID; BETA CAROTENE; CALCIUM CARBONATE; CHOLECALCIFEROL; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; VITAMIN A ACETATE (RETINYL ACETATE); VITAMIN E ACETATE (D-ALPHA); ZINC										
PRENATAL PLUS	(Gender F)	F								F
ASCORBIC ACID; BETA CAROTENE; CALCIUM CARBONATE; CHOLECALCIFEROL; CUPRIC OXIDE; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; TOCOPHERYL ACET.DL-ALPHA; VITAMIN A ACETATE (RETINYL ACE										

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day max	<u>QL</u>	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
PRENAVITE PROTEIN COATED ASCORBIC ACID; CALCIUM; CHOLECALCIFEROL; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; IODINE; MAGNESIUM OXIDE; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; TOCOPHERYL ACET,DL-ALPHA; VITAMIN A ACETATE (RETINYL ACETATE)	OTC 60MG; 200MG; 400UNIT; 8MCG; 28MG; 800MCG; 150MCG; 100MG; 20MG; 4MG; 2MG; 1.7MG; 30UNIT; 8000UNIT TABS (Gender F)	F								F Y
SETONET ASCORBIC ACID; BETA CAROTENE; CALCIUM CARBONATE; CHOLECALCIFEROL; CUPRIC OXIDE; CYANOCOBALAMIN; DOCOSAHEXAENOIC ACID (DHA); EICOSAPENTAENOIC ACID (EPA); FERROUS BISGLYCINATE; FOLIC ACID; IRON; IRON PROTEIN SUCCINYLAATE; MAGNESIUM OXIDE; NIACINAMIDE; OMEGA-		F								
TAB-A-VITE MAXIMUM ASCORBIC ACID; BETA CAROTENE; BIOTIN; CALCIUM; CALCIUM PHOSPHATE DIBASIC; CHLORIDE ION; CHOLECALCIFEROL; CHROMIC CHLORIDE; CUPRIC SULFATE ANHYDROUS; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; MAGNESIUM OXIDE; MANGANESE SULFATE; NIACINAMIDE; NICKEL SULF	Only members under 21 years old are covered OTC 60MG; 0; 30MCG; 162MG; 109MG; 72MG; 400UNIT; 65MCG; 2MG; 6MCG; 18MG; 400MCG; 100MG; 3.5MG; 20MG; 5MCG; 10MG; 25MCG; 80MG; 150MCG; 2MG; 1.7MG; 2MG; 150MCG; 10MCG; 160MCG; 20MCG; 1.5MG; 10MCG; 30UNIT; 2500UNIT	F					20			Y
THERA-M ENHANCED ASCORBIC ACID; BIOTIN; CALCIUM; CALCIUM PANTOTHENATE; CHROMIC CHLORIDE; CUPRIC OXIDE; CYANOCOBALAMIN; ERGOCALCIFEROL; FERROUS FUMARATE; FOLIC ACID; MAGNESIUM OXIDE; MANGANESE SULFATE; NIACINAMIDE; NICKEL SULFATE; PHOSPHORUS; PHYTONADIONE; POTASSIUM CHLORI	Only members under 21 years old are covered OTC 90MG; 30MCG; 40MG; 10MCG; 50MCG; 2MG; 12MCG; 400UNIT; 9MG; 400MCG; 100MG; 2MG; 20MG; 5MCG; 31MG; 28MCG; 7.5MG; 150MCG; 6MG; 3.4MG; 2MG; 150MCG; 10MCG; 75MCG; 70MCG; 3MG; 10MCG; 60UNIT; 5000UNIT; 15MG TABS	F					20			Y
THERATRUM COMPLETE 50 PLUS ASCORBIC ACID; BETA CAROTENE; BIOTIN; BORON; CALCIUM; CALCIUM PANTOTHENATE; CHLORIDE ION; CHOLECALCIFEROL; CHROMIUM; COPPER; CYANOCOBALAMIN; FOLIC ACID; LUTEIN (VEGETABLE ENZYME); LYCOPENE; MAGNESIUM OXIDE; MANGANESE SULFATE; NIACINAMIDE; NICKEL; PHOSPHOR	Only members under 21 years old are covered OTC 60MG; 0; 30MCG; 150MCG; 200MG; 10MG; 72MG; 400UNIT; 150MCG; 2MG; 25MCG; 400MCG; 250MCG; 300MCG; 100MG; 2MG; 20MG; 5MCG; 48MG; 10MCG; 80MG; 150MCG; 3MG; 1.7MG; 2MG; 75MCG; 20MCG; 1.5MG; 45UNIT; 10MCG; 3500UNI	F					20			Y
TRIVEEN-DUO DHA ASCORBIC ACID; BETA CAROTENE; CALCIUM CARBONATE; CHOLECALCIFEROL; CUPRIC OXIDE; CYANOCOBALAMIN; DOCOSAHEXAENOIC ACID (DHA); EICOSAPENTAENOIC ACID (EPA); FERROUS BISGLYCINATE; FOLIC ACID; IRON; IRON PROTEIN SUCCINYLAATE; MAGNESIUM OXIDE; NIACINAMIDE; OMEGA-		F								
TRI-VI-SOL ASCORBIC ACID; VITAMIN A (SYNTHETIC); VITAMIN D	OTC 35MG/ML; 1500UNIT/ML; 400UNIT/ML SOLN (Max Age 3)	GA					3			Y
TRI-VI-SOL/IRON ASCORBIC ACID; IRON; VITAMIN A (SYNTHETIC); VITAMIN D	OTC 35MG/ML; 10MG/ML; 1500UNIT/ML; 400UNIT/ML SOLN (Max Age 3)	F					3			Y
TRI-VIT/FLUORIDE ASCORBIC ACID; CHOLECALCIFEROL; SODIUM FLUORIDE; VITAMIN A PALMITATE (RETINYL PALMITATE)	Only members under 21 years old are covered	F					20			
TRI-VIT/FLUORIDE/IRON ASCORBIC ACID; FLUORIDE; IRON; VITAMIN A; VITAMIN D	Only members under 21 years old are covered	F					20			
TRI-VITAMIN/FLUORIDE ASCORBIC ACID; SODIUM FLUORIDE; VITAMIN A; VITAMIN D	Only members under 21 years old are covered	F					20			
TRI-VITAMINS ASCORBIC ACID; VITAMIN A (SYNTHETIC); VITAMIN D	OTC 35MG/ML; 1500UNIT/ML; 400UNIT/ML SOLN (Max Age 3)	F					3			Y
VITATRUM ASCORBIC ACID; BETA CAROTENE; BIOTIN; CALCIUM; CALCIUM PANTOTHENATE; CALCIUM PHOSPHATE DIBASIC; CHOLECALCIFEROL; CHROMIC CHLORIDE; CUPRIC OXIDE; CYANOCOBALAMIN; FERROUS FUMARATE; FOLIC ACID; MAGNESIUM OXIDE; MANGANESE SULFATE; NIACINAMIDE; PHYTONADIONE; P	Only members under 21 years old are covered OTC 60MG; 0; 45MCG; 108MG; 10MG; 50MG; 400UNIT; 20MCG; 2MG; 6MCG; 18MG; 400MCG; 40MG; 1MG; 20MG; 10UNIT; 150MCG; 2MG; 1.7MG; 20MG; 1.5MG; 60UNIT; 3500UNIT; 15MG CHEW	F					20			Y
VITRUM SENIOR ASCORBIC ACID; BETA CAROTENE; BIOTIN; BORON; CALCIUM CARBONATE; CALCIUM PANTOTHENATE; CALCIUM PHOSPHATE; CHLORIDE ION; CHOLECALCIFEROL; CHROMIC CHLORIDE; CUPRIC OXIDE; CYANOCOBALAMIN; FOLIC ACID; LUTEIN (VEGETABLE ENZYME); LYCOPENE; MAGNESIUM OXIDE; MANGA	Only members under 21 years old are covered OTC 60MG; 0; 30MCG; 150MCG; 200MG; 10MG; 48MG; 72MG; 400UNIT; 150MCG; 2MG; 25MCG; 400MCG; 250MCG; 300MCG; 100MG; 2MG; 20MG; 5MCG; 10MCG; 80MG; 150MCG; 3MG; 1.7MG; 2MG; 10MCG; 75MCG; 20MCG; 1.5MG; 45UNIT; 3500UNI	F					20			Y
NATURAL PENICILLINS										
PENICILLIN V POTASSIUM PENICILLIN V POTASSIUM		F								
NEURAMINIDASE INHIBITORS										
RELENZA DISKHALER ZANAMIVIR	QL: One treatment per 6 months(5MG/BLISTER) QL 1 FL per 180 DY	F					1			

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
TAMIFLU OSELTAMIVIR PHOSPHATE	QL: One treatment per 6 months(75MG) QL 1 FL per 180 DY	F		1						
TAMIFLU OSELTAMIVIR PHOSPHATE	QL: One treatment per 6 months(6MG/ML) QL 1 FL per 180 DY	F		1						
TAMIFLU OSELTAMIVIR PHOSPHATE	QL: One treatment per 6 months(30MG) QL 1 FL per 180 DY	F		1						
TAMIFLU OSELTAMIVIR PHOSPHATE	QL: One treatment per 6 months(45MG) QL 1 FL per 180 DY	F		1						
► NITRATES AND NITRITES										
ISORDIL TITRADOSE ISOSORBIDE DINITRATE		GA								
ISOSORBIDE DINITRATE ISOSORBIDE DINITRATE		F								
ISOSORBIDE DINITRATE ER ISOSORBIDE DINITRATE		F								
ISOSORBIDE MONONITRATE ISOSORBIDE MONONITRATE		F								
ISOSORBIDE MONONITRATE ER ISOSORBIDE MONONITRATE		F								
MONOKET ISOSORBIDE MONONITRATE		GA								
NITRO-DUR NITROGLYCERIN	Formulary Drug	GA								
NITRO-DUR NITROGLYCERIN	Formulary Drug	F								
NITROGLYCERIN ER NITROGLYCERIN		F								
NITROGLYCERIN TRANSDERMAL NITROGLYCERIN		F								
NITROSTAT NITROGLYCERIN		GA								
NITRO-TIME NITROGLYCERIN		F								
► NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST										
MIRAPEX PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE		GA								
PRAMIPEXOLE DIHYDROCHLORIDE PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE		F								
REQUIP ROPINIROLE HYDROCHLORIDE		GA								
ROPINIROLE HCL ROPINIROLE HYDROCHLORIDE		F								
► NONNUCLEOSIDE REV.TRANSSCRIPTASE INHIB.										
EDURANT RILPIVIRINE HYDROCHLORIDE		F								
INTELENCE ETRAVIRINE		F								
RESCRIPTOR DELAVIRDINE MESYLATE		F								
SUSTIVA EFAVIRENZ		F								
VIRAMUNE NEVIRAPINE		F								
VIRAMUNE XR NEVIRAPINE		F								
► NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS										
CAFERGOT CAFFEINE; ERGOTAMINE TARTRATE		GA								
D.H.E. 45 DIHYDROERGOTAMINE MESYLATE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
DIBENZYLINE PHENOXYBENZAMINE HYDROCHLORIDE		F								
DIHYDROERGOTAMINE MESYLATE DIHYDROERGOTAMINE MESYLATE		F								
ERGOMAR ERGOTAMINE TARTRATE		F								
ERGOTAMINE TARTRATE/CAFFEINE CAFFEINE; ERGOTAMINE TARTRATE		F								
MIGRANAL DIHYDROERGOTAMINE MESYLATE	1 kit (8 vials) per 30 days.(4MG/ML) QL 1 QY per 30 DY	F					1			
► NUCLEOSIDE,NUCLEOTIDE REV.TRNSCRIP.INHIB										
ATRIPLA EFAVIRENZ; EMTRICITABINE; TENOFOVIR DISOPROXIL FUMARATE		F								
COMBIVIR LAMIVUDINE; ZIDOVUDINE		GA								
COMPLERA EMTRICITABINE; RILPIVIRINE HYDROCHLORIDE; TENOFOVIR DISOPROXIL FUMARATE		F								
DIDANOSINE DIDANOSINE		F								
EMTRIVA EMTRICITABINE		F								
EPIVIR LAMIVUDINE	Formulary Drug	GA								
EPIVIR LAMIVUDINE	Formulary Drug	F								
EPIVIR HBV LAMIVUDINE		F								
EPZICOM ABACAVIR SULFATE; LAMIVUDINE		F								
LAMIVUDINE LAMIVUDINE		F								
LAMIVUDINE/ZIDOVUDINE LAMIVUDINE; ZIDOVUDINE		F								
RETROVIR ZIDOVUDINE		GA								
STAVUDINE STAVUDINE		F								
TRIZIVIR ABACAVIR SULFATE; LAMIVUDINE; ZIDOVUDINE		F								
TRUVADA EMTRICITABINE; TENOFOVIR DISOPROXIL FUMARATE		F								
VIDEX EC DIDANOSINE		GA								
VIDEX PEDIATRIC DIDANOSINE		F								
VIREAD TENOFOVIR DISOPROXIL FUMARATE		F								
ZERIT STAVUDINE		GA								
ZIAGEN ABACAVIR SULFATE		F								
ZIDOVUDINE ZIDOVUDINE		F								
► NUCLEOSIDES AND NUCLEOTIDES										
ACYCLOVIR ACYCLOVIR		F								
BARACLUDE ENTECAVIR MONOHYDRATE		F								
GANCICLOVIR GANCICLOVIR		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
HEPSERA ADEFOVIR DIPIVOXIL	PA Required 10MG	NF						Y		
VALACYCLOVIR HCL VALACYCLOVIR HCL		F								
VALTREX VALACYCLOVIR HCL		GA								
▶ OPIATE AGONISTS										
ACETAMINOPHEN/CODEINE ACETAMINOPHEN; CODEINE PHOSPHATE		F								
ACETAMINOPHEN/CODEINE #2 ACETAMINOPHEN; CODEINE PHOSPHATE		F								
ACETAMINOPHEN/CODEINE #3 ACETAMINOPHEN; CODEINE PHOSPHATE		F								
ACETAMINOPHEN/CODEINE #4 ACETAMINOPHEN; CODEINE PHOSPHATE		F								
AVINZA MORPHINE SULFATE	PA Required 30MG	NF						Y		
AVINZA MORPHINE SULFATE	PA Required 90MG	NF						Y		
AVINZA MORPHINE SULFATE	PA Required 45MG	NF						Y		
AVINZA MORPHINE SULFATE	PA Required 60MG	NF						Y		
AVINZA MORPHINE SULFATE	PA Required 75MG	NF						Y		
AVINZA MORPHINE SULFATE	PA Required 120MG	NF						Y		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE ACETAMINOPHEN; BUTALBITAL; CAFFEINE; CODEINE PHOSPHATE		F								
BUTALBITAL/ASPIRN/CAFFEINE/CODEINE ASPIRIN; BUTALBITAL; CAFFEINE; CODEINE PHOSPHATE		F								
DEMEROL MEPERIDINE HYDROCHLORIDE		GA								
DILAUDID HYDROMORPHONE HYDROCHLORIDE		GA								
DILAUDID-5 HYDROMORPHONE HYDROCHLORIDE		F								
DOLOPHINE METHADONE HYDROCHLORIDE		GA								
DOLOPHINE HCL METHADONE HYDROCHLORIDE		GA								
DURAGESIC FENTANYL	(100MCG/HR) QL 10 QY per 30 DY	GA						10		
DURAGESIC FENTANYL	(12MCG/HR) QL 10 QY per 30 DY	GA						10		
DURAGESIC FENTANYL	(25MCG/HR) QL 10 QY per 30 DY	GA						10		
DURAGESIC FENTANYL	(75MCG/HR) QL 10 QY per 30 DY	GA						10		
DURAGESIC FENTANYL	(50MCG/HR) QL 10 QY per 30 DY	GA						10		
ENDOCET ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	Only 5/325mg and 5/500mg are formulary. All other strengths require prior authorization.	F								
ENDODAN ASPIRIN; OXYCODONE HYDROCHLORIDE		F								
FENTANYL FENTANYL	(75MCG/HR) QL 10 QY per 30 DY	F						10		
FENTANYL FENTANYL	(25MCG/HR) QL 10 QY per 30 DY	F						10		

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
FENTANYL FENTANYL	(50MCG/HR) QL 10 QY per 30 DY	F		10						
FENTANYL FENTANYL	(12MCG/HR) QL 10 QY per 30 DY	F		10						
FENTANYL FENTANYL	(100MCG/HR) QL 10 QY per 30 DY	F		10						
FIORICET/CODEINE ACETAMINOPHEN; BUTALBITAL; CAFFEINE; CODEINE PHOSPHATE		GA								
FIORINAL/CODEINE #3 ASPIRIN; BUTALBITAL; CAFFEINE; CODEINE PHOSPHATE		GA								
HYDROCODONE/ACETAMINOPHEN ACETAMINOPHEN; HYDROCODONE BITARTRATE		F								
HYDROCODONE/ACETAMINOPHEN ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/325, 5/500, 7.5/325, 7.5/500, 7.5/750, 10/325 & 10/650mg are formulary. ^A other strengths require prior authorization.	F								
HYDROCODONE/ACETAMINOPHEN ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/500, 7.5/500, 7.5/750 & 10/650mg are formulary. All other strengths require prior authorization.	F								
HYDROGESIC ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/325, 5/500, 7.5/325, 7.5/500, 7.5/750, 10/325 & 10/650mg are formulary. ^A other strengths require prior authorization.	F								
HYDROMORPHONE HCL HYDROMORPHONE HYDROCHLORIDE		F								
KADIAN MORPHINE SULFATE	Formulary Drug	F								
KADIAN MORPHINE SULFATE	Formulary Drug	GA								
LORCET 10/650 ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/325, 5/500, 7.5/325, 7.5/500, 7.5/750, 10/325 & 10/650mg are formulary. ^A other strengths require prior authorization.	GA								
LORTAB ACETAMINOPHEN; HYDROCODONE BITARTRATE		GA								
LORTAB ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/500, 7.5/500, 7.5/750 & 10/650mg are formulary. All other strengths require prior authorization.	GA								
MEPERIDINE HCL MEPERIDINE HYDROCHLORIDE		F								
METHADONE HCL METHADONE HYDROCHLORIDE		F								
MORPHINE SULFATE MORPHINE SULFATE		F								
MORPHINE SULFATE ER MORPHINE SULFATE		F								
MS CONTIN MORPHINE SULFATE		GA								
OXYCODONE HCL OXYCODONE HYDROCHLORIDE	Formulary Drug	GA								
OXYCODONE HCL OXYCODONE HYDROCHLORIDE	Formulary Drug	F								
OXYCODONE/ACETAMINOPHEN ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	Formulary Drug Only 5/325mg and 5/500mg are formulary. All other strengths require prior authorization.	F								
OXYCODONE/ACETAMINOPHEN ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	Formulary Drug Only 5/325mg and 5/500mg are formulary. All other strengths require prior authorization.	GA								
PERCOCET ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	Only 5/325mg and 5/500mg are formulary. All other strengths require prior authorization.	GA								
ROXICET ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE	Only 5/325mg and 5/500mg are formulary. All other strengths require prior authorization.	F								
ROXICODONE OXYCODONE HYDROCHLORIDE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
TRAMADOL HCL TRAMADOL HCL		F								
TYLENOL/CODEINE #4 ACETAMINOPHEN; CODEINE PHOSPHATE		GA								
ULTRAM TRAMADOL HCL		GA								
VICODIN ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/325, 5/500, 7.5/325, 7.5/500, 7.5/750, 10/325 & 10/650mg are formulary. ^A other strengths require prior authorization.	GA								
VICODIN ES ACETAMINOPHEN; HYDROCODONE BITARTRATE	Only 5/325, 5/500, 7.5/325, 7.5/500, 7.5/750, 10/325 & 10/650mg are formulary. ^A other strengths require prior authorization.	GA								
VICOPROFEN HYDROCODONE BITARTRATE; IBUPROFEN	PA Required 7.5MG; 200MG	NF					Y			
► OPIATE ANTAGONISTS										
NALTREXONE HCL NALTREXONE HYDROCHLORIDE		F								
REVIA NALTREXONE HYDROCHLORIDE		GA								
► OPIATE PARTIAL AGONISTS										
BUPRENORPHINE HCL BUPRENORPHINE HYDROCHLORIDE	PA Required 8MG	NF					Y			
BUPRENORPHINE HCL BUPRENORPHINE HYDROCHLORIDE	PA Required 2MG	NF					Y			
BUTORPHANOL TARTRATE BUTORPHANOL TARTRATE	PA Required 10MG/ML	NF					Y			
NALBUPHINE HCL NALBUPHINE HYDROCHLORIDE		F								
SUBOXONE BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	PA Required 2MG; 0.5MG	F					Y			
SUBOXONE BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	PA Required 8MG; 2MG	F					Y			
► ORALLY INHALED PREPARATIONS (STERIODS)										
ADVAIR DISKUS FLUTICASONE PROPIONATE; SALMETEROL XINAFOATE		F								
ADVAIR HFA FLUTICASONE PROPIONATE; SALMETEROL XINAFOATE		F								
ASMANEX 120 METERED DOSES MOMETASONE FUROATE		F								
ASMANEX 14 METERED DOSES MOMETASONE FUROATE		F								
ASMANEX 30 METERED DOSES MOMETASONE FUROATE		F								
ASMANEX 60 METERED DOSES MOMETASONE FUROATE		F								
ASMANEX 7 METERED DOSES MOMETASONE FUROATE		F								
BUDESONIDE BUDESONIDE	QL: Limited to two respules per day.(0.5MG/2ML) QL 60 QY per 30 DY (Max Age 8)	F					60		8	
BUDESONIDE BUDESONIDE	QL: Limited to one respule per day. Prior authorization required for twice daily dosing.(0.25MG/2ML) QL 30 QY per 30 DY (Max Age 8)	F					30		8	
DULERA FORMOTEROL FUMARATE DIHYDRATE; MOMETASONE FUROATE	(5MCG/ACT; 100MCG/ACT) QL 2 QY per 30 DY Min Age 12	F					2		12	
DULERA FORMOTEROL FUMARATE DIHYDRATE; MOMETASONE FUROATE	(5MCG/ACT; 200MCG/ACT) QL 2 QY per 30 DY Min Age 12	F					2		12	
FLOVENT DISKUS FLUTICASONE PROPIONATE		F								
FLOVENT HFA FLUTICASONE PROPIONATE	PA Required 220MCG/ACT	F							Y	

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
FLOVENT HFA FLUTICASONE PROPIONATE		F								
PULMICORT BUDESONIDE	Formulary Drug QL: Limited to one respule per day. Prior authorization required for twice daily dosing.(0.25MG/2ML) QL 30 QY per 30 DY (Max Age 8)	GA		30				8		
PULMICORT BUDESONIDE	Formulary Drug **Generic Pulmicort will also pay at the point of sale for claims that meet the requirements. QL: limited to one respule per day. Prior authorization required for twice daily dosing.(1MG/2ML) QL 30 QY per 30 DY (Max Age 8)	F		30				8		
PULMICORT BUDESONIDE	Formulary Drug QL: Limited to two respules per day.(0.5MG/2ML) QL 60 QY per 30 DY (Max Age 8)	GA		60				8		
QVAR BECLOMETHASONE DIPROPIONATE		F								
▶ OTHER MACROLIDES										
AZITHROMYCIN AZITHROMYCIN	(250MG) QL 6 QY per 30 DY	F		6						
AZITHROMYCIN AZITHROMYCIN	(500MG) QL 1 FL per 30 DY	F		1						
AZITHROMYCIN AZITHROMYCIN	(200MG/5ML) QL 1 FL per 30 DY	F		1						
AZITHROMYCIN AZITHROMYCIN	(1GM) QL 1 FL per 30 DY	F		1						
AZITHROMYCIN AZITHROMYCIN	(100MG/5ML) QL 1 FL per 30 DY	F		1						
AZITHROMYCIN AZITHROMYCIN	(600MG) QL 6 QY per 30 DY	F		6						
BIAXIN CLARITHROMYCIN	(250MG) QL 1 FL per 30 DY	GA		1						
BIAXIN CLARITHROMYCIN	(250MG/5ML) QL 1 FL per 30 DY	GA		1						
BIAXIN CLARITHROMYCIN	(500MG) QL 1 FL per 30 DY	GA		1						
BIAXIN XL CLARITHROMYCIN	(500MG) QL 1 FL per 30 DY	GA		1						
CLARITHROMYCIN CLARITHROMYCIN	(125MG/5ML) QL 1 FL per 30 DY	F		1						
CLARITHROMYCIN CLARITHROMYCIN	(250MG) QL 1 FL per 30 DY	F		1						
CLARITHROMYCIN CLARITHROMYCIN	(250MG/5ML) QL 1 FL per 30 DY	F		1						
CLARITHROMYCIN CLARITHROMYCIN	(500MG) QL 1 FL per 30 DY	F		1						
CLARITHROMYCIN ER CLARITHROMYCIN	(500MG) QL 1 FL per 30 DY	F		1						
ZITHROMAX AZITHROMYCIN	(100MG/5ML) QL 1 FL per 30 DY	GA		1						
ZITHROMAX AZITHROMYCIN	(200MG/5ML) QL 1 FL per 30 DY	GA		1						
ZITHROMAX AZITHROMYCIN	(250MG) QL 1 FL per 30 DY	GA		1						
ZITHROMAX AZITHROMYCIN	(1GM) QL 1 FL per 30 DY	GA		1						
ZITHROMAX AZITHROMYCIN	(500MG) QL 1 FL per 30 DY	GA		1						
ZITHROMAX AZITHROMYCIN	(600MG) QL 1 FL per 30 DY	GA		1						
ZITHROMAX TRI-PAK AZITHROMYCIN	(500MG) QL 1 FL per 30 DY	GA		1						
ZITHROMAX Z-PAK AZITHROMYCIN	(250MG) QL 1 FL per 30 DY	GA		1						

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
ZMAX AZITHROMYCIN DIHYDRATE	(2GM) QL 1 QY per 30 DY	F		1						
▶ OTHER MISCELLANEOUS THERAPEUTIC AGENTS										
CARNITOR LEVOCARNITINE		GA								
DEMSER METYROSINE		F								
ELMIRON PENTOSAN POLYSULFATE SODIUM	PA Required 100MG	NF				Y				
LEVOCARNITINE LEVOCARNITINE		F								
▶ OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS										
ANAPROX NAPROXEN SODIUM		GA								
ANAPROX DS NAPROXEN SODIUM		GA								
CATAFLAM DICLOFENAC POTASSIUM		GA								
CHILDRENS ADVIL IBUPROFEN	OTC 50MG/1.25ML SUSP	GA								Y
CHILDRENS IBUPROFEN IBUPROFEN	OTC 40MG/ML SUSP	F								Y
CHILDRENS IBUPROFEN IBUPROFEN	OTC 100MG/5ML SUSP	F								Y
DAYPRO OXAPROZIN		GA								
DICLOFENAC POTASSIUM DICLOFENAC POTASSIUM		F								
DICLOFENAC SODIUM DR DICLOFENAC SODIUM		F								
EC-NAPROSYN NAPROXEN		GA								
FELDENE PIROXICAM		GA								
FENOPROFEN CALCIUM FENOPROFEN CALCIUM		F								
IBUPROFEN IBUPROFEN		F								
INDOCIN INDOMETHACIN		F								
INDOMETHACIN INDOMETHACIN		F								
KETOPROFEN KETOPROFEN	Extended-release product not covered.	F								
MECLOFENAMATE SODIUM MECLOFENAMATE SODIUM		F								
MELOXICAM MELOXICAM	Generic 90-days	F	Y							
MOBIC MELOXICAM	Generic 90-days	GA	Y							
NAPROSYN NAPROXEN		GA								
NAPROXEN NAPROXEN		F								
NAPROXEN DR NAPROXEN		F								
NAPROXEN SODIUM NAPROXEN SODIUM		F								
OXAPROZIN OXAPROZIN		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
PIROXICAM PIROXICAM		F								
► OXAZOLIDINONES										
ZYVOX LINEZOLID	PA Required 600MG	NF						Y		
ZYVOX LINEZOLID	PA Required 100MG/5ML	NF						Y		
► OXYTOCICS										
METHYLERGONOVINE MALEATE METHYLERGONOVINE MALEATE		F								
► PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)										
ARICEPT DONEPEZIL HYDROCHLORIDE	Min Age 18	GA							18	
ARICEPT ODT DONEPEZIL HYDROCHLORIDE	Min Age 18	GA							18	
BETHANECHOL CHLORIDE BETHANECHOL CHLORIDE		F								
DONEPEZIL HCL DONEPEZIL HYDROCHLORIDE	Min Age 18	F							18	
EXELON RIVASTIGMINE TARTRATE	Formulary Drug Min Age 18	GA							18	
EXELON RIVASTIGMINE	Formulary Drug Min Age 18	F							18	
MESTINON PYRIDOSTIGMINE BROMIDE		F								
MESTINON TIMESPAN PYRIDOSTIGMINE BROMIDE		F								
PROSTIGMIN NEOSTIGMINE BROMIDE	Min Age 18	F							18	
PYRIDOSTIGMINE BROMIDE PYRIDOSTIGMINE BROMIDE		F								
RIVASTIGMINE TARTRATE RIVASTIGMINE TARTRATE	Min Age 18	F							18	
URECHOLINE BETHANECHOL CHLORIDE		GA								
► PARATHYROID										
CALCITONIN-SALMON CALCITONIN,SALMON		F								
MIACALCIN CALCITONIN,SALMON		GA								
► PENICILLINASE-RESISTANT PENICILLINS										
DICLOXACILLIN SODIUM DICLOXACILLIN SODIUM		F								
► PERIPHERAL ADRENERGIC INHIBITORS										
RESERPINE RESERPINE		F								
► PHENOTHIAZINE DERIVATIVES										
PHENERGAN PROMETHAZINE HYDROCHLORIDE		GA								
PROMETHAZINE HCL PROMETHAZINE HYDROCHLORIDE		F								
PROMETHAZINE VC PLAIN PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE		F								
► PHENOTHIAZINES										
CHLORPROMAZINE HCL CHLORPROMAZINE HYDROCHLORIDE		F								
FLUPHENAZINE DECANOATE FLUPHENAZINE DECANOATE		F								
FLUPHENAZINE HCL FLUPHENAZINE HYDROCHLORIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
PERPHENAZINE PERPHENAZINE		F								
THIORIDAZINE HCL THIORIDAZINE HYDROCHLORIDE	PA Required 25MG	F						Y		
THIORIDAZINE HCL THIORIDAZINE HYDROCHLORIDE	PA Required 50MG	F						Y		
THIORIDAZINE HCL THIORIDAZINE HYDROCHLORIDE	PA Required 100MG	F						Y		
THIORIDAZINE HCL THIORIDAZINE HYDROCHLORIDE	PA Required 10MG	F						Y		
TRIFLUOPERAZINE HCL TRIFLUOPERAZINE HYDROCHLORIDE		F								
► PHOSPHATE-REMOVING AGENTS										
CALCIUM ACETATE CALCIUM ACETATE		F								
PHOSLO CALCIUM ACETATE		GA								
RENAGEL SEVELAMER HYDROCHLORIDE		F								
REVELA SEVELAMER CARBONATE		F								
► PHOSPHODIESTERASE TYPE 4 INHIBITORS										
DALIRESP ROFLUMILAST	Requires trial and failure or intolerance to two first line agents or a combination agent within the past 60 days. (500MCG TABS)	F								Y
► PHOSPHODIESTERASE TYPE 5 INHIBITORS										
REVATIO SILDENAFIL CITRATE	PA Required 20MG	F						Y		
► PITUITARY										
DDAVP DESMOPRESSIN ACETATE	PA Required 0.01%	GA						Y		
DDAVP DESMOPRESSIN ACETATE	Tablets will pay at the point of sale for members 6 years old and older. PA Required: 0.2MG Min Age 6	GA						Y	6	
DDAVP DESMOPRESSIN ACETATE	Tablets will pay at the point of sale for members 6 years old and older. PA Required: 0.1MG Min Age 6	GA						Y	6	
DESMOPRESSIN ACETATE DESMOPRESSIN ACETATE	Tablets will pay at the point of sale for members 6 years old and older. PA Required: 0.1MG Min Age 6	F						Y	6	
DESMOPRESSIN ACETATE DESMOPRESSIN ACETATE	PA Required 0.01%	F						Y		
DESMOPRESSIN ACETATE DESMOPRESSIN ACETATE	Tablets will pay at the point of sale for members 6 years old and older. PA Required: 0.2MG Min Age 6	F						Y	6	
► PLATELET-AGGREGATION INHIBITORS										
CILOSTAZOL CILOSTAZOL		F								
PLAVIX CLOPIDOGREL BISULFATE		F								
PLETAL CILOSTAZOL		GA								
TICLOPIDINE HCL TICLOPIDINE HYDROCHLORIDE		F								
► POLYENES										
NYSTATIN NYSTATIN		F								
► POLYENES (SKIN & MUCOUS MEMBRANE)										
NYSTATIN VAGINAL NYSTATIN		F								
NYSTATIN/TRIAMCINOLONE NYSTATIN; TRIAMCINOLONE ACETONIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
► POTASSIUM-REMOVING AGENTS										
SPS SODIUM POLYSTYRENE SULFONATE		F								
► POTASSIUM-SPARING DIURETICS										
AMILORIDE HCL AMILORIDE HYDROCHLORIDE (ANHYDROUS)		F								
AMILORIDE/HYDROCHLOROTHIAZIDE AMILORIDE HYDROCHLORIDE (ANHYDROUS); HYDROCHLOROTHIAZIDE		F								
DYAZIDE HYDROCHLOROTHIAZIDE; TRIAMTERENE		GA								
DYRENIUM TRIAMTERENE		F								
MAXZIDE HYDROCHLOROTHIAZIDE; TRIAMTERENE		GA								
MAXZIDE-25 HYDROCHLOROTHIAZIDE; TRIAMTERENE		GA								
TRIAMTERENE/HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE; TRIAMTERENE		F								
► PROGESTINS										
AYGESTIN NORETHINDRONE ACETATE	(Gender F)	GA								F
DEPO-PROVERA MEDROXYPROGESTERONE ACETATE	(Gender F)	F								F
DEPO-PROVERA CONTRACEPTIVE MEDROXYPROGESTERONE ACETATE	(Gender F)	GA								F
MEDROXYPROGESTERONE ACETATE MEDROXYPROGESTERONE ACETATE	(Gender F)	F								F
NORETHINDRONE ACETATE NORETHINDRONE ACETATE	(Gender F)	F								F
PROVERA MEDROXYPROGESTERONE ACETATE	(Gender F)	GA								F
► PROKINETIC AGENTS										
METOCLOPRAMIDE HCL METOCLOPRAMIDE HYDROCHLORIDE		F								
REGLAN METOCLOPRAMIDE HYDROCHLORIDE		GA								
► PROPYLAMINE DERIVATIVES										
ALLER-CHLOR CHLORPHENIRAMINE MALEATE	OTC 2MG/5ML SYRP	F								Y
CHLORPHENIRAMINE MALEATE CHLORPHENIRAMINE MALEATE	OTC 4MG TABS	F								Y
DECONGESTANT PLUS CHLORPHENIRAMINE MALEATE; PSEUDOEPHEDRINE HYDROCHLORIDE	OTC 4MG; 60MG TABS	F								Y
► PROSTAGLANDIN ANALOGS										
LATANOPROST LATANOPROST		F								
TRAVATAN Z TRAVOPROST		F								
XALATAN LATANOPROST		GA								
► PROSTAGLANDINS										
CYTOTEC MISOPROSTOL		GA								
MISOPROSTOL MISOPROSTOL		F								
► PROTECTANTS										
CARAFATE SUCRALFATE		GA								
SUCRALFATE SUCRALFATE		F								

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► PROTON-PUMP INHIBITORS										
ACIPHEX RABEPRAZOLE SODIUM	PA Required 20MG	NF						Y		
LANSOPRAZOLE LANSOPRAZOLE	PA Required 15MG	NF						Y		
LANSOPRAZOLE LANSOPRAZOLE	PA Required 30MG	NF						Y		
NEXIUM ESOMEPRAZOLE MAGNESIUM TRIHYDRATE	PA Required 40MG	NF						Y		
NEXIUM ESOMEPRAZOLE MAGNESIUM	PA Required 20MG	NF						Y		
NEXIUM ESOMEPRAZOLE MAGNESIUM	PA Required 40MG	NF						Y		
NEXIUM ESOMEPRAZOLE MAGNESIUM TRIHYDRATE	PA Required 10MG	NF						Y		
NEXIUM ESOMEPRAZOLE MAGNESIUM TRIHYDRATE	PA Required 20MG	NF						Y		
OMEPRAZOLE OMEPRAZOLE	Generic 90-days	F	Y							
OMEPRAZOLE OMEPRAZOLE	OTC 20MG TBEC Generic 90-days	F	Y							Y
PANTOPRAZOLE SODIUM PANTOPRAZOLE SODIUM SESQUIHYDRATE		F								
PREVACID LANSOPRAZOLE	PA Required 15MG	NF						Y		
PREVACID LANSOPRAZOLE	PA Required 30MG	NF						Y		
PREVACID 24HR LANSOPRAZOLE	Requires step therapy with omeprazole	OTC 15MG CPDR (15MG CPDR)	F						Y	Y
PREVACID SOLUTAB LANSOPRAZOLE	Will pay at point of sale for members < 8 years old only. Non-formulary for members 8 years old and older. (Max Age 7)	F						7		
PRILOSEC OMEPRAZOLE MAGNESIUM	PA Required 2.5MG Generic 90-days	NF	Y					Y		
PRILOSEC OMEPRAZOLE MAGNESIUM	PA Required 10MG Generic 90-days	NF	Y					Y		
PRILOSEC OMEPRAZOLE	Generic 90-days	GA	Y							
PRILOSEC OTC OMEPRAZOLE MAGNESIUM	PA Required 20MG OTC 20MG TBEC	NF						Y		Y
PROTONIX PANTOPRAZOLE SODIUM SESQUIHYDRATE	PA Required 40MG Generic 90-days	NF	Y					Y		
PROTONIX PANTOPRAZOLE SODIUM SESQUIHYDRATE	Generic 90-days	GA	Y							
ZEGERID OMEPRAZOLE; SODIUM BICARBONATE	PA Required 40MG; 1100MG	NF						Y		
ZEGERID OMEPRAZOLE; SODIUM BICARBONATE	PA Required 20MG; 1680MG	NF						Y		
ZEGERID OMEPRAZOLE; SODIUM BICARBONATE	PA Required 20MG; 1100MG	NF						Y		
ZEGERID OMEPRAZOLE; SODIUM BICARBONATE	PA Required 40MG; 1680MG	NF						Y		
ZEGERID OTC OMEPRAZOLE; SODIUM BICARBONATE	Requires step therapy with omeprazole	OTC 20MG; 1100MG CAPS (20MG; 1100MG CAPS)	GA						Y	Y
► QUINOLONES										
AVELOX MOXIFLOXACIN HYDROCHLORIDE	(400MG) QL 10 QY per 30 DY	F						10		
AVELOX ABC PACK MOXIFLOXACIN HYDROCHLORIDE	(400MG) QL 1 FL per 30 DY	F						1		

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CIPRO CIPROFLOXACIN	Formulary Drug	F								
CIPRO CIPROFLOXACIN HCL	Formulary Drug (750MG) QL 28 QY per 30 DY	GA		28						
CIPRO CIPROFLOXACIN HCL	Formulary Drug (250MG) QL 68 QY per 34 DY	GA		68						
CIPRO CIPROFLOXACIN HCL	Formulary Drug (500MG) QL 68 QY per 34 DY	GA		68						
CIPROFLOXACIN ER CIPROFLOXACIN; CIPROFLOXACIN HCL		F								
CIPROFLOXACIN HCL CIPROFLOXACIN HCL		F								
CIPROFLOXACIN HCL CIPROFLOXACIN HCL	(750MG) QL 28 QY per 30 DY	F		28						
CIPROFLOXACIN HCL CIPROFLOXACIN HCL	(500MG) QL 68 QY per 34 DY	F		68						
CIPROFLOXACIN HCL CIPROFLOXACIN HCL	(250MG) QL 68 QY per 34 DY	F		68						
LEVAQUIN LEVOFLOXACIN HEMIHYDRATE	(750MG) QL 14 QY per 30 DY	GA		14						
LEVAQUIN LEVOFLOXACIN HEMIHYDRATE	(25MG/ML) QL 1 FL per 30 DY	GA		1						
LEVAQUIN LEVOFLOXACIN HEMIHYDRATE	(250MG) QL 14 QY per 30 DY	GA		14						
LEVAQUIN LEVOFLOXACIN HEMIHYDRATE	(500MG) QL 14 QY per 30 DY	GA		14						
LEVOFLOXACIN LEVOFLOXACIN HEMIHYDRATE	(750MG) QL 14 QY per 30 DY	F		14						
LEVOFLOXACIN LEVOFLOXACIN HEMIHYDRATE	(250MG) QL 14 QY per 30 DY	F		14						
LEVOFLOXACIN LEVOFLOXACIN HEMIHYDRATE	(25MG/ML) QL 1 FL per 30 DY	F		1						
LEVOFLOXACIN LEVOFLOXACIN HEMIHYDRATE	(500MG) QL 14 QY per 30 DY	F		14						
OFLOXACIN OFLOXACIN		F								
OFLOXACIN OFLOXACIN	(400MG) QL 28 QY per 30 DY (Gender F)	F		28						F
OFLOXACIN OFLOXACIN	(200MG) QL 28 QY per 30 DY (Gender F)	F		28						F
OFLOXACIN OFLOXACIN	(300MG) QL 28 QY per 30 DY (Gender F)	F		28						F
RENIN INHIBITORS										
AMTURNIDE ALISKIREN FUMARATE; AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 5MG; 25MG TABS)	F								Y
AMTURNIDE ALISKIREN FUMARATE; AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 10MG; 25MG TABS)	F								Y
AMTURNIDE ALISKIREN FUMARATE; AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 5MG; 12.5MG TABS)	F								Y
AMTURNIDE ALISKIREN FUMARATE; AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 10MG; 12.5MG TABS)	F								Y
AMTURNIDE ALISKIREN FUMARATE; AMLODIPINE BESYLATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (150MG; 5MG; 12.5MG TABS)	F								Y
TEKAMLO ALISKIREN FUMARATE; AMLODIPINE BESYLATE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 10MG TABS)	F								Y
TEKAMLO ALISKIREN FUMARATE; AMLODIPINE BESYLATE	Requires ST with losartan or losartan/hydrochlorothiazide (150MG; 5MG TABS)	F								Y

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TEKAMLO ALISKIREN FUMARATE; AMLODIPINE BESYLATE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 5MG TABS)	F								Y
TEKAMLO ALISKIREN FUMARATE; AMLODIPINE BESYLATE	Requires ST with losartan or losartan/hydrochlorothiazide (150MG; 10MG TABS)	F								Y
TEKTURNA ALISKIREN FUMARATE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG TABS)	F								Y
TEKTURNA ALISKIREN FUMARATE	Requires ST with losartan or losartan/hydrochlorothiazide (150MG TABS)	F								Y
TEKTURNA HCT ALISKIREN FUMARATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (150MG; 12.5MG TABS)	F								Y
TEKTURNA HCT ALISKIREN FUMARATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 12.5MG TABS)	F								Y
TEKTURNA HCT ALISKIREN FUMARATE; HYDROCHLOROTHIAZIDE		F								
TEKTURNA HCT ALISKIREN FUMARATE; HYDROCHLOROTHIAZIDE	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 25MG TABS)	F								Y
VALTURNA ALISKIREN FUMARATE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (300MG; 320MG TABS)	F								Y
VALTURNA ALISKIREN FUMARATE; VALSARTAN	Requires ST with losartan or losartan/hydrochlorothiazide (150MG; 160MG TABS)	F								Y
► REPLACEMENT PREPARATIONS										
CALCIO DEL MAR CALCIUM CARBONATE	OTC 1250MG TABS	F								Y
CALCIUM + D CALCIUM CARBONATE; CHOLECALCIFEROL	OTC 600MG; 200UNIT TABS	F								Y
CALCIUM 250+D OYSTER SHELL; VITAMIN D	OTC 250MG; 125UNIT TABS	F								Y
CALCIUM 600/VITAMIN D CALCIUM CARBONATE; CHOLECALCIFEROL	OTC 600MG; 400UNIT TABS	F								Y
CALCIUM CARBONATE CALCIUM CARBONATE	OTC 600MG TABS	F								Y
CALCIUM CITRATE CALCIUM CITRATE	OTC 950MG TABS	F								Y
CALCIUM CITRATE CALCIUM CITRATE	OTC 250MG TABS	F								Y
CALCIUM CITRATE + D CALCIUM CITRATE; CHOLECALCIFEROL	OTC 300MG; 100UNIT TABS	F								Y
CALCIUM CITRATE W/D CALCIUM CITRATE; CHOLECALCIFEROL	OTC 200MG; 125UNIT TABS	F								Y
CALCIUM CITRATE/VITAMIN D CALCIUM CITRATE; CHOLECALCIFEROL	OTC 315MG; 200UNIT TABS	F								Y
CALCIUM/VITAMIN D CALCIUM CARBONATE; CHOLECALCIFEROL	OTC 500MG; 200UNIT TABS	F								Y
CITRACAL CALCIUM GUMMIES CALCIUM; CHOLECALCIFEROL; PHOSPHORUS	OTC 250MG; 250UNIT; 115MG CHEW	F								Y
CITRUS CALCIUM +D MAXIMUM CALCIUM CITRATE; CHOLECALCIFEROL	OTC 315MG; 250UNIT TABS	F								Y
CITRUS CALCIUM/VITAMIN D CALCIUM CITRATE; CHOLECALCIFEROL	OTC 200MG; 250UNIT TABS	F								Y
KLOR-CON POTASSIUM CHLORIDE		F								
KLOR-CON M10 POTASSIUM CHLORIDE		F								
KLOR-CON M20 POTASSIUM CHLORIDE		F								
LIQUID CALCIUM/VITAMIN D CALCIUM CARBONATE; CHOLECALCIFEROL	OTC 600MG; 200UNIT CAPS	F								Y
MAG-DELAY MAGNESIUM CHLORIDE	OTC 64MG TBCR	F								Y

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OYST-CAL OYSTER SHELL	OTC 500MG TABS	F								Y
OYSTER SHELL CALCIUM + D CHOLECALCIFEROL; OYSTER SHELL	OTC 400UNIT; 500MG TABS	F								Y
OYSTER SHELL CALCIUM 500 + D CALCIUM; VITAMIN D	OTC 500MG; 125UNIT TABS	F								Y
OYSTER SHELL CALCIUM/D OYSTER SHELL; VITAMIN D	OTC 250MG; 125UNIT TABS	F								Y
OYSTER SHELL/VITAMIN D CALCIUM CARBONATE; VITAMIN D	OTC 600MG; 125UNIT TABS	F								Y
OYSTER-D CALCIUM CARBONATE; VITAMIN D	OTC 250MG; 125UNIT TABS	F								Y
PEDIATRIC ELECTROLYTE CHLORIDE ION; DEXTROSE (ANHYDROUS); FRUCTOSE; POTASSIUM (+1); SODIUM (+1)	OTC 35MEQ/L; 20GM/L; 5GM/L; 20MEQ/L; 45MEQ/L SOLN	F								Y
POTASSIUM CHLORIDE POTASSIUM CHLORIDE		F								
POTASSIUM CHLORIDE ER POTASSIUM CHLORIDE		F								
TH CALCIUM/MAGNESIUM/ZINC CALCIUM CARBONATE; MAGNESIUM OXIDE; ZINC OXIDE	OTC 334MG; 134MG; 5MG TABS	F								Y
► RESPIRATORY SMOOTH MUSCLE RELAXANTS										
THEO-24 THEOPHYLLINE		F								
THEOPHYLLINE ER THEOPHYLLINE		F								
► SALICYLATES										
ASPIRIN ASPIRIN	OTC 325MG TABS Generic 90-days	F	Y							Y
ASPIRIN EC ASPIRIN	OTC 81MG TBEC Generic 90-days	F	Y							Y
ASPIRIN EC ASPIRIN	OTC 325MG TBEC Generic 90-days	F	Y							Y
BUTALBITAL/ASPIRIN/CAFFEINE ASPIRIN; BUTALBITAL; CAFFEINE		F								
CHOLINE MAGNESIUM TRISALICYLATE CHOLINE MAGNESIUM TRISALICYLATE		F								
SALSALATE SALSALATE		F								
► SCABICIDES AND PEDICULICIDES										
EURAX CROTAMITON	(10%) QL 60 QY per 30 DY	F					60			
LICIDE PIPERONYL BUTOXIDE TECHNICAL; PYRETHRINS	(4%; 0.33%) QL 120 QY per 30 DYOTC 4%; 0.33% SHAM	F					120			Y
NATROBA SPINOSAD	Requires trial and failure of an OTC permethrin or pyrethrin/piperonyl butoxide product. (0.90% SUSP)	F								Y
PERMETHRIN PERMETHRIN	(1%) QL 118 QY per 30 DYOTC 1% LOTN	F					118			Y
PERMETHRIN PERMETHRIN	(5%) QL 60 QY per PD	F					60			
► SECOND GENERATION ANTIHISTAMINES										
ALAVERT LORATADINE	OTC 10MG TABS Generic 90-days	GA	Y							Y
ALAVERT LORATADINE	OTC 10MG TBDP Generic 90-days	GA	Y							Y
ALAVERT ALLERGY/SINUS LORATADINE; PSEUDOEPHEDRINE SULFATE	OTC 5MG; 120MG TB12	GA								Y
ALLERGY RELIEF LORATADINE	OTC 10MG TBDP Generic 90-days	F	Y							Y
ALLERGY RELIEF/NASAL DECONGESTANT LORATADINE; PSEUDOEPHEDRINE SULFATE	OTC 10MG; 240MG TB24	F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
CETIRIZINE HCL CETIRIZINE HCL	OTC 5MG TABS	F								Y
CETIRIZINE HCL CETIRIZINE HCL	OTC 10MG TABS	F								Y
CETIRIZINE HCL CHILDRENS ALLERGY CETIRIZINE HCL	OTC 1MG/ML SYRP	F								Y
CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER CETIRIZINE HCL; PSEUDOEPHEDRINE HYDROCHLORIDE	OTC 5MG; 120MG TB12	F								Y
CHILDRENS LORATADINE LORATADINE	OTC 5MG/5ML SYRP Generic 90-days	F	Y							Y
CLARINEX DES Loratadine	PA Required 5MG	NF					Y			
CLARINEX DES Loratadine	PA Required 0.5MG/ML	NF					Y			
CLARINEX REDITABS DES Loratadine	PA Required 5MG	NF					Y			
CLARINEX REDITABS DES Loratadine	PA Required 2.5MG	NF					Y			
CLARINEX-D 12 HOUR DES Loratadine; Pseudoephedrine Sulfate	PA Required 2.5MG; 120MG	NF					Y			
CLARINEX-D 24 HOUR DES Loratadine; Pseudoephedrine Sulfate	PA Required 5MG; 240MG	NF					Y			
CLARITIN Loratadine	OTC 5MG/5ML SYRP Generic 90-days	GA	Y							Y
CLARITIN Loratadine	OTC 10MG TABS Generic 90-days	GA	Y							Y
CLARITIN REDITABS Loratadine	OTC 10MG TBPB Generic 90-days	GA	Y							Y
CLARITIN-D 12 HOUR Loratadine; Pseudoephedrine Sulfate	OTC 5MG; 120MG TB12	GA								Y
CLARITIN-D 24 HOUR Loratadine; Pseudoephedrine Sulfate	OTC 10MG; 240MG TB24	GA								Y
FEXOFENADINE HCL Fexofenadine Hydrochloride	Requires trial and failure or intolerance to loratadine OTC and cetirizine OTC. OTC 180MG TABS (180MG TABS)	F							Y	Y
LORATADINE Loratadine	OTC 10MG TABS Generic 90-days	F	Y							Y
LORATADINE-D 24HR Loratadine; Pseudoephedrine Hydrochloride	OTC 10MG; 240MG TB24	F								Y
XYZAL Levocetirizine Dihydrochloride	PA Required 5MG	NF					Y			
XYZAL Levocetirizine Dihydrochloride	PA Required 2.5MG/5ML	NF					Y			
ZYRTEC CHILDRENS ALLERGY Cetirizine HCL	OTC 1MG/ML SYRP Generic 90-days	GA	Y							Y
ZYRTEC HIVES RELIEF Cetirizine HCL	OTC 10MG TABS Generic 90-days	GA	Y							Y
ZYRTEC-D ALLERGY/CONGESTION Cetirizine HCL; Pseudoephedrine Hydrochloride	OTC 5MG; 120MG TB12	GA								Y
▶ SECOND GENERATION CEPHALOSPORINS										
CEFACTOR Cefaclor		F								
CEFPROZIL Cefprozil	Tablets require prior authorization.	F								
CEFTIN Cefuroxime Axetil		GA								
CEFUROXIME AXETIL Cefuroxime Axetil		F								
▶ SEL. SEROTONIN & NOREPI REUPTAKE INHIBTR										
CYMBALTA Duloxetine Hydrochloride		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
EFFEXOR XR VENLAFAXINE HCL		GA								
VENLAFAXINE HCL VENLAFAXINE HCL		F								
VENLAFAXINE HCL ER VENLAFAXINE HCL		F								
▶ SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT										
FLOMAX TAMSULOSIN HYDROCHLORIDE	(Gender M)	GA								M
TAMSULOSIN HCL TAMSULOSIN HYDROCHLORIDE	(Gender M)	F								M
▶ SELECTIVE BETA-2-ADRENERGIC AGONISTS										
ALBUTEROL SULFATE ALBUTEROL SULFATE		F								
COMBIVENT ALBUTEROL SULFATE; IPRATROPIUM BROMIDE		F								
SEREVENT DISKUS SALMETEROL XINAFOATE		F								
TERBUTALINE SULFATE TERBUTALINE SULFATE		F								
VENTOLIN HFA ALBUTEROL SULFATE	Proventil HFA & ProAir are non-formulary.(108MCG/ACT) QL 1 QY per 30 DY	F				1				
▶ SELECTIVE SEROTONIN AGONISTS										
AMERGE NARATRIPTAN HYDROCHLORIDE	(2.5MG) QL 12 QY per 30 DY PA Required 2.5MG	NF				12		Y		
AMERGE NARATRIPTAN HYDROCHLORIDE	(1MG) QL 12 QY per 30 DY PA Required 1MG	NF				12		Y		
AXERT ALMOTRIPTAN MALATE	(6.25MG) QL 12 QY per 30 DY PA Required 6.25MG	NF				12		Y		
AXERT ALMOTRIPTAN MALATE	(12.5MG) QL 12 QY per 30 DY PA Required 12.5MG	NF				12		Y		
FROVA FROVATRIPTAN SUCCINATE MONOHYDRATE	(2.5MG) QL 12 QY per 30 DY PA Required 2.5MG	NF				12		Y		
IMITREX SUMATRIPTAN SUCCINATE	Formulary Drug QL: 4 vials per 30 days.(6MG/0.5ML) QL 4 QY per 30 DY	GA				4				
IMITREX SUMATRIPTAN	Formulary Drug QL: 6 nasal sprays (1 box) per 30 days(20MG/ACT) QL 1 QY pe 30 DY	F				1				
IMITREX SUMATRIPTAN SUCCINATE	Formulary Drug (100MG) QL 12 QY per 30 DY	GA				12				
IMITREX SUMATRIPTAN SUCCINATE	Formulary Drug (25MG) QL 12 QY per 30 DY	GA				12				
IMITREX SUMATRIPTAN SUCCINATE	Formulary Drug (50MG) QL 12 QY per 30 DY	GA				12				
IMITREX SUMATRIPTAN	Formulary Drug QL: 6 nasal sprays (1 box) per 30 days(5MG/ACT) QL 6 QY per 30 DY	GA				6				
IMITREX STATDOSE REFILL SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(6MG/0.5ML) QL 2 QY per 30 DY	GA				2				
IMITREX STATDOSE REFILL SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(4MG/0.5ML) QL 2 QY per 30 DY	GA				2				
IMITREX STATDOSE SYSTEM SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(6MG/0.5ML) QL 2 QY per 30 DY	GA				2				
IMITREX STATDOSE SYSTEM SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(4MG/0.5ML) QL 2 QY per 30 DY	GA				2				
MAXALT RIZATRIPTAN BENZOATE	(5MG) QL 12 QY per 30 DY PA Required 5MG	NF				12		Y		
MAXALT RIZATRIPTAN BENZOATE	(10MG) QL 12 QY per 30 DY PA Required 10MG	NF				12		Y		
MAXALT-MLT RIZATRIPTAN BENZOATE	(10MG) QL 12 QY per 30 DY PA Required 10MG	NF				12		Y		

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	<u>90</u> day	<u>QL</u> max	<u>PA</u>	<u>AL</u> min	<u>AL</u> max	<u>ST</u>	<u>GR</u>	<u>OTC</u> M/F
MAXALT-MLT RIZATRIPTAN BENZOATE	(5MG) QL 12 QY per 30 DY PA Required 5MG	NF		12				Y		
RELPAK ELETRIPTAN HYDROBROMIDE	(20MG) QL 12 QY per 30 DY PA Required 20MG	NF		12				Y		
RELPAK ELETRIPTAN HYDROBROMIDE	(40MG) QL 12 QY per 30 DY PA Required 40MG	NF		12				Y		
SUMATRIPTAN SUMATRIPTAN	QL: 6 nasal sprays (1 box) per 30 days(20MG/ACT) QL 6 QY per 30 DY	F		6						
SUMATRIPTAN SUMATRIPTAN	QL: 6 nasal sprays (1 box) per 30 days(5MG/ACT) QL 6 QY per 30 DY	F		6						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	QL: 4 vials per 30 days.(6MG/0.5ML) QL 4 QY per 30 DY	F		4						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	QL: 4 vials per 30 days.(4MG/0.5ML) QL 4 QY per 30 DY	F		4						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(6MG/0.5ML) QL 2 QY per 30 DY	F		2						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(4MG/0.5ML) QL 2 QY per 30 DY	F		2						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	(50MG) QL 12 QY per 30 DY	F		12						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	(25MG) QL 12 QY per 30 DY	F		12						
SUMATRIPTAN SUCCINATE SUMATRIPTAN SUCCINATE	(100MG) QL 12 QY per 30 DY	F		12						
SUMATRIPTAN SUCCINATE REFILL SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(6MG/0.5ML) QL 2 QY per 30 DY	F		2						
SUMATRIPTAN SUCCINATE REFILL SUMATRIPTAN SUCCINATE	QL: 2 kits (4 injections) per 30 days(4MG/0.5ML) QL 2 QY per 30 DY	F		2						
ZOMIG ZOLMITRIPTAN	(5MG) QL 12 QY per 30 DY PA Required 5MG	NF		12				Y		
ZOMIG ZOLMITRIPTAN	(2.5MG) QL 12 QY per 30 DY PA Required 2.5MG	NF		12				Y		
ZOMIG ZOLMITRIPTAN	1 box (6 spray units) per 30 days.(5MG) QL 1 QY per 30 DY PA Required 5MG	NF		1				Y		
ZOMIG ZMT ZOLMITRIPTAN	(2.5MG) QL 12 QY per 30 DY PA Required 2.5MG	NF		12				Y		
ZOMIG ZMT ZOLMITRIPTAN	(5MG) QL 12 QY per 30 DY PA Required 5MG	NF		12				Y		
▶ SELECTIVE-SEROTONIN REUPTAKE INHIBITORS										
CELEXA CITALOPRAM HYDROBROMIDE		GA								
CITALOPRAM HYDROBROMIDE CITALOPRAM HYDROBROMIDE		F								
ESCITALOPRAM OXALATE ESCITALOPRAM OXALATE		F								
FLUOXETINE HCL FLUOXETINE HCL		F								
FLUOXETINE HCL FLUOXETINE HCL	Use two 20mg capsules PA Required 40MG	F						Y		
FLUVOXAMINE MALEATE FLUVOXAMINE MALEATE		F								
LEXAPRO ESCITALOPRAM OXALATE		GA								
PAROXETINE HCL PAROXETINE HYDROCHLORIDE		F								
PAROXETINE HCL ER PAROXETINE HYDROCHLORIDE		F								
PAXIL PAROXETINE HYDROCHLORIDE		GA								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
PAXIL CR PAROXETINE HYDROCHLORIDE		GA								
PROZAC FLUOXETINE HCL		GA								
PROZAC FLUOXETINE HCL	Use two 20mg capsules PA Required 40MG	GA					Y			
SERTRALINE HCL SERTRALINE HYDROCHLORIDE		F								
ZOLOFT SERTRALINE HYDROCHLORIDE		GA								
► SEROTONIN MODULATORS										
NEFAZODONE HCL NEFAZODONE HYDROCHLORIDE		F								
TRAZODONE HCL TRAZODONE HYDROCHLORIDE		F								
► SKIN AND MUCOUS MEMBRANE AGENTS, MISC.										
ALDARA IMQUIMOD	(5%) QL 24 QY per 30 DY	GA					24			
AMNESTEEM ISOTRETINOIN	PA Required 10MG	F					Y			
AMNESTEEM ISOTRETINOIN	PA Required 20MG	F					Y			
AMNESTEEM ISOTRETINOIN	PA Required 40MG	F					Y			
CAPSAICIN CAPSAICIN	OTC 0.03% CREA	F								Y
CLARAVIS ISOTRETINOIN	PA Required 20MG	F					Y			
CLARAVIS ISOTRETINOIN	PA Required 30MG	F					Y			
CLARAVIS ISOTRETINOIN	PA Required 40MG	F					Y			
CLARAVIS ISOTRETINOIN	PA Required 10MG	F					Y			
CONDYLOX PODOFILOX	Formulary Drug	F								
CONDYLOX PODOFILOX	Formulary Drug	GA								
ELIDEL PIMECROLIMUS	PA Required 1%	F					Y			
IMQUIMOD IMQUIMOD	(5%) QL 24 QY per 30 DY	F					24			
PODOFILOX PODOFILOX		F								
PROTOPIC TACROLIMUS	PA Required 0.03%	F					Y			
PROTOPIC TACROLIMUS	PA Required 0.10%	F					Y			
SANTYL COLLAGENASE		F								
SOTRET ISOTRETINOIN	PA Required 30MG	F					Y			
SOTRET ISOTRETINOIN	PA Required 10MG	F					Y			
SOTRET ISOTRETINOIN	PA Required 20MG	F					Y			
TRIXAICIN HP CAPSAICIN	OTC 0.08% CREA	F								Y
ZOSTRIX HP CAPSAICIN	OTC 0.08% CREA	GA								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA min	AL max	AL max	ST	GR	OTC M/F
► SUCCINIMIDES										
ETHOSUXIMIDE ETHOSUXIMIDE		F								
ZARONTIN ETHOSUXIMIDE		GA								
► SULFONAMIDES (SYSTEMIC)										
AZULFIDINE SULFASALAZINE		GA								
AZULFIDINE EN-TABS SULFASALAZINE		GA								
BACTRIM SULFAMETHOXAZOLE; TRIMETHOPRIM		GA								
BACTRIM DS SULFAMETHOXAZOLE; TRIMETHOPRIM		GA								
SULFADIAZINE SULFADIAZINE		F								
SULFAMETHOXAZOLE/TRIMETHOPRIM SULFAMETHOXAZOLE; TRIMETHOPRIM		F								
SULFAMETHOXAZOLE/TRIMETHOPRIM DS SULFAMETHOXAZOLE; TRIMETHOPRIM		F								
SULFASALAZINE SULFASALAZINE		F								
► SULFONYLUREAS										
AMARYL GLIMEPIRIDE	Generic 90-days	GA	Y							
DIABETA GLYBURIDE	Generic 90-days	GA	Y							
GLIMEPIRIDE GLIMEPIRIDE	Generic 90-days	F	Y							
GLIPIZIDE GLIPIZIDE	Generic 90-days	F	Y							
GLIPIZIDE ER GLIPIZIDE	Generic 90-days	F	Y							
GLIPIZIDE XL GLIPIZIDE	Generic 90-days	F	Y							
GLIPIZIDE/METFORMIN HCL GLIPIZIDE; METFORMIN HYDROCHLORIDE		F								
GLUCOTROL GLIPIZIDE	Generic 90-days	GA	Y							
GLUCOTROL XL GLIPIZIDE	Generic 90-days	GA	Y							
GLUCOVANCE GLYBURIDE; METFORMIN HYDROCHLORIDE		GA								
GLYBURIDE GLYBURIDE	Generic 90-days	F	Y							
GLYBURIDE MICRONIZED GLYBURIDE		F								
GLYBURIDE/METFORMIN HCL GLYBURIDE; METFORMIN HYDROCHLORIDE		F								
GLYNASE GLYBURIDE		GA								
METAGLIP GLIPIZIDE; METFORMIN HYDROCHLORIDE		GA								
► TETRACYCLINES										
DOXYCYCLINE HYCLATE DOXYCYCLINE HYCLATE		F								
MINOCYCLINE HCL MINOCYCLINE HYDROCHLORIDE		F								
TETRACYCLINE HCL TETRACYCLINE HYDROCHLORIDE		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
VIBRAMYCIN DOXYCYCLINE HYCLATE		GA								
► THIAZIDE DIURETICS										
CHLOROTHIAZIDE CHLOROTHIAZIDE		F								
DIURIL CHLOROTHIAZIDE		F								
HYDROCHLOROTHIAZIDE HYDROCHLOROTHIAZIDE	Generic 90-days	F	Y							
METHYCLOTHIAZIDE METHYCLOTHIAZIDE		F								
► THIAZIDE-LIKE DIURETICS										
CHLORTHALIDONE CHLORTHALIDONE		F								
INDAPAMIDE INDAPAMIDE		F								
METOLAZONE METOLAZONE		F								
ZAROXOLYN METOLAZONE		GA								
► THIOCARBAMATES (SKIN & MUCOUS MEMBRANE)										
TOLNAFTATE 1% ANTIFUNGAL TOLNAFTATE	OTC 1% CREA	F								Y
► THIOXANTHENES										
NAVANE THIOTHIXENE		GA								
THIOTHIXENE THIOTHIXENE	Formulary Drug	F								
THIOTHIXENE THIOTHIXENE	Formulary Drug	GA								
► THIRD GENERATION CEPHALOSPORINS										
CEFDINIR CEFDINIR		F								
CEFPODOXIME PROXETIL CEFPODOXIME PROXETIL		F								
SUPRAX CEFIXIME	(400MG) QL 10 QY per 30 DY	F		10						
► THYROID AGENTS										
ARMOUR THYROID THYROID		F								
CYTOMEL LIOTHYRONINE SODIUM		GA								
LEVOTHROID LEVOTHYROXINE SODIUM		GA								
LEVOTHYROXINE SODIUM LEVOTHYROXINE SODIUM		F								
LEVOXYL LEVOTHYROXINE SODIUM		GA								
LIOTHYRONINE SODIUM LIOTHYRONINE SODIUM		F								
NATURE-THROID THYROID		F								
SYNTHROID LEVOTHYROXINE SODIUM		GA								
THYROLAR-1 LIOTRIX		F								
THYROLAR-1/2 LIOTRIX		F								
THYROLAR-1/4 LIOTRIX		F								

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
THYROLAR-2 LIOTRIX		F								
THYROLAR-3 LIOTRIX		F								
UNITHROID LEVOTHYROXINE SODIUM		GA								
► TRICYCLICS & OTHER NOREPINEPH.-RU INHIB										
AMITRIPTYLINE HCL AMITRIPTYLINE HYDROCHLORIDE		F								
AMOXAPINE AMOXAPINE		F								
ANAFRANIL CLOMIPRAMINE HCL		GA								
CHLORDIAZEPOXIDE/AMITRIPTYLINE AMITRIPTYLINE HYDROCHLORIDE; CHLORDIAZEPOXIDE		F								
CLOMIPRAMINE HCL CLOMIPRAMINE HCL		F								
DESIPRAMINE HCL DESIPRAMINE HYDROCHLORIDE		F								
DOXEPIN HCL DOXEPIN HYDROCHLORIDE		F								
IMPRAMINE HCL IMPRAMINE HYDROCHLORIDE		F								
MAPROTILINE HCL MAPROTILINE HYDROCHLORIDE		F								
NORPRAMIN DESIPRAMINE HYDROCHLORIDE		GA								
NORTRIPTYLINE HCL NORTRIPTYLINE HYDROCHLORIDE		F								
PAMELOR NORTRIPTYLINE HYDROCHLORIDE		GA								
PERPHENAZINE/AMITRIPTYLINE AMITRIPTYLINE HYDROCHLORIDE; PERPHENAZINE		F								
TOFRANIL IMPAMINE HYDROCHLORIDE		GA								
► URICOSURIC AGENTS										
PROBENECID PROBENECID		F								
PROBENECID/COLCHICINE COLCHICINE; PROBENECID		F								
► URINARY ANTI-INFECTIVES										
FURADANTIN NITROFURANTOIN		F								
MACROBID NITROFURANTOIN MONOHYDRATE MACROCRYSTALS		GA								
MACRODANTIN NITROFURANTOIN MACROCRYSTALLINE		GA								
NITROFURANTOIN MACROCRYSTALLINE NITROFURANTOIN MACROCRYSTALLINE		F								
NITROFURANTOIN MONOHYDRATE NITROFURANTOIN MONOHYDRATE MACROCRYSTALS		F								
TRIMETHOPRIM TRIMETHOPRIM		F								
► VACCINES										
FLUMIST NASAL VACCINE 2011-2012 INFLUENZA VAC LIVE TRIVALENT 2011-2012		F								
FLUZONE PEDIATRIC PF 2011-2012 INFLUENZA VAC/TYPE A,B/TRIVAL 2011-2012	(0) QL 1 FL per 180 DY	F					1			
FLUZONE PF 2011-2012 INFLUENZA VAC/TYPE A,B/TRIVAL 2011-2012	(0) QL 1 FL per 180 DY	F					1			

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
FLUZONE SPLIT 2011-2012 INFLUENZA VAC/TYPE A,B/TRIVAL 2011-2012	(0) QL 1 FL per 180 DY	F					1			
► VASOCONSTRICTORS										
AK-CON NAPHAZOLINE HYDROCHLORIDE		F								
MYDFRIN PHENYLEPHRINE HYDROCHLORIDE		GA								
NEO-SYNEPHRINE PHENYLEPHRINE HYDROCHLORIDE	OTC 0.25% SOLN	GA								Y
NEO-SYNEPHRINE PHENYLEPHRINE HYDROCHLORIDE	OTC 0.50% SOLN	GA								Y
PHENYLEPHRINE HCL PHENYLEPHRINE HYDROCHLORIDE		F								
► VASODILATING AGENTS, MISCELLANEOUS										
AGGRENOX ASPIRIN; DIPYRIDAMOLE		F								
DIPYRIDAMOLE DIPYRIDAMOLE		F								
LETAIRIS AMBRISENTAN	PA Required 10MG	F					Y			
LETAIRIS AMBRISENTAN	PA Required 5MG	F					Y			
PERSANTINE DIPYRIDAMOLE		GA								
► VITAMIN A										
BETA CAROTENE BETA CAROTENE	Only members under 21 years old are covered	F						20		Y
VITAMIN A VITAMIN A	Only members under 21 years old are covered	F						20		Y
► VITAMIN B COMPLEX										
B2 RIBOFLAVIN	Only members under 21 years old are covered	F						20		Y
B-6 PYRIDOXINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
B-COMPLEX CYANOCOBALAMIN; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE	Only members under 21 years old are covered	F						20		Y
B-COMPLEX +C ASCORBIC ACID; CALCIUM PANTOTHENATE; CYANOCOBALAMIN; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
B-COMPLEX WITH B-12 CALCIUM PANTOTHENATE; CYANOCOBALAMIN; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
BIOTIN BIOTIN	Only members under 21 years old are covered	F						20		Y
FOLIC ACID FOLIC ACID	1MG TABS Generic 90-days	F	Y							
FOLIC ACID FOLIC ACID	Generic 90-days	F	Y							Y
NIACINAMIDE NIACINAMIDE		F								Y
NICOMIDE CUPRIC OXIDE; L-METHYLFOLATE GLUCOSAMINE; NIACINAMIDE; ZINC OXIDE	1.5MG; 500MCG; 750MG; 25MG TABS	F								
PANTOTHENIC ACID PANTOTHENIC ACID	(Max Age 20)	F						20		Y
PANTOTHENIC ACID PANTOTHENIC ACID	Only members under 21 years old are covered	F						20		Y
PYRI 500 PYRIDOXINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
PYRIDOXINE HCL PYRIDOXINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day max	QL	PA	AL	AL	ST	GR	OTC
							min	max		M/F
STRESS B-COMPLEX/VITAMIN C/ZINC ASCORBIC ACID; BIOTIN; CALCIUM PANTOTHENATE; CUPRIC OXIDE; CYANOCOBALAMIN; FOLIC ACID; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE MONONITRATE; TOCOPHERYL ACET,DL-ALPHA; ZINC SULFATE (ANHYDROUS)		F								Y
SUPER BIOTIN BIOTIN	Only members under 21 years old are covered	F						20		Y
THIAMINE HCL THIAMINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
VITAMIN B COMPLEX BREWERS YEAST (SACCHAROMYCES CEREVISIAE); CHOLINE BITARTRATE; CYANOCOBALAMIN; DESICCATED LIVER; INOSITOL; NIACINAMIDE; PANTOTHENIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
VITAMIN B COMPLEX CALCIUM PANTOTHENATE; CYANOCOBALAMIN; LIVER EXTRACT; NIACINAMIDE; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; YEAST DRIED	Only members under 21 years old are covered	F						20		Y
VITAMIN B-1 THIAMINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
VITAMIN B-12 CYANOCOBALAMIN	Only members under 21 years old are covered	F						20		Y
VITAMIN B-12 CR CYANOCOBALAMIN	Only members under 21 years old are covered	F						20		Y
VITAMIN B-2 RIBOFLAVIN	Only members under 21 years old are covered	F						20		Y
VITAMIN B6 PYRIDOXINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
VITAMIN B-6 PYRIDOXINE HYDROCHLORIDE	Only members under 21 years old are covered	F						20		Y
▶ VITAMIN C										
VITAMIN C ASCORBIC ACID	Only members under 21 years old are covered	F						20		Y
VITAMIN C CR ASCORBIC ACID	Only members under 21 years old are covered	F						20		Y
VITAMIN C TR ASCORBIC ACID		F								Y
▶ VITAMIN D										
BIO-D-MULSION CHOLECALCIFEROL		F								Y
BIO-D-MULSION FORTE CHOLECALCIFEROL		F								Y
CALCIJEX CALCITRIOL	1MCG/ML SOLN	GA								
CALCITRIOL CALCITRIOL	0.25MCG CAPS	F								
CALCITRIOL CALCITRIOL	1MCG/ML SOLN	F								
CALCITRIOL CALCITRIOL	0.5MCG CAPS	F								
D 1000 CHOLECALCIFEROL		F								Y
D 400 CHOLECALCIFEROL		F								Y
D 5000 CHOLECALCIFEROL		F								Y
D3-50 CHOLECALCIFEROL		F								Y
D400 CHOLECALCIFEROL		F								Y
DRISDOL ERGOCALCIFEROL	50000UNIT CAPS	GA								
JUST D CHOLECALCIFEROL		F								Y

<u>Brand Name</u> Generic Name	<u>Notes and Restrictions</u>	<u>Status</u>	90 day	QL max	PA	AL min	AL max	ST	GR	OTC M/F
ROCALTROL CALCITRIOL	0.5MCG CAPS	GA								
ROCALTROL CALCITRIOL	0.25MCG CAPS	GA								
VITAMIN D ERGOCALCIFEROL	50000UNIT CAPS	F								
VITAMIN D CHOLECALCIFEROL		F								Y
VITAMIN D3 CHOLECALCIFEROL		F								Y
► VITAMIN E E-OIL VITAMIN E	Only members under 21 years old are covered	F						20		Y
VITAMIN E TOCOPHERYL ACET,DL-ALPHA	Only members under 21 years old are covered	F						20		Y
VITAMIN E VITAMIN E	Only members under 21 years old are covered	F						20		Y
► VITAMIN K ACTIVITY MEPHYTON PHYTONADIONE	5MG TABS	F								