

2021

WellCare of Georgia Comprehensive Preferred Drug List (List of Covered Drugs)

Lista integral de medicamentos preferidos de WellCare of Georgia (Lista de medicamentos cubiertos)

WellCare of Georgia Planning for Healthy Babies® – Interpregnancy Care

Please read: This document tells about the drugs we cover in this plan.

Please note: This list is updated quarterly.

Providers, please visit our website for updates to the preferred drug list:

<https://www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Pharmacy>

Members, please visit our website for updates to the preferred drug list:

<https://www.wellcare.com/en/Georgia/Members/Medicaid-Plans/P4HB/Pharmacy-Services>

Lea: este documento contiene información sobre los medicamentos que cubrimos bajo este plan.

Tenga en cuenta: esta lista se actualiza trimestralmente.

Proveedores, visiten nuestro sitio web para obtener actualizaciones de la lista de medicamentos preferidos:

<https://www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Pharmacy>

Miembros, visiten nuestro sitio web para obtener actualizaciones de la lista de medicamentos preferidos:

<https://www.wellcare.com/en/Georgia/Members/Medicaid-Plans/P4HB/Pharmacy-Services>

Last updated (4/01/2021)

Última actualización (4/01/2021)



WellCare proudly serves the Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.

WellCare atiende con orgullo a los miembros de Georgia Medicaid y de PeachCare for Kids® inscritos en el programa Georgia Families®, y a las mujeres inscritas en el programa Planning for Healthy Babies®.



Drug Name	Preference Details	Coverage Details
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (31 EA per 31 days)
<i>atomoxetine hcl oral capsule 18 mg</i>	P	QL (62 EA per 31 days)
<i>atomoxetine hcl oral capsule 25 mg</i>	P	QL (93 EA per 31 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	P	
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	P	QL (93 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	P	QL (62 EA per 31 days)
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	P	
*Stimulants - Misc.***		
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	P	AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 6 Years and Max 6 Years)
Modafinil Oral Tablet 100 MG, 200 MG	Non-Formulary	
Alternative Medicines		
*Alternative Medicine - Me's***		
<i>melatonin maximum strength oral tablet 5 mg</i>	P	
<i>melatonin oral tablet 12 mg, 5 mg</i>	P	
Aminoglycosides		
*Aminoglycosides***		
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	P	PA
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
XELJANZ ORAL TABLET 10 MG, 5 MG	P	PA; QL (62 EA per 31 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	P	PA; QL (31 EA per 31 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	P	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	P	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	P	PA

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Drug Name	Preference Details	Coverage Details
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	P	PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	P	QL (62 EA per 31 days)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	P	QL (31 EA per 31 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>	P	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	P	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	P	
<i>etodolac oral capsule 200 mg, 300 mg</i>	P	
<i>etodolac oral tablet 400 mg, 500 mg</i>	P	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	P	
<i>ibuprofen oral suspension 100 mg/5ml</i>	P	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	P	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	P	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	P	
<i>ketorolac tromethamine oral tablet 10 mg</i>	P	Max quantity of 20, Max day supply of 5 per a calendar month; QL (20 EA per 31 days)
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML	P	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	P	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	P	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	P	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	P	
<i>naproxen sodium oral tablet 220 mg</i>	P	
<i>oxaprozin oral tablet 600 mg</i>	P	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	P	
<i>sulindac oral tablet 150 mg, 200 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	P	
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	P	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	P	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	P	PA
Analgesics - Nonnarcotic		
*Salicylates***		
<i>diflunisal oral tablet 500 mg</i>	P	
<i>salsalate oral tablet 500 mg, 750 mg</i>	P	
Androgens-Anabolic		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	P	PA
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	P	
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	P	PA
BILTRICIDE ORAL TABLET 600 MG	P	
<i>ivermectin oral tablet 3 mg</i>	P	QL (10 EA per 31 days)
PIN-X ORAL SUSPENSION 50 MG/ML	P	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	P	
Antianginal Agents		
*Nitrates***		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	P	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	P	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	P	
NITRO-BID TRANSDERMAL OINTMENT 2 %	P	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	P	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	P	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	P	
*Benzodiazepines***		
<i>diazepam oral solution 1 mg/ml</i>	P	QL (1240 EA per 31 days)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	P	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	P	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	P	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	P	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	P	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	P	
MULTAQ ORAL TABLET 400 MG	P	PA
PACERONE ORAL TABLET 200 MG, 400 MG	P	
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	P	QL (10.2 GM per 30 days); AL (Max 12 Years)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	P	QL (4 GM per 20 days)

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Drug Name	Preference Details	Coverage Details
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	P	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	P	QL (1 EA per 31 days); AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	QL (720 ML per 31 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 31 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	P	QL (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	P	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	P	PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	P	
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	P	QL (36 GM per 31 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	P	QL (720 ML per 31 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	P	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	P	QL (300 ML per 31 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	P	QL (2480 ML per 31 days)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	P	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	P	QL (4 GM per 31 days)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	P	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	P	QL (25.8 GM per 31 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	P	QL (1 EA per 31 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	P	QL (480 ML per 31 days)
*Interleukin-5 Antagonists (lgg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	P	PA
*Interleukin-5 Antagonists (lgg4 Kappa)***		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	P	AL (Min 1 Months and Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	P	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	P	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	P	
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	QL (30 EA per 31 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	QL (31 EA per 31 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	P	QL (120 ML per 31 days); AL (Max 8 Years)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	P	QL (12 GM per 30 days); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	P	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	P	QL (10.6 GM per 31 Days)
*Xanthines***		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	P	

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Drug Name	Preference Details	Coverage Details
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	P	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	P	
<i>theophylline oral solution 80 mg/15ml</i>	P	
Anticoagulants		
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	P	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	P	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	P	QL (93 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	P	QL (31 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	P	QL (24.8 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	P	QL (9.3 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	P	QL (12.4 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	P	QL (18.6 ML per 31 days)
Anticonvulsants		
*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
*Anticonvulsants - Misc.***		
<i>carbamazepine oral suspension 100 mg/5ml</i>	P	QL (2480 ML per 31 days)
<i>carbamazepine oral tablet 200 mg</i>	P	QL (248 EA per 31 days)
<i>carbamazepine oral tablet chewable 100 mg</i>	P	QL (310 EA per 31 days)
EPITOL ORAL TABLET 200 MG	P	QL (248 EA per 31 days)
<i>gabapentin oral capsule 100 mg</i>	P	QL (310 EA per 31 days)
<i>gabapentin oral capsule 300 mg</i>	P	QL (372 EA per 31 days)
<i>gabapentin oral capsule 400 mg</i>	P	QL (279 EA per 31 days)
<i>gabapentin oral solution 250 mg/5ml</i>	P	QL (2230 ML per 31 days)
<i>gabapentin oral tablet 600 mg</i>	P	QL (186 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>gabapentin oral tablet 800 mg</i>	P	QL (124 EA per 31 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	P	
<i>lamotrigine oral tablet 25 mg</i>	P	QL (310 EA per 31 days)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	P	QL (310 EA per 31 days)
<i>levetiracetam intravenous solution 500 mg/5ml</i>	P	
<i>levetiracetam oral solution 100 mg/ml</i>	P	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	P	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	P	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	P	
<i>primidone oral tablet 250 mg</i>	P	QL (248 EA per 31 days)
<i>primidone oral tablet 50 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral tablet 200 mg</i>	P	QL (248 EA per 31 days)
<i>zonisamide oral capsule 100 mg</i>	P	QL (186 EA per 31 days)
<i>zonisamide oral capsule 25 mg</i>	P	QL (310 EA per 31 days)
<i>zonisamide oral capsule 50 mg</i>	P	QL (372 EA per 31 days)
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG	P	
<i>tiagabine hcl oral tablet 16 mg, 2 mg, 4 mg</i>	P	
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG	P	QL (310 EA per 31 days)
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	P	
PEGANONE ORAL TABLET 250 MG	P	QL (372 EA per 31 days)
<i>phenytoin oral suspension 125 mg/5ml</i>	P	QL (930 ML per 31 days)
<i>phenytoin oral tablet chewable 50 mg</i>	P	QL (372 EA per 31 days)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	P	
<i>phenytoin sodium injection solution 50 mg/ml</i>	P	
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	P	AL (Min 3 Years)

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Drug Name	Preference Details	Coverage Details
<i>ethosuximide oral solution 250 mg/5ml</i>	P	QL (930 ML per 31 days); AL (Min 3 Years)
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	P	QL (279 EA per 31 days)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	P	QL (279 EA per 31 days)
<i>valproic acid oral capsule 250 mg</i>	P	QL (310 EA per 31 days)
<i>valproic acid oral solution 250 mg/5ml</i>	P	QL (2790 ML per 31 days)
<i>valproic acid oral syrup 250 mg/5ml</i>	P	QL (2790 ML per 31 days)
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	P	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	P	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	P	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	P	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	P	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	P	
*Monoamine Oxidase Inhibitors (Maois)***		
<i>phenelzine sulfate oral tablet 15 mg</i>	P	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	P	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	P	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	P	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	P	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	P	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	P	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	P	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	P	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	P	QL (62 EA per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	P	QL (31 EA per 31 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	P	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	P	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	P	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>doxepin hcl oral concentrate 10 mg/ml</i>	P	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	P	QL (2325 ML per 31 days)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	P	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	P	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	P	
RIOMET ORAL SOLUTION 500 MG/5ML	P	QL (900 ML per 31 days)
*Diabetic Other***		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	P	QL (2 EA per 31 days)
<i>glucagon emergency injection kit 1 mg</i>	P	QL (2 EA per 31 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	P	
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	P	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days

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Drug Name	Preference Details	Coverage Details
*Human Insulin***		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
APIDRA INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	P	QL (60 ML per 31 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	P	QL (60 ML per 31 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	P	QL (60 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous (75-25) 100 unit/ml</i>	P	QL (60 ML per 31 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	P	PA; QL (4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	P	PA; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	P	PA; QL (4 EA per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	P	PA; QL (9 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	P	
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
STEGLATRO ORAL TABLET 15 MG, 5 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	P	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Sulfonylureas***		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	P	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	P	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	
<i>glipizide oral tablet 10 mg, 5 mg</i>	P	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	P	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	P	
*Thiazolidinedione-Biguanide Combinations***		
AVANDAMET ORAL TABLET 2-1000 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
*Thiazolidinediones***		
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>pink bismuth oral suspension 262 mg/15ml</i>	P	
Antidotes And Specific Antagonists		
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	P	
NARCAN NASAL LIQUID 4 MG/0.1ML	P	

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Drug Name	Preference Details	Coverage Details
Antifungals		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>griseofulvin microsize oral tablet 500 mg</i>	P	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	P	
<i>nystatin oral tablet 500000 unit</i>	P	
<i>terbinafine hcl oral tablet 250 mg</i>	P	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	P	
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	P	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	P	
Antihyperlipidemics		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	P	
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	P	
<i>cholestyramine light oral powder 4 gm/dose</i>	P	
<i>cholestyramine oral packet 4 gm</i>	P	
<i>cholestyramine oral powder 4 gm/dose</i>	P	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	P	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	P	
<i>fenofibric acid oral capsule delayed release 135 mg</i>	P	
<i>gemfibrozil oral tablet 600 mg</i>	P	
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	P	
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	P	
*Nicotinic Acid Derivatives***		
NIACOR ORAL TABLET 500 MG	P	
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	P	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	P	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	P	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	P	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	P	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	P	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***		
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	P	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	P	
*Angiotensin li Receptor Antagonists***		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	P	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>olmesartan medoxomil oral tablet 20 mg</i>	P	
<i>olmesartan medoxomil oral tablet 40 mg, 5 mg</i>	P	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	P	
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	P	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	P	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	P	
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	P	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	P	
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	P	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	P	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	P	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	P	
<i>trimethoprim oral tablet 100 mg</i>	P	
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	P	QL (1200 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	P	
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	P	
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	P	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	P	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	P	QL (2400 ML per 31 days)
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml</i>	P	
<i>clindamycin phosphate intravenous solution 150 mg/ml</i>	P	
*Urinary Anti-Infectives***		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	P	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	P	AL (Max 8 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	P	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	P	
*Antimalarials***		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	P	
<i>mefloquine hcl oral tablet 250 mg</i>	P	
<i>primaquine phosphate oral tablet 26.3 mg</i>	P	
<i>pyrimethamine oral tablet 25 mg</i>	P	PA
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
MESTINON ORAL SYRUP 60 MG/5ML	P	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	P	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	P	
<i>isoniazid injection solution 100 mg/ml</i>	P	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	P	
<i>pyrazinamide oral tablet 500 mg</i>	P	
<i>rifabutin oral capsule 150 mg</i>	P	
<i>rifampin oral capsule 150 mg, 300 mg</i>	P	
Antineoplastics And Adjunctive Therapies		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	P	PA
*Antimetabolites***		
<i>methotrexate sodium injection solution 250 mg/10ml</i>	P	
*Lhrh Analogs***		
TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	P	PA
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	P	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	P	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	P	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	P	
<i>amantadine hcl oral tablet 100 mg</i>	P	
<i>bromocriptine mesylate oral capsule 5 mg</i>	P	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	P	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>selegiline hcl oral tablet 5 mg</i>	P	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	P	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	P	
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	P	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	P	
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	P	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	P	
<i>lithium carbonate oral tablet 300 mg</i>	P	
<i>lithium oral solution 8 meq/5ml</i>	P	
*Antipsychotics - Misc.***		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (62 EA per 31 days)
*Benzisoxazoles***		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	P	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	P	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	P	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	P	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	P	PA; QL (0.5 ML per 28 days)

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Drug Name	Preference Details	Coverage Details
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	P	PA; QL (0.875 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	P	PA; QL (1.315 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	P	PA; QL (1.75 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	P	PA; QL (2.625 ML per 91 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA; QL (2 EA per 28 days)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL (62 EA per 31 days); AL (Min 5 Years)
<i>risperidone oral solution 1 mg/ml</i>	P	QL (496 ML per 31 days); AL (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (62 EA per 31 days); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (62 EA per 31 days); AL (Min 5 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	P	AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	P	AL (Min 3 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	P	AL (Min 3 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 3 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	AL (Min 18 Years)
<i>clozapine oral tablet dispersible 12.5 mg</i>	P	QL (31 EA per 31 days); AL (Min 18 Years)

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Drug Name	Preference Details	Coverage Details
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet</i> <i>sublingual 10 mg, 2.5 mg, 5 mg</i>	P	ST; Must fail preferred quetiapine, olanzapine, risperidone, or risperidone ODT within the past 100 days.; AL (Min 10 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	P	AL (Min 10 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	P	AL (Min 18 Years)
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	QL (124 EA per 31 days); AL (Min 6 Months)
<i>chlorpromazine hcl oral tablet 100 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Months)
<i>chlorpromazine hcl oral tablet 200 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Months)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	P	AL (Min 12 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	P	QL (248 ML per 31 days); AL (Min 18 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	P	QL (2480 ML per 31 days); AL (Min 18 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	P	AL (Min 12 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	P	AL (Min 2 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	P	AL (Min 2 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	P	AL (Min 2 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 6 Years)
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)

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Drug Name	Preference Details	Coverage Details
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	P	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	P	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	P	PA; QL (2.4 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	P	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	P	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	P	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	P	PA; QL (3.2 ML per 28 days)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	P	QL (31 EA per 31 days); AL (Min 13 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 12 Years)
Antivirals		
*Antiretroviral Combinations***		
PREZCOBIX ORAL TABLET 800-150 MG	P	
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	P	PA
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	P	
<i>acyclovir oral suspension 200 mg/5ml</i>	P	QL (3500 ML per 31 days)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	P	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	P	QL (62 EA per 31 days)
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	P	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	P	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	P	QL (360 ML per 365 days); AL (Max 18 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	P	QL (40 EA per 365 days); AL (Min 7 Years)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	P	
<i>labetalol hcl intravenous solution 5 mg/ml</i>	P	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	P	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	P	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	P	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
<i>metoprolol tartrate intravenous solution 1 mg/ml</i>	P	
<i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>	P	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	P	
<i>pindolol oral tablet 10 mg, 5 mg</i>	P	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	P	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	P	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	P	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	P	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	P	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	P	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	P	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	P	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	P	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	P	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	QL (31 EA per 31 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	P	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	P	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	P	

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Drug Name	Preference Details	Coverage Details
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	P	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	P	
<i>nifedipine oral capsule 10 mg</i>	P	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	P	
Cardiotonics		
*Cardiac Glycosides***		
<i>digoxin injection solution 0.25 mg/ml</i>	P	
<i>digoxin oral solution 0.05 mg/ml</i>	P	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	P	
Cardiovascular Agents - Misc.		
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	P	PA
*Peripheral Vasodilators***		
<i>no flush niacin oral tablet 500 mg</i>	P	
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	P	PA; AL (Min 18 Years)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	P	PA
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	P	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	P	
<i>cefadroxil oral tablet 1 gm</i>	P	
<i>cefazolin sodium injection solution reconstituted 10 gm</i>	P	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	P	
<i>cephalexin oral suspension reconstituted 125 mg/5ml</i>	P	
<i>cephalexin oral suspension reconstituted 250 mg/5ml</i>	P	QL (300 ML per 31 days)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	P	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	P	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	P	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	P	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	P	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	P	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	P	
Contraceptives		
*Biphasic Contraceptives - Oral***		
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	P	
APRI ORAL TABLET 0.15-30 MG-MCG	P	
AVIANE ORAL TABLET 0.1-20 MG-MCG	P	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	P	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	P	

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Drug Name	Preference Details	Coverage Details
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	P	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	P	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	P	
GIANVI ORAL TABLET 3-0.02 MG	P	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	P	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	P	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	P	
LESSINA ORAL TABLET 0.1-20 MG-MCG	P	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	P	
LORYNA ORAL TABLET 3-0.02 MG	P	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	P	
LUTERA ORAL TABLET 0.1-20 MG-MCG	P	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	P	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	
MONONESSA ORAL TABLET 0.25-35 MG-MCG	P	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	P	

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Drug Name	Preference Details	Coverage Details
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	P	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	
OCELLA ORAL TABLET 3-0.03 MG	P	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	P	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	P	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	P	
SOLIA ORAL TABLET 0.15-30 MG-MCG	P	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	P	
SRONYX ORAL TABLET 0.1-20 MG-MCG	P	
SYEDA ORAL TABLET 3-0.03 MG	P	
VESTURA ORAL TABLET 3-0.02 MG	P	
ZARAH ORAL TABLET 3-0.03 MG	P	
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	P	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	P	
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	P	QL (1 EA per 28 days)
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	P	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	P	
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 0.75 mg</i>	P	QL (4 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	P	QL (1 EA per 31 days)
OPTION 2 ORAL TABLET 1.5 MG	P	QL (1 EA per 31 days)
PLAN B ONE-STEP ORAL TABLET 1.5 MG	P	QL (1 EA per 31 days)
*Extended-Cycle Contraceptives - Oral***		
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (91 EA per 91 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	P	QL (1 ML per 93 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	P	QL (1 ML per 93 days)
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	P	
ERRIN ORAL TABLET 0.35 MG	P	
JOLIVETTE ORAL TABLET 0.35 MG	P	
NORA-BE ORAL TABLET 0.35 MG	P	
*Triphasic Contraceptives - Oral***		
CAZIENT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	P	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	P	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	P	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	

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Drug Name	Preference Details	Coverage Details
Corticosteroids		
*Glucocorticosteroids***		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	P	
<i>methylprednisolone oral tablet 4 mg</i>	P	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	P	
<i>prednisone oral solution 5 mg/5ml</i>	P	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	P	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	P	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	P	
Cough/Cold/Allergy		
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	P	
Dermatologicals		
*Acne Products***		
<i>cvs creamy acne face wash external liquid 4 %</i>	P	
*Antibiotics - Topical***		
<i>bacitracin zinc external ointment 500 unit/gm</i>	P	
*Antifungals - Topical***		
<i>ciclopirox external solution 8 %</i>	P	QL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	P	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	P	QL (60 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	P	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	P	QL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	P	QL (60 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	P	QL (30 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	P	QL (200 GM per 31 days)

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Drug Name	Preference Details	Coverage Details
*Antivirals - Topical***		
<i>acyclovir external cream 5 %</i>	P	ST; Must have Trial of preferred: oral Acyclovir or Valacyclovir within the past 100 days; QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days; QL (30 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 %	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days; QL (5 GM per 28 days)
*Corticosteroids - Topical***		
<i>hydrocortisone external cream 0.5 %</i>	P	QL (180 GM per 30 days)
*Emollient/Keratolytic Agents***		
<i>protexa external cream 42 %</i>	P	
REMEVEN EXTERNAL CREAM 50 %	P	
<i>urea external cream 40 %</i>	P	
*Imidazole-Related Antifungals - Topical***		
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL 2 %	P	
<i>baza antifungal external cream 2 %</i>	P	
<i>clotrimazole external cream 1 %</i>	P	QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	P	QL (30 ML per 30 days)
<i>ketoconazole external cream 2 %</i>	P	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	P	QL (120 ML per 30 days)
*Misc. Topical***		
HYPERCARE EXTERNAL SOLUTION 20 %	P	
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	P	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	P	QL (60 GM per 30 days)
*Scabicides & Pediculicides***		
<i>lice treatment (permethrin 1%) external lotion 1 %</i>	P	QL (60 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	P	QL (118 ML per 31 days); AL (Min 6 Years)
<i>permethrin external cream 5 %</i>	P	QL (60 GM per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>spinosad external suspension 0.9 %</i>	P	ST; Must fail preferred permethrin within the past 100 days; AL (Min 6 Months)
Diagnostic Products		
*Diagnostic Drugs***		
<i>dipyridamole intravenous solution 5 mg/ml</i>	P	
*Diagnostic Tests***		
CLINISTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
DIASTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
KETOSTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
ONETOUGH ULTRA STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
ONETOUGH VERIO STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
PRECISION XTRA KETONE IN VITRO STRIP	P	
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	P	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	P	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	P	PA
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	P	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	P	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	P	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	P	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	P	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	P	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	P	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	P	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	P	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	P	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	P	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	P	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	P	
DIURIL ORAL SUSPENSION 250 MG/5ML	P	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	P	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	P	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	P	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
Endocrine And Metabolic Agents - Misc.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	P	
<i>ibandronate sodium oral tablet 150 mg</i>	P	QL (1 EA per 28 days)
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Gaa Deficiency Treatment - Agents***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	P	
<i>calcitriol oral solution 1 mcg/ml</i>	P	
*Vasopressin***		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	P	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	P	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	P	
Estrogens		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	P	
PREMPHASE ORAL TABLET 0.625-5 MG	P	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	P	
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	P	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	
Fluoroquinolones		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	P	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
<i>gas relief oral suspension 20 mg/0.3ml</i>	P	
<i>simethicone oral suspension 40 mg/0.6ml</i>	P	
<i>simethicone oral tablet chewable 80 mg</i>	P	
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	P	
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	P	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	P	
<i>mesalamine rectal enema 4 gm</i>	P	QL (1800 ML per 31 days)
<i>sulfasalazine oral tablet 500 mg</i>	P	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	P	
*Intestinal Acidifiers***		
<i>generlac oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
*Phosphate Binder Agents***		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	P	ST; Must fail preferred Calcium acetate tablet or Calcium acetate capsule
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	P	QL (372 EA per 31 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	P	QL (372 EA per 31 days)
ELIPHOS ORAL TABLET 667 MG	P	QL (372 EA per 31 days)
Genitourinary Agents - Miscellaneous		
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	P	
*Urinary Analgesics***		
AZO URINARY PAIN ORAL TABLET 97.5 MG	P	
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG, 99.5 MG	P	
<i>phenazopyridine hcl oral tablet 200 mg</i>	P	QL (12 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	P	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	P	
<i>colchicine oral tablet 0.6 mg</i>	P	
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	P	
Hematological Agents - Misc.		
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	P	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	P	
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	P	
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	P	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	P	
Hematopoietic Agents		
*Cobalamins***		
<i>b-12 oral tablet dispersible 1000 mcg</i>	P	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	P	
<i>vitamin b-12 oral tablet 250 mcg, 500 mcg</i>	P	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>	P	
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	P	PA

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Drug Name	Preference Details	Coverage Details
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	P	PA
*Folic Acid/Folate Combinations***		
<i>folbee oral tablet 2.5-25-1 mg</i>	P	
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	P	
*Iron Combinations***		
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	P	
*Iron***		
<i>ferretts oral tablet 325 (106 fe) mg</i>	P	
<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	P	
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg</i>	P	
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	P	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	P	QL (2000 ML per 31 days)
<i>phenobarbital oral tablet 100 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	P	
<i>phenobarbital oral tablet 15 mg</i>	P	QL (310 EA per 31 days)
<i>phenobarbital oral tablet 16.2 mg</i>	P	QL (383 EA per 31 days)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	P	
Laxatives		
*Laxatives - Miscellaneous***		
<i>lactulose oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
Macrolides		
*Azithromycin***		
<i>azithromycin hydrogencitrate intravenous solution reconstituted 2.5 gm</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>azithromycin intravenous solution reconstituted 500 mg</i>	P	
<i>azithromycin oral packet 1 gm</i>	P	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	P	
<i>azithromycin oral tablet 250 mg</i>	P	QL (12 EA per 31 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	P	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	P	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	P	
*Erythromycins***		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	P	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	P	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	P	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	P	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	P	
Medical Devices And Supplies		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	P	QL (100 EA per 31 days)
*Glucose Monitoring Test Supplies***		
<i>glucose control in vitro solution</i>	P	
<i>lancet device</i>	P	
<i>lancets</i>	P	QL (200 EA per 31 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	P	
ONETOUCH ULTRA 2 KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
*Needles & Syringes***		
BD AUTOSHIELD 29G X 5MM 29G X 5MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD AUTOSHIELD 29G X 8MM 29G X 8MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD AUTOSHIELD DUO 30G X 5 MM 30G X 5 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 1" 1 ML 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 5/8" 1 ML 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 26G X 1/2" 1 ML 26G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML 27.5G X 5/8" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27G X 1/2" 1 ML 27G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 28G X 1/2" 1 ML 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 2 ML 29G X 1/2" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML 27G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML 28G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML 28G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML 30G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-100 1 ML U-100 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML 31G X 6MM 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INTEGRA INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INTEGRA SYRINGE 25G X 1" 1 ML 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD PEN NEEDLE MICRO U/F 32G X 6 MM 32G X 6 MM	P	
BD PEN NEEDLE MINI U/F 31G X 5 MM 31G X 5 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM 32G X 4 MM	P	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC) 32G X 4 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX) 32G X 4 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM 29G X 12.7MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE SHORT U/F 31G X 8 MM 31G X 8 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML 30G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
*Peak Flow Meters***		
<i>peak flow meter device</i>	P	QL (2 EA per 365 days)
*Respiratory Therapy Supplies***		
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	P	QL (2 EA per 365 days)
E-Z SPACER DEVICE	P	QL (2 EA per 365 days)
MICROCHAMBER	P	QL (2 EA per 365 days)
MICROSPACER	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-LARGE	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
OPTICHAMBER FACE MASK-MEDIUM	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	P	QL (2 EA per 365 days)
OPTIHALER	P	QL (2 EA per 365 days)
Migraine Products		
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	P	ST; Must fail preferred sumatriptan, rizatriptan, rizatriptan odt tablets within the past 100 days; QL (9 EA per 31 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	P	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	P	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	P	QL (12 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (9 EA per 31 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	P	QL (4 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	P	QL (4 ML per 31 days)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium oral tablet chewable 500-100 mg-unit</i>	P	
<i>calcium+d3 oral tablet 600-800 mg-unit</i>	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT	P	
<i>oyster shell calcium/vitamin d oral packet 500-200 mg-unit</i>	P	
*Fluoride Combinations***		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	P	
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	P	
*Phosphate***		
<i>phos-nak oral packet 280-160-250 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Potassium***		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	P	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	P	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	P	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	P	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	P	
Miscellaneous Therapeutic Classes		
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	P	
<i>cyclosporine modified oral solution 100 mg/ml</i>	P	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GENGRAF ORAL SOLUTION 100 MG/ML	P	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	P	
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	P	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	P	
<i>mycophenolate mofetil oral tablet 500 mg</i>	P	
*Macrolide Immunosuppressants***		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	P	
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous mouth/throat solution 2 %</i>	P	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat lozenge 10 mg</i>	P	
<i>clotrimazole mouth/throat troche 10 mg</i>	P	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	P	QL (300 ML per 31 days)
*Fluoride Dental Products***		
CAVAREST DENTAL GEL 1.1 %	P	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	P	
Multivitamins		
*B-Complex Vitamins***		
<i>b complex oral capsule</i>	P	
<i>b complex oral tablet</i>	P	
*B-Complex W/ C & Folic Acid***		
DIALYVITE ORAL TABLET	P	
<i>rena-vite oral tablet</i>	P	
<i>triphrocaps oral capsule 1 mg</i>	P	
*B-Complex W/ C***		
<i>b complex-c oral tablet</i>	P	
<i>vitamin b complex-c oral capsule</i>	P	
*B-Complex W/ Folic Acid***		
<i>b complex plus oral tablet</i>	P	
*B-Complex W/ Iron***		
<i>b complex-iron oral tablet</i>	P	
*B-Complex W/Biotin & Folic Acid***		
<i>b-50 complex oral tablet extended release</i>	P	
<i>b-complex oral tablet</i>	P	
*Multiple Vitamins W/ Iron***		
<i>tab-a-vite/iron oral tablet</i>	P	
*Multiple Vitamins W/ Minerals***		
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
PRESERVISION AREDS 2 ORAL CAPSULE	P	

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Drug Name	Preference Details	Coverage Details
*Multivitamins***		
<i>multi-vitamins oral tablet</i>	P	
*Ped Multi Vitamins W/FI & Fe***		
<i>multi-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Multiple Vitamins W/ Minerals & C***		
VITAMAX PEDIATRIC ORAL SOLUTION	P	
*Ped Mv W/ Fluoride***		
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	P	AL (Max 17 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	P	AL (Max 17 Years)
*Ped Vitamins Acd Fluoride & Iron***		
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vit/fluoride oral solution 0.25 mg/ml</i>	P	
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>	P	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	P	
*Pediatric Multiple Vitamins W/ C & Fa***		
<i>childrens chewable multi vits oral tablet chewable</i>	P	
*Pediatric Multiple Vitamins W/ C***		
<i>polyvitamin oral solution 35 mg/ml</i>	P	
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL ORAL SOLUTION 750-400-35 UNIT-MG/ML	P	
<i>tri-vitamin infant & toddler oral solution 500-10-50 mcg-mg/ml</i>	P	
<i>tri-vitamin oral solution 1500-400-35</i>	P	
*Prenatal Mv & Min W/Fe-Fa***		
CO-NATAL FA ORAL TABLET	P	
ELITE-OB ORAL TABLET 50-1.25 MG	P	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	P	
MYNATAL ADVANCE ORAL TABLET	P	
<i>mynatal-z oral tablet</i>	P	
<i>mynate 90 plus oral tablet extended release</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	P	
PRENATABS RX ORAL TABLET 29-1 MG	P	
<i>prenatal 19 oral tablet chewable</i>	P	
<i>prenatal low iron oral tablet 27-0.8 mg</i>	P	
<i>prenatal oral tablet 28-0.8 mg</i>	P	
<i>prenatal plus iron oral tablet 29-1 mg</i>	P	
<i>prenatal plus oral tablet 27-1 mg</i>	P	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	P	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG	P	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	P	
TRINATE ORAL TABLET	P	
VINATE AZ EXTRA ORAL TABLET 29-1 MG	P	
VINATE II ORAL TABLET 29-1 MG	P	
VINATE M ORAL TABLET 27-1 MG	P	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	P	
*Vitamins W/ Lipotropics***		
<i>b-100 complex oral tablet</i>	P	
<i>b-100 cr oral tablet extended release</i>	P	
<i>balanced b-100 complex cr oral tablet extended release</i>	P	
<i>b-stress oral capsule</i>	P	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>	P	
<i>carisoprodol oral tablet 350 mg</i>	P	QL (124 EA per 31 days)
<i>chlorzoxazone oral tablet 500 mg</i>	P	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	P	QL (93 EA per 31 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	P	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	P	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	P	
*Viscosupplements***		
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	P	PA
Nasal Agents - Systemic And Topical		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	P	
Ophthalmic Agents		
*Artificial Tear And Lubricant Combinations***		
<i>eye lubricant ophthalmic ointment</i>	P	
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	P	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	P	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	P	
<i>carteolol hcl ophthalmic solution 1 %</i>	P	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	P	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	P	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	P	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>	P	
<i>atropine sulfate ophthalmic solution 1 %</i>	P	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	P	QL (60 EA per 30 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 2 %</i>	P	
*Ophthalmic Antibiotics***		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	P	QL (10 ML per 30 days)

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Drug Name	Preference Details	Coverage Details
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	P	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	P	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	P	
<i>ofloxacin ophthalmic solution 0.3 %</i>	P	QL (10 ML per 30 days)
<i>tobramycin ophthalmic solution 0.3 %</i>	P	
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	P	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	P	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	P	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	P	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	P	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	P	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	P	
*Prostaglandins - Ophthalmic***		
<i>latanoprost ophthalmic solution 0.005 %</i>	P	QL (5 ML per 31 days)
Oxytocics		
*Oxytocics***		
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	P	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	P	
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	P	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	P	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	P	
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
*Natural Penicillins***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	P	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	P	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	P	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	P	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	P	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	P	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	P	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	P	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	P	

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Drug Name	Preference Details	Coverage Details
Progestins		
*Progestins***		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	P	PA
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	P	PA
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
<i>norethindrone acetate oral tablet 5 mg</i>	P	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	P	
Psychotherapeutic And Neurological Agents - Misc.		
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	P	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	P	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	P	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	P	
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	P	PA
*Multiple Sclerosis Agents - Interferons***		
AVONEX INTRAMUSCULAR KIT 30 MCG	P	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	P	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	P	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	P	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	P	PA

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Drug Name	Preference Details	Coverage Details
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	P	PA
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	P	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
NAMENDA ORAL SOLUTION 10 MG/5ML	P	
NAMENDA ORAL TABLET 10 MG, 5 MG	P	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	P	
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	P	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>pimozide oral tablet 1 mg, 2 mg</i>	P	AL (Min 12 Years)
Tetracyclines		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	P	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	P	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	P	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	P	
<i>propylthiouracil oral tablet 50 mg</i>	P	QL (558 EA per 31 days)
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	P	

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Drug Name	Preference Details	Coverage Details
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	P	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	P	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	P	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	P	
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	P	AL (Min 19 Years and Max 20 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	P	AL (Min 19 Years and Max 20 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5	P	AL (Min 19 Years and Max 20 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	P	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	P	AL (Min 19 Years and Max 20 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	AL (Min 19 Years and Max 20 Years)
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	P	AL (Min 19 Years and Max 20 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	P	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	P	
<i>dicyclomine hcl oral tablet 20 mg</i>	P	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	P	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	P	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	P	QL (1240 ML per 31 days)
<i>sucralfate oral tablet 1 gm</i>	P	
*Proton Pump Inhibitor-Antacid Combinations***		
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	P	OTC only
*Proton Pump Inhibitors***		
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	P	ST; Must fail preferred omeprazole capsule and ranitidine syrup within the past 100 days
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	P	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	P	OTC only
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	P	OTC only
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	P	
<i>omeprazole oral tablet delayed release 20 mg</i>	P	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	P	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG	P	
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	P	
<i>propantheline bromide oral tablet 15 mg</i>	P	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	P	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	P	
<i>oxybutynin chloride oral tablet 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>tropium chloride oral tablet 20 mg</i>	P	ST; Must fail preferred oxybutynin er tablets within the past 100 days
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
Vaccines		
*Viral Vaccines***		
ENERGIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	P	AL (Min 19 Years and Max 20 Years)
ENERGIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	P	AL (Min 19 Years and Max 20 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	P	AL (Min 19 Years and Max 20 Years)
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>	P	
<i>clotrimazole 3 vaginal cream 2 %</i>	P	
<i>clotrimazole vaginal cream 1 %</i>	P	
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	P	
<i>miconazole 3 vaginal suppository 200 mg</i>	P	
<i>miconazole nitrate vaginal cream 2 %</i>	P	
<i>miconazole nitrate vaginal suppository 100 mg</i>	P	
MONISTAT 3 VAGINAL CREAM 4 %	P	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	P	
<i>terconazole vaginal suppository 80 mg</i>	P	
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	P	
<i>metronidazole vaginal gel 0.75 %</i>	P	
VANDAZOLE VAGINAL GEL 0.75 %	P	
*Vaginal Estrogens***		
PREMARIN VAGINAL CREAM 0.625 MG/GM	P	

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Drug Name	Preference Details	Coverage Details
Vasopressors		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	QL (6 EA per 180 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
Vitamins		
*Biotin***		
<i>biotin oral capsule 5 mg</i>	P	
*Vitamin A***		
<i>vitamin a oral capsule 10000 unit, 8000 unit</i>	P	
*Vitamin B-1***		
<i>thiamine hcl injection solution 100 mg/ml</i>	P	
<i>thiamine hcl oral tablet 100 mg</i>	P	
<i>vitamin b-1 oral tablet 250 mg, 50 mg</i>	P	
*Vitamin B-3***		
<i>niacin er oral capsule extended release 500 mg</i>	P	
<i>niacin er oral tablet extended release 500 mg</i>	P	
<i>niacin oral tablet 100 mg, 50 mg, 500 mg</i>	P	
*Vitamin B-6***		
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Vitamin C***		
<i>ascorbic acid oral tablet 500 mg</i>	P	
<i>natural c/rose hips oral tablet 500 mg</i>	P	
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	P	
<i>vitamin c oral packet 500 mg</i>	P	
<i>vitamin c oral tablet 500 mg</i>	P	
<i>vitamin c oral tablet chewable 250 mg</i>	P	
<i>vitamin c-rose hips oral tablet 500 mg</i>	P	
*Vitamin D***		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	P	QL (4 EA per 28 Days)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 400 UT/0.036ML	P	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>vitamin d3 oral liquid 400 unit/ml</i>	P	
<i>vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	P	
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	P	

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<i>ak-poly-bac</i>	51	<i>atenolol-chlorthalidone</i>	MICROFINE.....	42
<i>albendazole</i>	4	<i>atomoxetine hcl</i>	BD INSULIN SYRINGE U/F.. 42	
<i>albuterol sulfate</i>	6	<i>atorvastatin calcium</i>	BD INSULIN SYRINGE U/F	
<i>albuterol sulfate hfa</i>	6	<i>atovaquone</i>	1/2UNIT.....	42
<i>alcohol pads</i>	40	<i>atovaquone-proguanil hcl</i>	BD INSULIN SYRINGE U-40 42	
<i>alendronate sodium</i>	35	<i>atropine sulfate</i>	BD INSULIN SYRINGE U-	
<i>alfuzosin hcl er</i>	37	ATROVENT HFA.....	500.....	42
<i>allopurinol</i>	38	AUBAGIO.....	BD INSULIN SYRINGE	
ALOE VESTA CLEAR		AURYXIA.....	ULTRAFINE.....	42, 43
ANTIFUNGAL.....	33	AVANDAMET.....	BD INTEGRA INSULIN	
<i>alogliptin benzoate</i>	12	AVANDIA.....	SYRINGE.....	43
<i>alogliptin-metformin hcl</i>	12	AVIANE.....	BD INTEGRA SYRINGE.....	43
ALTAVERA.....	28	AVONEX.....	BD PEN NEEDLE MICRO	
<i>amantadine hcl</i>	20	AVONEX PEN.....	U/F.....	43
<i>ambrisentan</i>	27	AVONEX PREFILLED.....	BD PEN NEEDLE MINI U/F.. 43	
AMETHYST.....	30	<i>azathioprine</i>	BD PEN NEEDLE NANO	
<i>amiloride hcl</i>	35	<i>azithromycin</i>	2ND GEN.....	43
<i>amiloride-</i>		<i>azithromycin hydrogencitrate</i>	BD PEN NEEDLE NANO	
<i>hydrochlorothiazide</i>	35	AZO URINARY PAIN.....	U/F.....	43
<i>amiodarone hcl</i>	5	AZO URINARY PAIN	BD PEN NEEDLE	
<i>amitriptyline hcl</i>	11	RELIEF.....	ORIGINAL U/F.....	43
<i>amlodipine besy-benazepril</i>		AZOPT.....	BD PEN NEEDLE SHORT	
<i>hcl</i>	17	<i>b complex</i>	U/F.....	43
<i>amlodipine besylate</i>	26	<i>b complex plus</i>	BD SAFETYGLIDE INSULIN	
<i>amoxapine</i>	11	<i>b complex-c</i>	SYRINGE.....	43, 44
<i>amoxicillin</i>	51, 52	<i>b complex-iron</i>	BD SAFETY-LOK INSULIN	
<i>amoxicillin-pot clavulanate</i>	52	<i>b-100 complex</i>	SYRINGE.....	44
		<i>b-100 cr</i>		49

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BD VEO INSULIN SYR U/F	CARTIA XT	26	<i>clozapine</i>	22
1/2UNIT	<i>carvedilol</i>	25	<i>colchicine</i>	38
BD VEO INSULIN SYRINGE	CAVAREST	47	<i>colchicine-probenecid</i>	38
U/F	CAZANT	31	COMBIVENT RESPIMAT	5
<i>benazepril hcl</i>	<i>cefaclor</i>	28	CO-NATAL FA	48
<i>benazepril-</i>	<i>cefadroxil</i>	27, 28	CORLANOR	27
<i>hydrochlorothiazide</i>	<i>cefazolin sodium</i>	28	CREON	34
<i>benztropine mesylate</i>	<i>cefdinir</i>	28	<i>cromolyn sodium</i>	6
<i>betaxolol hcl</i>	<i>cefepodoxime proxetil</i>	28	CRYSSELLE-28	29
<i>bethanechol chloride</i>	<i>cefprozil</i>	28	<i>cvs creamy acne face wash</i> ..	32
BETOPTIC-S	<i>ceftriaxone sodium</i>	28	<i>cyclobenzaprine hcl</i>	49
BICILLIN C-R	<i>cefuroxime axetil</i>	28	<i>cyclosporine</i>	46
BICILLIN C-R 900/300	CELEBRATE CALCIUM		<i>cyclosporine modified</i>	46
BICILLIN L-A	PLUS 500	45	<i>danazol</i>	4
BILTRICIDE	<i>celecoxib</i>	3	<i>dantrolene sodium</i>	50
<i>biotin</i>	<i>cephalexin</i>	28	<i>dapsone</i>	19
<i>bisoprolol fumarate</i>	CERTAVITE/ANTIOXIDANT		DAPTACEL	55
<i>bisoprolol-</i>	S	47	DENAVIR	33
<i>hydrochlorothiazide</i>	<i>childrens chewable multi vits</i>	48	<i>desipramine hcl</i>	11
BOOSTRIX	<i>chlordiazepoxide-</i>		<i>desmopressin ace spray</i>	
<i>briellyn</i>	<i>amitriptyline</i>	53	<i>refrig</i>	36
<i>brimonidine tartrate</i>	<i>chlorothiazide</i>	35	<i>desmopressin acetate</i>	36
<i>bromocriptine mesylate</i>	<i>chlorpromazine hcl</i>	23	<i>desmopressin acetate spray</i> ..	36
<i>b-stress</i>	<i>chlorpropamide</i>	15	<i>dexmethylphenidate hcl</i>	1
<i>budesonide</i>	<i>chlorthalidone</i>	35	<i>dexmethylphenidate hcl er</i>	1
<i>budesonide-formoterol</i>	<i>chlorzoxazone</i>	49	<i>dextroamphetamine sulfate</i>	1
<i>fumarate</i>	<i>cholestyramine</i>	16	<i>dextroamphetamine sulfate</i>	
<i>bumetanide</i>	<i>cholestyramine light</i>	16	<i>er</i>	1
<i>bupropion hcl</i>	<i>ciclopirox</i>	32	DIALYVITE	47
<i>bupropion hcl er (sr)</i>	<i>ciclopirox olamine</i>	32	DIASTIX	34
<i>bupropion hcl er (xl)</i>	<i>cilostazol</i>	38	<i>diazepam</i>	5
<i>buspirone hcl</i>	<i>cimetidine</i>	55	<i>diclofenac potassium</i>	3
BYDUREON	<i>cimetidine hcl</i>	55	<i>diclofenac sodium</i>	3, 32
BYDUREON BCISE	CINQAIR	7	<i>diclofenac sodium er</i>	3
<i>cabergoline</i>	<i>ciprofloxacin hcl</i>	36, 50	<i>dicloxacillin sodium</i>	52
<i>calcitriol</i>	<i>citalopram hydrobromide</i>	10	<i>dicyclomine hcl</i>	55
<i>calcium</i>	<i>clarithromycin</i>	40	<i>diflunisal</i>	4
<i>calcium acetate (phos</i>	<i>clarithromycin er</i>	40	<i>digoxin</i>	27
<i>binder)</i>	<i>clindamycin hcl</i>	19	DILANTIN	9
<i>calcium+d3</i>	<i>clindamycin palmitate hcl</i>	19	<i>diltiazem hcl</i>	26
CAMILA	<i>clindamycin phosphate</i>	19, 57	<i>diltiazem hcl er</i>	26
<i>captopril</i>	CLINISTIX	34	<i>diltiazem hcl er beads</i>	26
<i>captopril-hydrochlorothiazide</i>	<i>clomipramine hcl</i>	11	<i>diltiazem hcl er coated</i>	
<i>carbamazepine</i>	<i>clonazepam</i>	8	<i>beads</i>	26
<i>carbidopa-levodopa</i>	<i>clonidine hcl</i>	18	<i>dilt-xr</i>	26
<i>carbidopa-levodopa er</i>	<i>clopidogrel bisulfate</i>	38	<i>dipyridamole</i>	34, 38
<i>carisoprodol</i>	<i>clotrimazole</i>	33, 47, 57	<i>disopyramide phosphate</i>	5
<i>carteolol hcl</i>	<i>clotrimazole 3</i>	57	DIURIL	35

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<i>divalproex sodium</i>	10	<i>fenofibrate micronized</i>	16	<i>guanfacine hcl</i>	18
<i>divalproex sodium er</i>	10	<i>fenofibric acid</i>	16	<i>guanfacine hcl er</i>	1
<i>donepezil hcl</i>	53	<i>ferretts</i>	39	<i>haloperidol</i>	22
<i>dorzolamide hcl</i>	51	<i>ferrous fumarate</i>	39	<i>haloperidol decanoate</i>	22
<i>dorzolamide hcl-timolol mal</i> ...	50	<i>ferrous gluconate</i>	39	<i>haloperidol lactate</i>	22
<i>doxepin hcl</i>	11, 12	<i>ferrous sulfate</i>	39	HUMALOG MIX 50/50.....	13
<i>doxycycline hyclate</i>	54	FIRST-LANSOPRAZOLE.....	56	HUMALOG MIX 50/50	
<i>doxycycline monohydrate</i>	54	<i>flecainide acetate</i>	5	KWIKPEN.....	13
<i>duloxetine hcl</i>	11	FLOVENT HFA.....	7	HUMALOG MIX 75/25.....	13
ELIPHOS.....	37	<i>fluconazole</i>	16	HUMIRA.....	3
ELITE-OB.....	48	<i>fludrocortisone acetate</i>	32	HUMIRA PEDIATRIC	
ELIXOPHYLLIN.....	7	FLUOR-A-DAY.....	45	CROHNS START.....	2
ELURYNG.....	30	<i>fluoxetine hcl</i>	11	HUMIRA PEN.....	2
EMOQUETTE.....	29	<i>fluphenazine decanoate</i>	23	HUMIRA PEN-CD/UC/HS	
<i>enalapril maleate</i>	17	<i>fluphenazine hcl</i>	23	STARTER.....	2
<i>enalapril-hydrochlorothiazide</i> ..	17	<i>flurbiprofen</i>	3	HUMULIN 70/30.....	13
ENBREL.....	4	<i>fluticasone-salmeterol</i>	6	HUMULIN 70/30 KWIKPEN...	13
ENBREL SURECLICK.....	4	<i>fluvoxamine maleate</i>	11	HUMULIN N.....	13
ENGERIX-B.....	57	<i>folbee</i>	39	HUMULIN N KWIKPEN.....	13
<i>enoxaparin sodium</i>	8	<i>folic acid</i>	39	HUMULIN R.....	13
ENPRESSE-28.....	31	FOLIVANE-OB.....	48	HUMULIN R U-500	
<i>entecavir</i>	24	<i>fosinopril sodium</i>	17	(CONCENTRATED).....	13
ENTRESTO.....	27	<i>fosphenytoin sodium</i>	9	HUMULIN R U-500	
<i>epinephrine</i>	58	<i>furosemide</i>	35	KWIKPEN.....	13
EPITOL.....	8	<i>gabapentin</i>	8, 9	<i>hydralazine hcl</i>	18
<i>ergocalciferol</i>	58	GABITRIL.....	9	<i>hydrochlorothiazide</i>	35
ERRIN.....	31	<i>gas relief</i>	37	<i>hydrocortisone</i>	32, 33
ERY-TAB.....	40	<i>gemfibrozil</i>	16	<i>hydroxychloroquine sulfate</i>	19
ERYTHROCIN STEARATE...	40	<i>generlac</i>	37	<i>hydroxyprogesterone</i>	
<i>erythromycin</i>	51	GENGRAF.....	46	<i>caproate</i>	53
<i>erythromycin base</i>	40	<i>gentamicin sulfate</i>	51	HYPERCARE.....	33
<i>erythromycin ethylsuccinate</i> ..	40	GIANVI.....	29	<i>ibandronate sodium</i>	35
<i>escitalopram oxalate</i>	11	<i>glatiramer acetate</i>	54	<i>ibuprofen</i>	3
ESTARYLLA.....	29	GLATOPA.....	54	<i>imipramine hcl</i>	12
<i>estradiol</i>	36	<i>glimepiride</i>	15	IN-CHECK DIAL FLOW	
<i>estradiol-norethindrone acet</i> ..	36	<i>glipizide</i>	15	TRAINER.....	44
<i>estropipate</i>	36	<i>glipizide er</i>	15	INCRUSE ELLIPTA.....	7
<i>ethambutol hcl</i>	20	<i>glipizide xl</i>	15	<i>indapamide</i>	35
<i>ethosuximide</i>	9, 10	<i>glipizide-metformin hcl</i>	14	<i>indomethacin</i>	3
<i>etodolac</i>	3	GLUCAGEN HYPOKIT.....	12	INFANRIX.....	55
<i>etonogestrel-ethinyl estradiol</i> ..	30	<i>glucagon emergency</i>	12	<i>insulin asp prot & asp</i>	
EXTAVIA.....	53	<i>glucose control</i>	40	<i>flexpen</i>	13
<i>eye lubricant</i>	50	<i>glyburide</i>	15	<i>insulin aspart prot & aspart</i>	13
E-Z SPACER.....	44	<i>glyburide micronized</i>	15	<i>insulin lispro prot & lispro</i>	14
<i>ezetimibe</i>	17	<i>glyburide-metformin</i>	14	INVEGA SUSTENNA.....	21
<i>famotidine</i>	55	<i>glycopyrrolate</i>	56	INVEGA TRINZA.....	22
<i>felodipine er</i>	26	<i>griseofulvin microsize</i>	16	<i>ipratropium bromide</i>	7, 50
<i>fenofibrate</i>	16	<i>griseofulvin ultramicrosize</i>	16	<i>ipratropium-albuterol</i>	6

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<i>irbesartan</i>	18	<i>lithium carbonate</i>	21	MICROSPACER.....	44
<i>isoniazid</i>	20	<i>lithium carbonate er</i>	21	<i>midodrine hcl</i>	58
<i>isosorbide dinitrate</i>	4	LORYNA.....	29	<i>minoxidil</i>	18
<i>isosorbide dinitrate er</i>	4	<i>losartan potassium</i>	18	<i>mirtazapine</i>	10
<i>isosorbide mononitrate</i>	5	<i>losartan potassium-hctz</i>	18	<i>misoprostol</i>	56
<i>isosorbide mononitrate er</i>	4	<i>lovastatin</i>	16	Modafinil.....	2
<i>ivermectin</i>	4	LOW-OGESTREL.....	29	MOMMY'S BLISS VIT D	
JANTOVEN.....	8	<i>loxapine succinate</i>	23	ORGANIC.....	58
JANUMET.....	12	LUMIZYME.....	36	MONISTAT 3.....	57
JANUMET XR.....	12	LUTERA.....	29	MONONESSA.....	29
JOLIVETTE.....	31	MAKENA.....	53	<i>montelukast sodium</i>	7
JUNEL 1.5/30.....	29	<i>malathion</i>	33	MULTAQ.....	5
JUNEL 1/20.....	29	<i>maprotiline hcl</i>	10	<i>multi-vit/fluoride</i>	48
JUNEL FE 1.5/30.....	29	MATZIM LA.....	26	<i>multi-vit/fluoride/iron</i>	48
JUNEL FE 1/20.....	29	MEDI-PROFEN.....	3	<i>multivitamin/fluoride</i>	48
KARIVA.....	28	<i>medroxyprogesterone</i>		<i>multi-vitamins</i>	48
KELNOR 1/35.....	29	<i>acetate</i>	31, 53	<i>mycophenolate mofetil</i>	46
<i>ketoconazole</i>	16, 33	<i>mefloquine hcl</i>	19	MYNATAL ADVANCE.....	48
<i>ketoprofen</i>	3	<i>melatonin</i>	2	<i>mynatal-z</i>	48
<i>ketorolac tromethamine</i>	3	<i>melatonin maximum strength</i> ..	2	<i>mynate 90 plus</i>	48
KETOSTIX.....	34	<i>meloxicam</i>	3	<i>nabumetone</i>	3
KLOR-CON.....	46	<i>mesalamine</i>	37	<i>nadolol</i>	25
KLOR-CON 10.....	46	<i>mesalamine er</i>	37	<i>naloxone hcl</i>	15
KLOR-CON M10.....	46	MESTINON.....	19	NAMENDA.....	54
KLOR-CON M20.....	46	<i>metformin hcl</i>	12	NAMENDA TITRATION PAK	54
<i>labetalol hcl</i>	25	<i>metformin hcl er</i>	12	<i>naproxen</i>	3
<i>lactulose</i>	39	<i>methazolamide</i>	35	<i>naproxen dr</i>	3
<i>lamotrigine</i>	9	<i>methimazole</i>	54	<i>naproxen sodium</i>	3
<i>lancet device</i>	40	<i>methocarbamol</i>	49	<i>naratriptan hcl</i>	45
<i>lancets</i>	40	<i>methotrexate sodium</i>	20	NARCAN.....	15
<i>lansoprazole</i>	56	<i>methyldopa</i>	18	<i>nateglinide</i>	14
<i>latanoprost</i>	51	<i>methylergonovine maleate</i>	51	<i>natural c/rose hips</i>	58
<i>leflunomide</i>	4	<i>methylphenidate hcl</i>	2	NECON 0.5/35 (28).....	29
LESSINA.....	29	<i>methylphenidate hcl er</i>	1, 2	NECON 1/35 (28).....	29
<i>levetiracetam</i>	9	<i>methylprednisolone</i>	32	NECON 7/7/7.....	31
<i>levobunolol hcl</i>	50	<i>metolazone</i>	35	<i>nefazodone hcl</i>	11
<i>levofloxacin</i>	36	<i>metoprolol succinate er</i>	25	<i>neomycin-bacitracin zn-</i>	
<i>levonorgestrel</i>	30	<i>metoprolol tartrate</i>	25	<i>polymyx</i>	51
<i>levonorgestrel-ethinyl estrad</i> .	30	<i>metronidazole</i>	18, 33, 57	<i>neomycin-polymyxin-</i>	
LEVORA 0.15/30 (28).....	29	<i>mexiletine hcl</i>	5	<i>gramicidin</i>	51
<i>levothyroxine sodium</i>	55	<i>miconazole 3</i>	57	NEXIUM 24HR.....	56
<i>lice treatment (permethrin</i>		<i>miconazole 3 combo pack</i>	57	NEXT CHOICE ONE DOSE..	31
<i>1%)</i>	33	<i>miconazole nitrate</i>	57	<i>niacin</i>	58
<i>lidocaine viscous</i>	47	MICROCHAMBER.....	44	<i>niacin er</i>	58
<i>liothyronine sodium</i>	55	MICROGESTIN 1.5/30.....	29	NIACOR.....	17
<i>lisinopril</i>	17	MICROGESTIN 1/20.....	29	NIFEDIAC CC.....	26
<i>lisinopril-hydrochlorothiazide</i> .	17	MICROGESTIN FE 1.5/30.....	29	NIFEDICAL XL.....	26
<i>lithium</i>	21	MICROGESTIN FE 1/20.....	29	<i>nifedipine</i>	27

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<i>nifedipine er</i>	27	OPTICHAMBER		PIN-X.....	4
<i>nifedipine er osmotic release</i>	27	ADVANTAGE-LG MASK.....	44	<i>pioglitazone hcl</i>	15
NITRO-BID.....	5	OPTICHAMBER		<i>pioglitazone hcl-metformin</i>	
<i>nitrofurantoin macrocrystal</i>	19	ADVANTAGE-MED MASK....	44	<i>hcl</i>	15
<i>nitrofurantoin monohyd</i>		OPTICHAMBER		<i>piroxicam</i>	3
<i>macro</i>	19	ADVANTAGE-SM MASK.....	44	PLAN B ONE-STEP.....	31
<i>nitroglycerin</i>	5	OPTICHAMBER FACE		<i>pnv prenatal plus</i>	
<i>no flush niacin</i>	27	MASK-LARGE.....	44	<i>multivit+dha</i>	49
NORA-BE.....	31	OPTICHAMBER FACE		POLY-IRON 150.....	39
<i>norethindrone acetate</i>	53	MASK-MEDIUM.....	45	<i>poly-iron 150 forte</i>	39
<i>norethin-eth estradiol-fe</i>	29	OPTICHAMBER FACE		<i>polymyxin b-trimethoprim</i>	51
<i>norgestim-eth estrad</i>		MASK-SMALL.....	45	<i>polyvitamin</i>	48
<i>triphasic</i>	31	OPTIHALER.....	45	PORTIA-28.....	30
NORTREL 0.5/35 (28).....	30	OPTION 2.....	31	<i>potassium chloride</i>	46
NORTREL 1/35 (21).....	30	<i>orphenadrine citrate er</i>	49	<i>potassium chloride crys er</i>	46
NORTREL 1/35 (28).....	30	<i>oseltamivir phosphate</i>	25	<i>potassium chloride er</i>	46
NORTREL 7/7/7.....	31	<i>oxacillin sodium</i>	52	PR NATAL 400 EC.....	49
<i>nortriptyline hcl</i>	12	<i>oxandrolone</i>	4	<i>pramipexole dihydrochloride</i> ..	21
NOVOLIN 70/30.....	14	<i>oxaprozin</i>	3	<i>pravastatin sodium</i>	16
NOVOLIN N.....	14	<i>oxcarbazepine</i>	9	PRECISION XTRA KETONE	34
NOVOLIN R.....	14	<i>oxybutynin chloride</i>	56	<i>prednisolone sodium</i>	
<i>np thyroid</i>	55	<i>oxybutynin chloride er</i>	56	<i>phosphate</i>	32
NUCALA.....	7	<i>oyster shell calcium/vitamin</i>		<i>prednisone</i>	32
<i>nystatin</i>	16, 32, 47	<i>d</i>	45	PREMARIN.....	36, 57
OCELLA.....	30	PACERONE.....	5	PREMPHASE.....	36
<i>ofloxacin</i>	51	<i>pantoprazole sodium</i>	56	PREMPRO.....	36
<i>olanzapine</i>	24	<i>paroxetine hcl</i>	11	PRENATABS RX.....	49
<i>olmesartan medoxomil</i>	18	<i>peak flow meter</i>	44	<i>prenatal</i>	49
<i>omega-3-acid ethyl esters</i>	16	PEGANONE.....	9	<i>prenatal 19</i>	49
<i>omeprazole</i>	56	<i>penicillin g potassium</i>	52	<i>prenatal low iron</i>	49
<i>omeprazole-sodium</i>		<i>penicillin g procaine</i>	52	<i>prenatal plus</i>	49
<i>bicarbonate</i>	56	<i>penicillin v potassium</i>	52	<i>prenatal plus iron</i>	49
ONETOUCH ULTRA.....	34	<i>pentoxifylline er</i>	38	PRENATAL-U.....	49
ONETOUCH ULTRA 2.....	40	<i>permethrin</i>	33	PRESERVISION AREDS 2... 47	
ONETOUCH ULTRA MINI....	40	<i>perphenazine</i>	23	PREVIFEM.....	30
ONETOUCH ULTRALINK....	40	<i>perphenazine-amitriptyline</i>	54	PREZCOBIX.....	24
ONETOUCH VERIO.....	34, 41	<i>phenazopyridine hcl</i>	37	PRILOSEC OTC.....	56
ONETOUCH VERIO FLEX		<i>phenelzine sulfate</i>	10	<i>primaquine phosphate</i>	19
SYSTEM.....	41	<i>phenobarbital</i>	39	<i>primidone</i>	9
ONETOUCH VERIO IQ		<i>phenobarbital sodium</i>	39	<i>probenecid</i>	38
SYSTEM.....	41	<i>phenytoin</i>	9	<i>prochlorperazine</i>	23
ONETOUCH VERIO		<i>phenytoin sodium</i>	9	<i>prochlorperazine maleate</i>	23
REFLECT.....	41	<i>phenytoin sodium extended</i>	9	<i>progesterone micronized</i>	53
ONETOUCH VERIO SYNC		<i>phos-nak</i>	45	<i>propafenone hcl</i>	5
SYSTEM.....	41	<i>pilocarpine hcl</i>	47, 50	<i>propantheline bromide</i>	56
OPTICHAMBER		<i>pimozide</i>	54	<i>propranolol hcl</i>	25, 26
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		<i>pink bismuth</i>	15	<i>propylthiouracil</i>	54

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<i>protexa</i>	33	<i>sotalol hcl (af)</i>	26	<i>trinatal rx 1</i>	49
<i>protriptyline hcl</i>	12	<i>spinosad</i>	34	TRINATE.....	49
<i>pyrazinamide</i>	20	<i>spironolactone</i>	35	TRINESSA (28).....	31
<i>pyridostigmine bromide</i>	20	<i>spironolactone-hctz</i>	35	<i>triphrocaps</i>	47
<i>pyridostigmine bromide er</i>	19	SPRINTEC 28.....	30	TRI-PREVIFEM.....	31
<i>pyrimethamine</i>	19	SRONYX.....	30	TRI-SPRINTEC.....	31
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<i>quetiapine fumarate</i>	23	STEGLATRO.....	14	<i>tri-vit/fluoride</i>	48
<i>quinapril hcl</i>	17	STIOLTO RESPIMAT.....	6	<i>tri-vit/fluorideliron</i>	48
<i>quinidine sulfate</i>	5	STRIVERDI RESPIMAT.....	6	<i>tri-vitamin</i>	48
QVAR REDHALER.....	7	<i>sucralfate</i>	56	<i>tri-vitamin infant & toddler</i>	48
<i>ramipril</i>	17	<i>sulfamethoxazole-</i>		<i>tri-vitamin/fluoride</i>	48
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REBIF REBIDOSE.....	53	<i>sulfasalazine</i>	37	<i>tropium chloride</i>	57
REBIF REBIDOSE		<i>sulindac</i>	3	UNITHROID.....	55
TITRATION PACK.....	53	<i>sumatriptan</i>	45	<i>urea</i>	33
REBIF TITRATION PACK.....	54	<i>sumatriptan succinate</i>	45	<i>ursodiol</i>	37
RECLIPSEN.....	30	SUPARTZ.....	50	<i>valacyclovir hcl</i>	24
RECOMBIVAX HB.....	57	SYEDA.....	30	<i>valproic acid</i>	10
<i>reeses pinworm medicine</i>	4	<i>tab-a-viteliron</i>	47	<i>valsartan</i>	18
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<i>rimantadine hcl</i>	24	<i>terbutaline sulfate</i>	6	<i>venlafaxine hcl er</i>	11
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XELJANZ XR.....	2
XIIDRA.....	50
XOLAIR.....	6
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<i>zonisamide</i>	9
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