



**October 2018**

**Molina Healthcare of Illinois**  
**Preferred Drug List**  
**(Formulary)**

# Molina Healthcare of Illinois Preferred Drug List (Formulary)

(10/01/2018)

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## INTRODUCTION

We are pleased to provide the 2018 *Molina Healthcare of Illinois Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

This Formulary is up to date through its date of publication, October 1, 2018. Please notify Molina Healthcare of Illinois at [mhilpharmacy@molinahealthcare.com](mailto:mhilpharmacy@molinahealthcare.com) or 1-855-866-5462 with any mistakes in the formulary.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review. Molina Healthcare of Illinois only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

## PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.
- When a strength or dosage form is specified, only the specified strength and dosage form is on the document. Other strengths/dosage forms, including injectable dosage forms of the reference product are not.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to [www.molinahealthcare.com](http://www.molinahealthcare.com) to check coverage.

## NON-COVERED MEDICATIONS

Please note that certain medications are not covered. These include, but are not limited to:

- Appetite Suppressants / Anorexiant for weight loss
- Drugs for Cosmetic Purposes
- Drugs to treat infertility
- Drugs to treat erectile dysfunction
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches) not listed on the Formulary
- Certain OTC(Over-the-Counter non-prescription) products for members 21 years of age or older unless specifically listed on the Formulary
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as "DESI 5 and 6" drugs)

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (855) 365-8112. The forms may be obtained by logging into the website [www.molinahealthcare.com](http://www.molinahealthcare.com). Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

## PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHIL Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

## LEGEND

<b>AGE</b>	Age Limit
<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<b>†</b>	Specific NDCs may not be reimbursable under the Molina Pharmacy Program
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (855) 365-8112

## URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina Healthcare. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment. Molina Healthcare will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 364-6331 to obtain an override for a 72-hour supply.

Pharmacies may call Molina Healthcare at (855) 866-5462 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

## NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

## FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Comments
10/1/18	Breo	Remove from formulary	
10/1/18	Dulera	Remove from formulary	
10/1/18	Cimduo	Add to formulary with QL	
10/1/18	Symfi, SymfiLo	Add to formulary with QL	
10/1/18	Steglatro/ Segluromet	New ST requirement	Requires trial of DPP-4 inhibitor, SGLT2 inhibitor or DPP-4 inhibitor-Biguanide combinations
10/1/18	Rizatriptan	New ST requirement	Requires trial of sumatriptan and naratriptan
10/1/18	Bimatoprost	Add to formulary with ST	Requires trial of latanoprost
10/1/18	Travatan Z	New ST requirement	Requires trial of bimatoprost
10/1/18	Spinosad	New ST requirement	Requires trial of malathion
10/1/18	Fluocinonide Ointment	New ST requirement	Requires trial of mometasone cream and either fluocinolone cream or triamcinolone cream 0.5%
10/1/18	Desonide Cream	New ST requirement	Requires trial of 3 of alclometasone cream or ointment, fluocinolone acetonide oil, hydrocortisone cream (0.5%, 0.1%, 2.5%), gel (1%), lotion (1%, 2.5%) or ointment (1%, 2.5%) or hydrocortisone acetate cream 0.5%
10/1/18	Alogliptin or Alogliptin-containing product	New ST requirement	Requires trial of metformin or metformin containing product AND a sulfonylurea or sulfonylurea combination
10/1/18	Tretinoin Cream/Gel	New ST requirement	Requires trial of erythromycin gel and clindamycin (lotion or gel)
10/1/18	Clindamycin Gel/Lotion, Erythromycin Gel	New ST requirement	Requires trial of clindamycin soln and erythromycin soln and Differin OTC
10/1/18	Nizatidine	New ST requirement	Requires trial of two of famotidine or ranitidine
10/1/18	Eurax	ST Removal, PA Added	
10/1/18	Ezetimibe	ST Removal, PA Added	
10/1/18	Zaleplon	ST Removal, PA Added	
10/1/18	Symbicort	New ST requirement	For ages 6-12, requires prior use steroid inhalant; For ages 13 and over, requires prior use inhaled LABA or antimuscarinic inhalant
10/1/18	Musculoskeletal, Benzodiazepines, Opioids	Concurrent Therapy Edit	Concurrent use of opioids with benzodiazepines and muscle relaxants is excluded
10/1/18	Zolpidem 10 mg	Add AL	
10/1/18	Chantix	Add QL	



## ANALGESICS

### ANALGESICS, OTHER

acetaminophen <b>OTC</b>		TYLENOL
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### NSAIDs

diclofenac potassium		
diclofenac sodium delayed-rel		
diclofenac sodium ext-rel		
etodolac tabs		
flurbiprofen		
ibuprofen		
ibuprofen <b>OTC</b>		MOTRIN
indomethacin caps <b>AGE</b>	Covered for ages 64 years old & under	
ketoprofen		
ketorolac <b>AGE, QL</b>	Covered for ages 64 years old & under; Max #20/month	
meloxicam tabs		MOBIC
nabumetone		
naproxen		NAPROSYN
naproxen delayed-rel		EC-NAPROSYN
naproxen sodium		
naproxen sodium <b>OTC</b>		ALEVE
oxaprozin <b>PA</b>		DAYPRO
piroxicam <b>PA</b>		FELDENE
salsalate		
sulindac		

### NSAIDs, TOPICAL

diclofenac sodium gel 1% <b>PA, QL</b>	Max #100 grams/month	VOLTAREN GEL
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### COX-2 INHIBITORS

celecoxib <b>PA</b>		CELEBREX
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### GOUT

allopurinol		ZYLOPRIM
colchicine tabs <b>QL</b>	Max #30/90 days	COLCRYS
colchicine/probenecid		
probenecid		

### OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg <b>QL</b>	Max #240/month	
codeine sulfate 15 mg, 30 mg <b>QL</b>	Max #360/month	
codeine sulfate 60 mg <b>QL</b>	Max #240/month	
codeine/acetaminophen soln <b>QL</b>	Max #3750 mL/month	TYLENOL w/CODEINE
codeine/acetaminophen tabs <b>QL</b>	Max #180/month	TYLENOL w/CODEINE
fentanyl transdermal <b>PA, QL</b>	Max #10/month	DURAGESIC
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg <b>QL</b>	Max #180/month	NORCO
hydrocodone/acetaminophen soln 7.5/325 mg/15 mL <b>QL</b>	Max #3750 mL/month	
hydromorphone tabs 2 mg <b>QL</b>	Max #360/month	DILAUDID
hydromorphone tabs 4 mg <b>QL</b>	Max #360/month	DILAUDID
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg <b>QL</b>	Max #90/month	MS CONTIN
morphine sulfate soln <b>PA, QL</b>	Max #450 mL/month	
morphine sulfate tabs <b>QL</b>	Max #90/month	
oxycodone soln 5 mg/5 mL <b>QL</b>	Max #240 mL/fill, max 1 fill/90 days	

oxycodone tabs QL	Max #90/fill, max 1 fill/90 days	
oxycodone/acetaminophen 5/325 mg QL	Max #240/month	PERCOCET
oxycodone/acetaminophen 7.5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
tramadol immediate-release QL	Max #240/month	ULTRAM

#### NON-OPIOID ANALGESICS

butalbital/acetaminophen 50/325 mg AGE	Covered for ages 64 years old & under	
butalbital/acetaminophen/caffeine 50/325/40 mg		ESGIC
butalbital/aspirin/caffeine AGE	Covered for ages 64 years old & under	FIORINAL

#### VISCOSUPPLEMENTS

sodium hyaluronate PA, SP		EUFLEXXA
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### ANTI-INFECTIVES

#### ANTIBACTERIALS

##### Aminoglycosides

neomycin		
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##### Cephalosporins

###### First Generation

cefadroxil susp AGE	Covered for ages 12 years old & under	
cephalexin 250 mg, 500 mg		KEFLEX
cephalexin susp AGE	Covered for ages 12 years old & under	KEFLEX

###### Second Generation

cefprozil susp AGE	Covered for ages 12 years old & under	
cefuroxime axetil tabs QL	Max #20/10 days	

###### Third Generation

cefdinir caps		
cefdinir susp AGE	Covered for ages 12 years old & under	

##### Erythromycins/Macrolides

azithromycin powder packet, tabs QL		ZITHROMAX
azithromycin susp AGE, QL	Covered for ages 12 years old & under; Max 1 fill/45 days	ZITHROMAX
clarithromycin susp AGE	Covered for ages 12 years old & under	
clarithromycin tabs		
erythromycin base		
erythromycin delayed-rel		ERY-TAB
erythromycin ethylsuccinate susp AGE	Covered for ages 12 years old & under	E.E.S. GRANULES
erythromycin ethylsuccinate susp 200 mg/5 mL AGE	Covered for ages 12 years old & under	ERYPED
erythromycin ethylsuccinate tabs		E.E.S.
erythromycin stearate		ERYTHROCIN

##### Fluoroquinolones

ciprofloxacin 250 mg, 500 mg, 750 mg QL		CIPRO
levofloxacin oral soln PA		
levofloxacin tabs QL	Max #10/10 days, max 1 fill/45 days	LEVAQUIN

##### Penicillins

amoxicillin caps, tabs		
amoxicillin susp		
amoxicillin/clavulanate chew tabs AGE	Covered for ages 12 years old & under	AUGMENTIN
amoxicillin/clavulanate susp		AUGMENTIN
amoxicillin/clavulanate tabs QL	Max #20/10 days	AUGMENTIN
ampicillin caps		

ampicillin susp <a href="#">AGE</a>	Covered for ages 12 years old & under	
dicloxacillin		
penicillin VK		
<b>Sulfonamides</b>		
sulfamethoxazole/trimethoprim		BACTRIM
<b>Tetracyclines</b>		
doxycycline monohydrate caps 50 mg, 100 mg		
doxycycline monohydrate tabs 100 mg		
minocycline caps 50 mg, 100 mg		MINOCIN
<b>ANTIFUNGALS</b>		
fluconazole susp <a href="#">AGE, QL</a>	Covered for ages 12 years old & under; Max #35 mL/month	DIFLUCAN
fluconazole tabs 100 mg, 200 mg <a href="#">QL</a>	Max #21/month	DIFLUCAN
fluconazole tabs 150 mg <a href="#">QL</a>	Max #2/month	DIFLUCAN
griseofulvin microsize susp		
ketoconazole tabs 200 mg		
nystatin		
terbinafine tabs <a href="#">QL</a>	Max #30/month, max 6 fills/year	
<b>ANTIMALARIALS</b>		
chloroquine tabs 250 mg <a href="#">QL</a>	Max #10/3 days	
chloroquine tabs 500 mg <a href="#">QL</a>	Max #5/3 days	
mefloquine <a href="#">QL</a>	Max #5/month	
primaquine <a href="#">PA</a>		PRIMAQUINE
<b>ANTIRETROVIRAL AGENTS</b>		
<b>Antiretroviral Adjuvants</b>		
cobicistat <a href="#">PA, QL</a>	Max #30/month	TYBOST
<b>Antiretroviral Combinations</b>		
abacavir/dolutegravir/lamivudine <a href="#">QL</a>	Max #30/month	TRIUMEQ
abacavir/lamivudine <a href="#">QL</a>	Max #30/month	EPZICOM
abacavir/lamivudine/zidovudine <a href="#">QL</a>	Max #60/month	TRIZIVIR
atazanavir/cobicistat <a href="#">QL</a>	Max #30/month	EVOTAZ
bictegravir/emtricitabine/tenofovir alafenamide <a href="#">QL</a>	Max #30/month	BIKTARVY
darunavir/cobicistat <a href="#">QL</a>	Max #30/month	PREZCOBIX
dolutegravir/rilpivirine <a href="#">QL</a>	Max #30/month	JULUCA
efavirenz/emtricitabine/tenofovir disoproxil fumarate <a href="#">QL</a>	Max #30/month	ATRIPLA
efavirenz/lamivudine/tenofovir disoproxil fumarate <a href="#">QL</a>	Max #30/month	SYMFI, SYMFI LO
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide <a href="#">QL</a>	Max #30/month	GENVOYA
elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate <a href="#">QL</a>	Max #30/month	STRIBILD
emtricitabine/rilpivirine/tenofovir alafenamide <a href="#">QL</a>	Max #30/month	ODEFSEY
emtricitabine/rilpivirine/tenofovir disoproxil fumarate <a href="#">QL</a>	Max #30/month	COMPLERA
emtricitabine/tenofovir alafenamide <a href="#">QL</a>	Max #30/month	DESCOVY
emtricitabine/tenofovir disoproxil fumarate 200-300 mg <a href="#">QL</a>	Max #30/month	TRUVADA
lamivudine/tenofovir disoproxil fumarate <a href="#">QL</a>	Max #30/month	CIMDUO
lamivudine/zidovudine <a href="#">QL</a>	Max #60/month	COMBIVIR
<b>Chemokine Receptor Antagonists</b>		
maraviroc tabs 150 mg, 300 mg <a href="#">QL</a>	Max #60/month	SELZENTRY
<b>Integrase Inhibitors</b>		
dolutegravir 50 mg <a href="#">QL</a>	Max #60/month	TIVICAY
raltegravir chew tabs 100 mg <a href="#">QL</a>	Max #360/month	ISENTRESS
raltegravir tabs 400 mg <a href="#">QL</a>	Max #60/month	ISENTRESS

raltegravir tabs 600 mg <a href="#">QL</a>	Max #60/month	ISENTRESS HD
<b>Non-nucleoside Reverse Transcriptase Inhibitors</b>		
<b>efavirenz 50 mg <a href="#">QL</a></b>	Max #360/month	SUSTIVA
<b>efavirenz 200 mg <a href="#">QL</a></b>	Max #90/month	SUSTIVA
<b>efavirenz 600 mg <a href="#">QL</a></b>	Max #30/month	SUSTIVA
etravirine 100 mg <a href="#">QL</a>	Max #120/month	INTELENCE
etravirine 200 mg <a href="#">QL</a>	Max #60/month	INTELENCE
<b>nevirapine ext-rel 400 mg <a href="#">QL</a></b>	Max #60/month	VIRAMUNE XR
nevirapine susp <a href="#">QL</a>	Max #1200 mL/month	VIRAMUNE
<b>nevirapine tabs <a href="#">QL</a></b>	Max #60/month	VIRAMUNE
rilpivirine <a href="#">QL</a>	Max #30/month	EDURANT
<b>Nucleoside Reverse Transcriptase Inhibitors</b>		
<b>abacavir soln <a href="#">QL</a></b>	Max #900 mL/month	ZIAGEN
<b>abacavir tabs <a href="#">QL</a></b>	Max #60/month	ZIAGEN
didanosine delayed-rel caps 125 mg <a href="#">QL</a>	Max #60/month	VIDEX EC
<b>didanosine delayed-rel caps 250 mg, 400 mg <a href="#">QL</a></b>	Max #30/month	VIDEX EC
emtricitabine caps <a href="#">QL</a>	Max #30/month	EMTRIVA
emtricitabine soln <a href="#">QL</a>	Max #600 mL/month	EMTRIVA
<b>lamivudine 150 mg <a href="#">QL</a></b>	Max #60/month	EPIVIR
<b>lamivudine 300 mg <a href="#">QL</a></b>	Max #30/month	EPIVIR
<b>lamivudine soln <a href="#">QL</a></b>	Max #900 mL/month	EPIVIR
<b>stavudine caps 20 mg, 30 mg, 40 mg <a href="#">QL</a></b>	Max #60/month	ZERIT
<b>zidovudine caps 100 mg <a href="#">QL</a></b>	Max #180/month	RETROVIR
<b>zidovudine syp <a href="#">QL</a></b>	Max #1800 mL/month	RETROVIR
<b>zidovudine tabs 300 mg <a href="#">QL</a></b>	Max #60/month	
<b>Nucleotide Reverse Transcriptase Inhibitors</b>		
tenofovir disoproxil fumarate 150 mg, 200 mg, 250 mg <a href="#">QL</a>	Max #30/month	VIREAD
<b>tenofovir disoproxil fumarate 300 mg <a href="#">QL</a></b>	Max #30/month	VIREAD
tenofovir disoproxil fumarate powder 40 mg/gm <a href="#">QL</a>	Max #225 grams/month	VIREAD
<b>Protease Inhibitors</b>		
<b>atazanavir caps 150 mg, 200 mg <a href="#">QL</a></b>	Max #60/month	REYATAZ
<b>atazanavir caps 300 mg <a href="#">QL</a></b>	Max #30/month	REYATAZ
darunavir 600 mg <a href="#">QL</a>	Max #60/month	PREZISTA
darunavir 800 mg <a href="#">QL</a>	Max #30/month	PREZISTA
darunavir susp <a href="#">QL</a>	Max #240 mL/month	PREZISTA
<b>fosamprenavir tabs <a href="#">QL</a></b>	Max #120/month	LEXIVA
<b>lopinavir/ritonavir soln <a href="#">QL</a></b>	Max #480 mL/month	KALETRA
lopinavir/ritonavir tabs 100/25 mg <a href="#">QL</a>	Max #360/month	KALETRA
lopinavir/ritonavir tabs 200/50 mg <a href="#">QL</a>	Max #180/month	KALETRA
nelfinavir 250 mg <a href="#">QL</a>	Max #300/month	VIRACEPT
nelfinavir 625 mg <a href="#">QL</a>	Max #120/month	VIRACEPT
ritonavir caps 100 mg <a href="#">QL</a>	Max #360/month	NORVIR
ritonavir soln <a href="#">QL</a>	Max #450 mL/month	NORVIR
<b>ritonavir tabs 100 mg <a href="#">QL</a></b>	Max #360/month	NORVIR
saquinavir mesylate tabs <a href="#">QL</a>	Max #120/month	INVIRASE
<b>ANTITUBERCULAR AGENTS</b>		
<b>ethambutol</b>		MYAMBUTOL
<b>isoniazid</b>		
<b>pyrazinamide</b>		
<b>rifampin</b>		RIFADIN
rifapentine <a href="#">QL</a>	Max #32/month	PRIFTIN

## ANTIVIRALS

### Cytomegalovirus Agents

<b>valganciclovir PA</b>		VALCYTE
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### Hepatitis Agents

#### Hepatitis B

<b>adefovir dipivoxil</b>		HEPSERA
<b>entecavir</b>		BARACLUDE
<b>lamivudine tabs</b>		EPIVIR-HBV

#### Hepatitis C

<b>elbasvir/grazoprevir PA, SP</b>		ZEPATIER
<b>glecaprevir/pibrentasvir PA, SP</b>	Preferred agent for Genotypes 1, 2, 3, 4, 5 and 6	MAVYRET
<b>ledipasvir/sofosbuvir PA, SP</b>		HARVONI
<b>ribavirin caps 200 mg PA, SP</b>		REBETOL
<b>ribavirin tabs 200 mg PA, SP</b>		
<b>sofosbuvir PA, SP</b>		SOVALDI
<b>sofosbuvir/velpatasvir PA, SP</b>		EPCLUSA
<b>sofosbuvir/velpatasvir/voxilaprevir PA, SP</b>		VOSEVI

### Herpes Agents

<b>acyclovir caps, susp, tabs</b>		ZOVIRAX
<b>famciclovir</b>		
<b>valacyclovir</b>		VALTREX

### Influenza Agents

<b>oseltamivir caps QL</b>	Max #1 treatment per flu season	TAMIFLU
<b>oseltamivir susp AGE, QL</b>	Covered for ages 12 years old & under; Max #1 treatment per flu season	TAMIFLU
<b>rimantadine QL</b>		FLUMADINE
<b>zanamivir QL</b>		RELENZA

### MISCELLANEOUS

<b>albendazole PA, QL</b>	Max #2/month	ALBENZA
<b>atovaquone PA</b>		MEPRON
<b>clindamycin 150 mg, 300 mg</b>		CLEOCIN
<b>clindamycin soln AGE</b>	Covered for ages 18 years old & under	CLEOCIN
<b>dapsone</b>		
<b>ivermectin</b>		STROMEKTOL
<b>linezolid susp, tabs PA, QL</b>	Max 7 day supply	ZYVOX
<b>metronidazole tabs</b>		FLAGYL
<b>nitrofurantoin ext-rel AGE</b>	Covered for ages 64 years old & under	MACROBID
<b>nitrofurantoin macrocrystals 50 mg, 100 mg AGE</b>	Covered for ages 64 years old & under	MACRODANTIN
<b>nitrofurantoin susp AGE, QL</b>	Covered for ages 12 years old & under; Max 40 mL/day; Max 10 days supply	FURADANTIN
<b>paromomycin</b>		
<b>pyrantel OTC</b>		
<b>trimethoprim</b>		
<b>vancomycin oral soln ST</b>	Requires prior use of metronidazole	FIRST-VANCOMYCIN
<b>vancomycin oral soln ST</b>	Requires prior use of metronidazole	FIRVANQ

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

<b>chlorambucil</b>		LEUKERAN
<b>cyclophosphamide caps</b>		
<b>lomustine</b>		GLEOSTINE

melphalan	ALKERAN
temozolomide PA, SP	TEMODAR
<b>ANTIMETABOLITES</b>	
capecitabine PA, SP	XELODA
mercaptopurine	
methotrexate	
methotrexate inj 25 mg/mL, 50 mg/2 mL	
<b>CYTOPROTECTIVE AGENTS</b>	
leucovorin calcium	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
<b>Antiandrogens</b>	
bicalutamide	CASODEX
flutamide	
<b>Antiestrogens</b>	
tamoxifen	
<b>Aromatase Inhibitors</b>	
anastrozole	ARIMIDEX
letrozole	FEMARA
<b>Luteinizing Hormone-Releasing Hormone (LHRH) Agonists</b>	
goserelin acetate PA, SP	ZOLADEX
<b>Progestins</b>	
megestrol acetate susp 40 mg/mL, tabs	
<b>IMMUNOMODULATORS</b>	
lenalidomide PA, SP	REVLIMID
thalidomide PA, SP	THALOMID
<b>KINASE INHIBITORS</b>	
dasatinib PA, SP	SPRYCEL
imatinib mesylate PA, SP	GLEEVEC
lapatinib PA, SP	TYKERB
sorafenib PA, SP	NEXAVAR
sunitinib PA, SP	SUTENT
<b>MISCELLANEOUS</b>	
etoposide PA	
hydroxyurea	HYDREA
mitotane	LYSODREN
procarbazine PA	MATULANE
tretinoin caps PA	
<b>CARDIOVASCULAR</b>	
<b>ACE INHIBITORS</b>	
benazepril	LOTENSIN
captopril	
enalapril	VASOTEC
fosinopril	
lisinopril	ZESTRIL
quinapril	ACCUPRIL
ramipril	ALTACE

<b>trandolapril</b>		
<b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>		
benazepril/hydrochlorothiazide		LOTENSIN HCT
captopril/hydrochlorothiazide		
enalapril/hydrochlorothiazide		VASERETIC
fosinopril/hydrochlorothiazide		
lisinopril/hydrochlorothiazide		ZESTORETIC
quinapril/hydrochlorothiazide		ACCURETIC
<b>ADRENOLYTICS, CENTRAL</b>		
clonidine tabs		CATAPRES
guanfacine		
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
spironolactone		ALDACTONE
<b>ALPHA BLOCKERS</b>		
doxazosin		CARDURA
prazosin		MINIPRESS
terazosin		
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS</b>		
irbesartan		AVAPRO
irbesartan/hydrochlorothiazide		AVALIDE
losartan		COZAAR
losartan/hydrochlorothiazide		HYZAAR
<b>ANTIARRHYTHMICS</b>		
amiodarone 200 mg		
disopyramide		NORPACE
flecainide		
propafenone		
sotalol		BETAPACE
sotalol		BETAPACE AF
<b>ANTILIPEMICS</b>		
Bile Acid Resins		
cholestyramine cans	Powder packets are not covered	QUESTRAN/ QUESTRAN LIGHT
colestipol tabs		COLESTID
<b>Cholesterol Absorption Inhibitors</b>		
ezetimibe PA		ZETIA
<b>Fibrates</b>		
choline fenofibrate delayed-rel 45 mg		TRILIPIX
fenofibrate		LOFIBRA
fenofibrate tabs 48 mg, 145 mg		TRICOR
fenofibrate tabs 160 mg		
fenofibrate, micronized caps 43 mg		
fenofibric acid 35 mg		FIBRICOR
gemfibrozil		LOPID
<b>HMG-CoA Reductase Inhibitors</b>		
atorvastatin		LIPITOR
lovastatin		
pravastatin		PRAVACHOL

simvastatin 5 mg, 10 mg, 20 mg, 40 mg		ZOCOR
<b>Niacins</b>		
niacin		NIACOR
<b>PCSK9 Inhibitors</b>		
evolocumab 140 mg/mL PA, QL, SP	Max #2 mL/month	REPATHA
evolocumab 420 mg/3.5 mL PA, QL, SP	Max #3.5 mL/month	REPATHA PUSHTRONEX
<b>BETA-BLOCKERS</b>		
acebutolol		
atenolol		
bisoprolol		
carvedilol		COREG
labetalol		TRANDATE
metoprolol succinate ext-rel		TOPROL-XL
metoprolol tartrate		LOPRESSOR
nadolol		CORGARD
propranolol		
propranolol ext-rel		INDERAL LA
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol/chlorthalidone		
bisoprolol/hydrochlorothiazide		ZIAC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>Dihydropyridines</i>		
amlodipine		NORVASC
felodipine ext-rel 2.5 mg QL	Max #30/month	
felodipine ext-rel 5 mg, 10 mg		
nifedipine AGE	Covered for ages 64 years old & under	PROCARDIA
nifedipine ext-rel		ADALAT CC
nifedipine ext-rel		PROCARDIA XL
<i>Nondihydropyridines</i>		
diltiazem		CARDIZEM
diltiazem ext-rel		DILT-XR
diltiazem ext-rel		TIAZAC
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg		CARDIZEM CD
verapamil		CALAN
verapamil ext-rel		CALAN SR
verapamil ext-rel		VERELAN
verapamil ext-rel 100 mg, 300 mg		VERELAN PM
<b>DIGITALIS GLYCOSIDES</b>		
digoxin 0.125 mg, 0.25 mg		LANOXIN
digoxin soln AGE	Covered for ages 12 years old & under	
<b>DIURETICS</b>		
<i>Carbonic Anhydrase Inhibitors</i>		
acetazolamide ext-rel QL	Max #60/month	
acetazolamide tabs QL	Max #120/month	
<i>Loop Diuretics</i>		
bumetanide		
furosemide soln AGE	Covered for ages 12 years old & under	
furosemide tabs		LASIX
torsemide		DEMADEX



## Potassium-sparing Diuretics

amiloride

## Thiazides and Thiazide-like Diuretics

chlorthalidone

hydrochlorothiazide

indapamide

metolazone

## Diuretic Combinations

amiloride/hydrochlorothiazide

spironolactone/hydrochlorothiazide

ALDACTAZIDE

triamterene/hydrochlorothiazide caps 37.5/25 mg

DYAZIDE

triamterene/hydrochlorothiazide tabs

MAXZIDE

## NITRATES

### Oral

isosorbide dinitrate oral tabs 5 mg, 10 mg, 20 mg, 30 mg

ISORDIL

isosorbide mononitrate

isosorbide mononitrate ext-rel

nitroglycerin ext-rel

### Sublingual

nitroglycerin sublingual

NITROSTAT

### Transdermal

nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr

NITRO-DUR

## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

ambrisentan PA, QL, SP

Max #30/month

LETAIRIS

bosentan PA, SP

TRACLEER

macitentan PA, QL, SP

Max #30/month

OPSUMIT

### Phosphodiesterase Inhibitors

sildenafil SP

REVATIO

### Prostacyclin Receptor Agonists

selexipag PA, QL, SP

Max #60/month

UPTRAVI

### Prostaglandin Vasodilators

treprostinil PA, SP

REMODULIN

## MISCELLANEOUS

hydralazine

methyldopa AGE

Covered for ages 64 years old & under

midodrine

minoxidil

ranolazine ext-rel ST

Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

RANEXA

## CENTRAL NERVOUS SYSTEM

### ANTI-ANXIETY

#### Benzodiazepines

Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

alprazolam tabs AGE

Covered for ages 18 years old & over

XANAX

chlordiazepoxide AGE

Covered for ages 6-64 years old

clonazepam tabs		KLONOPIN
clorazepate AGE	Covered for ages 6-64 years old	TRANXENE T-TAB
diazepam AGE	Covered for ages 64 years old & under	VALIUM
diazepam oral concentrate 5 mg/mL AGE, PA	Covered for ages 64 years old & under	DIAZEPAM INTENSOL
lorazepam AGE	Covered for ages 12 years old & over	ATIVAN
oxazepam AGE	Covered for ages 6 years old & over	

#### Miscellaneous

buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg AGE	Covered for ages 6 years old & over	
clomipramine		ANAFRANIL
fluvoxamine		

#### ANTICONSULSANTS

Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

**NOTE:** Prior authorization (PA) is NOT required for anticonvulsants for members who have a system documented diagnosis of epilepsy or seizure disorder.

carbamazepine		TEGRETOL
carbamazepine ext-rel		CARBATROL
carbamazepine ext-rel		TEGRETOL-XR
clobazam tabs PA		ONFI
diazepam rectal gel QL	Max #2 kits/month	DIASTAT
divalproex sodium delayed-rel		DEPAKOTE
divalproex sodium ext-rel		DEPAKOTE ER
divalproex sodium sprinkle caps		DEPAKOTE SPRINKLE
ethosuximide		ZARONTIN
gabapentin QL		NEURONTIN
lacosamide PA		VIMPAT
lamotrigine chewable dispersible tabs 5 mg, 25 mg		LAMICTAL CHEWABLE TABS
lamotrigine tabs		LAMICTAL
levetiracetam		KEPPRA
levetiracetam ext-rel 500 mg QL	Max #180/month	KEPPRA XR
levetiracetam ext-rel 750 mg QL	Max #120/month	KEPPRA XR
oxcarbazepine		TRILEPTAL
phenobarbital elixir AGE	Covered for ages 12 years old & under	
phenobarbital tabs		
phenytoin chewable tabs		DILANTIN INFATABS
phenytoin sodium extended		DILANTIN
phenytoin susp		DILANTIN
primidone		MYSOLINE
rufinamide PA		BANZEL
tiagabine 2 mg, 4 mg PA		GABITRIL
topiramate sprinkle caps, tabs		TOPAMAX
valproic acid		DEPAKENE
vigabatrin powder PA, SP		SABRIL
vigabatrin tabs PA, SP		SABRIL
zonisamide		ZONEGRAN

#### ANTIDEMENTIA

donepezil 5 mg, 10 mg		ARICEPT
galantamine ext-rel		RAZADYNE ER
galantamine tabs		RAZADYNE
memantine		NAMENDA
rivastigmine		
rivastigmine transdermal PA		EXELON PATCH

**ANTIDEPRESSANTS****Monoamine Oxidase Inhibitors (MAOIs)**

phenelzine		NARDIL
tranylcypromine		PARNATE

**Selective Serotonin Reuptake Inhibitors (SSRIs)**

citalopram		CELEXA
escitalopram		LEXAPRO
fluoxetine caps 10 mg, 20 mg		PROZAC
fluoxetine soln		
paroxetine HCl tabs		PAXIL
sertraline		ZOLOFT

**Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)**

duloxetine delayed-rel PA		CYMBALTA
venlafaxine		
venlafaxine ext-rel caps	venlafaxine ext-rel tabs are not covered	EFFEXOR XR

**Tricyclic Antidepressants (TCAs)**

amitriptyline AGE	Covered for ages 64 years old & under	
desipramine		NORPRAMIN
doxepin AGE	Covered for ages 64 years old & under	
imipramine HCl		TOFRANIL
nortriptyline caps		PAMELOR
protriptyline		

**Miscellaneous Agents**

bupropion		
bupropion ext-rel		WELLBUTRIN SR
bupropion ext-rel		WELLBUTRIN XL
maprotiline		
mirtazapine tabs 15 mg, 30 mg, 45 mg		REMERON
trazodone 50 mg, 100 mg, 150 mg		

**ANTIPARKINSONIAN AGENTS**

amantadine caps, syp		
benztropine		
bromocriptine		PARLODEL
carbidopa/levodopa		SINEMET
carbidopa/levodopa ext-rel		SINEMET CR
carbidopa/levodopa/entacapone ST	Requires prior use of carbidopa/levodopa	STALEVO
entacapone ST	Requires prior use of carbidopa/levodopa	COMTAN
pramipexole		MIRAPEX
ropinirole		REQUIP
selegiline caps, tabs		
trihexyphenidyl elixir PA		
trihexyphenidyl tabs		

**ANTIPSYCHOTICS****Atypicals**

aripiprazole PA		ABILIFY
aripiprazole ext-rel inj		ABILIFY MAINTENA
aripiprazole lauroxil ext-rel inj		ARISTADA
asenapine PA		SAPHRIS
clozapine		CLOZARIL
iloperidone PA		FANAPT

lurasidone <b>PA</b>		LATUDA
olanzapine pamoate ext-rel inj		ZYPREXA RELPREVV
<b>olanzapine tabs ST</b>	Requires trial of risperidone or quetiapine or clozapine	ZYPREXA
<b>paliperidone ext-rel PA</b>		INVEGA
paliperidone palmitate ext-rel inj		INVEGA SUSTENNA
paliperidone palmitate ext-rel inj <b>PA</b>		INVEGA TRINZA
<b>quetiapine 25 mg PA</b>		SEROQUEL
<b>quetiapine 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</b>		SEROQUEL
<b>quetiapine ext-rel PA</b>		SEROQUEL XR
<b>risperidone</b>		RISPERDAL
risperidone long-acting inj		RISPERDAL CONSTA
<b>risperidone orally disintegrating tabs</b>		RISPERDAL M-TABS
<b>ziprasidone</b>		GEODON

#### Miscellaneous

<b>chlorpromazine</b>		
<b>fluphenazine decanoate inj</b>		
<b>fluphenazine HCl inj</b>		
<b>fluphenazine HCl tabs</b>		
<b>haloperidol</b>		
<b>haloperidol decanoate inj</b>		HALDOL DECANOATE
<b>haloperidol lactate inj</b>		HALDOL
<b>loxapine</b>		
<b>perphenazine</b>		
<b>thioridazine</b>		
<b>thiothixene</b>		
<b>trifluoperazine</b>		

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

<b>amphetamine/dextroamphetamine mixed salts 5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg AGE, QL</b>	Covered for ages 18 years old & under; Max #90/month	ADDERALL
<b>amphetamine/dextroamphetamine mixed salts 7.5 mg AGE, QL</b>	Covered for ages 18 years old & under; Max #150/month	ADDERALL
<b>amphetamine/dextroamphetamine mixed salts 30 mg AGE, QL</b>	Covered for ages 18 years old & under; Max #60/month	ADDERALL
<b>amphetamine/dextroamphetamine mixed salts ext-rel AGE, QL</b>	Covered for ages 6-18 years old; Max #30/month	ADDERALL XR
<b>atomoxetine AGE, QL</b>	Covered for ages 6-18 years old	STRATTERA
<b>dexmethylphenidate AGE, QL</b>	Covered for ages 18 years old & under	FOCALIN
<b>dextroamphetamine ext-rel 5 mg, 10 mg PA, QL</b>	Max #120/month	DEXEDRINE SPANSULE
<b>dextroamphetamine ext-rel 15 mg PA, QL</b>	Max #60/month	DEXEDRINE SPANSULE
<b>dextroamphetamine tabs 5 mg, 10 mg AGE, QL</b>	Covered for ages 3-18 years old	
<b>methylphenidate AGE, QL</b>	Covered for ages 6-18 years old	RITALIN
<b>methylphenidate ext-rel AGE, QL</b>	Covered for ages 6-18 years old	CONCERTA
<b>methylphenidate ext-rel AGE, QL</b>	Covered for ages 6-18 years old	METADATE CD
<b>methylphenidate ext-rel 10 mg, 60 mg AGE, PA, QL</b>	Covered for ages 6-18 years old	RITALIN LA
<b>methylphenidate ext-rel 20 mg, 30 mg, 40 mg AGE, QL</b>	Covered for ages 6-18 years old	RITALIN LA
<b>methylphenidate ext-rel tabs 20 mg AGE, QL</b>	Covered for ages 6-18 years old	
<b>methylphenidate soln, tabs AGE, QL</b>	Covered for ages 6-18 years old	METHYLIN

#### FIBROMYALGIA

pregabalin <b>PA</b>		LYRICA
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## HYPNOTICS

### Benzodiazepines

Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

estazolam <b>AGE</b>	Covered for ages 18 years old & over	
flurazepam <b>AGE</b>	Covered for ages 15-64 years old	
temazepam 15 mg, 30 mg		RESTORIL
triazolam <b>AGE</b>	Covered for ages 18 years old & over	HALCION

### Nonbenzodiazepines

doxylamine <b>OTC</b>		UNISOM
zaleplon <b>PA</b>		SONATA
zolpidem 5 mg		AMBIEN
zolpidem 10 mg <b>AGE</b>	Covered for ages 18 years & older	AMBIEN

## MIGRAINE

### Selective Serotonin Agonists

naratriptan <b>QL</b>	Max #9/month	AMERGE
rizatriptan tabs <b>ST, QL</b>	Requires trial of sumatriptan and naratriptan; Max #12/month	MAXALT
sumatriptan tabs <b>QL</b>	Max #9/month	IMITREX

## MOOD STABILIZERS

lithium carbonate		
lithium carbonate ext-rel tabs		
lithium carbonate ext-rel tabs		LITHOBID

## MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel <b>PA, SP</b>		AMPYRA
dimethyl fumarate delayed-rel <b>PA, SP</b>		TECFIDERA
glatiramer 20 mg/mL <b>PA, SP</b>		COPAXONE
interferon beta-1a <b>PA, SP</b>		AVONEX
interferon beta-1b <b>SP</b>		EXTAVIA

## MUSCULOSKELETAL THERAPY AGENTS

Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

baclofen		
chlorzoxazone 500 mg		
cyclobenzaprine 5 mg, 10 mg		
methocarbamol <b>AGE</b>	Covered for ages 64 years old & under	ROBAXIN
orphenadrine ext-rel		
tizanidine tabs <b>AGE</b>	Covered for ages 64 years old & under	ZANAFLEX

## MYASTHENIA GRAVIS

pyridostigmine tabs		MESTINON
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## NARCOLEPSY/CATAPLEXY

armodafinil 50 mg, 150 mg, 250 mg <b>AGE, PA</b>	Covered for ages 64 years old & under	NUVIGIL
modafinil 100 mg <b>PA, QL</b>	Max #30 tabs/month	PROVIGIL
modafinil 200 mg <b>PA, QL</b>	Max #60 tabs/month	PROVIGIL
sodium oxybate <b>PA</b>		XYREM

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

### Alcohol Deterrents

acamprosate calcium		
disulfiram		ANTABUSE
naltrexone microspheres <b>SP</b>		VIVITROL

### Opioid Antagonists

**naloxone inj 1 mg/mL**

naloxone nasal spray

NARCAN

**naltrexone**

### Partial Opioid Agonists

**buprenorphine sublingual tabs 2 mg QL**

Max #360 tabs/month

**buprenorphine sublingual tabs 8 mg QL**

Max #90 tabs/month

### Partial Opioid Agonist/Opioid Antagonist Combinations

buprenorphine/naloxone buccal film

BUNAVAIL

buprenorphine/naloxone sublingual film

SUBOXONE FILM

**buprenorphine/naloxone sublingual tabs**

buprenorphine/naloxone sublingual tabs

ZUBSOLV

### Smoking Deterrents

**bupropion ext-rel QL**

Max 3 fills/year

ZYBAN

**nicotine polacrilex gum OTC, QL**

Max 3 fills/year

NICORETTE

**nicotine polacrilex lozenge OTC, QL**

Max 3 fills/year

NICORETTE

**nicotine transdermal OTC, QL**

Max 3 fills/year

NICODERM CQ

varenicline **PA, QL**

Max #165 tabs/90 days

CHANTIX

## ENDOCRINE AND METABOLIC

### ANDROGENS

**testosterone cypionate**

DEPO-TESTOSTERONE

**testosterone enanthate**

### ANTIDIABETICS

#### Alpha-glucosidase Inhibitors

**acarbose**

PRECOSE

#### Biguanides

**metformin**

GLUCOPHAGE

**metformin ext-rel 500 mg, 750 mg**

GLUCOPHAGE XR

#### Biguanide/Sulfonylurea Combinations

**glyburide/metformin**

GLUCOVANCE

#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

**alogliptin ST, \***

NESINA

**ST** \*Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

**alogliptin/metformin ST, \***

KAZANO

**ST** \*Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

**alogliptin/pioglitazone ST, \***

OSENI

**ST** \*Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

### Incretin Mimetic Agents

**exenatide PA**

BYETTA

## Insulins

insulin aspart protamine 70%/insulin aspart 30% <b>QL, *</b>	Max #30 mL/month	NOVOLOG MIX
insulin glargine <b>QL</b>	Max #30 mL/month	BASAGLAR
insulin human <b>OTC, QL, *</b>	Max #30 mL/month	HUMULIN R
insulin human <b>OTC, QL, *</b>	Max #30 mL/month	NOVOLIN R
insulin human vial <b>QL</b>	Max #20 mL/month	HUMULIN R U-500 VIAL
insulin isophane human <b>OTC, QL, *</b>	Max #30 mL/month	HUMULIN N
insulin isophane human <b>OTC, QL, *</b>	Max #30 mL/month	NOVOLIN N
insulin isophane human 70%/regular 30% <b>OTC, QL, *</b>	Max #30 mL/month	HUMULIN 70/30
insulin isophane human 70%/regular 30% <b>OTC, QL, *</b>	Max #30 mL/month	NOVOLIN 70/30
insulin lispro <b>QL, *</b>	Max #30 mL/month	ADMELOG
insulin lispro protamine/insulin lispro <b>QL, *</b>	Max #30 mL/month	HUMALOG MIX

\* Insulin vials are preferred. Insulin pens are covered only for ages 18 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.

## Insulin Sensitizers

<b>pioglitazone</b>		ACTOS
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## Meglitinides

<b>nateglinide</b>		STARLIX
<b>repaglinide</b>		PRANDIN

## Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

ertugliflozin <b>ST</b>	Requires trial of DPP-4 Inhibitor, SGLT2 Inhibitor or DPP-4 Inhibitor/Biguanide Combination	STEGLATRO
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## Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations

ertugliflozin/metformin <b>ST</b>	Requires trial of DPP-4 Inhibitor, SGLT2 Inhibitor or DPP-4 Inhibitor/Biguanide Combination	SEGLUOMET
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## Sulfonylureas

<b>chlorpropamide AGE</b>	Covered for ages 64 years old & under	
<b>glimepiride</b>		AMARYL
<b>glipizide</b>		GLUCOTROL
<b>glipizide ext-rel</b>		GLUCOTROL XL
<b>glyburide</b>		
<b>glyburide, micronized</b>		GLYNASE
<b>tolbutamide</b>		

## Supplies

alcohol swabs <b>OTC, *</b>		
blood glucose monitoring kits <b>OTC</b>		TRUE METRIX AIR kits
blood glucose monitoring kits <b>OTC</b>		TRUE METRIX kits
blood glucose test strips <b>OTC, QL, ^</b>		TRUE METRIX test strips
insulin pen needles <b>OTC, *</b>		
insulin syringes, needles <b>OTC</b>		
lancets <b>OTC, *</b>		
lancets kit <b>OTC</b>		
urine acetone test strips <b>OTC</b>		KETOCARE test strips

^ Max of #50/month for non-insulin users.

Max of #200/month for insulin users and pregnant members filling prenatal vitamins.

\* Certain NDC exclusions apply.

**CALCIUM REGULATORS****Bisphosphonates**

<b>alendronate tabs</b>		FOSAMAX
<b>ibandronate</b>		BONIVA

**Calcitonins**

<b>calcitonin-salmon spray AGE</b>	Covered for ages 50 years old & over	MIACALCIN
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**Parathyroid Hormones**

<b>teriparatide PA, SP</b>		FORTEO
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**CARNITINE DEFICIENCY AGENTS**

<b>levocarnitine soln</b>		CARNITOR
<b>levocarnitine tabs 330 mg</b>		CARNITOR

**CONTRACEPTIVES**

EE = ethinyl estradiol

**Monophasic***20 mcg Estrogen*

<b>levonorgestrel/EE 0.1/20 QL</b>	Max #1 pack/month	LUTERA
<b>norethindrone acetate/EE 1/20 QL</b>	Max #1 pack/month	LOESTRIN 1/20
<b>norethindrone acetate/EE 1/20 and iron QL</b>	Max #1 pack/month	LOESTRIN FE 1/20

*30 mcg Estrogen*

<b>desogestrel/EE 0.15/30 QL</b>	Max #1 pack/month	DESOGEN
<b>drospirenone/EE 3/30 QL</b>	Max #1 pack/month	YASMIN
<b>levonorgestrel/EE 0.15/30 QL</b>	Max #1 pack/month	LEVORA
<b>norethindrone acetate/EE 1.5/30 QL</b>	Max #1 pack/month	LOESTRIN 1.5/30
<b>norethindrone acetate/EE 1.5/30 and iron QL</b>	Max #1 pack/month	LOESTRIN FE 1.5/30
<b>norgestrel/EE 0.3/30 QL</b>	Max #1 pack/month	LOW-OGESTREL

*35 mcg Estrogen*

<b>ethynodiol diacetate/EE 1/35 QL</b>	Max #1 pack/month	KELNOR 1/35
<b>ethynodiol diacetate/EE 1/35 QL</b>	Max #1 pack/month	ZOVIA 1/35
<b>norethindrone/EE 0.5/35 QL</b>	Max #1 pack/month	
<b>norethindrone/EE 1/35 QL</b>	Max #1 pack/month	ORTHO-NOVUM 1/35
<b>norgestimate/EE 0.25/35 QL</b>	Max #1 pack/month	ORTHO-CYCLEN

*50 mcg Estrogen*

<b>ethynodiol diacetate/EE 1/50 QL</b>	Max #1 pack/month	KELNOR 1/50
<b>norgestrel/EE 0.5/50 QL</b>	Max #1 pack/month	OGESTREL

**Biphasic**

<b>desogestrel/EE QL</b>	Max #1 pack/month	MIRCETTE
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**Triphasic**

<b>desogestrel/EE QL</b>	Max #1 pack/month	CAZIAN, VELIVET
<b>levonorgestrel/EE QL</b>	Max #1 pack/month	
<b>norethindrone/EE QL</b>	Max #1 pack/month	ORTHO-NOVUM 7/7/7
<b>norgestimate/EE QL</b>	Max #1 pack/month	ORTHO TRI-CYCLEN
<b>norgestimate/EE QL</b>	Max #1 pack/month	ORTHO TRI-CYCLEN LO

**Extended Cycle**

<b>levonorgestrel/EE 0.1/20 and EE 10 QL</b>	Max #1 pack/3 months	AMETHIA LO, CAMRESE LO
<b>levonorgestrel/EE 0.15/30 QL</b>	Max #1 pack/3 months	INTROVALE, JOLESSA, QUASENSE, SETLAKIN



<b>Progestin Only</b>		
<b>norethindrone QL</b>	Max #1 pack/month	
<b>norethindrone QL</b>	Max #1 pack/month	ORTHO MICRONOR
<b>Emergency Contraception</b>		
<b>levonorgestrel 1.5 mg OTC, QL</b>	Max #4/year	PLAN B ONE-STEP
<b>ulipristal QL</b>	Max #4/year	ELLA
<b>Injectable</b>		
<b>medroxyprogesterone acetate 150 mg/mL QL</b>	Max #4 inj/year	DEPO-PROVERA
<b>Progestin Intrauterine Devices</b>		
<b>levonorgestrel-releasing IUD QL, SP</b>	Max #1 device/5 years	KYLEENA
<b>levonorgestrel-releasing IUD QL, SP</b>	Max #1 device/3 years	LILETTA
<b>levonorgestrel-releasing IUD QL, SP</b>	Max #1 device/5 years	MIRENA
<b>levonorgestrel-releasing IUD QL, SP</b>	Max #1 device/3 years	SKYLA
<b>Transdermal</b>		
<b>norelgestromin/EE</b>		XULANE
<b>Vaginal</b>		
<b>etonogestrel/EE ring QL</b>	Max #1/month	NUVARING
<b>Miscellaneous</b>		
<b>cervical cap</b>		FEMCAP
<b>condoms, male and female OTC</b>		
<b>contraceptive sponge OTC</b>		TODAY SPONGE
<b>diaphragm</b>		DIAPHRAGM , VARIOUS
<b>nonoxynol-9 OTC</b>		CONCEPTROL GEL
<b>ENDOMETRIOSIS</b>		
<b>nafarelin PA, SP</b>		SYNAREL
<b>ESTROGENS</b>		
<b>Oral</b>		
<b>estradiol</b>		ESTRACE
<b>estrogens, conjugated</b>		PREMARIN
<b>estropipate</b>		
<b>Vaginal</b>		
<b>estradiol vaginal crm</b>		ESTRACE CREAM
<b>estradiol vaginal tabs</b>		VAGIFEM
<b>estrogens, conjugated crm</b>		PREMARIN CREAM
<b>ESTROGEN/PROGESTINS</b>		
<b>Oral</b>		
<b>EE/norethindrone acetate 0.5 mg/2.5 mcg</b>		FEMHRT
<b>estrogens, conjugated/medroxyprogesterone</b>		PREMPHASE
<b>estrogens, conjugated/medroxyprogesterone</b>		PREMPRO
<b>GLUCOCORTICOIDS</b>		
<b>dexamethasone elixir, soln 0.5 mg/5 mL</b>		
<b>dexamethasone tabs</b>		
<b>fludrocortisone</b>		
<b>hydrocortisone</b>		CORTEF
<b>methylprednisolone</b>		MEDROL
<b>prednisolone sodium phosphate soln</b>		
<b>prednisolone syrup</b>		

<b>prednisone</b>		
<b>GLUCOSE ELEVATING AGENTS</b>		
glucagon, human recombinant <b>QL</b>	Max 2 kits/month	GLUCAGON EMERGENCY KIT
<b>glucose tablets OTC</b>		
<b>HUMAN GROWTH HORMONES</b>		
somatropin vials 5.8 mg <b>PA, SP</b>		OMNITROPE
<b>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</b>		
calcitriol caps (1,25-D3)		ROCALTROL
<b>INSULIN-LIKE GROWTH FACTORS</b>		
mecasermin <b>PA, SP</b>		INCRELEX
<b>PHOSPHATE BINDER AGENTS</b>		
<b>calcium acetate caps</b>		
<b>POTASSIUM-REMOVING AGENTS</b>		
sodium polystyrene sulfonate oral susp		KIONEX
sodium polystyrene sulfonate powder		
<b>PROGESTINS</b>		
medroxyprogesterone acetate		PROVERA
norethindrone acetate		AYGESTIN
progesterone, micronized		PROMETRIUM
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		
raloxifene <b>AGE</b>	Covered for ages 50 years old & over	EVISTA
<b>THYROID AGENTS</b>		
<i>Antithyroid Agents</i>		
methimazole		TAPAZOLE
propylthiouracil		
<i>Thyroid Supplements</i>		
levothyroxine		LEVOXYL
levothyroxine		SYNTHROID
thyroid <b>AGE</b>	Covered for ages 64 years old & under	ARMOUR THYROID
thyroid <b>AGE</b>	Covered for ages 64 years old & under	NATURE-THROID
thyroid <b>AGE</b>	Covered for ages 64 years old & under	WESTHROID
thyroid <b>AGE</b>	Covered for ages 64 years old & under	WP THYROID
<b>VASOPRESSINS</b>		
desmopressin spray <b>PA</b>		DDAVP
desmopressin spray <b>PA, SP</b>		STIMATE
desmopressin tabs		DDAVP
<b>MISCELLANEOUS</b>		
idursulfase <b>PA, SP</b>		ELAPRASE
leuprolide acetate <b>PA, SP</b>		LUPRON DEPOT-PED
leuprolide acetate <b>PA, SP</b>		METHERGINE
methylergonovine		SANDOSTATIN
octreotide acetate <b>PA, SP</b>		SANDOSTATIN LAR
octreotide acetate <b>PA, ST, SP</b>	Requires prior use of generic octreotide acetate	
thyrotropin alfa <b>PA, SP</b>		THYROGEN

## GASTROINTESTINAL

### ANTACIDS

aluminum hydroxide/magnesium carbonate OTC		GAVICON
aluminum hydroxide/magnesium hydroxide/simethicone OTC		MYLANTA
aluminum hydroxide/magnesium trisilicate OTC		
calcium carbonate OTC		TUMS
calcium carbonate/magnesium hydroxide OTC		MYLANTA
sodium bicarbonate tabs OTC		

### ANTIDIARRHEALS

bismuth subsalicylate OTC		PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL
loperamide		
loperamide OTC		IMODIUM A-D

### ANTIEMETICS

dextrose/fructose/phosphoric acid OTC		EMETROL
dimenhydrinate tabs OTC		DRAMAMINE
granisetron ST	Requires trial of ondansetron	
meclizine OTC		
meclizine		
metoclopramide		REGLAN
ondansetron orally disintegrating tabs QL	Max #90/month	ZOFRAN ODT
ondansetron soln PA, QL	Max #30 mL/month	ZOFRAN
ondansetron tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN
prochlorperazine		COMPazine
prochlorperazine supp		COMPazine
promethazine AGE	Covered for ages 2-64 years old	
promethazine inj AGE	Covered for ages 2-64 years old	
promethazine supp 12.5 mg, 25 mg AGE	Covered for ages 2-64 years old	
promethazine supp 50 mg AGE, PA	Covered for ages 2-64 years old	
scopolamine transdermal AGE, PA	Covered for ages 64 years old & under	TRANSDERM SCOP

### ANTISPASMODICS

dicyclomine AGE	Covered for ages 64 years old & under	BENTYL
glycopyrrolate tabs		ROBINUL/ROBINUL FORTE
hyoscyamine sulfate AGE	Covered for ages 64 years old & under	LEVSIN
hyoscyamine sulfate ext-rel tabs AGE	Covered for ages 64 years old & under	LEVBID

### CHOLELITHOLYTICS

ursodiol caps		ACTIGALL
ursodiol tabs 250 mg QL	Max #120/month	URSO
ursodiol tabs 500 mg QL	Max #60/month	URSO FORTE

### H<sub>2</sub> RECEPTOR ANTAGONISTS

cimetidine 200 mg OTC, QL	Max #120/month	TAGAMET HB
cimetidine 300 mg, 400 mg, 800 mg QL	Max #60/month	
cimetidine soln 300 mg/5 mL QL	Max #1800 mL/month	
famotidine tabs QL	Max #60/month	PEPCID
famotidine tabs OTC, QL	Max #60/month	PEPCID AC
nizatidine ST, QL	Requires trial of famotidine and ranitidine; Max #120/month	
ranitidine OTC, QL	Max #120/month	ZANTAC OTC
ranitidine syp AGE, QL	Covered for ages 12 years old & under; Max #600 mL/month	ZANTAC
ranitidine tabs 150 mg QL	Max #120/month	ZANTAC
ranitidine tabs 300 mg QL	Max #60/month	ZANTAC

**INFLAMMATORY BOWEL DISEASE****Oral Agents****balsalazide****budesonide delayed-rel caps**

ENTOCORT EC

mesalamine ext-rel caps

APRISO

**sulfasalazine**

AZULFIDINE

**sulfasalazine delayed-rel**

AZULFIDINE EN-TABS

**LAXATIVES/STOOL SOFTENERS**benzocaine/docusate **OTC**

ENEMEEZ PLUS

**bisacodyl delayed-rel tabs OTC, QL**

Max #90/month

DULCOLAX

**bisacodyl supp OTC, QL**

Max #30/month

DULCOLAX

**calcium polycarbophil OTC**

FIBERCON

cellulose powder **OTC**

UNIFIBER

**docusate calcium OTC****docusate sodium OTC**

COLACE

**glycerin supp OTC****lactulose****magnesium citrate soln OTC****magnesium hydroxide OTC**

MILK OF MAGNESIA

**methylcellulose tabs OTC**

CITRUCEL

**mineral oil OTC****mineral oil enema OTC****peg 3350/electrolytes**

NULYTELY

**peg 3350/electrolytes disposable jug**

GOLYTELY

peg 3350/electrolytes powder packets

GOLYTELY

**polyethylene glycol 3350****polyethylene glycol 3350 OTC**

MIRALAX

**psyllium OTC**

METAMUCIL

**senna OTC****sennosides 8.6 mg OTC, QL**

Max #60/month

SENOKOT

**sennosides/docusate sodium OTC**

SENOKOT-S

**sodium phosphates enema OTC**

FLEET

**sodium phosphates soln OTC****wheat dextrin powder OTC**

BENEFIBER

**PANCREATIC ENZYMES**pancrelipase delayed-rel **QL**

Max #180/month

CREON

pancrelipase delayed-rel **QL**

Max #180/month

ZENPEP

**PROSTAGLANDINS****misoprostol**

CYTOTEC

**PROTON PUMP INHIBITORS****esomeprazole magnesium delayed-rel OTC**

NEXIUM 24HR OTC

**lansoprazole delayed-rel OTC, QL**

PREVACID 24HR OTC

**omeprazole delayed-rel caps 10 mg, 20 mg QL****omeprazole delayed-rel caps 40 mg**omeprazole magnesium delayed-rel **OTC, QL**

PRILOSEC OTC

**omeprazole magnesium delayed-rel caps OTC, QL**omeprazole oral suspension **AGE, QL**

Covered for ages 12 years old &amp; under

FIRST-OMEPRAZOLE

**pantoprazole delayed-rel tabs QL**

PROTONIX

**SALIVA STIMULANTS****pilocarpine tabs**

SALAGEN

**MISCELLANEOUS**

dibucaine rectal oint OTC		NUPERCAINAL
glycopyrrolate PA		CUVPOSA
pramoxine/phenylephrine/glycerin/petrolatum crm OTC		PREPARATION H
simethicone OTC		
sucralfate susp AGE, PA	Covered for ages 18 years old & under	CARAFATE
sucralfate tabs QL		CARAFATE

**GENITOURINARY****BENIGN PROSTATIC HYPERPLASIA**

alfuzosin ext-rel		UROXATRAL
doxazosin		CARDURA
finasteride		PROSCAR
tamsulosin		FLOMAX
terazosin		

**URINARY ANTISPASMODICS**

flavoxate hydrochloride		
oxybutynin		
oxybutynin ext-rel ST	Requires trial of oxybutynin	DITROPAN XL
tolterodine ST	Requires trial of oxybutynin	DETROL
tropium ST	Requires trial of oxybutynin	

**VAGINAL ANTI-INFECTIVES**

clindamycin crm		CLEOCIN
clotrimazole OTC		
metronidazole QL	Max #70 grams/5 days	METROGEL-VAGINAL
miconazole OTC		MONISTAT 3, MONISTAT 7
terconazole crm, supp		
tioconazole OTC		VAGISTAT-1

**MISCELLANEOUS**

acetic acid irrigation soln		
bethanechol		URECHOLINE
phenazopyridine		PYRIDIUM
potassium citrate ext-rel 5 mEq, 10 mEq		UROCIT-K
potassium citrate/citric acid soln		CYTRA-K
sodium chloride irrigation soln		
sodium citrate/citric acid soln		CYTRA-2

**HEMATOLOGIC****ANTICOAGULANTS**

Injectable		
dalteparin PA, SP		FRAGMIN
enoxaparin SP	Requires PA for treatment longer than 7 days	LOVENOX
Oral		
rivaroxaban PA		XARELTO
warfarin		COUMADIN

**Synthetic Heparinoid-like Agents**

fondaparinux PA, SP		ARIXTRA
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**ANTIHEMOPHILIC AGENTS**

antihemophilic factor (recombinant) PA, SP		ADVATE
antihemophilic factor (recombinant) PA, SP		HELIXATE FS

antihemophilic factor (recombinant) <b>PA, SP</b>		KOGENATE FS
antihemophilic factor/von Willebrand factor complex (human) <b>PA, SP</b>		HUMATE-P
factor IX concentrate <b>PA, SP</b>		BENEFIX
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
darbepoetin alfa <b>PA, SP</b>		ARANESP
epoetin alfa <b>PA, SP</b>		EPOGEN
epoetin alfa <b>PA, SP</b>		PROCRIT
filgrastim <b>PA, SP</b>		NEUPOGEN
filgrastim-sndz <b>PA, SP</b>		ZARXIO
pegfilgrastim <b>PA, SP</b>		NEULASTA
sargramostim <b>PA, SP</b>		LEUKINE
<b>PLATELET AGGREGATION INHIBITORS</b>		
aspirin <b>OTC</b>		
clopidogrel 75 mg		PLAVIX
dipyridamole		
dipyridamole ext-rel/aspirin <b>PA</b>		AGGRENOX
<b>MISCELLANEOUS</b>		
cilostazol		
pentoxifylline ext-rel		
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
adalimumab <b>PA, SP</b>		HUMIRA
etanercept <b>PA, SP</b>		ENBREL
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)</b>		
hydroxychloroquine		PLAQUENIL
leflunomide		ARAVA
methotrexate		
methotrexate inj 25 mg/mL <b>QL</b>	Max #10 mL/month	
<b>IMMUNE GLOBULINS</b>		
Rho (D) immune globulin		RHOGAM PLUS
<b>IMMUNOMODULATORS</b>		
<b>Interferons</b>		
interferon alfa-2b <b>PA, SP</b>		INTRON A
interferon gamma-1b <b>PA, SP</b>		ACTIMMUNE
peginterferon alfa-2a <b>PA, SP</b>		PEGASYS
<b>IMMUNOSUPPRESSANTS</b>		
<b>Antimetabolites</b>		
azathioprine		IMURAN
mycophenolate mofetil caps, tabs		CELLCEPT
<b>Calcineurin Inhibitors</b>		
cyclosporine caps		SANDIMMUNE
cyclosporine, modified		NEORAL
tacrolimus		PROGRAF
<b>VACCINES</b>		
pneumococcal vaccine <b>QL</b>	Max #2 per lifetime	PNEUMOVAX 23
pneumococcal vaccine <b>QL</b>	Max #4 per lifetime	PREVNAR 13
zoster vaccine <b>AGE, QL</b>	Covered for ages 60 years & over; Max #1 per lifetime	ZOSTAVAX

zoster vaccine recombinant <b>AGE, QL</b>	Covered for ages 50 years & over; Max #2 per lifetime	SHINGRIX
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## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

potassium bicarbonate effer tabs 25 mEq		
potassium chloride ext-rel 20 mEq <b>QL</b>	Max #150/month	K-TAB
potassium chloride ext-rel caps 8 mEq, 10 mEq		MICRO-K
potassium chloride ext-rel tabs 8 mEq, 10 mEq		KLOR-CON
potassium chloride liquid		
potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq		KLOR-CON M10, KLOR-CON M20

#### Miscellaneous

potassium/sodium phosphates		K-PHOS NEUTRAL
sodium chloride tabs		

### VITAMINS AND MINERALS

#### Folic Acid

folic acid <b>OTC</b>		
folic acid		

#### Prenatal Vitamins

prenatal vitamins fast dissolving tabs <b>OTC</b>		CALNA
prenatal vitamins without A/ferrous fumarate/folic acid 9-0.267 mg <b>OTC</b>		PRENATAL FORMULA A-FREE
prenatal vitamins without A/iron polysaccharide complex/folic acid 155-1 mg <b>OTC</b>		EZFE FORTE
prenatal vitamins/docusate/ferrous fumarate/folic acid 29-1 mg †		PRENATAL 19
prenatal vitamins/docusate/ferrous fumarate/folic acid ext-rel 90-1 mg		MYNATE 90 PLUS
prenatal vitamins/docusate/iron carbonyl/folic acid 90-1 mg †		MYNATAL, MYNATAL ADVANCE
prenatal vitamins/ferrous bisglycinate chelate/folic acid		ATABEX OB, VINATE II
prenatal vitamins/ferrous bisglycinate/folic acid + omega-3 delayed-rel <b>OTC</b>		BE WELL ROUNDED PAK
prenatal vitamins/ferrous fumarate/folic acid 6.75-0.2 mg <b>OTC</b>		PRENATAL TAB
prenatal vitamins/ferrous fumarate/folic acid 13.5-0.4 mg <b>OTC</b>		PERRY PRENATAL
prenatal vitamins/ferrous fumarate/folic acid 14-0.4 mg <b>OTC</b>		PRENATAL COMPLETE
prenatal vitamins/ferrous fumarate/folic acid 15-1 mg		O-CAL PRENATAL
prenatal vitamins/ferrous fumarate/folic acid 27-0.8 mg + DHA 200 mg <b>OTC</b>		CENTRUM SPECIALIST PRENATAL PAK, SIMILAC PRENATAL EARLY SHIELD
prenatal vitamins/ferrous fumarate/folic acid 27-0.8 mg <b>OTC</b>		PRENATAL 27-0.8 MG, PRENATAL LOW IRON, RIGHT STEP PRENATAL, MULTI PRENAT, PRENATAL ONE DAILY, PRENATAL TAB
prenatal vitamins/ferrous fumarate/folic acid 27-1 mg + DHA 300 mg <b>OTC</b>		THERANATAL COMPLETE
prenatal vitamins/ferrous fumarate/folic acid 27-1 mg †		M-VIT, NIVA-PLUS, PRENATAL TAB 27-1 MG, PNV FOLIC ACID + IRON, O-CAL FA, PRENATAL VITAMIN TAB LOW IRON, PNV PRENATAL PLUS
prenatal vitamins/ferrous fumarate/folic acid 27-1 mg <b>OTC, †</b>		THERANATAL

prenatal vitamins/ferrous fumarate/ folic acid 28-0.975 mg + DHA 200 mg <b>OTC</b>	COMPLETE PRENATAL + DHA, PRENATAL + DHA, PRENATAL + DHA WOMENS
prenatal vitamins/ferrous fumarate/folic acid 28-0.8 mg <b>OTC</b>	PRENATAL, CL PRENATAL, GOODSENSE, RA PRENATAL, SM PRENATAL, KP PRENATAL, HM PRENATAL, QC PRENATAL, EQL PRENATAL, CVS PRENATAL, PX PRENATAL, PRENATAL TAB IRON
prenatal vitamins/ferrous fumarate/ folic acid 28-0.8 mg + DHA 200 mg <b>OTC</b>	PRENATAL MV + DHA, ENFAMIL EXPECTA
prenatal vitamins/ferrous fumarate/ folic acid 28-0.8 mg + omega-3 223 mg <b>OTC</b>	ONE-A-DAY PRENATAL PAK
prenatal vitamins/ferrous fumarate/ folic acid 28-0.8 mg + omega-3 440 mg <b>OTC</b>	ONE-A-DAY PRENATAL PAK, GNP DAILY PRENATAL, RA ONE DAILY PRENATAL, SM ONE DAILY PRENATAL, HM ONE DAILY PRENATAL
prenatal vitamins/ferrous fumarate/folic acid 29-1 mg †	CO-NATAL FA
prenatal vitamins/ferrous fumarate/folic acid 60-1 mg	VINATE ONE, TRINATAL RX1
prenatal vitamins/ferrous fumarate/folic acid 65-1 mg	VITAFOL-OB, MYNATAL-Z, MYNATAL PLUS
prenatal vitamins/ferrous fumarate/folic acid 75-1 mg	NATALVIT
prenatal vitamins/ferrous fumarate/folic acid chew tabs 29-1 mg	COMPLETENATE, SE-NATAL 19, PRENATAL 19
prenatal vitamins/ferrous fumarate/folic acid/fish oil <b>OTC</b>	PRENATAL OMEGA-3, YOUR LIFE PRENATAL
prenatal vitamins/ferrous fumarate/folic acid/ omega-3 27-0.8-228 mg <b>OTC</b>	PRENATAL MULTI + DHA
prenatal vitamins/ferrous fumarate/folic acid/ omega-3 28-0.8-235 mg <b>OTC</b>	PRENATAL FORMULA
prenatal vitamins/ferrous fumarate/l-methylfolate/ folic acid 27-0.5-0.5 mg †	TL FOLATE
prenatal vitamins/ferrous succinate/folic acid <b>OTC</b>	NUTRIENTS PRENATAL
prenatal vitamins/iron carbonyl/folic acid 29-1 mg †	PRENATAL + FE
prenatal vitamins/iron carbonyl/folic acid + DHA <b>OTC</b>	BRAINSTRONG PRENATAL
prenatal vitamins/l-methylfolate + fish oil/choline <b>OTC</b>	PRENATAL DHA PAK MULTI
prenatal vitamins/minerals/ferrous fumarate/folic acid/DHA <b>OTC</b>	PRENATAL MULTI + DHA
prenatal vitamins/minerals/folic acid/fish oil chew tabs <b>OTC</b>	CVS PRENATAL CHEW GUMMY
prenatal vitamins/minerals/iron/folic acid 0.1 mg <b>OTC</b>	KPN PRENATAL
prenatal vitamins/minerals/iron/folic acid 0.8 mg <b>OTC</b>	PRENATAL/FE, PRENATAL, PRENATAL FORTE, PRENATAL FORMULA
prenatal vitamins/minerals/iron/folic acid 1 mg	MYNATAL
prenatal vitamins/selenium/ferrous fumarate/folic acid 9-0.5 mg <b>OTC</b>	PRENATAL FORMULA
prenatal vitamins/selenium/ferrous fumarate/folic acid 27-1 mg	VINATE M
<b>Miscellaneous</b>	
ascorbic acid tabs 500 mg <b>OTC</b>	VITAMIN C
calcium <b>OTC</b>	
calcium/vitamin D <b>OTC</b>	
calcium/vitamin D/minerals <b>OTC</b>	



cholecalciferol (D3) OTC		VITAMIN D
cyanocobalamin OTC		VITAMIN B-12
electrolyte soln, oral OTC		PEDIALYTE
ergocalciferol (D2) QL		
ferrous fumarate OTC		HEMOCYTE
ferrous gluconate OTC		FERGON
ferrous sulfate OTC		FEOSOL
ferrous sulfate drops 15 mg/mL OTC		FER-IN-SOL
ferrous sulfate elixir, liquid 220 mg/5 mL OTC		
ferrous sulfate ext-rel OTC		SLOW FE
iron polysaccharides complex OTC		
magnesium chloride ext-rel OTC		
magnesium gluconate OTC		
magnesium oxide OTC		MAG-OX
melatonin caps 3 mg, 5 mg OTC, QL	Max #60/month	
melatonin liquid 1 mg/4 mL OTC, QL	Max #600 mL/month	
melatonin tabs 300 mcg, 1 mg, 3 mg, 5 mg OTC, QL	Max #30/month	
melatonin/pyridoxine 3 mg/1 mg, 3 mg/2 mg OTC, QL	Max #60/month	
multivitamins OTC		
multivitamins/fluoride/iron drops, tabs		POLY-VI-FLOR
multivitamins/iron OTC		
multivitamins/minerals OTC		
multivitamins/minerals OTC		AQUADEKS
niacin OTC		
niacin ext-rel caps OTC		
niacin ext-rel tabs OTC		SLO-NIACIN
niacinamide 500 mg OTC		
omega-3 fatty acids OTC		FISH OIL
pediatric multivitamin liquid OTC		MULTI-DELYN, PEDIAVIT
pediatric multivitamins OTC		
pediatric multivitamins/iron drops OTC		POLY-VI-SOL
pediatric multivitamins/minerals/vitamin C drops OTC		AQUADEKS
phytonadione		MEPHYTON
pyridoxine ext-rel OTC		
pyridoxine tabs OTC		VITAMIN B-6
riboflavin tabs 100 mg OTC		VITAMIN B-2
sodium fluoride chew tabs, drops		
thiamine 50 mg, 100 mg OTC		VITAMIN B-1
vitamin B complex/vitamin C/folic acid OTC		
vitamin B complex/vitamin C/folic acid		NEPHROCAPS
vitamin B complex/vitamin C/folic acid		NEPHRO-VITE RX
zinc sulfate OTC		

## RESPIRATORY

### ANAPHYLAXIS TREATMENT AGENTS

epinephrine QL	Max #2 pens/month	EPIPEN
epinephrine QL	Max #2 pens/month	EPIPEN JR.
epinephrine pen QL	Max #2 pens/month	

### ANTICHOLINERGICS

ipratropium soln		
ipratropium, CFC-free aerosol		ATROVENT HFA
umeclidinium		INCRUSE ELLIPTA

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

#### Short Acting

ipratropium/albuterol soln QL	Max #360 mL/month	
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<b>Long Acting</b>		
umeclidinium/vilanterol <b>QL</b>	Max #1 inhaler/month	ANORO ELLIPTA
<b>ANTI-HISTAMINES</b>		
<b>Low Sedating</b>		
cetirizine syp <b>AGE</b>	Covered for ages 12 years old & under	
cetirizine syp <b>OTC, AGE</b>	Covered for ages 12 years old & under	ZYRTEC
cetirizine tabs <b>OTC</b>		ZYRTEC
<b>Nonsedating</b>		
fexofenadine tabs 30 mg, 60 mg <b>OTC, PA</b>		ALLEGRA
fexofenadine tabs 180 mg <b>OTC</b>		ALLEGRA
loratadine rapidly-disintegrating tabs 10 mg <b>OTC, AGE, QL</b>	Covered for ages 12 years old & under	CLARITIN
loratadine syp <b>OTC, AGE, QL</b>	Covered for ages 12 years old & under	CLARITIN
loratadine tabs <b>OTC, QL</b>		CLARITIN
<b>Sedating</b>		
carbinoxamine		
chlorpheniramine ext-rel <b>OTC</b>		CHLOR-TRIMETON
chlorpheniramine syp, tabs <b>OTC</b>		CHLOR-TRIMETON
clemastine		
clemastine tabs <b>OTC</b>		TAVIST
cyproheptadine <b>AGE</b>	Covered for ages 64 years old & under	
diphenhydramine 25 mg, 50 mg <b>OTC, AGE</b>	Covered for ages 64 years old & under	BENADRYL
diphenhydramine chew tabs 12.5 mg <b>OTC, AGE</b>	Covered for ages 12 years old & under	BENADRYL
diphenhydramine elixir, liquid, syp <b>OTC, AGE</b>	Covered for ages 12 years old & under	BENADRYL
diphenhydramine inj <b>AGE</b>	Covered for ages 64 years old & under	
hydroxyzine HCl <b>AGE, QL</b>	Covered for ages 64 years old & under; Max #240/month	
hydroxyzine pamoate <b>AGE, QL</b>	Covered for ages 64 years old & under; Max #240/month	VISTARIL
<b>BETA AGONISTS</b>		
<b>Inhalants</b>		
<b>Short Acting</b>		
albuterol inhalation soln 0.083% <b>QL</b>	Max #225 mL/month	
albuterol inhalation soln 0.5% <b>QL</b>	Max #150 mL/month	
albuterol inhalation soln 0.63 mg/3 mL <b>QL</b>	Max #300 mL/month	
albuterol inhalation soln 1.25 mg/3 mL <b>QL</b>	Max #150 mL/month	
albuterol sulfate, CFC-free aerosol		VENTOLIN HFA
<b>Long Acting</b>		
olodaterol, CFC-free aerosol <b>QL</b>	Max #1 inhaler/month	STRIVERDI RESPIMAT
<b>Oral Agents</b>		
albuterol syp, tabs 4 mg		
terbutaline		
<b>COUGH AND COLD</b>		
<b>Antihistamine/Decongestant Combinations</b>		
brompheniramine/pseudoephedrine elixir <b>OTC, QL</b>	Max #480 mL/month	DIMETAPP
cetirizine/pseudoephedrine ext-rel tabs <b>OTC, AGE</b>		ZYRTEC-D
diphenhydramine/phenylephrine liquid 6.25 mg-2.5 mg/5 mL <b>OTC, QL</b>	Max #180 mL/month	TRIAMINIC NT
diphenhydramine/phenylephrine tabs <b>OTC</b>		BENADRYL-D
loratadine/pseudoephedrine ext-rel <b>OTC</b>		CLARITIN-D
promethazine/phenylephrine syp <b>AGE</b>	Covered for ages 64 years old and under	

<b>Antitussives</b>		
<b>benzonatate</b>		TESSALON
<b>dextromethorphan syp 7.5 mg/5 mL OTC, QL</b>		ROBITUSSIN CHILDREN'S
<b>dextromethorphan syp 15 mg/5 mL OTC, QL</b>		ROBITUSSIN
<b>Antitussive Combinations</b>		
<i>Opioid</i>		
<b>codeine/guaifenesin OTC, AGE, QL</b>	Covered for ages 2 years old & over	CHERATUSSIN AC
<b>codeine/guaifenesin/pseudoephedrine OTC</b>		CHERATUSSIN DAC
<b>codeine/promethazine syp AGE, QL</b>	Covered for ages 2-64 years old	
<b>codeine/promethazine/phenylephrine AGE</b>	Covered for ages 2-64 years old	
<b>codeine/pyrilamine syp OTC, QL</b>	Max #180 mL/month	PRO-CLEAR AC
<b>hydrocodone/homatropine syp</b>		
<i>Non-opioid</i>		
<b>dextromethorphan/brompheniramine/pseudoephedrine elixir OTC</b>		BROTAPP DM
<b>dextromethorphan/brompheniramine/pseudoephedrine syp QL</b>		BROMFED DM
<b>dextromethorphan/guaifenesin ext-rel 30-600 mg OTC</b>		MUCINEX DM
<b>dextromethorphan/guaifenesin liquid 10-100 mg/5 mL, 10-200 mg/5 mL OTC, QL</b>	Max #240 mL/month	ROBITUSSIN DM
<b>dextromethorphan/guaifenesin syp 10-100 mg/5 mL OTC, QL</b>	Max #180 mL/month	ROBITUSSIN DM
<b>dextromethorphan/promethazine syp AGE, QL</b>	Covered for ages 4-64 years; Max #180 mL/month	
<b>Decongestants</b>		
<b>phenylephrine OTC, AGE</b>		SUDAFED PE
<b>pseudoephedrine OTC, AGE</b>		SUDAFED
<b>pseudoephedrine ext-rel 120 mg OTC, AGE</b>		SUDAFED 12 HOUR
<b>Decongestant/Expectorant Combinations</b>		
<b>pseudoephedrine/guaifenesin ext-rel 60-600 mg OTC</b>		MUCINEX D
<b>Expectorants</b>		
<b>guaifenesin ext-rel 600 mg OTC</b>		MUCINEX
<b>guaifenesin liq, syp, tabs OTC, AGE</b>		ROBITUSSIN
<b>CYSTIC FIBROSIS</b>		
<b>dornase alfa PA, SP</b>		PULMOZYME
<b>tobramycin inhalation soln PA, SP</b>		TOBI
<b>LEUKOTRIENE MODIFIERS</b>		
<b>montelukast chewable tabs 4 mg AGE</b>	Covered for ages 9 years old & under	SINGULAIR
<b>montelukast chewable tabs 5 mg AGE</b>	Covered for ages 14 years old & under	SINGULAIR
<b>montelukast tabs</b>		SINGULAIR
<b>MAST CELL STABILIZERS</b>		
<b>cromolyn sodium nasal spray OTC</b>		NASALCROM
<b>cromolyn soln for inhalation</b>		
<b>MEDICAL SUPPLIES</b>		
<b>nebulizer/compressor OTC</b>		
<b>peak flow meter OTC, QL</b>	Max #1/year	
<b>respiratory mask OTC, QL</b>	Max 1 fill/year	
<b>sodium chloride for inhalation</b>		
<b>spacer OTC, QL</b>	Max 1 fill/year	

**NASAL ANTIHISTAMINES**azelastine 0.1% spray **QL****NASAL DECONGESTANTS**oxymetazoline spray **OTC**

AFRIN

**NASAL STEROIDS**fluticasone propionate spray **AGE, QL**

Covered for ages 4 years old &amp; over

triamcinolone acetonide spray **OTC****RESPIRATORY SYNCYTIAL VIRUS**palivizumab **PA, SP**

SYNAGIS

**STEROID/BETA AGONIST COMBINATIONS**budesonide/formoterol **AGE, QL, ST, \***

Max #1 inhaler/month

SYMBICORT

fluticasone/salmeterol **QL**

Max #1 inhaler/month

AIRDUO RESPICLICK

\* Covered for ages 6-12 with previous trial of Steroid Inhalant

Covered for ages 13 and over with previous trial of inhaled Long-Acting Beta Agonist or inhaled Anticholinergic (antimuscarinic)

**STEROID INHALANTS**beclomethasone **QL**

Max #1 inhaler/month

QVAR REDIHALER

budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL **AGE, QL**Covered for ages 9 years old & under;  
Max #60 ampules/month

PULMICORT RESPULES

flunisolide, CFC-free aerosol **QL**

Max #1 inhaler/month

AEROSPAN

fluticasone furoate **QL**

Max #30 blisters/month

ARNUITY ELLIPTA

fluticasone propionate, CFC-free aerosol 44 mcg, 110 mcg **AGE, QL**Covered for ages 11 years old & under;  
Max #1 inhaler/month

FLOVENT HFA

**XANTHINES**

theophylline ext-rel tabs

theophylline soln

**MISCELLANEOUS**

acetylcysteine inhalation soln 20%

caffeine citrate soln **AGE, QL**Covered for ages 1 year old & under;  
Max #120 mL per lifetime

ipratropium nasal spray

omalizumab **PA, SP**

XOLAIR

saline nasal spray **OTC****TOPICAL****DERMATOLOGY**

Acne

Oral

isotretinoin caps **PA***Topical*adapalene gel 0.1% **OTC, AGE, QL**Covered for ages 10-35 years old;  
Max #45 grams/month

DIFFERIN OTC

benzoyl peroxide gel 2.5% **OTC, AGE, QL**Covered for ages 10-35 years old;  
Max #60 grams/monthbenzoyl peroxide gel 5%, 10% **OTC, AGE**

Covered for ages 10-35 years old

benzoyl peroxide liquid 5%, 10% **OTC, AGE, QL**Covered for ages 10-35 years old;  
Max #240 grams/monthbenzoyl peroxide lotion 5% **OTC, AGE, QL**Covered for ages 10-35 years old;  
Max #141 mL/month

<b>benzoyl peroxide lotion 10%</b> OTC, AGE, QL	Covered for ages 10-35 years old; Max #30 mL/month	
<b>clindamycin gel 1 %</b> AGE, QL, ST *	Covered for ages 10-35 years old; Max #60 grams/month	CLEOCIN T
<b>clindamycin lotion 1%</b> AGE, QL, ST *	Covered for ages 10-35 years old; Max #300 mL/month	CLEOCIN T
<b>clindamycin soln</b> AGE	Covered for ages 10-35 years old	CLEOCIN T
<b>erythromycin gel</b> AGE, ST *	Covered for ages 10-35 years old	
<b>erythromycin soln</b> AGE	Covered for ages 10-35 years old	
<b>tretinoin crm</b> AGE, QL, ST **	Covered for ages 10-35 years old; Max #45 grams/month	RETIN-A
<b>tretinoin gel 0.01%, 0.025%</b> AGE, QL, ST **	Covered for ages 10-35 years old; Max #45 grams/month	RETIN-A

ST \* Requires trial of clindamycin soln and erythromycin soln and DIFFERIN OTC

ST \*\* Requires trial of erythromycin gel and clindamycin (lotion or gel)

#### Actinic Keratosis

<b>fluorouracil crm 5%</b>		EFUDEX
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#### Antibiotics

<b>bacitracin oint</b> OTC		
<b>bacitracin zinc oint</b> OTC		
<b>bacitracin/neomycin/polymyxin B oint</b> OTC		NEOSPORIN
<b>bacitracin/polymyxin B oint</b> OTC		POLYSPORIN
<b>gentamicin</b>		
<b>mupirocin nasal</b> PA		BACTROBAN NASAL
<b>mupirocin oint</b> QL	Max #44 grams/month	
<b>silver sulfadiazine</b>		SILVADENE

#### Antifungals

<b>ciclopirox crm 0.77%</b>		LOPROX
<b>clotrimazole</b> OTC		LOTRIMIN AF
<b>ketoconazole crm 2%</b> QL	Max #60 grams/month	NIZORAL
<b>ketoconazole shampoo 2%</b> QL	Max #120 mL/month	NIZORAL
<b>miconazole crm, powder</b> OTC		MICATIN
<b>miconazole oint</b> OTC		ALOE VESTA
<b>nystatin crm, oint</b> QL	Max #90 grams/month	
<b>nystatin powder</b> QL	Max #30 grams/month	
<b>terbinafine crm</b> OTC, QL	Max #30 grams/month	LAMISIL AT
<b>tolnaftate crm, powder, soln</b> OTC		TINACTIN

#### Antipsoriatics

##### Topical

<b>anthralin crm 1%</b>		DRITHOCREME HP
<b>calcipotriene oint, soln</b> PA		DOVONEX

#### Antiseborrheics

<b>selenium sulfide lotion 1%</b> OTC		SELSUN BLUE
<b>selenium sulfide lotion 2.5%</b>		

#### Atopic Dermatitis

<b>pimecrolimus</b> AGE, PA, QL	Covered for ages 2 years old & over; Max #60 grams/month	ELIDEL
<b>tacrolimus</b> AGE, PA, QL	Covered for ages 2 years old & over; Max #30 grams/month	PROTOPIC

## Corticosteroids

### Low Potency

alclometasone crm, oint 0.05%		
desonide crm 0.05% <b>ST</b>	Requires trial of 3 preferred low potency steroids	DESOWEN
desonide oint 0.05%		DESOWEN
fluocinolone acetonide oil 0.01% <b>QL</b>	Max #120 mL/month	DERMA-SMOOTH-FS
hydrocortisone acetate crm 0.5 % <b>OTC</b>		
hydrocortisone crm, gel, lotion, oint <b>OTC</b>		CORTIZONE
hydrocortisone crm, lotion, oint 1%		
hydrocortisone crm, lotion, oint 2.5% <b>QL</b>	Max #60 grams/month	
hydrocortisone/aloe vera crm <b>OTC</b>		

### Medium Potency

betamethasone valerate crm, oint 0.1%		
betamethasone valerate lotion 0.1% <b>QL</b>	Max #60 mL/month	
fluocinolone acetonide crm, oint 0.025%		
fluticasone propionate crm 0.05%, oint 0.005%		CUTIVATE
hydrocortisone valerate crm 0.2%		
mometasone crm, oint 0.1% <b>QL</b>	Max #60 grams/month	ELOCON
mometasone lotion 0.1%		ELOCON
prednicarbate crm, oint 0.1%		
triamcinolone acetonide crm, lotion, oint 0.025%		
triamcinolone acetonide crm, lotion, oint 0.1%		

### High Potency

betamethasone dipropionate augmented crm 0.05%		DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05%		DIPROLENE
betamethasone dipropionate crm, lotion 0.05%		
betamethasone dipropionate oint 0.05% <b>QL</b>	Max #210 grams/month	
desoximetasone crm 0.25%		TOPICORT
fluocinonide crm 0.05% <b>QL</b>	Max #150 grams/month	
fluocinonide emollient crm 0.05%		
fluocinonide gel 0.05%		
fluocinonide oint 0.05% <b>ST</b>	Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%	
fluocinonide soln 0.05% <b>QL</b>	Max #60 mL/month	
triamcinolone acetonide crm, oint 0.5%		

### Very High Potency

betamethasone dipropionate augmented gel, oint 0.05%		DIPROLENE
clobetasol propionate crm, gel, oint, soln 0.05%		TEMOVATE
halobetasol propionate crm, oint 0.05%		ULTRAVATE

## Emollients

emollient oint <b>OTC</b>		
lactic acid (ammonium lactate) crm 12% <b>QL</b>	Max #280 grams/month	LAC-HYDRIN
lactic acid (ammonium lactate) lotion 12% <b>QL</b>	Max #225 grams/month	LAC-HYDRIN

## Local Analgesics

lidocaine patch 4% <b>OTC, QL</b>	Max #120/month	LIDOCARE
lidocaine patch 5% <b>PA</b>		LIDODERM

## Local Anesthetics

lidocaine crm 4% <b>OTC</b>		LMX 4
lidocaine gel 2% <b>OTC</b>		
lidocaine soln 4%		XYLOCAINE

<b>lidocaine/prilocaine crm QL</b>	Max #60 grams/month	
<b>Rosacea</b>		
<b>metronidazole crm 0.75%</b>		METROCREAM
<b>metronidazole gel 0.75%</b>		
<b>metronidazole lotion 0.75%</b>		METROLOTION
<b>Scabicides and Pediculicides</b>		
<b>crothamiton PA</b>		EURAX
<b>malathion ST</b>	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	OVIDE
<b>permethrin 0.5% OTC</b>		RID AEROSOL
<b>permethrin 1% OTC</b>		NIX CREME RINSE
<b>permethrin crm 5%</b>		ELIMITE
<b>pyrethrins/piperonyl butoxide OTC</b>		A-200 KIT
<b>pyrethrins/piperonyl butoxide OTC</b>		PRONTO SHAMPOO
<b>pyrethrins/piperonyl butoxide OTC</b>		RID
<b>spinosad</b>		NATROBA
<b>Miscellaneous Skin and Mucous Membrane</b>		
<b>acyclovir crm AGE, PA</b>	Covered for ages 18 years old & under	ZOVIRAX
<b>acyclovir oint AGE, PA</b>	Covered for ages 18 years old & under	ZOVIRAX
<b>aluminum chloride</b>		DRYSOL
<b>chlorhexidine 4% OTC</b>		HIBICLENS
<b>collagenase PA</b>		SANTYL
<b>diphenhydramine/zinc acetate 2-0.1% OTC</b>		BENADRYL EXTRA STRENGTH
<b>docosanol OTC, QL</b>	Max #2 grams/month	ABREVA
<b>imiquimod PA, QL</b>	Max #24 packets/month	ALDARA
<b>menthol/zinc oxide oint OTC</b>		ZINC-OXYDE
<b>podofilox soln QL</b>	Max #7 mL/6 months	CONDYLOX
<b>skin protectant crm OTC</b>		EUCERIN CREAM
<b>water for irrigation, sterile</b>		
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics - Topical Oral</b>		
<b>lidocaine viscous 2%</b>		
<b>Steroids - Mouth/Throat</b>		
<b>triamcinolone paste</b>		
<b>Miscellaneous</b>		
<b>chlorhexidine 0.12%</b>		PERIDEX
<b>clotrimazole troches QL</b>		
<b>nystatin susp</b>		
<b>sodium fluoride crm, gel</b>		PREVIDENT
<b>OPHTHALMIC</b>		
<b>Antiallergics</b>		
<b>azelastine PA</b>		
<b>cromolyn sodium</b>		
<b>epinastine PA</b>		ELESTAT
<b>ketotifen OTC</b>		ZADITOR
<b>Anti-infectives</b>		
<b>bacitracin</b>		
<b>bacitracin/neomycin/polymyxin B oint</b>		
<b>bacitracin/polymyxin B oint</b>		

<b>ciprofloxacin soln</b>		CILOXAN
<b>erythromycin</b>		
<b>gentamicin</b>		
<b>levofloxacin soln</b>		
<b>neomycin/polymyxin B/gramicidin</b>		NEOSPORIN
<b>ofloxacin</b>		OCUFLOX
<b>polymyxin B/trimethoprim</b>		POLYTRIM
<b>sulfacetamide soln</b>		BLEPH-10
<b>tobramycin soln</b>		TOBREX
<b>Anti-infective/Anti-inflammatory Combinations</b>		
<b>bacitracin/neomycin/polymyxin B/hydrocortisone oint</b>		
<b>neomycin/polymyxin B/dexamethasone</b>		MAXITROL
<b>sulfacetamide/prednisolone acetate 10%/0.23%</b>		
<b>tobramycin/dexamethasone susp 0.3%/0.1%</b>		TOBRADEX
<b>Anti-inflammatories</b>		
<i>Nonsteroidal</i>		
<b>diclofenac sodium 0.1%</b>		
<b>flurbiprofen sodium</b>		
<b>ketorolac 0.4%</b>		ACULAR LS
<b>ketorolac 0.5%</b>		ACULAR
<i>Steroidal</i>		
<b>dexamethasone sodium phosphate</b>		
<b>fluorometholone 0.1% susp</b>		FML LIQUIFILM
<b>prednisolone acetate 1%</b>		PRED FORTE
<b>Antivirals</b>		
<b>trifluridine</b>		VIROPTIC
<b>Beta-blockers</b>		
<i>Nonselective</i>		
<b>carteolol</b>		
<b>levobunolol</b>		BETAGAN
<b>metipranolol</b>		
<b>timolol maleate</b>		TIMOPTIC
<b>timolol maleate gel</b>		TIMOPTIC-XE
<b>Carbonic Anhydrase Inhibitors</b>		
<i>Topical</i>		
<b>dorzolamide</b>		TRUSOPT
<b>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</b>		
<b>dorzolamide/timolol maleate</b>		COSOPT
<b>Mydriatics</b>		
<b>atropine soln</b>		
<b>Parasympathomimetics</b>		
<b>pilocarpine</b>		ISOPTO CARPINE
<b>Prostaglandins</b>		
<b>bimatoprost ST</b>	Requires trial of latanoprost	
<b>latanoprost</b>		XALATAN
<b>travoprost ST</b>	Requires trial of bimatoprost	TRAVATAN Z



**Sympathomimetics**

<b>brimonidine 0.15%</b>		ALPHAGAN P
<b>brimonidine 0.2%</b>		

**Miscellaneous**

<b>artificial tears OTC</b>		
<b>naphazoline 0.1%</b>		
<b>proparacaine 0.5%</b>		
<b>sodium chloride 5% OTC</b>		MURO-128

**OTIC****Anti-infectives**

<b>acetic acid</b>		
<b>ciprofloxacin otic QL</b>	Max #1 box/fill	CETRAXAL
<b>ofloxacin otic</b>		

**Anti-infective/Anti-inflammatory Combinations**

<b>acetic acid/hydrocortisone</b>		
<b>neomycin/polymyxin B/hydrocortisone</b>		CORTISPORIN OTIC

**Miscellaneous**

<b>carbamide peroxide 6.5% OTC</b>		DEBROX
<b>isopropyl alcohol /glycerin OTC</b>		EAR DRYING DROPS

**MISCELLANEOUS****MEDICAL SUPPLIES**

needles 18 g x 1-1/2"		
<b>povidone-iodine swabs 10% OTC</b>		BETADINE SWABSTICK
sharps container <b>OTC</b>		
syringe/needle 1.5 mL, 22 g x 1-1/2"		
syringe/needle 3 mL, 22 g x 1"		
syringe/needle 3 mL, 25 g x 1"		
syringe/needle 3 mL, 25 g x 5/8"		
syringe/needle 5 mL, 21 g x 1"		
syringe/needle 10 mL, 22 g x 1"		
syringes 3 mL		

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