



Magnolia Health Plan Preferred Drug List

January 2012

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, on the **Edit** menu, click **Find**.
2. In the **Find** box type the name of the medication you want to find.
3. Click **Find Next** button until you find the medications you're looking for.

Pharmacy Program

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

For the most current information about the Magnolia Pharmacy Program you may call Member Services at 866-912-6285 (TTY/TDD 1-877-725-7753) or visit the Magnolia website www.magnoliahealthplan.com.

Preferred Drug List

The Magnolia Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs you receive at retail pharmacies. The Magnolia PDL is continually evaluated by the Magnolia Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the Magnolia Medical Director, Magnolia Pharmacy Program Director, and several Mississippi primary care physicians and specialists.

Pharmacy Benefit Manager

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

Specialty Pharmacy Medications & Specialty Pharmacy Providers

Certain medications are only covered when supplied by specialty pharmacy providers. Magnolia works with a number of specialty pharmacy providers. Specialty pharmacy medications require PA. This means that Magnolia requires additional information from your provider the first time he or she prescribes these medications for you.

The information should be submitted by your provider to US Script on the Specialty Pharmacy Prior Authorization Form. This form should be faxed to US Script at 1-866-399-0929. This document is located on the Magnolia website at www.magnoliahealthplan.com.

Prescription Limits

In general, members age 21 and above may get up to six prescriptions per month. No more than two of the six prescriptions may be name brand products, including refills. Children under 21 years of age may get more than six prescriptions per month if medically necessary. The monthly prescription limits do not apply to diabetic testing supplies. These supplies include: alcohol pads, PDL blood glucose monitoring strips, glucose tabs, ketone testing strips, lancets, lancing devices, insulin syringes, and urine glucose test strips.

Dispensing Limits

Drugs may be dispensed up to a maximum of 31 days supply for each new prescription or refill. A total of 75% of the days supply must have elapsed before the prescription can be refilled for non-controlled-substance PDL drugs. A total of 85% of the days supply must have elapsed before the prescription can be refilled for controlled substances and narcotic PDL drugs.

Appropriate Use and Safety Edits

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

Additional information about the drugs that are part of the Appropriate Use and Safety Edits can be found in the Appropriate Use and Safety Edits document located on the Magnolia website at www.magnoliahealthplan.com.

Prior Authorizations

Some medications listed on the Magnolia PDL may require PA. This means that Magnolia may require additional information from your provider the first time he or she prescribes these medications for you. The information should be submitted by your provider to US Script on the Medication Prior Authorization Form. This form should be faxed to US Script at 1-866-399-0929. This document located on the Magnolia website at www.magnoliahealthplan.com.

Magnolia will cover the medication if it is determined that:

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

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Magnolia P&T Committee. Once approved, US Script notifies the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication Magnolia we will notify you and your provider of alternatives and provide information regarding the appeal process.

Step Therapy

Some medications listed on the Magnolia PDL may require specific medications to be used before you can receive the step therapy medication. If Magnolia has a record that the required medication was tried first the step therapy medications are automatically covered. If Magnolia does not have a record that the required medication was tried, your provider may be required to provide additional information. If Magnolia does not grant PA we will notify you and your provider and provide information regarding the appeal process.

Quantity Limits

To make sure the drugs you take are safe, Magnolia may limit how much of your medication you can get at one time. If your provider feels you have a medical reason for getting a larger amount, he or she can ask for PA. If Magnolia does not grant PA we will notify you and your provider and provide information regarding the appeal process.

Age Limits

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

Medical Necessity Requests

If you require a medication that does not appear on the PDL, your provider can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. Magnolia requires:

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

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Magnolia P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication Magnolia will notify you and your provider of alternatives and provide information regarding the appeal process.

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the US Script Pharmacy Help Desk at 1-800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.

Exclusions

The following drug categories are not part of the Magnolia PDL and are not covered by the 72-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Experimental or investigational drugs
- Immunizations and vaccines (except flu vaccine)
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Oral vitamins and minerals (except those listed in the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drugs eligible for coverage under Medicare Part D
- OTC drugs (except those listed in the PDL)

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the Magnolia PDL. During this period, access to these medications will be considered through the PA review process. If Magnolia does not grant PA we will notify you and your provider and provide information regarding the appeal process.

Over-the-Counter Medications

The Magnolia PDL covers a variety of over-the-counter (OTC) medications. You can find a list of covered OTC medications in the Over-the-Counter Pharmacy Benefit section. Magnolia PDL OTCs are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription.

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered by Magnolia: nicotine replacement products, Bupropion Hydrochloride, Varenicline Tartrate (Chantix). A physician's prescription will be required for all tobacco cessation medications. Each prescription will count toward the monthly limit.

Magnolia authorizes benefits for tobacco cessation medications for the purpose of supporting beneficiaries who are trying to quit tobacco use with the temporary assistance of nicotine replacement therapy. It is expected that utilization of these products will be in accordance with medical standards of practice, FDA guidelines, and manufacturers' recommendations which generally limit product use to approximately 12 weeks.

Generic Drugs

When generic drugs are available, the brand-name drug will not be covered without prior Magnolia authorization. Generic drugs have the same active ingredient, work the same as brand-name drugs, and have lower co-payments. If you and your provider feel a brand-name drug is medically necessary, your provider can ask for PA. We will cover the brand-name drug according to our clinical guidelines if there is a medical reason you need the particular brand-name drug. If Magnolia does not grant PA we will notify you and your provider and provide information regarding the appeal process.

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

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. Any DESI products that are covered by Magnolia are listed in the PDL.

Filling a Prescription

You can have your prescriptions filled at a Magnolia network pharmacy. If you decide to have your prescription filled at a network pharmacy you can locate a pharmacy near you by using your Provider Directory. You may also call a Magnolia Member Services Representative to help you find a pharmacy. At the pharmacy you will need to provide the pharmacist with your prescription and your Magnolia ID card.

Contact Information

Magnolia Health Plan Member Services:	1-866-912-6285	Fax: 1-877-779-5219
Magnolia Health Plan Member Services TTY/TDD:	1-877-725-7753	
US Script Prior Authorizations:	1-866-399-0928	Fax: 1-866-399-0929
US Script Help Desk:	1-800-460-8988	

Over-the-Counter Pharmacy Program

Magnolia pharmacy program covers a variety of OTC products. The products listed below are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription and have it filled at a Magnolia network pharmacy. Covered products are available in quantities up to a 31-day supply. All other OTC drugs except insulins require PA. Please note that generic products must be prescribed when available.

ANTACIDS

Maalox-**generic** tablets, liquid

Mylanta DS-**generic** liquid

ANTIBIOTICS

Bacitracin ointment-**generic**

Clotrimazole – cream, vaginal cream/inserts-**generic**

Miconazole – cream, vaginal cream/inserts - **generic**

Tolnaftate – cream, gel, solution, aerosol - **generic**

ANTI-DIARRHEALS

Imodium A-D-**generic** (loperamide) capsules

Pepto-Bismol-**generic** (pink bismuth) liquid 262mg/15ml

ANTI-EMETIC

Antivert-**generic** (meclizine)

ANTI-FLATULENTS

Gas-X chewables – **generic** simethicone 80mg

Mylicon drops** – **generic** simethicone 40 mg/0.6ml

ANTI-HISTAMINES

Benadryl-**generic** (diphenhydramine)-capsules, liquid

Chlor-Trimeton-**generic** (chlorpheniramine)-tablets, liquid

Claritin - **generic** (loratadine) – tablets, syrup

Claritin-D- **generic** (loratadine/ pseudoephedrine) - tablets

ANTITUSSIVE

Robitussin DM -**generic** (guaifenesin DM) syrup

COUGH SUPPRESSANT/DECONGESTANT

Triaminic AM, Night, soft chewable tablets-**generic**

COUNTERIRRITANTS

Capzasin-P cream-**generic**

DILUENTS

Sodium chloride-**generic**

DME PRODUCTS

Diabetic testing supplies

Peak Flow Meters

Spacers

DRY SKIN PREPARATIONS

AmLactin-**generic**

EAR PREPARATIONS

Debrox drops-**generic**

Star Otic drops

ELECTROLYTES

Electrolyte solutions-**generic**

EXPECTORANT

Robitussin - **generic** (guaifenesin) syrup

H2-RECEPTOR ANTAGONISTS

Pepcid 10mg tablets – **generic** (famotidine)

Zantac 75mg tablets-**generic** (ranitidine)

LAXATIVES

Citrate of magnesium-**generic**

Colace-**generic** (docusate sodium) capsules

Dulcolax-**generic** (bisacodyl) tablets, suppositories

Fleet enema-**generic**

Milk Of Magnesium-**generic** MOM

Miralax OTC

Pediatric glycerin suppositories-**generic**

MAST CELL STABILIZER

Nasal crom spray-**generic**

MINERALS

Citracal – **generic** (calcium citrate) - tablets

Citracal + D – **generic** (calcium citrate + D) – tablets

Magnesium oxide-**generic**

Neutra-phos/K powder-**generic**

Oscal 500 + Vit D – **generic** (calcium carbonate + D) - tablets

Tums Chew Tabs – **generic** (calcium carbonate)

NASAL DECONGESTANT

Sudafed-**generic** (pseudoephedrine)-tablets, liquid

NSAIDS

Ibuprofen-**generic** tablets, chewable, liquid, drops

Naproxen – **generic** tablets

OPHTHALMIC PREPARATIONS

Alaway – (ketotifen 0.025%)

Artificial tears – **generic** drops

Naphcon-A-**generic** (naphazoline/pheniramine 0.025/0.3)

Zaditor-OTC (ketotifen 0.025%)

PEDICULICIDES

NIX – **generic** (permethrin)

RID-**generic** (pyrethrins/piperonyl butoxide)

POISON IVY

Calamine-**generic**

Hydrocortisone cream, lotion, ointment, solution -**generic**

PROTECTANTS

Zinc oxide ointment-**generic**

PROTON PUMP INHIBITORS (PPIS)

Prilosec OTC tablets

Salicylates & Antipyretics

Acetaminophen-**generic** tablets, elixir, drops, suppositories

Aspirin-**generic** tablets

SMOKING DETERRENTS

Commit Lozenges

NicoDerm CQ transdermal patch-**generic**

Nicorette DS gum-**generic**

Nicorette gum-**generic**

Nicotrol transdermal patch-**generic**

TRACE ELEMENTS

Ferrous gluconate – **generic** tablets

Ferrous sulfate-**generic** tablets, elixir, drops

VITAMINS

Folic acid-**generic**

Multi-vitamins with iron-**generic** tablets, liquid, chewable

Multi-vitamins-**generic** tablets, liquid, chewable

Nicotinic acid-**generic**

Prenatal vitamins-**generic** tablets

FAX this completed form to 866-399-0929

OR Mail requests to: US Script PA Dept., 2425 West Shaw Avenue, Fresno, CA 93711

Specialty Pharmacy Provider Ship to: Patient Office Other: _____

Name of Specialty Pharmacy Provider: _____

MEMBER INFORMATION	PROVIDER INFORMATION
Patient Name: _____	Prescriber Name: _____
Address: _____	NPI#: _____
City, State Zip: _____	Group or Hospital: _____
Home Phone: _____	Address: _____
Alternate Phone: _____	City, State Zip: _____
Date of Birth: _____	Phone: _____
Gender: _____	Fax: _____
	Contact Name: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID#: _____ Phone#: _____
 Secondary Insurance: _____ ID#: _____ Phone#: _____

DIAGNOSIS	ADDITIONAL CLINICAL INFORMATION
Please include ICD9 and description _____ _____ _____ _____ _____ Date of Diagnosis: _____ <i>(Please include any diagnostic clinicals such as labs, radiology, exams, etc.)</i>	Weight: _____ kg/lbs Height: _____ in/cm Lab Data <i>(Please include copies of reports)</i> : _____ _____ Other Medications: _____ _____ Additional Comments: _____ _____

Is member currently treated with this medication(s)? No ___ Yes ___ How long: _____
 Is this request a continuation of a previous approval by Magnolia Health Plan? No ___ Yes ___
 Has the strength, dosage or quantity required per day: Increased _____ Decreased _____ Same _____

MEDICATION(S) REQUESTED				
Therapy Start Date: _____				
Medication Name	Strength/Dose	Directions	Quantity	Refills

 Prescriber's Signature _____
 Date

US Script will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. Requests for prior authorization (PA) must include member name, ID#, and drug name. **Incomplete forms will delay processing.**

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
PENICILLINS			
	Penicillin V Potassium Tab 250 MG		
	Penicillin V Potassium Tab 500 MG		
	Penicillin V Potassium For Soln 125 MG/5ML		
	Penicillin V Potassium For Soln 250 MG/5ML		
	Amoxicillin (Trihydrate) Cap 250 MG		
	Amoxicillin (Trihydrate) Cap 500 MG		
(Generic: AMOXIL)	Amoxicillin (Trihydrate) Tab 875 MG		
	Amoxicillin (Trihydrate) Chew Tab 125 MG	AMOXICILLIN	
	Amoxicillin (Trihydrate) Chew Tab 250 MG		
	Amoxicillin (Trihydrate) Chew Tab 400 MG	AMOXICILLIN	
	Amoxicillin (Trihydrate) For Susp 50 MG/ML	AMOXIL	
	Amoxicillin (Trihydrate) For Susp 125 MG/5ML		
	Amoxicillin (Trihydrate) For Susp 200 MG/5ML		
	Amoxicillin (Trihydrate) For Susp 250 MG/5ML		
(Generic: AMOXIL)	Amoxicillin (Trihydrate) For Susp 400 MG/5ML		
	Ampicillin Cap 250 MG		
	Ampicillin Cap 500 MG		
	Ampicillin For Susp 125 MG/5ML	AMPICILLIN	
	Ampicillin For Susp 250 MG/5ML	AMPICILLIN	
	Dicloxacillin Sodium Cap 250 MG		
	Dicloxacillin Sodium Cap 500 MG		
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate Tab 250 MG		Max Qty=30/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate Tab 500 MG		Max Qty=20/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate Tab 875 MG		Max Qty=20/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate Chew Tab 200 MG		Max Qty=20/claim
	Amoxicillin & K Clavulanate Chew Tab 250 MG	AUGMENTIN	Max Qty=30/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate Chew Tab 400 MG		Max Qty=20/claim
	Amoxicillin & K Clavulanate For Susp 125 MG/5ML	AUGMENTIN	Package Limit=1/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate For Susp 200 MG/5ML		Package Limit=1/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate For Susp 250 MG/5ML	AUGMENTIN	Package Limit=1/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate For Susp 400 MG/5ML		Pkg Size 50: Package Limit=1/claim; Pkg Size 75: Package Limit=2/claim; Pkg Size 100: Package Limit=2/claim
(Generic: AUGMENTIN)	Amoxicillin & K Clavulanate For Susp 600 MG/5ML		Package Limit=2/claim
(Generic: AUGMENTIN XR)	Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG	AUGMENTIN XR	Max Qty=40/30 days
CEPHALOSPORINS			
(Generic: KEFLEX)	Cephalexin Cap 250 MG		
(Generic: KEFLEX)	Cephalexin Cap 500 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Cephalexin For Susp 125 MG/5ML		
	Cephalexin For Susp 250 MG/5ML		
	Cefaclor Cap 250 MG		
	Cefaclor Cap 500 MG		
	Cefaclor For Susp 125 MG/5ML	CEFACTOR	
	Cefaclor For Susp 250 MG/5ML	CEFACTOR	
	Cefaclor For Susp 375 MG/5ML	CEFACTOR	
(Generic: CEFZIL)	Cefprozil Tab 250 MG		Max Qty=20/claim
(Generic: CEFZIL)	Cefprozil Tab 500 MG		Max Qty=20/claim
(Generic: CEFZIL)	Cefprozil For Susp 125 MG/5ML		Limited to Ages 12 and Under; Package Limit=2/claim
(Generic: CEFZIL)	Cefprozil For Susp 250 MG/5ML		Limited to Ages 12 and Under; Package Limit=1/claim
(Generic: CEFTIN)	Cefuroxime Axetil Tab 250 MG		Max Qty=20/claim
(Generic: CEFTIN)	Cefuroxime Axetil Tab 500 MG		Max Qty=20/claim
(Generic: CEFTIN)	Cefuroxime Axetil For Susp 125 MG/5ML		Limited to Ages 12 and Under; Max Qty=100/claim
	Cefuroxime Axetil For Susp 250 MG/5ML	CEFTIN	Limited to Ages 12 and Under; Max Qty=100/claim
(Generic: OMNI-PAC, OMNICEF)	Cefdinir Cap 300 MG		PA; Max Qty=20/claim; Step Therapy
(Generic: OMNICEF)	Cefdinir For Susp 125 MG/5ML		Package Limit=1/claim; Step Therapy
(Generic: OMNICEF)	Cefdinir For Susp 250 MG/5ML		Package Limit=1/claim; Step Therapy
(Generic: ROCEPHIN)	Ceftriaxone Sodium For Inj 250 MG		Max Qty=3/claim; Max Fills=1/30 days
(Generic: ROCEPHIN)	Ceftriaxone Sodium For Inj 500 MG		Max Qty=3/claim; Max Fills=1/30 days
(Generic: ROCEPHIN)	Ceftriaxone Sodium For Inj 1 GM		Max Qty=3/claim; Max Fills=1/30 days
MACROLIDES			
	Erythromycin Tab 250 MG	ERYTHROMYCIN	
	Erythromycin Tab 500 MG	ERYTHROMYCIN	
	Erythromycin Tab Delayed Release 250 MG	E-MYCIN, ERY-TAB	
	Erythromycin Tab Delayed Release 333 MG	ERY-TAB, ERYTHROMYCIN	
	Erythromycin Tab Delayed Release 500 MG	ERY-TAB	
(Generic: ERYC)	Erythromycin w/ Enteric Coated Particles Cap 250 MG	ERYTHROMYCIN	
	Erythromycin w/ Enteric Coated Particles Tab 333 MG	PCE	
	Erythromycin w/ Enteric Coated Particles Tab 500 MG	PCE	
	Erythromycin Stearate Tab 250 MG	ERYTHROCIN, ERYTHROM ST	
	Erythromycin Stearate Tab 500 MG	ERYTHROCIN, ERYTHROM ST	
	Erythromycin Ethylsuccinate Tab 400 MG		
	Erythromycin Ethylsuccinate Susp 200 MG/5ML		
	Erythromycin Ethylsuccinate Susp 400 MG/5ML		
	Erythromycin Ethylsuccinate For Susp 100 MG/2.5ML	ERYPED	
	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	E.E.S. GRAN, ERYPED 200	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Erythromycin Ethylsuccinate For Susp 400 MG/5ML	ERYPED 400	
(Generic: ZITHROMAX)	Azithromycin Tab 250 MG		Max Qty=6/claim
(Generic: ZITHROMAX)	Azithromycin Tab 500 MG		Daily Dosage=4
(Generic: ZITHROMAX)	Azithromycin Tab 600 MG		Max Qty=8/28 days
(Generic: ZITHROMAX)	Azithromycin For Susp 100 MG/5ML		Max Qty=15/claim
(Generic: ZITHROMAX)	Azithromycin For Susp 200 MG/5ML	ZITHROMAX	Package Limit=1/claim; Pkg Size 22.5 and 30: Package Limit=2/claim
	Azithromycin Powd Pack for Susp 1 GM	AZITHROMYCIN, ZITHROMAX	Max Qty=2/claim
(Generic: BIAXIN)	Clarithromycin Tab 250 MG		Max Qty=28/claim
(Generic: BIAXIN)	Clarithromycin Tab 500 MG		Max Qty=28/claim
(Generic: BIAXIN)	Clarithromycin For Susp 125 MG/5ML		Package Limit=1/claim
(Generic: BIAXIN)	Clarithromycin For Susp 250 MG/5ML		Pkg Size 50: Package Limit=1/claim; Pkg Size 100: Package Limit=2/claim
(Generic: BIAXIN XL)	Clarithromycin Tab SR 24HR 500 MG		Max Qty=14/claim
TETRACYCLINES			
	Doxycycline Hyclate Cap 50 MG		
(Generic: VIBRAMYCIN)	Doxycycline Hyclate Cap 100 MG		
(Generic: VIBRATAB)	Doxycycline Hyclate Tab 100 MG		
(Generic: MINOCIN)	Minocycline HCl Cap 50 MG		
	Minocycline HCl Cap 75 MG		
(Generic: MINOCIN)	Minocycline HCl Cap 100 MG		
	Tetracycline HCl Cap 250 MG	TETRACYCLINE	
	Tetracycline HCl Cap 500 MG		
FLUOROQUINOLONES			
	Ciprofloxacin HCl Tab 100 MG (Base Equiv)		Max Qty=6/claim
(Generic: CIPRO)	Ciprofloxacin HCl Tab 250 MG (Base Equiv)		
(Generic: CIPRO)	Ciprofloxacin HCl Tab 500 MG (Base Equiv)	CIPRO	
(Generic: CIPRO)	Ciprofloxacin HCl Tab 750 MG (Base Equiv)		
(Generic: LEVAQUIN)	Levofloxacin Tab 250 MG	LEVAQUIN	Max Qty=14/claim; Daily Dosage=1
(Generic: LEVAQUIN)	Levofloxacin Tab 500 MG	LEVAQUIN	Max Qty=14/claim; Daily Dosage=1
(Generic: LEVAQUIN)	Levofloxacin Tab 750 MG	LEVAQUIN	Max Qty=14/claim; Daily Dosage=1
	Ofloxacin Tab 200 MG		Max Qty=56/claim
	Ofloxacin Tab 300 MG		Max Qty=56/claim
	Ofloxacin Tab 400 MG		Max Qty=56/claim
AMINOGLYCOSIDES			
	Neomycin Sulfate Tab 500 MG		
SULFONAMIDES			
	Sulfisoxazole Acetyl Susp 500 MG/5ML	GANTRIS PED	
ANTIMYCOBACTERIAL AGENTS			
(Generic: MYAMBTOL)	Ethambutol HCl Tab 100 MG		
(Generic: MYAMBTOL)	Ethambutol HCl Tab 400 MG		
	Ethionamide Tab 250mg	TRECTOR	
	Isoniazid Tab 100 MG		
	Isoniazid Tab 300 MG		
	Isoniazid Syrup 50 MG/5ML	ISONIAZID	
	Pyrazinamide Tab 500 MG		
(Generic: RIFADIN)	Rifampin Cap 150 MG		
(Generic: RIFADIN)	Rifampin Cap 300 MG		
ANTIFUNGALS			

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Griseofulvin Microsize Tab 500 MG	GRIFULVIN V	
(Generic: GRIFULVIN V)	Griseofulvin Microsize Susp 125 MG/5ML		
	Griseofulvin Ultramicrosize Tab 125 MG	GRIS-PEG	
	Griseofulvin Ultramicrosize Tab 250 MG	GRIS-PEG, GRISEOFULVIN	
	Nystatin Tab 500000 U		Daily Dosage=6
(Generic: LAMISIL)	Terbinafine HCl Tab 250 MG		Max Qty=90/120 days; Daily Dosage=1
(Generic: NIZORAL)	Ketoconazole Tab 200 MG		Daily Dosage=2
(Generic: DIFLUCAN)	Fluconazole Tab 50 MG		Max Qty=7/claim
(Generic: DIFLUCAN)	Fluconazole Tab 100 MG		Daily Dosage=1
(Generic: DIFLUCAN)	Fluconazole Tab 150 MG		Max Qty=2/claim
(Generic: DIFLUCAN)	Fluconazole Tab 200 MG		Daily Dosage=2
(Generic: DIFLUCAN)	Fluconazole For Susp 10 MG/ML		Max Qty=70/claim
(Generic: DIFLUCAN)	Fluconazole For Susp 40 MG/ML		Max Qty=70/claim
(Generic: SPORANOX)	Itraconazole Cap 100 MG		PA; Daily Dosage=1
ANTIVIRALS			
	Maraviroc Tab 150 MG	SELZENTRY	Daily Dosage=2
	Maraviroc Tab 300 MG	SELZENTRY	Daily Dosage=2
	Raltegravir Potassium Tab 400 MG (Base Equiv)	ISENTRESS	Daily Dosage=2
	Amprenavir Oral Soln 15 MG/ML	AGENERASE	
	Atazanavir Sulfate Cap 100 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	Atazanavir Sulfate Cap 150 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	Atazanavir Sulfate Cap 200 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	Atazanavir Sulfate Cap 300 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	Darunavir Ethanolate Tab 75 MG (Base Equiv)	PREZISTA	Daily Dosage=2
	Darunavir Ethanolate Tab 150 MG (Base Equiv)	PREZISTA	Daily Dosage=3
	Darunavir Ethanolate Tab 300 MG (Base Equiv)	PREZISTA	Daily Dosage=4
	Darunavir Ethanolate Tab 400 MG (Base Equiv)	PREZISTA	Daily Dosage=2
	Darunavir Ethanolate Tab 600 MG (Base Equiv)	PREZISTA	Daily Dosage=2
	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	LEXIVA	Daily Dosage=4
	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)	LEXIVA	Daily Dosage=56
	Indinavir Sulfate Cap 100 MG	CRIXIVAN	Daily Dosage=6
	Indinavir Sulfate Cap 200 MG	CRIXIVAN	Daily Dosage=9
	Indinavir Sulfate Cap 333 MG	CRIXIVAN	
	Indinavir Sulfate Cap 400 MG	CRIXIVAN	Daily Dosage=6
	Nelfinavir Mesylate Tab 250 MG	VIRACEPT	Daily Dosage=9
	Nelfinavir Mesylate Tab 625 MG	VIRACEPT	Daily Dosage=4
	Nelfinavir Mesylate Oral Powder 50 MG/GM	VIRACEPT	Daily Dosage=36
	Ritonavir Cap 100 MG	NORVIR	Daily Dosage=12
	Ritonavir Tab 100 MG	NORVIR	Daily Dosage=12
	Ritonavir Oral Soln 80 MG/ML	NORVIR	Daily Dosage=15
	Saquinavir Mesylate Cap 200 MG	INVIRASE	Daily Dosage=10
	Saquinavir Mesylate Tab 500 MG	INVIRASE	Daily Dosage=4
	Tipranavir Cap 250 MG	APTIVUS	Daily Dosage=4
	Tipranavir Oral Soln 100 MG/ML	APTIVUS	Daily Dosage=10

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Abacavir Sulfate Tab 300 MG (Base Equiv)	ZIAGEN	Daily Dosage=2
	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	ZIAGEN	Daily Dosage=30
	Didanosine For Soln 2 GM	VIDEX	Daily Dosage=20
	Didanosine For Soln 4 GM	VIDEX	Daily Dosage=20
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 125 MG		Daily Dosage=1
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 200 MG		Daily Dosage=1
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 250 MG		Daily Dosage=1
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 400 MG		Daily Dosage=1
	Emtricitabine Caps 200 MG	EMTRIVA	Daily Dosage=1
	Emtricitabine Soln 10 MG/ML	EMTRIVA	Daily Dosage=24
	Lamivudine Tab 150 MG	EPIVIR	Daily Dosage=2
	Lamivudine Tab 300 MG	EPIVIR	Daily Dosage=1
	Lamivudine Oral Soln 10 MG/ML	EPIVIR	Daily Dosage=30
(Generic: ZERIT)	Stavudine Cap 15 MG		Daily Dosage=2
(Generic: ZERIT)	Stavudine Cap 20 MG		Daily Dosage=2
(Generic: ZERIT)	Stavudine Cap 30 MG		Daily Dosage=2
(Generic: ZERIT)	Stavudine Cap 40 MG		Daily Dosage=2
(Generic: ZERIT)	Stavudine For Oral Soln 1 MG/ML		Daily Dosage=30
(Generic: RETROVIR)	Zidovudine Cap 100 MG		Daily Dosage=6
(Generic: RETROVIR)	Zidovudine Tab 300 MG		Daily Dosage=2
(Generic: RETROVIR)	Zidovudine Syrup 10 MG/ML		Daily Dosage=60
	Tenofovir Disoproxil Fumarate Tab 300 MG	VIREAD	Daily Dosage=1
	Delavirdine Mesylate Tab 100 MG	RESCRIPTOR	Daily Dosage=12
	Delavirdine Mesylate Tab 200 MG	RESCRIPTOR	Daily Dosage=6
	Efavirenz Cap 50 MG	SUSTIVA	Daily Dosage=2
	Efavirenz Cap 100 MG	SUSTIVA	
	Efavirenz Cap 200 MG	SUSTIVA	Daily Dosage=1
	Efavirenz Tab 600 MG	SUSTIVA	Daily Dosage=1
	Etravirine Tab 100 MG	INTELENCE	Daily Dosage=4
	Etravirine Tab 200 MG	INTELENCE	Daily Dosage=2
	Nevirapine Tab 200 MG	VIRAMUNE	Daily Dosage=2
	Nevirapine Susp 50 MG/5ML	VIRAMUNE	Daily Dosage=40
	Rilpivirine HCl Tab 25 MG (Base Equivalent)	EDURANT	Daily Dosage=1
	Abacavir Sulfate-Lamivudine Tab 600-300 MG	EPZICOM	Daily Dosage=1
	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	TRUVADA	Daily Dosage=1
	Lamivudine-Zidovudine Tab 150-300 MG	COMBIVIR	Daily Dosage=2
	Lopinavir-Ritonavir Cap 133.3-33.3 MG	KALETRA	Daily Dosage=6
	Lopinavir-Ritonavir Tab 100-25 MG	KALETRA	Daily Dosage=4
	Lopinavir-Ritonavir Tab 200-50 MG	KALETRA	Daily Dosage=4
	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	KALETRA	Max Qty=320/32 days
	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	TRIZIVIR	Daily Dosage=2
	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	ATRIPLA	Daily Dosage=1
	Ganciclovir Cap 250 MG		Daily Dosage=6
	Ganciclovir Cap 500 MG	GANCICLOVIR	Daily Dosage=6
	Valganciclovir HCl Tab 450 MG	VALCYTE	Daily Dosage=2
(Generic: ZOVIRAX)	Acyclovir Cap 200 MG		Max Qty=50/30 days
(Generic: ZOVIRAX)	Acyclovir Tab 400 MG		Daily Dosage=2
(Generic: ZOVIRAX)	Acyclovir Tab 800 MG		Max Qty=50/30 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ZOVIRAX)	Acyclovir Susp 200 MG/5ML		Max Qty=400/30 days
(Generic: VALTREX)	Valacyclovir HCl Tab 500 MG	VALTREX	Max Qty=42/21 days
(Generic: VALTREX)	Valacyclovir HCl Tab 1 GM	VALTREX	Max Qty=21/21 days
	Oseltamivir Phosphate Cap 30 MG (Base Equiv)	TAMIFLU	Max Qty=10/30 days
	Oseltamivir Phosphate Cap 45 MG (Base Equiv)	TAMIFLU	Max Qty=10/30 days
	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	TAMIFLU	Max Qty=10/30 days
	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	TAMIFLU	Max Qty=150/30 days
	Oseltamivir Phosphate For Susp 12 MG/ML (Base Equiv)	TAMIFLU	Max Qty=75/30 days
	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	RELENZA	Limited to Ages 5 and Older; Package Limit=1/30 days
ANTIMALARIALS			
	Chloroquine Phosphate Tab 250 MG		Max Qty=60/30 days
(Generic: ARALEN)	Chloroquine Phosphate Tab 500 MG		Max Qty=8/56 days
(Generic: PLAQUENIL)	Hydroxychloroquine Sulfate Tab 200 MG		
(Generic: LARIAM)	Mefloquine HCl Tab 250 MG		
	Primaquine Phosphate Tab 26.3 MG	PRIMAQUINE	
	Artemether-Lumefantrine Tab 20-120 MG	COARTEM	Max Qty=24/claim
ANTHELMINTICS			
(Generic: VERMOX)	Mebendazole Chew Tab 100 MG	MEBENDAZOLE	
	Pyrantel Pamoate Tab 180 MG	PINWORM	Max Qty=16/claim; Max Fills=1/30 days
	Pyrantel Pamoate Chew Tab 720.5 MG (250 MG Base Equiv)	PIN-X	Max Qty=4/claim; Max Fills=1/30 days
	Pyrantel Pamoate Susp 250 MG/5ML (50 MG/ML Base Equiv)		Max Qty=60/claim; Max Fills=1/30 days
ANTI-INFECTIVE AGENTS - MISC.			
(Generic: FLAGYL)	Metronidazole Tab 250 MG		
(Generic: FLAGYL)	Metronidazole Tab 500 MG		
(Generic: TRIMPEX)	Trimethoprim Tab 100 MG		
	Vancomycin HCl For Inj 500 MG		
(Generic: VANCOCIN HCL)	Vancomycin HCl For Inj 1000 MG		Max Qty=14/claim
(Generic: CLEOCIN)	Clindamycin HCl Cap 150 MG		
(Generic: CLEOCIN)	Clindamycin HCl Cap 300 MG		
(Generic: CLEOCIN PED)	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)		Max Qty=300/claim
	Dapsone Tab 25 MG	DAPSONE	
	Dapsone Tab 100 MG	DAPSONE	
(Generic: PEDIAZOLE)	Erythromycin & Sulfisoxazole For Susp 200-600 MG/5ML		
(Generic: BACTRIM, SEPTRA)	Sulfamethoxazole-Trimethoprim Tab 400-80 MG		
(Generic: BACTRIM DS, SEPTRA DS)	Sulfamethoxazole-Trimethoprim Tab 800-160 MG		
	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML		
PASSIVE IMMUNIZING AGENTS			
	Rho D Immune Globulin (Human) IM Inj 300 MCG	HYPERRHO S/D, RHOGAM PLUS	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES			
	Busulfan Tab 2 MG	MYLERAN	
	Chlorambucil Tab 2 MG	LEUKERAN	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Cyclophosphamide Tab 25 MG	CYCLOPHOSPH	
	Cyclophosphamide Tab 50 MG	CYCLOPHOSPH	
	Melphalan Tab 2 MG	ALKERAN	
(Generic: PURINETHOL)	Mercaptopurine Tab 50 MG		
	Methotrexate Sodium Tab 2.5 MG (Base Equiv)		
	Methotrexate Sodium Tab 5 MG (Base Equiv)	TREXALL	
	Methotrexate Sodium Tab 7.5 MG (Base Equiv)	TREXALL	
	Methotrexate Sodium Tab 10 MG (Base Equiv)	TREXALL	
	Methotrexate Sodium Tab 15 MG (Base Equiv)	TREXALL	
	Methotrexate Sodium Inj 25 MG/ML		
	Methotrexate Sodium Inj PF 25 MG/ML		
	Testolactone Tab 50 MG	TESLAC	
(Generic: CASODEX)	Bicalutamide Tab 50 MG		
	Flutamide Cap 125 MG		
	Nilutamide Tab 150 MG	NILANDRON	
	Tamoxifen Citrate Tab 10 MG (Base Equivalent)		
	Tamoxifen Citrate Tab 20 MG (Base Equivalent)		
	Toremifene Citrate Tab 60 MG (Base Equivalent)	FARESTON	PA
(Generic: ARIMIDEX)	Anastrozole Tab 1 MG	ARIMIDEX	
(Generic: AROMASIN)	Exemestane Tab 25 MG	AROMASIN	Step Therapy
(Generic: FEMARA)	Letrozole Tab 2.5 MG		Step Therapy
	Megestrol Acetate Tab 20 MG		
	Megestrol Acetate Tab 40 MG		
(Generic: MEGACE ORAL)	Megestrol Acetate Susp 40 MG/ML		
(Generic: HYDREA)	Hydroxyurea Cap 500 MG		
	Leucovorin Calcium Tab 5 MG		
	Leucovorin Calcium Tab 10 MG		
	Leucovorin Calcium Tab 15 MG	LEUCOVOR CA	
	Leucovorin Calcium Tab 25 MG		
CORTICOSTEROIDS			
	Cortisone Acetate Tab 25 MG		
	Dexamethasone Tab 0.5 MG		
	Dexamethasone Tab 0.75 MG		
	Dexamethasone Tab 1 MG	DEXAMETHASON	
	Dexamethasone Tab 1.5 MG		
	Dexamethasone Tab 2 MG	DEXAMETHASON	
	Dexamethasone Tab 4 MG		
	Dexamethasone Tab 6 MG		
	Dexamethasone Elixir 0.5 MG/5ML		
	Dexamethasone Conc 1 MG/ML	DEXAMETHASON	
	Dexamethasone Soln 0.5 MG/5ML	DEXAMETHASON	
(Generic: CORTEF)	Hydrocortisone Tab 5 MG		
(Generic: CORTEF)	Hydrocortisone Tab 10 MG		
(Generic: CORTEF)	Hydrocortisone Tab 20 MG		
(Generic: MEDROL)	Methylprednisolone Tab 4 MG		
(Generic: MEDROL)	Methylprednisolone Tab 8 MG		
(Generic: MEDROL)	Methylprednisolone Tab 4 MG Dose Pack		
	Prednisolone Tab 5 MG	MILLIPRED	
	Prednisolone Syrup 5 MG/5ML		
(Generic: PRELONE)	Prednisolone Syrup 15 MG/5ML		
(Generic: ORAPRED)	Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)		Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: PEDIAPRED)	Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)		
	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	VERIPRED 20	Max Qty=150/claim
	Prednisone Tab 1 MG	PREDNISON	
	Prednisone Tab 2.5 MG		
	Prednisone Tab 5 MG		
	Prednisone Tab 10 MG		
	Prednisone Tab 20 MG		
	Prednisone Tab 50 MG	PREDNISON	
	Prednisone Conc 5 MG/ML	PREDNISON	
	Prednisone Oral Soln 5 MG/5ML	PREDNISON	
(Generic: STERAPRED)	Prednisone Tab 5 MG Dose Pack		
(Generic: STERAPRED DS)	Prednisone Tab 10 MG Dose Pack		
	Fludrocortisone Acetate Tab 0.1 MG		
ANDROGENS-ANABOLIC			
	Fluoxymesterone Tab 10 MG	ANDROXY	
	Methyltestosterone Oral Tab 10 MG	METHITEST	
	Testosterone TD Patch 24HR 2.5 MG/24HR	ANDRODERM	Daily Dosage=2
	Testosterone TD Patch 24HR 5 MG/24HR	ANDRODERM	Daily Dosage=1
(Generic: DEPO-TESTOST)	Testosterone Cypionate IM in Oil 200 MG/ML		
ESTROGENS			
	Estrogens, Conjugated Tab 0.3 MG	PREMARIN	Limited to Female; Daily Dosage=1
	Estrogens, Conjugated Tab 0.45 MG	PREMARIN	Limited to Female; Daily Dosage=1
	Estrogens, Conjugated Tab 0.625 MG	PREMARIN	Limited to Female; Daily Dosage=1
	Estrogens, Conjugated Tab 0.9 MG	PREMARIN	Limited to Female; Daily Dosage=1
	Estrogens, Conjugated Tab 1.25 MG	PREMARIN	Limited to Female; Daily Dosage=1
(Generic: ESTRACE)	Estradiol Tab 0.5 MG		Limited to Female
(Generic: ESTRACE)	Estradiol Tab 1 MG		Limited to Female
(Generic: ESTRACE)	Estradiol Tab 2 MG		Limited to Female
	Estradiol TD Patch Biweekly 0.025 MG/24HR	ALORA, VIVELLE-DOT	Daily Dosage=.29
	Estradiol TD Patch Biweekly 0.0375 MG/24HR	VIVELLE-DOT	Daily Dosage=.29
	Estradiol TD Patch Biweekly 0.05 MG/24HR	ALORA, ESTRADERM, VIVELLE, VIVELLE-DOT	Daily Dosage=.29
	Estradiol TD Patch Biweekly 0.075 MG/24HR	ALORA, VIVELLE-DOT	Daily Dosage=.29
	Estradiol TD Patch Biweekly 0.1 MG/24HR	ALORA, ESTRADERM, VIVELLE, VIVELLE-DOT	Daily Dosage=.29
(Generic: CLIMARA)	Estradiol TD Patch Weekly 0.025 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	Estradiol TD Patch Weekly 0.05 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	Estradiol TD Patch Weekly 0.06 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	Estradiol TD Patch Weekly 0.075 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	Estradiol TD Patch Weekly 0.1 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: OGEN)	Estropipate Tab 0.75 MG		Limited to Female; Daily Dosage=1
(Generic: OGEN)	Estropipate Tab 1.5 MG		Limited to Female; Daily Dosage=1
(Generic: OGEN)	Estropipate Tab 3 MG		Limited to Female; Daily Dosage=1
(Generic: ESTRATEST HS)	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG		Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ESTRATEST)	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG		Daily Dosage=1
	Conjugated Estrogen-Medroxyprogesterone Tab 0.3-1.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conjugated Estrogen-Medroxyprogesterone Tab 0.45-1.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conjugated Estrogen-Medroxyprogesterone Tab 0.625-2.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conjugated Estrogen-Medroxyprogesterone Tab 0.625-5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conj Est .625(14) & Conj Est-Medroxypro Ac Tab 0.625-5MG(14)	PREMPHASE	Limited to Female; Max Qty=28/28 days
(Generic: ACTIVELLA)	Estradiol & Norethindrone Acetate Tab 1-0.5 MG		Daily Dosage=1
	Estradiol-Norethindrone Ace TD PTTW 0.05- 0.14MG/DAY	COMBIPATCH	Limited to Female; Max Qty=8/28 days
	Estradiol-Norethindrone Ace TD PTTW 0.05- 0.25MG/DAY	COMBIPATCH	Limited to Female; Max Qty=8/28 days
CONTRACEPTIVES			
(Generic: NOR-QD, ORTHO MICRON)	Norethindrone Tab 0.35 MG		Limited to Female; Daily Dosage=1
(Generic: DEPO-PROVERA)	Medroxyprogesterone Acetate IM Susp 150 MG/ML		Limited to Female; Max Qty=1/claim; Min DS=84
	Medroxyprogesterone Acetate Subcutaneous Susp 104 MG/0.65ML	DEPO-SQ PROV	Limited to Female; Max Qty=1/claim; Min DS=84
(Generic: PLAN B)	Levonorgestrel Tab 0.75 MG		Limited to Female; Max Fills=4/365 days
	Levonorgestrel Tab 1.5 MG	PLAN B	Limited to Female; Max Fills=4/365 days
	Ulipristal Acetate Tab 30 MG	ELLA	Max Qty=4/365 days
	Norelgestromin-Ethinyl Estradiol TD PIWK 150-20 MCG/24HR	ORTHO EVRA	Limited to Female; Max Qty=3/claim
	Etonogestrel-Ethinyl Estradiol VA Ring 0.120- 0.015 MG/24HR	NUVARING	Limited to Female; Max Qty=1/claim
(Generic: DESOGEN, DESOGEN- 28, ORTHO-CEPT)	Desogestrel & Ethinyl Estradiol Tab 0.15 MG- 30 MCG		Limited to Female; Daily Dosage=1
(Generic: YAZ)	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG		Limited to Female
(Generic: YASMIN 28)	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG		Limited to Female; Daily Dosage=1
	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35MCG		Limited to Female; Daily Dosage=1
	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50MCG	ZOVIA 1/50E	Limited to Female; Daily Dosage=1
	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: NORDETTE, NORDETTE-28)	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30MCG		Limited to Female; Daily Dosage=1
(Generic: OVCON-35)	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: BREVICON, MODICON)	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: NORINYL, ORTHO- NOVUM)	Norethindrone & Ethinyl Estradiol Tab 1 MG- 35MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN)	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN 21)	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30MCG		Limited to Female; Daily Dosage=1
(Generic: ORTHO-NOVUM)	Norethindrone & Mestranol Tab 1 MG- 50MCG	NECON, NORINYL	Limited to Female; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: LO/OVRAL, LO/OVRAL-28)	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30MCG		Limited to Female; Daily Dosage=2
	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50MCG	OGESTREL	Limited to Female; Daily Dosage=1
(Generic: ORTHO-CYCLEN)	Norgestimate & Ethinyl Estradiol Tab 0.25MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN FE)	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN FE)	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30MCG		Limited to Female; Daily Dosage=1
(Generic: MIRCETTE)	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)		Limited to Female; Daily Dosage=1
	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)	NECON	Limited to Female; Daily Dosage=1
(Generic: CYCLESSA)	Desogest-Ethinyl Estrad Tab .1-.025/.125-.025/.15-.025 MG-MG		Limited to Female; Daily Dosage=1
	Levonorgestrel-Eth Estrad Tab .05-30/0.075-40/0.125-30MG-MCG		Limited to Female; Daily Dosage=1
(Generic: ORTHO-NOVUM)	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	ORTHO-NOVUM	Limited to Female; Daily Dosage=1
(Generic: TRI-NORINYL)	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG		Limited to Female; Daily Dosage=1
(Generic: ORTHO TRI-)	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG		Limited to Female; Daily Dosage=1
(Generic: SEASONALE)	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG		Limited to Female; Max Qty=91/claim; Min DS=91
(Generic: SEASONIQUE)	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)		Limited to Female; Daily Dosage=1

PROGESTINS

(Generic: PROVERA)	Medroxyprogesterone Acetate Tab 2.5 MG		
(Generic: PROVERA)	Medroxyprogesterone Acetate Tab 5 MG		
(Generic: PROVERA)	Medroxyprogesterone Acetate Tab 10 MG		
(Generic: AYGESTIN)	Norethindrone Acetate Tab 5 MG		

ANTIDIABETICS

	Insulin Aspart Inj 100 U/ML	NOVOLOG	Max Qty=40/30 days
	Insulin Glargine Inj 100 U/ML	LANTUS, LANTUS FOR	Max Qty=30/30 days
	Insulin Lispro (Human) Inj 100 U/ML	HUMALOG, HUMALOG KWIK	Max Qty=40/30 days
	Insulin Regular (Human) Inj 100 U/ML	HUMULIN R, HUMULIN R, NOVOLIN R, RELION R	Max Qty=40/30 days
	Insulin Isophane (Human) Inj 100 U/ML	HUMULIN N, HUMULIN N PN, NOVOLIN N, RELION N	Max Qty=40/30 days
	Insulin Aspart & Aspart Prot (Human) Inj 100 U/ML (30-70)	NOVOLOG MIX	Max Qty=40/30 days
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-2)	HUMALOG MIX	Max Qty=40/30 days
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-5)	HUMALOG MIX	Max Qty=40/30 days
	Insulin Isophane & Regular (Human) Inj 100 U/ML (70-30)	HUMULIN, NOVOLIN, NOVOLIN 70/, RELION 70/30	Max Qty=40/30 days
	Insulin Isophane & Regular (Human) Inj 100 U/ML (50-50)	HUMULIN	Max Qty=40/30 days
(Generic: AMARYL)	Glimepiride Tab 1 MG		Daily Dosage=1
(Generic: AMARYL)	Glimepiride Tab 2 MG		Daily Dosage=1
(Generic: AMARYL)	Glimepiride Tab 4 MG		Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: GLUCOTROL)	Glipizide Tab 5 MG		
(Generic: GLUCOTROL)	Glipizide Tab 10 MG		
(Generic: GLUCOTROL XL)	Glipizide Tab SR 24HR 2.5 MG		
(Generic: GLUCOTROL XL)	Glipizide Tab SR 24HR 5 MG		
(Generic: GLUCOTROL XL)	Glipizide Tab SR 24HR 10 MG		
(Generic: MICRONASE)	Glyburide Tab 1.25 MG	DIABETA, GLYBURIDE	
(Generic: MICRONASE)	Glyburide Tab 2.5 MG	DIABETA, GLYBURIDE	
(Generic: MICRONASE)	Glyburide Tab 5 MG	DIABETA, GLYBURIDE	
(Generic: GLYNASE)	Glyburide Micronized Tab 1.5 MG		
(Generic: GLYNASE)	Glyburide Micronized Tab 3 MG		
(Generic: GLYNASE)	Glyburide Micronized Tab 6 MG		
(Generic: GLUCOPHAGE)	Metformin HCl Tab 500 MG		Daily Dosage=5
(Generic: GLUCOPHAGE)	Metformin HCl Tab 850 MG		Daily Dosage=3
(Generic: GLUCOPHAGE)	Metformin HCl Tab 1000 MG		Daily Dosage=2
(Generic: GLUCOPHAGE)	Metformin HCl Tab SR 24HR 500 MG		Daily Dosage=4
(Generic: GLUCOPHAGE)	Metformin HCl Tab SR 24HR 750 MG		Daily Dosage=2
	Glucagon (rDNA) For Inj Kit 1 MG	GLUCAGON	Max Qty=1/claim
	Glucagon HCl (rDNA) For Inj 1 MG (Base Equiv)	GLUCAGEN	
		BL GLUCOSE, CVS GLUCOSE, DD GLUCOSE, DE GLUCOSE, DEX4	
	Glucose Chew Tab 4 GM	GLUCOSE...	Max Qty=50/30 days
	Glucose Chew Tab 5 GM	BD GLUCOSE	Max Qty=50/30 days
	Pioglitazone HCl Tab 15 MG (Base Equiv)	ACTOS	Daily Dosage=1
	Pioglitazone HCl Tab 30 MG (Base Equiv)	ACTOS	Daily Dosage=1
	Pioglitazone HCl Tab 45 MG (Base Equiv)	ACTOS	Daily Dosage=1
(Generic: METAGLIP)	Glipizide-Metformin HCl Tab 2.5-250 MG		
(Generic: METAGLIP)	Glipizide-Metformin HCl Tab 2.5-500 MG		
(Generic: METAGLIP)	Glipizide-Metformin HCl Tab 5-500 MG		
(Generic: GLUCOVANCE)	Glyburide-Metformin Tab 1.25-250 MG		
(Generic: GLUCOVANCE)	Glyburide-Metformin Tab 2.5-500 MG		
(Generic: GLUCOVANCE)	Glyburide-Metformin Tab 5-500 MG		
	Pioglitazone HCl-Metformin HCl Tab 15-500 MG	ACTOPLUS MET	Daily Dosage=2
	Pioglitazone HCl-Metformin HCl Tab 15-850 MG	ACTOPLUS MET	Daily Dosage=2
THYROID AGENTS			
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.025 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.05 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.075 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.088 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.1 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.112 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.125 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.137 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.15 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.175 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.2 MG		
(Generic: SYNTHROID)	Levothyroxine Sodium Tab 0.3 MG		
(Generic: CYTOMEL)	Liothyronine Sodium Tab 5 MCG		
(Generic: CYTOMEL)	Liothyronine Sodium Tab 25 MCG		
(Generic: CYTOMEL)	Liothyronine Sodium Tab 50 MCG		
	Liatrix Tab 15 MG	THYROLAR-1/4	
	Liatrix Tab 30 MG	THYROLAR-1/2	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Liotrix Tab 60 MG	THYROLAR-1	
	Liotrix Tab 120 MG	THYROLAR-2	
	Liotrix Tab 180 MG	THYROLAR-3	
	Thyroid Tab 15 MG (1/4 Grain)	ARMOUR THYRO	
(Generic: ARMOUR THYRO)	Thyroid Tab 30 MG (1/2 Grain)	ARMOUR THYRO	
	Thyroid Tab 32.5 MG	NATURE-THROI, WESTHROID	
(Generic: ARMOUR THYRO)	Thyroid Tab 60 MG (1 Grain)	ARMOUR THYRO	
	Thyroid Tab 65 MG	NATURE-THROI, WESTHROID	
(Generic: ARMOUR THYRO)	Thyroid Tab 90 MG (1 1/2 Grain)		
	Thyroid Tab 120 MG (2 Grain)	ARMOUR THYRO	
	Thyroid Tab 130 MG	NATURE-THROI, WESTHROID	
	Thyroid Tab 180 MG (3 Grain)	ARMOUR THYRO	
	Thyroid Tab 195 MG	NATURE-THROI, WESTHROID	
	Thyroid Tab 240 MG (4 Grain)	ARMOUR THYRO	
	Thyroid Tab 300 MG (5 Grain)	ARMOUR THYRO	
(Generic: TAPAZOLE)	Methimazole Tab 5 MG		
(Generic: TAPAZOLE)	Methimazole Tab 10 MG		
	Propylthiouracil Tab 50 MG		
OXYTOCICS			
(Generic: METHERGINE)	Methylergonovine Maleate Tab 0.2 MG	METHERGINE	
ENDOCRINE AND METABOLIC AGENTS - MISC.			
(Generic: FOSAMAX)	Alendronate Sodium Tab 5 MG		Daily Dosage=1
(Generic: FOSAMAX)	Alendronate Sodium Tab 10 MG		Daily Dosage=1
(Generic: FOSAMAX)	Alendronate Sodium Tab 35 MG		Daily Dosage=.15
(Generic: FOSAMAX)	Alendronate Sodium Tab 40 MG		Daily Dosage=1
(Generic: FOSAMAX)	Alendronate Sodium Tab 70 MG		Daily Dosage=.15
	Alendronate Sodium Oral Soln 70 MG/75ML	FOSAMAX	Daily Dosage=10.8
	Risedronate Sodium Tab 5 MG	ACTONEL	PA; Daily Dosage=1
	Risedronate Sodium Tab 30 MG	ACTONEL	PA; Daily Dosage=1
	Risedronate Sodium Tab 35 MG	ACTONEL	PA; Max Qty=4/28 days
	Calcitonin (Salmon) Inj 200 IU/ML	MIACALCIN	Max Qty=2/30 days
(Generic: MIACALCIN)	Calcitonin (Salmon) Nasal Soln 200 IU/ACT	FORTICAL	Max Qty=4/30 days
	Raloxifene HCl Tab 60 MG	EVISTA	Daily Dosage=1
(Generic: DDAVP)	Desmopressin Acetate Tab 0.1 MG		Daily Dosage=3
(Generic: DDAVP)	Desmopressin Acetate Tab 0.2 MG		Daily Dosage=3
(Generic: DDAVP)	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)		PA; Max Qty=5/claim
	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)		PA; Max Qty=5/claim
(Generic: DDAVP)	Desmopressin Acetate Nasal Spray Soln 0.01%		PA; Max Qty=5/claim
(Generic: CARNITOR)	Levocarnitine Tab 330 MG		Daily Dosage=3
(Generic: CARNITOR, CARNITOR SF)	Levocarnitine Oral Soln 1 GM/10ML (10%)		Daily Dosage=30
(Generic: ROCALTROL)	Calcitriol Cap 0.25 MCG		
(Generic: ROCALTROL)	Calcitriol Cap 0.5 MCG		
CARDIOTONICS			
	Digoxin Cap 0.1 MG	LANOXICAPS	
(Generic: LANOXIN)	Digoxin Tab 0.125 MG		
(Generic: LANOXIN)	Digoxin Tab 0.25 MG		
	Digoxin Oral Soln 0.05 MG/ML		
ANTIANGINAL AGENTS			

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ISORDIL)	Isosorbide Dinitrate Tab 5 MG		
	Isosorbide Dinitrate Tab 10 MG		
	Isosorbide Dinitrate Tab 20 MG		
	Isosorbide Dinitrate Tab 30 MG		
	Isosorbide Dinitrate Tab CR 40 MG		
	Isosorbide Dinitrate SL Tab 2.5 MG		
	Isosorbide Dinitrate SL Tab 5 MG	ISOSORB DIN	
(Generic: MONOKET)	Isosorbide Mononitrate Tab 10 MG		Daily Dosage=2
(Generic: ISMO, MONOKET)	Isosorbide Mononitrate Tab 20 MG		Daily Dosage=2
(Generic: IMDUR)	Isosorbide Mononitrate Tab SR 24HR 30 MG		Daily Dosage=1
(Generic: IMDUR)	Isosorbide Mononitrate Tab SR 24HR 60 MG		Daily Dosage=1
(Generic: IMDUR)	Isosorbide Mononitrate Tab SR 24HR 120 MG		Daily Dosage=1
	Nitroglycerin Cap CR 2.5 MG		
	Nitroglycerin Cap CR 6.5 MG		
	Nitroglycerin Cap CR 9 MG		
	Nitroglycerin SL Tab 0.3 MG	NITROSTAT	
	Nitroglycerin SL Tab 0.4 MG	NITROSTAT	
	Nitroglycerin SL Tab 0.6 MG	NITROSTAT	
	Nitroglycerin Oint 2%	NITRO-BID, NITROGLYCER	
(Generic: NITRO-DUR)	Nitroglycerin TD Patch 24HR 0.1 MG/HR		
(Generic: NITRO-DUR)	Nitroglycerin TD Patch 24HR 0.2 MG/HR		
(Generic: NITRO-DUR)	Nitroglycerin TD Patch 24HR 0.4 MG/HR		
(Generic: NITRO-DUR)	Nitroglycerin TD Patch 24HR 0.6 MG/HR		
BETA BLOCKERS			
(Generic: CORGARD)	Nadolol Tab 20 MG		Daily Dosage=2
(Generic: CORGARD)	Nadolol Tab 40 MG		Daily Dosage=2
(Generic: CORGARD)	Nadolol Tab 80 MG		Daily Dosage=2
	Nadolol Tab 160 MG	NADOLOL	Daily Dosage=2
	Pindolol Tab 5 MG	PINDOLOL	
	Pindolol Tab 10 MG		
	Propranolol HCl Tab 10 MG		
	Propranolol HCl Tab 20 MG		
	Propranolol HCl Tab 40 MG		
	Propranolol HCl Tab 60 MG		
	Propranolol HCl Tab 80 MG		
	Propranolol HCl Oral Soln 20 MG/5ML		
	Propranolol HCl Oral Soln 40 MG/5ML		
(Generic: INDERAL LA)	Propranolol HCl Cap SR 24HR 60 MG		Daily Dosage=2
(Generic: INDERAL LA)	Propranolol HCl Cap SR 24HR 80 MG		Daily Dosage=2
(Generic: INDERAL LA)	Propranolol HCl Cap SR 24HR 120 MG		Daily Dosage=2
(Generic: INDERAL LA)	Propranolol HCl Cap SR 24HR 160 MG		Daily Dosage=2
(Generic: BETAPACE)	Sotalol HCl Tab 80 MG		Daily Dosage=2
(Generic: BETAPACE)	Sotalol HCl Tab 120 MG		Daily Dosage=2
(Generic: BETAPACE)	Sotalol HCl Tab 160 MG		Daily Dosage=2
(Generic: BETAPACE)	Sotalol HCl Tab 240 MG		
(Generic: BETAPACE AF)	Sotalol HCl (AFIB/AFL) Tab 80 MG		Daily Dosage=2
(Generic: BETAPACE AF)	Sotalol HCl (AFIB/AFL) Tab 120 MG		Daily Dosage=2
(Generic: BETAPACE AF)	Sotalol HCl (AFIB/AFL) Tab 160 MG		Daily Dosage=2
	Timolol Maleate Tab 5 MG		
	Timolol Maleate Tab 10 MG		
	Timolol Maleate Tab 20 MG		
(Generic: SECTRAL)	Acebutolol HCl Cap 200 MG		
(Generic: SECTRAL)	Acebutolol HCl Cap 400 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: TENORMIN)	Atenolol Tab 25 MG		Daily Dosage=2
(Generic: TENORMIN)	Atenolol Tab 50 MG		Daily Dosage=2
(Generic: TENORMIN)	Atenolol Tab 100 MG		Daily Dosage=2
(Generic: TOPROL XL)	Metoprolol Succinate Tab SR 24HR 25 MG		Daily Dosage=1
(Generic: TOPROL XL)	Metoprolol Succinate Tab SR 24HR 50 MG		Daily Dosage=1
(Generic: TOPROL XL)	Metoprolol Succinate Tab SR 24HR 100 MG		Daily Dosage=1
(Generic: TOPROL XL)	Metoprolol Succinate Tab SR 24HR 200 MG		Daily Dosage=1
(Generic: LOPRESSOR)	Metoprolol Tartrate Tab 25 MG		Daily Dosage=2
(Generic: LOPRESSOR)	Metoprolol Tartrate Tab 50 MG		Daily Dosage=2
(Generic: LOPRESSOR)	Metoprolol Tartrate Tab 100 MG		Daily Dosage=2
(Generic: COREG)	Carvedilol Tab 3.125 MG		Daily Dosage=3
(Generic: COREG)	Carvedilol Tab 6.25 MG		Daily Dosage=3
(Generic: COREG)	Carvedilol Tab 12.5 MG		Daily Dosage=3
(Generic: COREG)	Carvedilol Tab 25 MG		Daily Dosage=3
	Carvedilol Phosphate Cap SR 24HR 10 MG	COREG CR	Daily Dosage=1
	Carvedilol Phosphate Cap SR 24HR 20 MG	COREG CR	Daily Dosage=1
	Carvedilol Phosphate Cap SR 24HR 40 MG	COREG CR	Daily Dosage=1
	Carvedilol Phosphate Cap SR 24HR 80 MG	COREG CR	Daily Dosage=1
(Generic: TRANDATE)	Labetalol HCl Tab 100 MG		Daily Dosage=3
(Generic: TRANDATE)	Labetalol HCl Tab 200 MG		Daily Dosage=6
(Generic: TRANDATE)	Labetalol HCl Tab 300 MG		Daily Dosage=8
CALCIUM CHANNEL BLOCKERS			
(Generic: NORVASC)	Amlodipine Besylate Tab 2.5 MG		Daily Dosage=1
(Generic: NORVASC)	Amlodipine Besylate Tab 5 MG		Daily Dosage=1
(Generic: NORVASC)	Amlodipine Besylate Tab 10 MG		Daily Dosage=1
(Generic: CARDIZEM)	Diltiazem HCl Tab 30 MG		Daily Dosage=3
(Generic: CARDIZEM)	Diltiazem HCl Tab 60 MG		Daily Dosage=3
(Generic: CARDIZEM)	Diltiazem HCl Tab 90 MG		Daily Dosage=3
(Generic: CARDIZEM)	Diltiazem HCl Tab 120 MG		Daily Dosage=3
	Diltiazem HCl Cap SR 12HR 60 MG		Daily Dosage=2
	Diltiazem HCl Cap SR 12HR 90 MG		Daily Dosage=2
	Diltiazem HCl Cap SR 12HR 120 MG		Daily Dosage=2
(Generic: DILACOR XR)	Diltiazem HCl Cap SR 24HR 120 MG		Daily Dosage=1
(Generic: DILACOR XR)	Diltiazem HCl Cap SR 24HR 180 MG		Daily Dosage=1
(Generic: DILACOR XR)	Diltiazem HCl Cap SR 24HR 240 MG		Daily Dosage=1
(Generic: TIAZAC)	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG		Daily Dosage=1
(Generic: TIAZAC)	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG		Daily Dosage=1
(Generic: TIAZAC)	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG		Daily Dosage=1
(Generic: TIAZAC)	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG		Daily Dosage=1
(Generic: TIAZAC)	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG		Daily Dosage=1
(Generic: TIAZAC)	Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG		Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CARDIZEM CD)	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG		Daily Dosage=1
(Generic: PLENDIL)	Felodipine Tab SR 24HR 2.5 MG		Daily Dosage=1
(Generic: PLENDIL)	Felodipine Tab SR 24HR 5 MG		Daily Dosage=1
(Generic: PLENDIL)	Felodipine Tab SR 24HR 10 MG		Daily Dosage=1
	Nicardipine HCl Cap 20 MG		
	Nicardipine HCl Cap 30 MG		
(Generic: PROCARDIA)	Nifedipine Cap 10 MG		Daily Dosage=4
	Nifedipine Cap 20 MG	NIFEDIPINE	Daily Dosage=4
(Generic: ADALAT CC)	Nifedipine Tab SR 24HR 30 MG		Daily Dosage=1
(Generic: ADALAT CC)	Nifedipine Tab SR 24HR 60 MG		Daily Dosage=1
(Generic: ADALAT CC)	Nifedipine Tab SR 24HR 90 MG		Daily Dosage=1
(Generic: PROCARDIA XL)	Nifedipine Tab SR 24HR Osmotic 30 MG		Daily Dosage=1
(Generic: PROCARDIA XL)	Nifedipine Tab SR 24HR Osmotic 60 MG		Daily Dosage=1
(Generic: PROCARDIA XL)	Nifedipine Tab SR 24HR Osmotic 90 MG		Daily Dosage=1
(Generic: CALAN)	Verapamil HCl Tab 40 MG		Daily Dosage=3
(Generic: CALAN)	Verapamil HCl Tab 80 MG		Daily Dosage=3
(Generic: CALAN)	Verapamil HCl Tab 120 MG		Daily Dosage=3
(Generic: CALAN SR, ISOPTIN SR)	Verapamil HCl Tab CR 120 MG		Daily Dosage=2
(Generic: CALAN SR, ISOPTIN SR)	Verapamil HCl Tab CR 180 MG		Daily Dosage=2
(Generic: CALAN SR, ISOPTIN SR)	Verapamil HCl Tab CR 240 MG		Daily Dosage=2
(Generic: VERELAN)	Verapamil HCl Cap SR 24HR 120 MG		Daily Dosage=2
(Generic: VERELAN)	Verapamil HCl Cap SR 24HR 180 MG		Daily Dosage=2
(Generic: VERELAN)	Verapamil HCl Cap SR 24HR 240 MG		Daily Dosage=2
(Generic: VERELAN)	Verapamil HCl Cap SR 24HR 360 MG		Daily Dosage=1
ANTIARRHYTHMICS			
	Moricizine HCl Tab 200 MG	ETHMOZINE	
	Moricizine HCl Tab 250 MG	ETHMOZINE	
	Moricizine HCl Tab 300 MG	ETHMOZINE	
(Generic: NORPACE)	Disopyramide Phosphate Cap 100 MG		
(Generic: NORPACE)	Disopyramide Phosphate Cap 150 MG		
	Disopyramide Phosphate Cap SR 12HR 150 MG	NORPACE	
(Generic: PRONESTYL)	Procainamide HCl Cap 250 MG		
	Procainamide HCl Tab CR 750 MG	PROCAINAMIDE	
	Quinidine Gluconate Tab CR 324 MG		
	Quinidine Sulfate Tab 200 MG		
	Quinidine Sulfate Tab 300 MG		
	Quinidine Sulfate Tab CR 300 MG		
	Mexiletine HCl Cap 150 MG	MEXILETINE	
	Mexiletine HCl Cap 200 MG	MEXILETINE	
	Mexiletine HCl Cap 250 MG	MEXILETINE	
(Generic: TAMBOCOR)	Flecainide Acetate Tab 50 MG		
(Generic: TAMBOCOR)	Flecainide Acetate Tab 100 MG		
(Generic: TAMBOCOR)	Flecainide Acetate Tab 150 MG		
(Generic: RYTHMOL)	Propafenone HCl Tab 150 MG		
(Generic: RYTHMOL)	Propafenone HCl Tab 225 MG		
(Generic: RYTHMOL)	Propafenone HCl Tab 300 MG		
(Generic: CORDARONE)	Amiodarone HCl Tab 200 MG		
	Dofetilide Cap 125 MCG (0.125 MG)	TIKOSYN	
	Dofetilide Cap 250 MCG (0.25 MG)	TIKOSYN	
	Dofetilide Cap 500 MCG (0.5 MG)	TIKOSYN	
	Dronedaron HCl Tab 400 MG (Base Equivalent)	MULTAQ	Daily Dosage=2
ANTIHYPERTENSIVES			
(Generic: LOTENSIN)	Benazepril HCl Tab 5 MG		Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: LOTENSIN)	Benazepril HCl Tab 10 MG		Daily Dosage=1
(Generic: LOTENSIN)	Benazepril HCl Tab 20 MG	LOTENSIN	Daily Dosage=1
(Generic: LOTENSIN)	Benazepril HCl Tab 40 MG		Daily Dosage=2
(Generic: CAPOTEN)	Captopril Tab 12.5 MG		Daily Dosage=3
(Generic: CAPOTEN)	Captopril Tab 25 MG		Daily Dosage=3
(Generic: CAPOTEN)	Captopril Tab 50 MG		Daily Dosage=3
(Generic: CAPOTEN)	Captopril Tab 100 MG		Daily Dosage=3
(Generic: VASOTEC)	Enalapril Maleate Tab 2.5 MG		Daily Dosage=2
(Generic: VASOTEC)	Enalapril Maleate Tab 5 MG		Daily Dosage=2
(Generic: VASOTEC)	Enalapril Maleate Tab 10 MG		Daily Dosage=2
(Generic: VASOTEC)	Enalapril Maleate Tab 20 MG		Daily Dosage=2
(Generic: MONOPRIL)	Fosinopril Sodium Tab 10 MG		Daily Dosage=1
(Generic: MONOPRIL)	Fosinopril Sodium Tab 20 MG		Daily Dosage=1
(Generic: MONOPRIL)	Fosinopril Sodium Tab 40 MG		Daily Dosage=1
(Generic: ZESTRIL)	Lisinopril Tab 2.5 MG		Daily Dosage=1
(Generic: PRINIVIL, ZESTRIL)	Lisinopril Tab 5 MG		Daily Dosage=2
(Generic: PRINIVIL, ZESTRIL)	Lisinopril Tab 10 MG	PRINIVIL	Daily Dosage=2
(Generic: PRINIVIL, ZESTRIL)	Lisinopril Tab 20 MG		Daily Dosage=2
(Generic: ZESTRIL)	Lisinopril Tab 30 MG		Daily Dosage=2
(Generic: ZESTRIL)	Lisinopril Tab 40 MG		Daily Dosage=2
(Generic: ACCUPRIL)	Quinapril HCl Tab 5 MG		Daily Dosage=1
(Generic: ACCUPRIL)	Quinapril HCl Tab 10 MG		Daily Dosage=1
(Generic: ACCUPRIL)	Quinapril HCl Tab 20 MG		Daily Dosage=1
(Generic: ACCUPRIL)	Quinapril HCl Tab 40 MG		Daily Dosage=2
(Generic: ALTACE)	Ramipril Cap 1.25 MG		Daily Dosage=2
(Generic: ALTACE)	Ramipril Cap 2.5 MG		Daily Dosage=2
(Generic: ALTACE)	Ramipril Cap 5 MG		Daily Dosage=2
(Generic: ALTACE)	Ramipril Cap 10 MG		Daily Dosage=1
(Generic: MAVIK)	Trandolapril Tab 1 MG		Daily Dosage=4
(Generic: MAVIK)	Trandolapril Tab 2 MG		Daily Dosage=4
(Generic: MAVIK)	Trandolapril Tab 4 MG		Daily Dosage=4
(Generic: COZAAR)	Losartan Potassium Tab 25 MG	COZAAR	Daily Dosage=1
(Generic: COZAAR)	Losartan Potassium Tab 50 MG	COZAAR	Daily Dosage=1
(Generic: COZAAR)	Losartan Potassium Tab 100 MG	COZAAR	Daily Dosage=1
	Valsartan Tab 40 MG	DIOVAN	Daily Dosage=1; Step Therapy
	Valsartan Tab 80 MG	DIOVAN	Daily Dosage=1; Step Therapy
	Valsartan Tab 160 MG	DIOVAN	Daily Dosage=1; Step Therapy
	Valsartan Tab 320 MG	DIOVAN	Daily Dosage=1; Step Therapy
(Generic: CATAPRES)	Clonidine HCl Tab 0.1 MG		
(Generic: CATAPRES)	Clonidine HCl Tab 0.2 MG		
(Generic: CATAPRES)	Clonidine HCl Tab 0.3 MG		
	Guanabenz Acetate Tab 4 MG		
	Guanabenz Acetate Tab 8 MG		
(Generic: TENEX)	Guanfacine HCl Tab 1 MG		
(Generic: TENEX)	Guanfacine HCl Tab 2 MG		
	Methyldopa Tab 250 MG		
	Methyldopa Tab 500 MG		
(Generic: CARDURA)	Doxazosin Mesylate Tab 1 MG		
(Generic: CARDURA)	Doxazosin Mesylate Tab 2 MG		
(Generic: CARDURA)	Doxazosin Mesylate Tab 4 MG		
(Generic: CARDURA)	Doxazosin Mesylate Tab 8 MG		
(Generic: MINIPRESS)	Prazosin HCl Cap 1 MG		
(Generic: MINIPRESS)	Prazosin HCl Cap 2 MG		
(Generic: MINIPRESS)	Prazosin HCl Cap 5 MG		
(Generic: HYTRIN)	Terazosin HCl Cap 1 MG		
(Generic: HYTRIN)	Terazosin HCl Cap 2 MG		
(Generic: HYTRIN)	Terazosin HCl Cap 5 MG		
(Generic: HYTRIN)	Terazosin HCl Cap 10 MG		
	Reserpine Tab 0.1 MG		
	Reserpine Tab 0.25 MG		
	Hydralazine HCl Tab 10 MG		
	Hydralazine HCl Tab 25 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: APRESOLINE)	Hydralazine HCl Tab 50 MG		
	Hydralazine HCl Tab 100 MG		
	Minoxidil Tab 2.5 MG		
	Minoxidil Tab 10 MG		
(Generic: LOTREL)	Benazepril HCl-Amlodipine Besylate Cap 10-2.5 MG		Daily Dosage=1
(Generic: LOTREL)	Benazepril HCl-Amlodipine Besylate Cap 10-5 MG		Daily Dosage=1
(Generic: LOTREL)	Benazepril HCl-Amlodipine Besylate Cap 20-5 MG		Daily Dosage=1
(Generic: LOTREL)	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG		Daily Dosage=1
(Generic: LOTENSIN HCT)	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG		Daily Dosage=1
(Generic: LOTENSIN HCT)	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG		Daily Dosage=1
(Generic: LOTENSIN HCT)	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG		Daily Dosage=1
(Generic: LOTENSIN HCT)	Benazepril & Hydrochlorothiazide Tab 20-25 MG		Daily Dosage=1
(Generic: CAPOZIDE)	Captopril & Hydrochlorothiazide Tab 25-15 MG		Daily Dosage=2
(Generic: CAPOZIDE)	Captopril & Hydrochlorothiazide Tab 25-25 MG		Daily Dosage=2
(Generic: CAPOZIDE)	Captopril & Hydrochlorothiazide Tab 50-15 MG		Daily Dosage=2
(Generic: CAPOZIDE)	Captopril & Hydrochlorothiazide Tab 50-25 MG		Daily Dosage=2
	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG		Daily Dosage=2
(Generic: VASERETIC)	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG		Daily Dosage=2
(Generic: MONOPRIL HCT)	Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG		Daily Dosage=1
(Generic: MONOPRIL HCT)	Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG		Daily Dosage=1
(Generic: PRINZIDE, ZESTORETIC)	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG		Daily Dosage=2
(Generic: PRINZIDE, ZESTORETIC)	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG		Daily Dosage=2
(Generic: PRINZIDE, ZESTORETIC)	Lisinopril & Hydrochlorothiazide Tab 20-25 MG		Daily Dosage=1
(Generic: TENORETIC)	Atenolol & Chlorthalidone Tab 50-25 MG		Daily Dosage=1
(Generic: TENORETIC)	Atenolol & Chlorthalidone Tab 100-25 MG		Daily Dosage=1
(Generic: LOPRESS HCT)	Metoprolol & Hydrochlorothiazide Tab 50-25 MG		Daily Dosage=2
(Generic: LOPRESS HCT)	Metoprolol & Hydrochlorothiazide Tab 100-25 MG		Daily Dosage=2
(Generic: LOPRESS HCT)	Metoprolol & Hydrochlorothiazide Tab 100-50 MG		Daily Dosage=2
	Propranolol & Hydrochlorothiazide Tab 40-25 MG		
	Propranolol & Hydrochlorothiazide Tab 80-25 MG		
(Generic: HYZAAR)	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	HYZAAR	Daily Dosage=1
(Generic: HYZAAR)	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG		Daily Dosage=1
(Generic: HYZAAR)	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	HYZAAR	Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	Valsartan-Hydrochlorothiazide Tab 160-25 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	Valsartan-Hydrochlorothiazide Tab 320-25 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	Hydralazine & HCTZ Cap 25-25 MG		
	Hydralazine & HCTZ Cap 50-50 MG		
DIURETICS			
	Acetazolamide Tab 125 MG		
	Acetazolamide Tab 250 MG		
(Generic: DIAMOX SEQUE)	Acetazolamide Cap SR 12HR 500 MG		
(Generic: NEPTAZANE)	Methazolamide Tab 25 MG		
(Generic: NEPTAZANE)	Methazolamide Tab 50 MG		
(Generic: BUMEX)	Bumetanide Tab 0.5 MG		
(Generic: BUMEX)	Bumetanide Tab 1 MG		
	Bumetanide Tab 2 MG		
(Generic: LASIX)	Furosemide Tab 20 MG		
(Generic: LASIX)	Furosemide Tab 40 MG		
(Generic: LASIX)	Furosemide Tab 80 MG		
	Furosemide Oral Soln 8 MG/ML		
	Furosemide Oral Soln 10 MG/ML		
(Generic: DEMADEX)	Torsemide Tab 5 MG		Daily Dosage=1
(Generic: DEMADEX)	Torsemide Tab 10 MG		Daily Dosage=1
(Generic: DEMADEX)	Torsemide Tab 20 MG		Daily Dosage=1
(Generic: DEMADEX)	Torsemide Tab 100 MG		Daily Dosage=1
(Generic: ALDACTONE)	Spirolactone Tab 25 MG		
(Generic: ALDACTONE)	Spirolactone Tab 50 MG		
(Generic: ALDACTONE)	Spirolactone Tab 100 MG		
	Chlorothiazide Tab 250 MG		Daily Dosage=2
	Chlorothiazide Tab 500 MG		Daily Dosage=4
	Chlorthalidone Tab 25 MG		
	Chlorthalidone Tab 50 MG		
	Chlorthalidone Tab 100 MG		
(Generic: MICROZIDE)	Hydrochlorothiazide Cap 12.5 MG		
	Hydrochlorothiazide Tab 25 MG		
	Hydrochlorothiazide Tab 50 MG		
	Indapamide Tab 1.25 MG		
	Indapamide Tab 2.5 MG		
(Generic: ZAROXOLYN)	Metolazone Tab 2.5 MG		
(Generic: ZAROXOLYN)	Metolazone Tab 5 MG		
(Generic: ZAROXOLYN)	Metolazone Tab 10 MG		
(Generic: ALDACTAZIDE)	Spirolactone & Hydrochlorothiazide Tab 25-25 MG		
(Generic: DYZAZIDE)	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG		Daily Dosage=1
	Triamterene & Hydrochlorothiazide Cap 50-25 MG		Daily Dosage=1
(Generic: MAXZIDE-25)	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG		Daily Dosage=1
(Generic: MAXZIDE)	Triamterene & Hydrochlorothiazide Tab 75-50 MG		Daily Dosage=1
VASOPRESSORS			
(Generic: PROAMATINE)	Midodrine HCl Tab 2.5 MG		
(Generic: PROAMATINE)	Midodrine HCl Tab 5 MG		
(Generic: PROAMATINE)	Midodrine HCl Tab 10 MG		
	Epinephrine Inj Device 0.15 MG/0.3ML (1:2000)	EPIPEN-JR	Max Qty=2/30 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Epinephrine Inj Device 0.3 MG/0.3ML (1:1000)	ADRENACLICK, EPINEPHRINE, EPIPEN, EPIPEN 2-PAK, TWINJECT...	Max Qty=2/30 days
ANTIHYPERTENSIVES			
(Generic: QUESTRAN)	Cholestyramine Powder 4 GM		
(Generic: QUESTRAN)	Cholestyramine Powder Packets 4 GM		
(Generic: QUESTRAN)	Cholestyramine Light Powder 4 GM/DOSE		
(Generic: QUESTRAN)	Cholestyramine Light Powder Packets 4 GM		
(Generic: COLESTID)	Colestipol HCl Tab 1 GM		Daily Dosage=2
(Generic: COLESTID, COLESTID FLA)	Colestipol HCl Granules 5 GM		
(Generic: LOFIBRA)	Fenofibrate Tab 54 MG		Daily Dosage=3
(Generic: LOFIBRA)	Fenofibrate Tab 160 MG	TRIGLIDE	Daily Dosage=1
(Generic: LOFIBRA)	Fenofibrate Micronized Cap 67 MG		Daily Dosage=2
(Generic: LOFIBRA)	Fenofibrate Micronized Cap 134 MG		Daily Dosage=1
(Generic: LOFIBRA)	Fenofibrate Micronized Cap 200 MG		Daily Dosage=1
(Generic: LOPID)	Gemfibrozil Tab 600 MG		Daily Dosage=2
	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	LIPITOR, LIPITOR	Daily Dosage=1; Step Therapy
	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	LIPITOR, LIPITOR	Daily Dosage=1; Step Therapy
	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	LIPITOR, LIPITOR	Daily Dosage=1; Step Therapy
	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	LIPITOR, LIPITOR	Daily Dosage=1; Step Therapy
(Generic: MEVACOR)	Lovastatin Tab 10 MG		Daily Dosage=1
(Generic: MEVACOR)	Lovastatin Tab 20 MG		Daily Dosage=1
(Generic: MEVACOR)	Lovastatin Tab 40 MG		Daily Dosage=2
(Generic: PRAVACHOL)	Pravastatin Sodium Tab 10 MG		Daily Dosage=1
(Generic: PRAVACHOL)	Pravastatin Sodium Tab 20 MG		Daily Dosage=1
(Generic: PRAVACHOL)	Pravastatin Sodium Tab 40 MG		Daily Dosage=1
(Generic: PRAVACHOL)	Pravastatin Sodium Tab 80 MG		Daily Dosage=1
(Generic: ZOCOR)	Simvastatin Tab 5 MG		Daily Dosage=1
(Generic: ZOCOR)	Simvastatin Tab 10 MG		Daily Dosage=1
(Generic: ZOCOR)	Simvastatin Tab 20 MG		Daily Dosage=1
(Generic: ZOCOR)	Simvastatin Tab 40 MG		Daily Dosage=1
CARDIOVASCULAR AGENTS - MISC.			
	Papaverine HCl Cap CR 150 MG		
ANTIHISTAMINES			
	Chlorpheniramine Maleate Cap CR 8 MG		Daily Dosage=3
	Chlorpheniramine Maleate Cap CR 12 MG	CHLORPHENIR	Daily Dosage=2
(Generic: CHLOR-TRIMET)	Chlorpheniramine Maleate Tab 4 MG		Daily Dosage=6
(Generic: CHLOR-TRIMET)	Chlorpheniramine Maleate Syrup 2 MG/5ML		Daily Dosage=60
	Dexchlorpheniramine Maleate Tab CR 4 MG		
	Dexchlorpheniramine Maleate Syrup 2 MG/5ML	DEXCHLORPHEN	
(Generic: TAVIST, TAVIST-1)	Clemastine Fumarate Tab 1.34 MG		
(Generic: BENADRYL, BENADRYL DF)	Diphenhydramine HCl Cap 25 MG Diphenhydramine HCl Cap 50 MG		
(Generic: BENADRYL, BENADRYL ALG)	Diphenhydramine HCl Tab 25 MG Diphenhydramine HCl Tab 50 MG		
(Generic: BENADRYL ALL)	Diphenhydramine HCl Liquid 12.5 MG/5ML		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Diphenhydramine HCl Elixir 12.5 MG/5ML		
	Diphenhydramine HCl Syrup 12.5 MG/5ML		
	Promethazine HCl Tab 12.5 MG		Limited to Ages 2 and Older
	Promethazine HCl Tab 25 MG		Limited to Ages 2 and Older
	Promethazine HCl Tab 50 MG		Limited to Ages 2 and Older
	Promethazine HCl Syrup 6.25 MG/5ML	PROMETHAZINE	Limited to Ages 2 and Older; Max Qty=240/claim
	Promethazine HCl Suppos 12.5 MG		Limited to Ages 2 and Older; Max Qty=12/claim
	Promethazine HCl Suppos 25 MG		Limited to Ages 2 and Older; Max Qty=12/claim
	Promethazine HCl Suppos 50 MG		Limited to Ages 2 and Older; Max Qty=12/claim
	Cyproheptadine HCl Tab 4 MG		
	Cyproheptadine HCl Syrup 2 MG/5ML		
(Generic: ZYRTEC)	Cetirizine HCl Tab 5 MG		Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC ALLGY, ZYRTEC HIVES)	Cetirizine HCl Tab 10 MG		Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC CHILD)	Cetirizine HCl Chew Tab 5 MG		Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC CHILD)	Cetirizine HCl Chew Tab 10 MG		Daily Dosage=1
(Generic: ZYRTEC CHILD, ZYRTEC HIVES)	Cetirizine HCl Syrup 5 MG/5ML	ZYRTEC	Limited to Ages 12 and Under; Daily Dosage=10
(Generic: ALLEGRA)	Fexofenadine HCl Tab 30 MG	ALLEGRA ALRG	Daily Dosage=2; Step Therapy
(Generic: ALLEGRA, ALLEGRA ALRG)	Fexofenadine HCl Tab 60 MG	ALLEGRA ALRG, FEXOFENADINE	Daily Dosage=2; Step Therapy
(Generic: ALLEGRA, ALLEGRA ALRG)	Fexofenadine HCl Tab 180 MG		Daily Dosage=1; Step Therapy
(Generic: CLARITIN)	Loratadine Tab 10 MG		
(Generic: CLARITIN)	Loratadine Syrup 5 MG/5ML		Daily Dosage=10
(Generic: CLARITIN, CLARITIN RDT)	Loratadine Rapidly-Disintegrating Tab 10 MG		
NASAL AGENTS - SYSTEMIC AND TOPICAL			
(Generic: SUDAFD NASAL, SUDAFED)	Pseudoephedrine HCl Tab 30 MG		
	Pseudoephedrine HCl Tab 60 MG		
(Generic: SUDAFED CHLD)	Pseudoephedrine HCl Liq 15 MG/5ML		
	Pseudoephedrine HCl Liq 30 MG/5ML		
	Pseudoephedrine HCl Syrup 30 MG/5ML		
(Generic: PEDIACARE)	Pseudoephedrine HCl Soln 7.5 MG/0.8ML		
	Pseudoephedrine HCl Tab SR 12HR 120 MG		Max Qty=62/31 days
(Generic: NASALIDE)	Epinephrine HCl Nasal Soln 0.1%	ADRENALIN	
(Generic: NASAREL)	Flunisolide Nasal Soln 0.025%	FLUNISOLIDE	Max Qty=25/claim
(Generic: FLONASE)	Fluticasone Propionate Nasal Susp 50 MCG/ACT		Max Qty=16/claim
	Mometasone Furoate Nasal Susp 50 MCG/ACT	NASONEX	Limited to Ages 2 and Older; Max Qty=17/claim; From age 4 through 999Step Therapy
(Generic: NASACORT AQ)	Triamcinolone Acetonide Nasal Inhal 55 MCG/ACT	NASACORT AQ	Limited to Ages 2 and Older; Max Qty=17/claim; From age 4 through 999Step Therapy
	Mupirocin Calcium Nasal Oint 2%	BACTROBAN	
(Generic: ATROVENT NAS)	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)		Max Qty=30/25 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ATROVENT NAS)	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)		Max Qty=15/30 days
(Generic: NASALCROM)	Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)		Max Qty=26/claim
(Generic: OCEAN NASAL)	Saline Nasal Spray 0.65%		Package Limit=1/claim
COUGH/COLD/ALLERGY			
(Generic: HYCODAN)	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML		
(Generic: TESSALON PER)	Benzonate Cap 100 MG		Limited to Ages 10 and Older
(Generic: TESSALON)	Benzonate Cap 200 MG		Limited to Ages 10 and Older; Max Qty=30/30 days; Max Fills=1/30 days
(Generic: TRIAMINIC)	Dextromethorphan HBr Liquid 7.5 MG/5ML		Max Qty=240/6 days
	Dextromethorphan Polistirex Liquid CR 30 MG/5ML	DELSYM	Max Qty=240/6 days
(Generic: ORGANIDIN NR)	Guaifenesin Liquid 100 MG/5ML		Max Qty=240/30 days; Max Fills=1/30 days
(Generic: ROBITUSSIN)	Guaifenesin Syrup 100 MG/5ML		Max Qty=240/6 days
(Generic: HUMIBID, MUCINEX)	Guaifenesin Tab SR 12HR 600 MG	MUCINEX	Max Qty=40/30 days; Max Fills=1/30 days
(Generic: DURATUSS G)	Guaifenesin Tab SR 12HR 1200 MG	MUCINEX	Daily Dosage=2
	Acetylcysteine Inhal Soln 10%		
	Acetylcysteine Inhal Soln 20%		
	Sodium Chloride Soln Nebu 0.45%	SODIUM CHLOR	
	Sodium Chloride Soln Nebu 0.9%		
	Sodium Chloride Soln Nebu 3%		
	Sodium Chloride Soln Nebu 10%		
	Sodium Chloride Aero Soln 0.9%		Max Qty=240/claim
(Generic: CEPACOL CHLD)	Pseudoephedrine w/ Acetaminophen Liquid 15-160 MG/5ML	TYLENOL CHLD	
(Generic: ADVIL COLD/)	Pseudoephedrine-Ibuprofen Tab 30-200 MG		
(Generic: CHILD MOTRIN)	Pseudoephedrine-Ibuprofen Susp 15-100 MG/5ML		
	Phenylephrine-APAP-Caffeine Tab 5-500-75 MG	MEDI-GRAINE	Max Qty=120/30 days
(Generic: ALLERX-D)	Pseudoephedrine-Methscopolamine Tab SR 12HR 120-2.5 MG		
(Generic: DIMETAPP CLD)	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML		Max Qty=120/30 days; Max Fills=1/30 days
	Brompheniramine & Pseudoephedrine Cap CR 6-60 MG		Daily Dosage=4
	Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML		Max Qty=120/30 days; Max Fills=1/30 days
(Generic: LODRANE 12D)	Brompheniramine & Pseudoephedrine Tab SR 12HR 6-45 MG		Max Qty=14/30 days; Max Fills=1/30 days
(Generic: ZYRTEC-D ALG)	Cetirizine-Pseudoephedrine Tab SR 12HR 5-120 MG	ZYRTEC-D	PA, Legend; Daily Dosage=2
	Chlorpheniramine & Pseudoephedrine Soln 2-30 MG/5ML		
(Generic: RYNATAN PED)	Chlorpheniramine Tan-Phenylephrine Tan Susp 4.5-5 MG/5ML	R-TANNA	Limited to Ages 3 and Older; From age 6 through 999: Daily Dosage=20; From age 3 through 5: Daily Dosage=10
	Diphenhydramine & Pseudoephedrine Cap CR 25-60 MG	BENAPHEN	
	Diphenhydramine & Pseudoephedrine Tab 25-60 MG		
	Diphenhydramine & Pseudoephedrine Liquid 12.5-30 MG/5ML	BENADRYL ALL, BENADRYL-D	Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CLARITIN-D)	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG		Max Qty=62/31 days; Daily Dosage=2
(Generic: CLARITIN-D)	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG		Daily Dosage=1
	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	Chlorphen Tan-Pyrimilamine Tan-PE Tan Susp 2-12.5-5 MG/5ML	NALEX-A 12	Daily Dosage=20
	Chlorpheniramine-PE-Methscopolamine Syrup 2-10-1.25 MG/5ML	DEHISTINE	Max Qty=240/6 days
(Generic: DURAHIST PE)	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-1.25 MG		Max Qty=62/31 days
(Generic: ALKA-SELTZER)	Chlorphen-Pseudoephedrine w/ APAP Cap 2- 30-325 MG		
(Generic: SCOT-TUSSIN)	Phenir-PE w/ Sod Salicyl & Caff Cit Liq 13-4- 83-25 MG/5ML		
	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-1.67 MG/5ML		Max Qty=240/claim
	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-2.5 MG/5ML		Max Qty=240/claim
	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-5-5 MG/5ML		Max Qty=240/claim
(Generic: CODIMAL DH)	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-8.33-1.66 MG/5ML		Max Qty=240/claim
	*PE-Pheniramine-COD-Sod Salicylate-Sod Cit- Caff Liquid***	TUSSIREX-SF	
	Acetaminophen w/ DM Liq 160-5 MG/5ML		
	Pseudoephedrine-DM Liq 15-7.5 MG/5ML		Max Qty=240/claim
	Pseudoephedrine-DM Elixir 20-10 MG/5ML	DEXATREX D	Max Qty=240/claim
	Pseudoephedrine-DM Soln 7.5-2.5 MG/0.8ML	EQL INFANT	Max Qty=30/6 days
	Chlorpheniramine-DM Liquid 2-15 MG/5ML		Max Qty=240/claim
	Chlorpheniramine-DM Syrup 1-7.5 MG/5ML	DIMETAPP	Max Qty=240/claim
	Chlorpheniramine-DM Syrup 2-10 MG/5ML	TRICODENE SF	
	Promethazine-DM Syrup 6.25-15 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	Phenylephrine-Chlorphen-DM Chew Tab SR 12HR 30-4-30 MG	ED DM	
(Generic: NOREL DM)	Phenylephrine-Chlorphen-DM Liquid 10-4-15 MG/5ML		Max Qty=240/claim
	Phenylephrine-Chlorphen-DM Syrup 6-2-15 MG/5ML		Max Qty=240/claim
	Phenylephrine-Chlorphen-DM Syrup 10-2-15 MG/5ML		Max Qty=240/claim
(Generic: PHENABID DM)	Phenylephrine-Chlorphen-DM Tab SR 12HR 20-8-30 MG		
(Generic: CODIMAL DM)	Phenylephrine-Pyrimilamine-DM Syrup 5-8.33- 10 MG/5ML	CODITUSS DM	Max Qty=240/claim
	Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML		Max Qty=240/claim
(Generic: PEDIACARE, TRIAMINIC)	Pseudoephed-Chlorphen-DM Liq 15-1-7.5 MG/5ML		Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Pseudoephed-Bromphen-DM Liquid 30-1-20 MG/5ML	DELTUSS DMX	
	Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML		Max Qty=240/claim
	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML		Max Qty=240/claim
	Pseudoephed-Bromphen-DM Syrup 45-4-15 MG/5ML		Max Qty=240/claim
	Pseudoeph-Chlorphen-DM w/ APAP Syrup 60-4-30-500 MG/20ML	MULTIDEXOL M	
	Pseudoeph-Doxylamine-DM w/ APAP Cap 30-6.25-10-250 MG		
	Pseudoeph-Doxylamine-DM w/ APAP Cap 30-6.25-15-325 MG		
(Generic: NYQUIL)	Pseudoeph-Doxylamine-DM w/ APAP Liq 60-7.5-30-1000MG/30ML		
	Pseudoeph-Doxylamine-DM w/APAP Liquid 60-12.5-30-1000MG/30ML		
(Generic: RESCON-GG)	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML		Max Qty=240/6 days
(Generic: NUMONYL NR)	Phenylephrine-Potassium Guaiacolsulfonate Liqd 5-75 MG/5ML	KGS-PE	
	Pseudoephedrine-Guaifenesin Syrup 30-100 MG/5ML		Max Qty=240/claim
	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG	MUCINEX D	Max Qty=210/claim
	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-600 MG		Max Qty=210/claim
	Phenylephrine-Chlorphen-GG Soln 2-1-20 MG/ML		Max Qty=30/6 days
(Generic: DAY TIME)	Dextromethorphan-Phenylephrine-APAP Cap 10-5-325 MG		
(Generic: ALKA-SELTZER)	Pseudoephedrine w/ APAP-DM Caps 30-250-10 MG		
	Pseudoephedrine w/ APAP-DM Cap 30-325-15 MG		
	Pseudoephedrine w/ APAP-DM Liq 60-650-20 MG/30ML		
	Guaifenesin-Codeine Liquid 200-10 MG/5ML	DIABETIC TUS, TUSSO-C	
(Generic: TUSSI-ORGANI)	Guaifenesin-Codeine Liquid 300-10 MG/5ML		
	Guaifenesin-Codeine Soln 100-10 MG/5ML		
(Generic: PROLEX DM)	Dextromethorphan-Pot Guaiacolsulfonate Liqd 15-300 MG/5ML		
	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML		
(Generic: CHERACOL, CHERACOL-D)	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML		Max Qty=240/claim
(Generic: ROBITUSSIN, ROBITUSSN DM)	Dextromethorphan-Guaifenesin Liquid 10-200 MG/5ML		Max Qty=240/claim
	Dextromethorphan-Guaifenesin Liquid 15-25 MG/5ML	BIOSPEC DMX, TRISPEC DMX	
	Dextromethorphan-Guaifenesin Liquid 15-200 MG/5ML	SCOT-TUSSIN	
	Dextromethorphan-Guaifenesin Liquid 20-200 MG/5ML	NORTUSS-EX	
	Dextromethorphan-Guaifenesin Liquid 30-200 MG/5ML		
	Dextromethorphan-Guaifenesin Elixir 20-200 MG/5ML	HT-TUSS DM	Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ROBITUSSN DM)	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML		Max Qty=240/claim
(Generic: SCOT-TUSSIN)	Dextromethorphan-Guaifenesin Syrup 15-100 MG/5ML		Max Qty=240/claim
(Generic: CORICIDAN CO)	Dextromethorphan-Guaifenesin Tab SR 12HR 30-600 MG	MUCINEX DM	Daily Dosage=2
	Hydrocodone-Guaifenesin Liquid 5-100 MG/5ML	PHANATUSS HC	
(Generic: HYCOTUSS EXP)	Hydrocodone-Guaifenesin Syrup 5-100 MG/5ML		Max Qty=240/claim
	Hydrocodone-Guaifenesin Tab SR 12HR 5-600 MG	XPECT-HC	
	Phenylephrine w/ Hydrocodone-GG Syrup 10-2-100 MG/5ML		
	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML		Max Qty=240/6 days
	Pseudoephedrine w/ DM-GG Liquid 30-10-100 MG/5ML		Max Qty=240/6 days
	Pseudoephedrine w/ Hydrocodone-GG Liqd 15-2.5-100 MG/5ML	GENECOF-XP	
	Pseudoephedrine w/ Hydrocodone-GG Liqd 15-3-100 MG/5ML		
	Pseudoephedrine w/ Hydrocodone-GG Elixir 30-2.5-100 MG/5ML		Max Qty=240/6 days
	Phenyleph-Chlorphen w/ DM-GG Syrup 10-2-7.5-100 MG/5ML		
	Pseudoephedrine-DM-GG w/ APAP Liq 30-10-100-324 MG/15ML		
	Dextromethorphan-APAP-Chlorpheniramine Cap 15-325-4 MG	DIABETIC	
(Generic: CLEAR COUGH, TYLENOL CGH, TYLENOL WARM)	Dextromethorphan-Doxylamine-APAP Liquid 30-12.5-1000 MG/30ML		
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS			
	Ipratropium Bromide Inhal Soln 0.02%		Max Qty=375/25 days
	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	ATROVENT HFA	Max Qty=26/30 days
	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	SPIRIVA	PA, NDC 00597007547 SPIRIVA CAP HANDIHLR; Daily Dosage=1
(Generic: INTAL)	Cromolyn Sodium Soln Nebu 20 MG/2ML		Max Qty=240/30 days
	Cromolyn Sodium Inhal Aerosol Soln 800 MCG/ACT (1 MG/Valve)	INTAL 112, INTAL 200, INTAL INH	Pkg Size 14.2: Package Limit=1/30 days; Pkg Size 8.1: Package Limit=2/30 days
	Nedocromil Sodium Inhal Aerosol 1.75 MG/ACT	TILADE	Max Qty=32/30 days
(Generic: PROVENTIL)	Albuterol Inhal Aerosol 90 MCG/ACT	VENTOLIN, PROAIR	Max Qty=34/30 days
	Albuterol Sulfate Tab 2 MG		
(Generic: VENTOLIN)	Albuterol Sulfate Syrup 2 MG/5ML		
(Generic: PROVENTIL)	Albuterol Sulfate Soln Nebu 0.083%		Max Qty=375/25 days
	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)		Daily Dosage=2
(Generic: ACCUNEb)	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)		Max Qty=375/30 days
(Generic: ACCUNEb)	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)		Max Qty=375/30 days
	Albuterol Sulfate Inhal Aero 120 MCG/ACT (100MCG Base Equiv)	PROAIR HFA, PROVENTIL, VENTOLIN HFA	Package Limit=2/30 days
(Generic: VOSPIRE ER)	Albuterol Sulfate Tab SR 12HR 4 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: VOSPIRE ER)	Albuterol Sulfate Tab SR 12HR 8 MG		
	Formoterol Fumarate Inhal Cap 12 MCG	FORADIL	Daily Dosage=2
	Metaproterenol Sulfate Tab 10 MG	METAPROTEREN	
	Metaproterenol Sulfate Tab 20 MG	METAPROTEREN	
	Metaproterenol Sulfate Syrup 10 MG/5ML		Daily Dosage=30
	Metaproterenol Sulfate Soln Nebu 0.4%		Daily Dosage=8
	Metaproterenol Sulfate Soln Nebu 0.6%		Daily Dosage=8
	Metaproterenol Sulfate Inhal Aerosol Pow 0.65 MG/ACT	ALUPENT INH	Max Qty=28/30 days
	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	SEREVENT DIS	Daily Dosage=2
(Generic: BRETHINE)	Terbutaline Sulfate Tab 2.5 MG		
(Generic: BRETHINE)	Terbutaline Sulfate Tab 5 MG		
(Generic: DUONEB)	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML		Daily Dosage=12
	Ipratropium-Albuterol Aerosol 18-103 MCG/ACT (20-120MCG/ACT)	COMBIVENT	Daily Dosage=1
	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	ADVAIR HFA	Max Qty=12/30 days
	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	ADVAIR HFA	Max Qty=12/30 days
	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	ADVAIR HFA	Max Qty=12/30 days
	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	ADVAIR DISKU	Max Qty=60/30 days
	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	ADVAIR DISKU	Max Qty=60/30 days
	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	ADVAIR DISKU	Max Qty=60/30 days
	Aminophylline Tab 100 MG		
	Aminophylline Tab 200 MG	AMINOPHYLLIN	
	Dyphylline Tab 200 MG	LUFYLLIN	
	Dyphylline Tab 400 MG	LUFYLLIN	
	Theophylline Elixir 80 MG/15ML	ELIXOPHYLLIN	
	Theophylline Cap SR 12HR 125 MG		
	Theophylline Cap SR 24HR 100 MG	THEO-24	
	Theophylline Cap SR 24HR 200 MG	THEO-24	
	Theophylline Cap SR 24HR 300 MG	THEO-24	
	Theophylline Cap SR 24HR 400 MG	THEO-24	
	Theophylline Tab SR 12HR 100 MG		
(Generic: THEO-DUR)	Theophylline Tab SR 12HR 200 MG		
(Generic: QUIBRON-T SR, THEO-DUR)	Theophylline Tab SR 12HR 300 MG		
	Theophylline Tab SR 12HR 450 MG		
(Generic: UNIPHYL)	Theophylline Tab SR 24HR 400 MG		
(Generic: UNIPHYL)	Theophylline Tab SR 24HR 600 MG		
	Beclomethasone Dipropionate Inhal Aero Soln 40 MCG/ACT	QVAR	Max Qty=15/30 days
	Beclomethasone Dipropionate Inhal Aero Soln 80 MCG/ACT	QVAR	Max Qty=15/30 days
(Generic: PULMICORT)	Budesonide Inhalation Susp 0.25 MG/2ML		Limited to Ages 6 and Under; Max Qty=120/30 days
(Generic: PULMICORT)	Budesonide Inhalation Susp 0.5 MG/2ML		Limited to Ages 6 and Under; Max Qty=120/30 days
	Budesonide Inhalation Susp 1 MG/2ML	PULMICORT	Limited to Ages 6 and Under; Max Qty=60/30 days
	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	PULMICORT	Max Qty=1/25 days
	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	PULMICORT	Max Qty=1/25 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	FLOVENT DISK	Max Qty=60/25 days
	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	FLOVENT DISK	Daily Dosage=2
	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	FLOVENT DISK	Daily Dosage=2
	Fluticasone Propionate HFA Inhal Aerosol 44 MCG/ACT	FLOVENT HFA	Max Qty=11/25 days
	Fluticasone Propionate HFA Inhal Aerosol 110 MCG/ACT	FLOVENT HFA	Max Qty=12/25 days
	Fluticasone Propionate HFA Inhal Aerosol 220 MCG/ACT	FLOVENT HFA	Max Qty=12/25 days
	Montelukast Sodium Tab 10 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy
	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy
	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy
	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy
	Theophylline-Guaifenesin Cap 300-180 MG	QUIBRON-300	
LAXATIVES			
	Magnesium Hydroxide Susp 400 MG/5ML	CVS MILK OF	Max Qty=992/31 days
	Magnesium Citrate Soln	MAGNESIUM CI	
(Generic: FLEET)	*Sodium Phosphates - Enema***		
(Generic: DULCOLAX)	Bisacodyl Tab Delayed Release 5 MG	CVS BISACODY	Daily Dosage=1
(Generic: DULCOLAX)	Bisacodyl Suppos 10 MG		Max Qty=12/claim
	Senna Tab 187 MG		
	Senna Powder		
(Generic: SENOKOT, SENOKOT 2GO)	Sennosides Tab 8.6 MG	SENNA TAB 8.	
(Generic: METAMUCIL)	Psyllium Cap 0.52 GM		
	Psyllium Powder 28%	NATURAL VEG	
	Psyllium Powder 28.3%		
	Psyllium Powder 30%		
	Psyllium Powder 30.9%		
	Psyllium Powder 33%		
(Generic: METAMUCIL)	Psyllium Powder 48.57%	WAL-MUCIL	
	Psyllium Powder 50%		
	Psyllium Powder 58.6%		
	Psyllium Powder 68%		
(Generic: EVAC, KONSYL)	Psyllium Powder 100%		
(Generic: COLACE)	Docusate Sodium Cap 50 MG	COLACE	
(Generic: COLACE)	Docusate Sodium Cap 100 MG	PREM VALUE D	Daily Dosage=3
	Docusate Sodium Cap 250 MG		Daily Dosage=3
	Docusate Sodium Tab 100 MG		
(Generic: COLACE)	Docusate Sodium Liquid 150 MG/15ML	CVS SENNA PL	
(Generic: COLACE)	Docusate Sodium Syrup 60 MG/15ML		
	Glycerin Suppos 1.5 GM		Max Qty=12/claim
(Generic: GLYCERIN)	Glycerin Suppos 2 GM		
	Glycerin Suppos 3 GM	GLYCERIN 3 M	Max Qty=24/claim
	Lactulose Solution 10 GM/15ML		
(Generic: MIRALAX)	Polyethylene Glycol 3350 Oral Powder		Daily Dosage=17
(Generic: MIRALAX)	Polyethylene Glycol 3350 Oral Packet		
	Sorbitol Oral Solution 70%	SORBITOL	
	Phenolphthalein-DSS Tab 65-100 MG		
(Generic: SENOKOT S)	Sennosides-Docusate Sodium Tab 8.6-50 MG	CVS SENNA PL, SENNA S 8.06, STOOL SOFTEN	Daily Dosage=4
	Bisacodyl-Sod Biphos/Sod Phos Prep Kit	FLEET PREP	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NULYTELY)	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM		Package Limit=1/claim
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Soln 6 GM/100ML	OCL	
(Generic: GOLYTELY)	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM		Package Limit=1/claim
(Generic: COLYTE, COLYTE/FLAVR)	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM		Package Limit=1/claim
ANTIDIARRHEALS			
(Generic: LOMOTIL)	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG		
(Generic: LOMOTIL)	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	DIPHEN/ATROP	
	Loperamide HCl Cap 2 MG		
	Loperamide HCl Liq 1 MG/5ML		
	Paregoric 2 MG/5ML		
(Generic: KAOPECTATE)	Attapulgate Liq 750 MG/15ML		
	Attapulgate Susp 750 MG/15ML		
(Generic: PEPTO-BISMOL)	Bismuth Subsalicylate Chew Tab 262 MG		
(Generic: PEPTO-BISMOL)	Bismuth Subsalicylate Susp 527 MG/30ML		
ANTACIDS			
	Aluminum Hydroxide Gel Susp 320 MG/5ML		
	Aluminum Hydroxide Gel Susp 600 MG/5ML		Max Qty=496/31 days
	Sodium Bicarbonate Tab 325 MG		Max Qty=496/31 days
	Sodium Bicarbonate Tab 650 MG		Max Qty=496/31 days
	Calcium Carbonate (Antacid) Chew Tab 500 MG		
(Generic: TUMS, TUMS LASTING)	MG		
(Generic: MAG-OX 400)	Magnesium Oxide Tab 400 MG		
(Generic: MAALOX SUS)	Aluminum & Magnesium Hydroxides Susp 225-200 MG/5ML		Max Qty=496/31 days
(Generic: MYLANTA)	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML		Max Qty=496/31 days
ULCER DRUGS			
(Generic: LEVSIN)	Hyoscyamine Sulfate Tab 0.125 MG		
(Generic: SYMAX DUOTAB)	Hyoscyamine Sulfate Tab CR 0.375 MG		
(Generic: LEVSIN/SL)	Hyoscyamine Sulfate Tab SL 0.125 MG		
(Generic: LEVSIN)	Hyoscyamine Sulfate Elixir 0.125 MG/5ML		
	Hyoscyamine Sulfate Soln 0.031 MG/ML	COLYTROL	
(Generic: LEVSIN)	Hyoscyamine Sulfate Soln 0.125 MG/ML		
(Generic: LEVSINEX)	Hyoscyamine Sulfate Cap SR 12HR 0.375 MG		
(Generic: ANASPAZ)	Hyoscyamine Sulfate Orally Disintegrating Tab 0.125 MG		
	Hyoscyamine Sulfate Tab Disp 0.25 MG		
(Generic: LEVBID)	Hyoscyamine Sulfate Tab SR 12HR 0.375 MG		Daily Dosage=4
(Generic: ROBINUL)	Glycopyrrolate Tab 1 MG		Daily Dosage=4
(Generic: ROBINUL FORT)	Glycopyrrolate Tab 2 MG		Daily Dosage=4
(Generic: BENTYL)	Dicyclomine HCl Cap 10 MG		
(Generic: BENTYL)	Dicyclomine HCl Tab 20 MG		
(Generic: BENTYL)	Dicyclomine HCl Oral Soln 10 MG/5ML		Daily Dosage=40
(Generic: DONNATAL)	Belladonna Alkaloids-Phenobarbital Tab 16.2 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DONNATAL)	Belladonna Alkaloids-Phenobarbital Elixir 16.2 MG/5ML		
(Generic: TAGAMET, TAGAMET HB)	Cimetidine Tab 200 MG		
	Cimetidine Tab 300 MG		
	Cimetidine Tab 400 MG		
	Cimetidine Tab 800 MG		
	Cimetidine HCl Soln 300 MG/5ML		Daily Dosage=27
(Generic: TALADINE, ZANTAC)	Ranitidine HCl Cap 150 MG		Daily Dosage=2
(Generic: TALADINE, ZANTAC)	Ranitidine HCl Cap 300 MG		Daily Dosage=1
(Generic: ZANTAC 75)	Ranitidine HCl Tab 75 MG		Daily Dosage=2
(Generic: ZANTAC, ZANTAC 150)	Ranitidine HCl Tab 150 MG		Daily Dosage=2
(Generic: ZANTAC)	Ranitidine HCl Tab 300 MG		Daily Dosage=2
(Generic: ZANTAC)	Ranitidine HCl Syrup 75 MG/5ML		Limited to Ages 6 and Under; Daily Dosage=20
(Generic: PEPCID AC)	Famotidine Tab 10 MG		
(Generic: PEPCID)	Famotidine Tab 20 MG		
(Generic: PEPCID)	Famotidine Tab 40 MG		
	Nizatidine Tab 75 MG	AXID AR	
(Generic: CYTOTEC)	Misoprostol Tab 100 MCG		
(Generic: CYTOTEC)	Misoprostol Tab 200 MCG		
(Generic: PREVACID)	Lansoprazole Cap Delayed Release 15 MG	PREVACID, PREVACID 24H	PA, Legend; PA, NDC 00067628614 PREVACID 24H CAP 15MG DR; PA, NDC 00067628628 PREVACID 24H CAP 15MG DR; OTC: Daily Dosage=4; OTC Inclusion
(Generic: PREVACID)	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	PREVACID	Limited to Ages 6 and Under; Daily Dosage=1
(Generic: PREVACID)	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	PREVACID	Limited to Ages 6 and Under; Daily Dosage=1
	Omeprazole Delayed Release Tab 20 MG	OMEPRAZOLE	Daily Dosage=4
(Generic: OMEPRAZOLE, PRILOSEC)	Omeprazole Cap Delayed Release 20 MG		Daily Dosage=4
(Generic: PRILOSEC)	Omeprazole Cap Delayed Release 40 MG		Daily Dosage=2
	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	PRILOSEC OTC	Daily Dosage=4
(Generic: CARAFATE)	Sucralfate Tab 1 GM		Daily Dosage=4
ANTIEMETICS			
(Generic: ANTIVERT)	Meclizine HCl Tab 12.5 MG		
(Generic: ANTIVERT)	Meclizine HCl Tab 25 MG		
(Generic: BONINE)	Meclizine HCl Chew Tab 25 MG		
(Generic: ZOFRAN ODT)	Ondansetron Orally Disintegrating Tab 4 MG		Daily Dosage=1
(Generic: ZOFRAN ODT)	Ondansetron Orally Disintegrating Tab 8 MG		Daily Dosage=1
(Generic: ZOFRAN)	Ondansetron HCl Tab 4 MG		Max DS=90/365 days; Daily Dosage=2
(Generic: ZOFRAN)	Ondansetron HCl Tab 8 MG		Max DS=90/365 days; Daily Dosage=2
	Ondansetron HCl Tab 24 MG		Max Qty=1/14 days
(Generic: ZOFRAN)	Ondansetron HCl Oral Soln 4 MG/5ML		Max Qty=50/claim
DIGESTIVE AIDS			
	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-10000-17500 Unit	PANCREAZE	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-27000 Unit	PANCRELIPASE, ZENPEP	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit	CREON	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-34000-55000 Unit	ZENPEP	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit	PANCREAZE	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	CREON	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-51000-82000 Unit	ZENPEP	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit	PANCREAZE	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-68000-109000 Unit	ZENPEP	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-37000-61000 Unit	PANCREAZE	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	CREON	

GASTROINTESTINAL AGENTS - MISC.

(Generic: ACTIGALL)	Ursodiol Cap 300 MG		Daily Dosage=3
(Generic: URSO 250)	Ursodiol Tab 250 MG	URSO 250	Daily Dosage=7
(Generic: GAS-X)	Simethicone Chew Tab 80 MG	CVS GAS RELE	
	Simethicone Liquid 40 MG/0.6ML		Max Qty=31/31 days
(Generic: MYLICON, MYLICON INFA)	Simethicone Susp 40 MG/0.6ML		Max Qty=31/31 days
(Generic: REGLAN)	Metoclopramide HCl Tab 5 MG		
(Generic: REGLAN)	Metoclopramide HCl Tab 10 MG		
	Metoclopramide HCl Soln 5 MG/5ML		
	Lactulose (Encephalopathy) Solution 10 GM/15ML		
	Mesalamine Cap CR 250 MG	PENTASA	
	Mesalamine Cap CR 500 MG	PENTASA	
	Mesalamine Tab Delayed Release 400 MG	ASACOL	Daily Dosage=6
(Generic: ROWASA)	Mesalamine Enema 4 GM		Daily Dosage=60
	Mesalamine Sulfite-Free (SF) Enema 4 GM/60ML	SFROWASA	
(Generic: AZULFIDINE)	Sulfasalazine Tab 500 MG		
(Generic: AZULFIDINE)	Sulfasalazine Tab Delayed Release 500 MG		
(Generic: PHOSLO)	Calcium Acetate (Phosphate Binder) Cap 667 MG		

URINARY ANTI-INFECTIVES

	Methenamine Mandelate Tab 0.5 GM	MANDELAMINE	
	Methenamine Mandelate Tab 1 GM	MANDELAMINE	
(Generic: FURADANTIN)	Nitrofurantoin Susp 25 MG/5ML		Limited to Ages 6 and Under; Daily Dosage=40
(Generic: MACRODANTIN)	Nitrofurantoin Macrocrystalline Cap 50 MG		
(Generic: MACRODANTIN)	Nitrofurantoin Macrocrystalline Cap 100 MG		
(Generic: MACROBID)	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG		
	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***		

URINARY ANTISPASMODICS

(Generic: URECHOLINE)	Bethanechol Chloride Tab 5 MG	URECHOLINE	
(Generic: URECHOLINE)	Bethanechol Chloride Tab 10 MG		
(Generic: URECHOLINE)	Bethanechol Chloride Tab 25 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: URECHOLINE)	Bethanechol Chloride Tab 50 MG		
(Generic: URISPAS)	Flavoxate HCl Tab 100 MG		
(Generic: DITROPAN)	Oxybutynin Chloride Tab 5 MG		Daily Dosage=3
(Generic: DITROPAN)	Oxybutynin Chloride Syrup 5 MG/5ML		Max Qty=480/30 days
(Generic: DITROPAN XL)	Oxybutynin Chloride Tab SR 24HR 5 MG		Daily Dosage=2
(Generic: DITROPAN XL)	Oxybutynin Chloride Tab SR 24HR 10 MG		Daily Dosage=2
(Generic: DITROPAN XL)	Oxybutynin Chloride Tab SR 24HR 15 MG		Daily Dosage=2
	Tolterodine Tartrate Tab 1 MG	DETROL	Daily Dosage=2
	Tolterodine Tartrate Tab 2 MG	DETROL	Daily Dosage=2
	Tolterodine Tartrate Cap SR 24HR 2 MG	DETROL LA	Daily Dosage=1
	Tolterodine Tartrate Cap SR 24HR 4 MG	DETROL LA	Daily Dosage=1

VAGINAL PRODUCTS

(Generic: CLEOCIN)	Clindamycin Phosphate Vaginal Cream 2%		Max Qty=40/claim
(Generic: METROGEL-VAG)	Metronidazole Vaginal Gel 0.75%		Max Qty=70/claim
	Butoconazole Nitrate (One Dose) Vaginal Cream 2%	GYNAZOLE-1	
(Generic: GYNE-LOTRIM, MYCELEX-7)	Clotrimazole Vaginal Cream 1%		Max Qty=45/claim
(Generic: GYNE-LOTRIMI)	Clotrimazole Vaginal Cream 2%		Max Qty=30/claim
(Generic: MONISTAT 7)	Miconazole Nitrate Vaginal Cream 2%		Max Qty=45/claim
	Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM)		Max Qty=45/31 days
(Generic: MONISTAT 7)	Miconazole Nitrate Vaginal Suppos 100 MG		Max Qty=7/claim
	Miconazole Nitrate Vaginal Suppos 200 MG	MICONAZOLE 3	Max Qty=3/claim
(Generic: MONISTAT 3)	Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit		Package Limit=1/claim
(Generic: TERAZOL 7)	Terconazole Vaginal Cream 0.4%		Max Qty=45/claim
(Generic: TERAZOL 3)	Terconazole Vaginal Cream 0.8%		Max Qty=20/claim
(Generic: TERAZOL 3)	Terconazole Vaginal Suppos 80 MG		Max Qty=3/claim
(Generic: MONISTAT 1, VAGISTAT-1)	Tioconazole Vaginal Oint 6.5%		Max Qty=5/claim
(Generic: DELFEN)	Nonoxynol-9 Foam 12.5%	VCF VAGINAL	Package Limit=1/claim
	Nonoxynol-9 Gel 2%	GYNOL II, SHUR-SEAL	Package Limit=1/claim
	Nonoxynol-9 Gel 2.2%	KY PLUS	Max Qty=120/claim
	Nonoxynol-9 Gel 3%	GYNOL II	Max Qty=86/claim
(Generic: CONCEPTROL)	Nonoxynol-9 Gel 4%		
	Nonoxynol-9 Vaginal Suppos 100 MG	ENCARE	Package Limit=1/claim
	Nonoxynol-9 Film 28%	VCF VAGINAL	Package Limit=1/claim
	Nonoxynol-9 Vaginal Insert 150 MG	CONCEPTROL	Max Qty=10/claim
	Estradiol Vaginal Cream 0.1 MG/GM	ESTRACE VAG	Max Qty=43/30 days
	Estrogens, Conjugated Vaginal Cream 0.625 MG/GM	PREMARIN VAG	Limited to Female; Max Qty=43/30 days

GENITOURINARY AGENTS - MISCELLANEOUS

(Generic: UROCIT-K 5)	Potassium Citrate Tab CR 540 MG (5 MEQ)		
(Generic: UROCIT-K 10)	Potassium Citrate Tab CR 1080 MG (10 MEQ)		
(Generic: BICITRA, SHOHL'S)	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML		Max Qty=500/30 days
(Generic: POLYCYTRA-K)	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG		
(Generic: PYRIDIUM)	Phenazopyridine HCl Tab 100 MG		
(Generic: PYRIDIUM)	Phenazopyridine HCl Tab 200 MG		
	Sodium Chloride Irrigation Soln 0.9%		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: PROSCAR)	Finasteride Tab 5 MG		Daily Dosage=1
(Generic: FLOMAX)	Tamsulosin HCl Cap 0.4 MG	FLOMAX	Daily Dosage=1
ANTI-ANXIETY AGENTS			
(Generic: XANAX)	Alprazolam Tab 0.25 MG		Daily Dosage=2
(Generic: XANAX)	Alprazolam Tab 0.5 MG		Daily Dosage=2
(Generic: XANAX)	Alprazolam Tab 1 MG		Daily Dosage=2
(Generic: XANAX)	Alprazolam Tab 2 MG		Daily Dosage=2
(Generic: LIBRIUM)	Chlordiazepoxide HCl Cap 5 MG		Daily Dosage=3
(Generic: LIBRIUM)	Chlordiazepoxide HCl Cap 10 MG		Daily Dosage=3
(Generic: LIBRIUM)	Chlordiazepoxide HCl Cap 25 MG		Daily Dosage=3
(Generic: TRANXENE T)	Clorazepate Dipotassium Tab 3.75 MG		Daily Dosage=2
(Generic: TRANXENE T)	Clorazepate Dipotassium Tab 7.5 MG		Daily Dosage=2
(Generic: TRANXENE T)	Clorazepate Dipotassium Tab 15 MG		Daily Dosage=2
(Generic: VALIUM)	Diazepam Tab 2 MG		Daily Dosage=2
(Generic: VALIUM)	Diazepam Tab 5 MG		Daily Dosage=2
(Generic: VALIUM)	Diazepam Tab 10 MG		Daily Dosage=2
	Diazepam Soln 1 MG/ML		Max Qty=500/claim
(Generic: ATIVAN)	Lorazepam Tab 0.5 MG		Daily Dosage=2
(Generic: ATIVAN)	Lorazepam Tab 1 MG		Daily Dosage=2
(Generic: ATIVAN)	Lorazepam Tab 2 MG	ABHR PLO COM	Daily Dosage=2
	Oxazepam Cap 10 MG		Daily Dosage=2
	Oxazepam Cap 15 MG		Daily Dosage=2
	Oxazepam Cap 30 MG		Daily Dosage=2
(Generic: BUSPAR)	Buspirone HCl Tab 5 MG		Daily Dosage=3
	Buspirone HCl Tab 7.5 MG		Daily Dosage=3
(Generic: BUSPAR)	Buspirone HCl Tab 10 MG		Daily Dosage=3
(Generic: BUSPAR)	Buspirone HCl Tab 15 MG		Daily Dosage=3
(Generic: BUSPAR)	Buspirone HCl Tab 30 MG		Daily Dosage=3
	Hydroxyzine HCl Tab 10 MG		
	Hydroxyzine HCl Tab 25 MG		
	Hydroxyzine HCl Tab 50 MG		
	Hydroxyzine HCl Syrup 10 MG/5ML		
(Generic: VISTARIL)	Hydroxyzine Pamoate Cap 25 MG		
(Generic: VISTARIL)	Hydroxyzine Pamoate Cap 50 MG		
	Hydroxyzine Pamoate Cap 100 MG		
	Meprobamate Tab 200 MG		
	Meprobamate Tab 400 MG		
ANTIDEPRESSANTS			
	Mirtazapine Tab 7.5 MG		Daily Dosage=1
(Generic: REMERON)	Mirtazapine Tab 15 MG		Daily Dosage=1
(Generic: REMERON)	Mirtazapine Tab 30 MG		Daily Dosage=1
(Generic: REMERON)	Mirtazapine Tab 45 MG		Daily Dosage=1
(Generic: REMERON SLTB)	Mirtazapine Orally Disintegrating Tab 15 MG		Daily Dosage=1
(Generic: REMERON SLTB)	Mirtazapine Orally Disintegrating Tab 30 MG		Daily Dosage=1
(Generic: REMERON SLTB)	Mirtazapine Orally Disintegrating Tab 45 MG		Daily Dosage=1
(Generic: NARDIL)	Phenelzine Sulfate Tab 15 MG	NARDIL	
(Generic: PARNATE)	Tranylcypromine Sulfate Tab 10 MG		
	Nefazodone HCl Tab 50 MG		
	Nefazodone HCl Tab 100 MG	NEFAZODONE	
	Nefazodone HCl Tab 150 MG	NEFAZODONE	
	Nefazodone HCl Tab 200 MG	NEFAZODONE	
	Nefazodone HCl Tab 250 MG	NEFAZODONE	
	Trazodone HCl Tab 50 MG		
	Trazodone HCl Tab 100 MG		
	Trazodone HCl Tab 150 MG		
	Trazodone HCl Tab 300 MG		Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CELEXA)	Citalopram Hydrobromide Tab 10 MG (Base Equiv)		Daily Dosage=1.5
(Generic: CELEXA)	Citalopram Hydrobromide Tab 20 MG (Base Equiv)		Daily Dosage=1.5
(Generic: CELEXA)	Citalopram Hydrobromide Tab 40 MG (Base Equiv)		Daily Dosage=1.5
(Generic: CELEXA)	Citalopram Hydrobromide Oral Soln 10 MG/5ML		Max Qty=240/30 days
(Generic: PROZAC)	Fluoxetine HCl Cap 10 MG		Daily Dosage=4
(Generic: PROZAC)	Fluoxetine HCl Cap 20 MG		Daily Dosage=4
(Generic: PROZAC)	Fluoxetine HCl Tab 10 MG		Daily Dosage=1
(Generic: PROZAC)	Fluoxetine HCl Solution 20 MG/5ML		Limited to Ages 6 and Older; Max Qty=120/30 days
	Fluvoxamine Maleate Tab 25 MG		Daily Dosage=2
	Fluvoxamine Maleate Tab 50 MG		Daily Dosage=2
	Fluvoxamine Maleate Tab 100 MG		Daily Dosage=2
(Generic: PAXIL)	Paroxetine HCl Tab 10 MG		Daily Dosage=2
(Generic: PAXIL)	Paroxetine HCl Tab 20 MG		Daily Dosage=2
(Generic: PAXIL)	Paroxetine HCl Tab 30 MG		Daily Dosage=2
(Generic: PAXIL)	Paroxetine HCl Tab 40 MG		Daily Dosage=2
(Generic: PAXIL)	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)	PAXIL	Daily Dosage=40
(Generic: ZOLOFT)	Sertraline HCl Tab 25 MG		Daily Dosage=1.5
(Generic: ZOLOFT)	Sertraline HCl Tab 50 MG		Daily Dosage=1.5
(Generic: ZOLOFT)	Sertraline HCl Tab 100 MG		Daily Dosage=2
(Generic: ZOLOFT)	Sertraline HCl Oral Conc 20 MG/ML		Daily Dosage=10
(Generic: EFFEXOR)	Venlafaxine HCl Tab 25 MG	EFFEXOR 75MG	
(Generic: EFFEXOR)	Venlafaxine HCl Tab 37.5 MG		
(Generic: EFFEXOR)	Venlafaxine HCl Tab 50 MG		
(Generic: EFFEXOR)	Venlafaxine HCl Tab 75 MG		
(Generic: EFFEXOR)	Venlafaxine HCl Tab 100 MG		
(Generic: EFFEXOR XR)	Venlafaxine HCl Cap SR 24HR 37.5 MG	EFFEXOR XR	Daily Dosage=2
(Generic: EFFEXOR XR)	Venlafaxine HCl Cap SR 24HR 75 MG	EFFEXOR XR	Daily Dosage=2
(Generic: EFFEXOR XR)	Venlafaxine HCl Cap SR 24HR 150 MG	EFFEXOR XR	Daily Dosage=2
(Generic: VENLAFAXINE)	Venlafaxine HCl Tab SR 24HR 37.5 MG (Base Equivalent)		Daily Dosage=1
(Generic: VENLAFAXINE)	Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent)		Daily Dosage=1
(Generic: VENLAFAXINE)	Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent)		Daily Dosage=1
	Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent)	VENLAFAXINE	Daily Dosage=1
	Amitriptyline HCl Tab 10 MG		
	Amitriptyline HCl Tab 25 MG		
	Amitriptyline HCl Tab 50 MG		
	Amitriptyline HCl Tab 75 MG		
	Amitriptyline HCl Tab 100 MG		
	Amitriptyline HCl Tab 150 MG		
	Amoxapine Tab 25 MG		
	Amoxapine Tab 50 MG		
	Amoxapine Tab 100 MG		
	Amoxapine Tab 150 MG	AMOXAPINE	
(Generic: ANAFRANIL)	Clomipramine HCl Cap 25 MG		
(Generic: ANAFRANIL)	Clomipramine HCl Cap 50 MG		
(Generic: ANAFRANIL)	Clomipramine HCl Cap 75 MG		
(Generic: NORPRAMIN)	Desipramine HCl Tab 10 MG		
(Generic: NORPRAMIN)	Desipramine HCl Tab 25 MG		Daily Dosage=2
(Generic: NORPRAMIN)	Desipramine HCl Tab 50 MG		
(Generic: NORPRAMIN)	Desipramine HCl Tab 75 MG		
(Generic: NORPRAMIN)	Desipramine HCl Tab 100 MG		
(Generic: NORPRAMIN)	Desipramine HCl Tab 150 MG		
	Doxepin HCl Cap 10 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Doxepin HCl Cap 25 MG		
	Doxepin HCl Cap 50 MG		
	Doxepin HCl Cap 75 MG		
	Doxepin HCl Cap 100 MG		
	Doxepin HCl Cap 150 MG	DOXEPIN HCL	
	Doxepin HCl Conc 10 MG/ML		
(Generic: TOFRANIL)	Imipramine HCl Tab 10 MG		
(Generic: TOFRANIL)	Imipramine HCl Tab 25 MG		
(Generic: TOFRANIL)	Imipramine HCl Tab 50 MG		
(Generic: PAMELOR)	Nortriptyline HCl Cap 10 MG		
(Generic: PAMELOR)	Nortriptyline HCl Cap 25 MG		
(Generic: PAMELOR)	Nortriptyline HCl Cap 50 MG		
(Generic: PAMELOR)	Nortriptyline HCl Cap 75 MG		
(Generic: PAMELOR)	Nortriptyline HCl Soln 10 MG/5ML		Daily Dosage=20
	Maprotiline HCl Tab 25 MG	MAPROTILINE	
	Maprotiline HCl Tab 50 MG	MAPROTILINE	
	Maprotiline HCl Tab 75 MG	MAPROTILINE	
(Generic: WELLBUTRIN)	Bupropion HCl Tab 75 MG		Daily Dosage=3
(Generic: WELLBUTRIN)	Bupropion HCl Tab 100 MG		Daily Dosage=3
(Generic: WELLBUTRIN)	Bupropion HCl Tab SR 12HR 100 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	Bupropion HCl Tab SR 12HR 150 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	Bupropion HCl Tab SR 12HR 200 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	Bupropion HCl Tab SR 24HR 150 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	Bupropion HCl Tab SR 24HR 300 MG	WELLBUTRIN	Daily Dosage=1
ANTIPSYCHOTICS/ANTIMANIC AGENTS			
(Generic: RISPERDAL)	Risperidone Tab 0.25 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL)	Risperidone Tab 0.5 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL)	Risperidone Tab 1 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL)	Risperidone Tab 2 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL)	Risperidone Tab 3 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL)	Risperidone Tab 4 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL)	Risperidone Soln 1 MG/ML		Limited to Ages 5 and Older; Daily Dosage=4
(Generic: RISPERDAL M)	Risperidone Orally Disintegrating Tab 0.5 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL M)	Risperidone Orally Disintegrating Tab 1 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL M)	Risperidone Orally Disintegrating Tab 2 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL M)	Risperidone Orally Disintegrating Tab 3 MG		Limited to Ages 5 and Older; Daily Dosage=2
(Generic: RISPERDAL M)	Risperidone Orally Disintegrating Tab 4 MG		Limited to Ages 5 and Older; Daily Dosage=2
	Haloperidol Tab 0.5 MG		Daily Dosage=3
	Haloperidol Tab 1 MG		Daily Dosage=3
	Haloperidol Tab 2 MG		
	Haloperidol Tab 5 MG		
	Haloperidol Tab 10 MG		Daily Dosage=3
	Haloperidol Tab 20 MG		
	Haloperidol Lactate Oral Conc 2 MG/ML		
(Generic: HALDOL DECAN)	Haloperidol Decanoate IM Soln 50 MG/ML		
(Generic: HALDOL DECAN)	Haloperidol Decanoate IM Soln 100 MG/ML		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CLOZARIL)	Clozapine Tab 25 MG		Limited to Ages 18 and Older; Daily Dosage=3
	Clozapine Tab 50 MG		Limited to Ages 18 and Older; Daily Dosage=3
(Generic: CLOZARIL)	Clozapine Tab 100 MG		Limited to Ages 18 and Older; Daily Dosage=9
	Clozapine Tab 200 MG		Limited to Ages 18 and Older; Daily Dosage=3
	Quetiapine Fumarate Tab 25 MG	SEROQUEL	Limited to Ages 10 and Older; From age 18 through 64: Max Fills=1/year; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab 50 MG	SEROQUEL	Limited to Ages 10 and Older; From age 18 through 64: Max Fills=1/year; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab 100 MG	SEROQUEL, SEROQUEL 100, SEROQUEL 50M, SEROQUEL 750	Limited to Ages 10 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab 200 MG	SEROQUEL	Limited to Ages 10 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab 300 MG	SEROQUEL	Limited to Ages 10 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab 400 MG	SEROQUEL	Limited to Ages 10 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab SR 24HR 200 MG	SEROQUEL XR	Limited to Ages 10 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab SR 24HR 300 MG	SEROQUEL XR	Limited to Ages 10 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Quetiapine Fumarate Tab SR 24HR 400 MG	SEROQUEL XR	Limited to Ages 10 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
(Generic: LOXITANE)	Loxapine Succinate Cap 5 MG		Daily Dosage=4
(Generic: LOXITANE)	Loxapine Succinate Cap 10 MG		Daily Dosage=4
(Generic: LOXITANE)	Loxapine Succinate Cap 25 MG		Daily Dosage=4
(Generic: LOXITANE)	Loxapine Succinate Cap 50 MG		Daily Dosage=4
(Generic: ZYPREXA)	Olanzapine Tab 2.5 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
(Generic: ZYPREXA)	Olanzapine Tab 5 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
(Generic: ZYPREXA)	Olanzapine Tab 7.5 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
(Generic: ZYPREXA)	Olanzapine Tab 10 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
(Generic: ZYPREXA)	Olanzapine Tab 15 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
(Generic: ZYPREXA)	Olanzapine Tab 20 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Molindone HCl Tab 5 MG	MOBAN	Daily Dosage=4

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Molindone HCl Tab 10 MG	MOBAN	Daily Dosage=4
	Molindone HCl Tab 25 MG	MOBAN	Daily Dosage=4
	Molindone HCl Tab 50 MG	MOBAN	Daily Dosage=4
	Chlorpromazine HCl Tab 10 MG		Daily Dosage=10
	Chlorpromazine HCl Tab 25 MG		Daily Dosage=3
	Chlorpromazine HCl Tab 50 MG		Daily Dosage=3
	Chlorpromazine HCl Tab 100 MG		Daily Dosage=3
	Chlorpromazine HCl Tab 200 MG		Daily Dosage=3
	Fluphenazine HCl Tab 1 MG		
	Fluphenazine HCl Tab 2.5 MG		
	Fluphenazine HCl Tab 5 MG		
	Fluphenazine HCl Tab 10 MG		
	Fluphenazine Decanoate Inj 25 MG/ML		
	Perphenazine Tab 2 MG		Daily Dosage=4
	Perphenazine Tab 4 MG		Daily Dosage=4
	Perphenazine Tab 8 MG		Daily Dosage=4
	Perphenazine Tab 16 MG		Daily Dosage=4
(Generic: COMPAZINE)	Prochlorperazine Suppos 25 MG		
	Prochlorperazine Maleate Tab 5 MG		
	Prochlorperazine Maleate Tab 10 MG		
	Thioridazine HCl Tab 10 MG		Daily Dosage=3
	Thioridazine HCl Tab 25 MG		Daily Dosage=3
	Thioridazine HCl Tab 50 MG		Daily Dosage=3
	Thioridazine HCl Tab 100 MG		Daily Dosage=3
	Trifluoperazine HCl Tab 1 MG		Daily Dosage=3
	Trifluoperazine HCl Tab 2 MG		Daily Dosage=3
	Trifluoperazine HCl Tab 5 MG		Daily Dosage=3
	Trifluoperazine HCl Tab 10 MG		Daily Dosage=3
	Aripiprazole Tab 2 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Tab 5 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Tab 10 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Tab 15 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Tab 20 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Tab 30 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Oral Solution 1 MG/ML	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=5; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Orally Disintegrating Tab 10 MG	ABILIFY DISC	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	Aripiprazole Orally Disintegrating Tab 15 MG	ABILIFY DISC	Limited to Ages 6 and Older; Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
(Generic: NAVANE)	Thiothixene Cap 1 MG		Daily Dosage=3
(Generic: NAVANE)	Thiothixene Cap 2 MG		Daily Dosage=3
(Generic: NAVANE)	Thiothixene Cap 5 MG		Daily Dosage=3
(Generic: NAVANE)	Thiothixene Cap 10 MG		Daily Dosage=3
	Ziprasidone HCl Cap 20 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Ziprasidone HCl Cap 40 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Ziprasidone HCl Cap 60 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Ziprasidone HCl Cap 80 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	Lithium Carbonate Cap 150 MG		
	Lithium Carbonate Cap 300 MG		
	Lithium Carbonate Cap 600 MG		
	Lithium Carbonate Tab 300 MG		
(Generic: LITHOBID)	Lithium Carbonate Tab CR 300 MG		
	Lithium Carbonate Tab CR 450 MG		
	Lithium Citrate Oral Soln 8 mEq/5ML	LITHIUM CITR	
HYPNOTICS			
	Phenobarbital Tab 15 MG		
	Phenobarbital Tab 16.2 MG		
	Phenobarbital Tab 30 MG		
	Phenobarbital Tab 32.4 MG		
	Phenobarbital Tab 60 MG		
	Phenobarbital Tab 64.8 MG	PHENOBARB	
	Phenobarbital Tab 97.2 MG	PHENOBARB	
	Phenobarbital Tab 100 MG		
	Phenobarbital Elixir 20 MG/5ML		
	Chloral Hydrate Cap 500 MG	SOMNOTE	Daily Dosage=1
	Chloral Hydrate Syrup 500 MG/5ML		Max Qty=240/claim
	Chloral Hydrate Suppos 500 MG		Daily Dosage=2
(Generic: DALMANE)	Flurazepam HCl Cap 15 MG		Daily Dosage=1
(Generic: DALMANE)	Flurazepam HCl Cap 30 MG		Daily Dosage=1
(Generic: RESTORIL)	Temazepam Cap 15 MG		Daily Dosage=1
(Generic: RESTORIL)	Temazepam Cap 30 MG		Daily Dosage=1
	Triazolam Tab 0.125 MG		Daily Dosage=1
(Generic: HALCION)	Triazolam Tab 0.25 MG		Daily Dosage=1
(Generic: SONATA)	Zaleplon Cap 5 MG		Limited to Ages 18 and Older; Daily Dosage=1; Step Therapy
(Generic: SONATA)	Zaleplon Cap 10 MG		Limited to Ages 18 and Older; Daily Dosage=1; Step Therapy
(Generic: AMBIEN)	Zolpidem Tartrate Tab 5 MG		Daily Dosage=1
(Generic: AMBIEN)	Zolpidem Tartrate Tab 10 MG		Daily Dosage=1
(Generic: UNISOM)	Doxylamine Succinate (Sleep) Tab 25 MG	UNISOM SLEEP	
(Generic: NYTOL MX-STR)	Diphenhydramine HCl (Sleep) Tab 50 MG		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
	Dextroamphetamine Sulfate Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: DEXTROSTAT)	Dextroamphetamine Sulfate Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: DEXEDRINE)	Dextroamphetamine Sulfate Cap SR 24HR 5 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: DEXEDRINE)	Dextroamphetamine Sulfate Cap SR 24HR 10 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DEXEDRINE)	Dextroamphetamine Sulfate Cap SR 24HR 15 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 7.5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 12.5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 15 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 20 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 30 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: CAFKIT)	Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)		Max Qty=45/claim; Max Fills=2/lifetime
	Methylphenidate HCl Cap CR 10 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 20 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 30 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 40 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 50 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 60 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: RITALIN)	Methylphenidate HCl Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: RITALIN)	Methylphenidate HCl Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: RITALIN)	Methylphenidate HCl Tab 20 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: METADATE)	Methylphenidate HCl Tab CR 10 MG	METHYLPHENID	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: RITALIN SR)	Methylphenidate HCl Tab CR 20 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Tab SA OSM 18 MG	CONCERTA, CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Tab SA OSM 27 MG	CONCERTA, CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	Methylphenidate HCl Tab SA OSM 36 MG	CONCERTA, CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	Methylphenidate HCl Tab SA OSM 54 MG	CONCERTA, CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.			
	Ergoloid Mesylates Tab 1 MG		
(Generic: ARICEPT)	Donepezil Hydrochloride Tab 5 MG	ARICEPT	Daily Dosage=1
(Generic: ARICEPT)	Donepezil Hydrochloride Tab 10 MG	ARICEPT	Daily Dosage=1
(Generic: RAZADYNE)	Galantamine Hydrobromide Tab 4 MG		Daily Dosage=2
(Generic: RAZADYNE)	Galantamine Hydrobromide Tab 8 MG		Daily Dosage=2
(Generic: RAZADYNE)	Galantamine Hydrobromide Tab 12 MG		Daily Dosage=2
(Generic: RAZADYNE)	Galantamine Hydrobromide Oral Soln 4 MG/ML		Daily Dosage=6
(Generic: RAZADYNE ER)	Galantamine Hydrobromide Cap SR 24HR 8 MG		Daily Dosage=1
(Generic: RAZADYNE ER)	Galantamine Hydrobromide Cap SR 24HR 16 MG		Daily Dosage=1
(Generic: RAZADYNE ER)	Galantamine Hydrobromide Cap SR 24HR 24 MG		Daily Dosage=1
	Rivastigmine TD Patch 24HR 4.6 MG/24HR	EXELON	PA; Daily Dosage=1
	Rivastigmine TD Patch 24HR 9.5 MG/24HR	EXELON	PA; Daily Dosage=1
(Generic: EXELON)	Rivastigmine Tartrate Cap 1.5 MG	EXELON	PA; Daily Dosage=2
(Generic: EXELON)	Rivastigmine Tartrate Cap 3 MG		PA; Daily Dosage=2
(Generic: EXELON)	Rivastigmine Tartrate Cap 4.5 MG		PA; Daily Dosage=2
(Generic: EXELON)	Rivastigmine Tartrate Cap 6 MG		PA; Daily Dosage=2
	Rivastigmine Tartrate Soln 2 MG/ML	EXELON	PA; Daily Dosage=6
	Memantine HCl Tab 5 MG	NAMENDA	PA; Daily Dosage=2
	Memantine HCl Tab 10 MG	NAMENDA	PA; Daily Dosage=2
	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	NAMENDA	PA; Package Limit=1/28 days
	Memantine HCl Oral Solution 2 MG/ML	NAMENDA	PA; Daily Dosage=10
(Generic: ZYBAN)	Bupropion HCl (Smoking Deterrent) Tab SR 150 MG		Max Qty=84/365 days; Daily Dosage=2
(Generic: NICODERM 21, NICODERM CQ)	Nicotine TD Patch 24HR 7 MG/24HR		Max Qty=84/365 days
(Generic: NICODERM CQ)	Nicotine TD Patch 24HR 14 MG/24HR		Max Qty=84/365 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NICODERM CQ)	Nicotine TD Patch 24HR 21 MG/24HR		Max Qty=84/365 days
(Generic: NICORETTE, NICORETTE ST)	Nicotine Polacrilex Gum 2 MG		Max DS=84/365 days
(Generic: NICORETTE, NICORETTE ST)	Nicotine Polacrilex Gum 4 MG		Max Qty=84/365 days
(Generic: COMMIT, NICORETTE)	Nicotine Polacrilex Lozenge 2 MG		Max Qty=84/365 days
(Generic: COMMIT, NICORETTE)	Nicotine Polacrilex Lozenge 4 MG		Max Qty=84/365 days
	Varenicline Tartrate Tab 0.5 MG (Base Equiv)	CHANTIX	Max Qty=84/365 days; Daily Dosage=2
	Varenicline Tartrate Tab 1 MG (Base Equiv)	CHANTIX	Max Qty=84/365 days; Daily Dosage=2
	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 14 Pack	CHANTIX	Max Qty=53/claim
(Generic: ANTABUSE)	Disulfiram Tab 250 MG	ANTABUSE	
	Perphenazine-Amitriptyline Tab 2-10 MG	DUO-VIL	Daily Dosage=4
	Perphenazine-Amitriptyline Tab 2-25 MG	DUO-VIL, PERPHEN/AMIT	Daily Dosage=4
	Perphenazine-Amitriptyline Tab 4-10 MG		Daily Dosage=4
	Perphenazine-Amitriptyline Tab 4-25 MG		Daily Dosage=4
	Perphenazine-Amitriptyline Tab 4-50 MG	PERPHEN/AMIT	Daily Dosage=4
ANALGESICS - NonNarcotic			
	Aspirin Tab 81 MG		
	Aspirin Tab 325 MG		
(Generic: ST JOSEPH)	Aspirin Chew Tab 75 MG		
(Generic: BAYER CHILD)	Aspirin Chew Tab 81 MG		
	Aspirin Tab Delayed Release 81 MG	CVS ASPIRIN	
(Generic: ECOTRIN, THERAP BAYER)	Aspirin Tab Delayed Release 325 MG		
(Generic: ECOTRIN M/S)	Aspirin Tab Delayed Release 500 MG		
	Aspirin Suppos 60 MG		Max Qty=12/31 days
	Aspirin Suppos 120 MG		Max Qty=12/31 days
	Aspirin Suppos 200 MG		Max Qty=12/31 days
	Aspirin Suppos 300 MG		Max Qty=12/31 days
	Aspirin Suppos 600 MG		Max Qty=12/31 days
	Diflunisal Tab 500 MG	DIFLUNISAL	
	Salsalate Tab 500 MG		
	Salsalate Tab 750 MG		
	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 324 MG	TRI-BUFF ASA	
(Generic: BUFFERIN)	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG		
	Aspirin Buffered (Mg Carbonate-Al Aminoace) Tab 325 MG		
	Aspirin Buffered Tab 325 MG		
	Choline & Magnesium Salicylates Tab 500 MG		
	Choline & Magnesium Salicylates Tab 750 MG		
	Choline & Magnesium Salicylates Tab 1000 MG		
	Choline & Magnesium Salicylates Liq 500 MG/5ML		
(Generic: TYLENOL)	Acetaminophen Tab 325 MG		
(Generic: TYLENOL)	Acetaminophen Tab 500 MG		
	Acetaminophen Chew Tab 80 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Acetaminophen Chew Tab 160 MG		
	Acetaminophen Liquid 160 MG/5ML		
	Acetaminophen Elixir 160 MG/5ML		
(Generic: TYLENOL INF)	Acetaminophen Susp 80 MG/0.8ML		
(Generic: TYLENOL CHLD)	Acetaminophen Susp 160 MG/5ML		
	Acetaminophen Soln 160 MG/5ML		
	Acetaminophen Suppos 120 MG		Max Qty=12/31 days
	Acetaminophen Suppos 325 MG		Max Qty=12/31 days
	Acetaminophen Suppos 650 MG		Max Qty=12/31 days
	Butalbital-Acetaminophen Cap 50-650 MG	PHRENILIN	
(Generic: PHRENILIN)	Butalbital-Acetaminophen Tab 50-325 MG		
(Generic: SEDAPAP)	Butalbital-Acetaminophen Tab 50-650 MG	TENCON	Daily Dosage=6
(Generic: ESGIC)	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG		Daily Dosage=2
(Generic: ESGIC, FIORICET)	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG		Daily Dosage=2
(Generic: ESGIC-PLUS)	Butalbital-Acetaminophen-Caffeine Tab 50-500-40 MG		Daily Dosage=2
(Generic: FIORINAL)	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG		Daily Dosage=2
	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG		Daily Dosage=2
ANALGESICS - OPIOID			
	Codeine Sulfate Tab 15 MG		Daily Dosage=2
	Codeine Sulfate Tab 30 MG		Daily Dosage=2
	Codeine Sulfate Tab 60 MG		Daily Dosage=2
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 12.5 MCG/HR	FENTANYL DI	PA; Daily Dosage=.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 25 MCG/HR	FENTANYL D	PA; Daily Dosage=.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 50 MCG/HR	FENTANYL DI	PA; Daily Dosage=.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 75 MCG/HR	FENTANYL DIS	PA; Daily Dosage=.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 100 MCG/HR	FENTANYL DIS	PA; Daily Dosage=.33
(Generic: DILAUDID)	Hydromorphone HCl Tab 2 MG		Daily Dosage=2
(Generic: DILAUDID)	Hydromorphone HCl Tab 4 MG		Daily Dosage=2
(Generic: DILAUDID)	Hydromorphone HCl Tab 8 MG		Daily Dosage=2
	Hydromorphone HCl Suppos 3 MG		Max Qty=12/claim
(Generic: DEMEROL)	Meperidine HCl Tab 50 MG		Daily Dosage=6
(Generic: DEMEROL)	Meperidine HCl Tab 100 MG		Daily Dosage=6
	Meperidine HCl Oral Soln 50 MG/5ML		Max Qty=500/claim
(Generic: DOLOPHINE)	Methadone HCl Tab 5 MG		Daily Dosage=2
(Generic: DOLOPHINE)	Methadone HCl Tab 10 MG		Daily Dosage=2
	Morphine Sulfate Tab 15 MG	MORPHINE SUL	Daily Dosage=2
	Morphine Sulfate Tab 30 MG	MORPHINE SUL	Daily Dosage=2
	Morphine Sulfate Oral Soln 10 MG/5ML	MORPHINE SUL	Max Qty=500/30 days
	Morphine Sulfate Oral Soln 20 MG/5ML		Max Qty=500/30 days
			Pkg Size 1: Package Limit=4/1 days; Pkg Size .5: Package Limit=30/30 days; Pkg Size .25: Package Limit=60/30 days; Pkg Size 120: Daily Dosage=4; Pkg Size 240: Daily Dosage=4; Pkg Size 30: Daily Dosage=4; Pkg Size 15: Daily Dosage=4
(Generic: ROXANOL)	Morphine Sulfate Oral Soln 20 MG/ML	MORPHINE SUL	
	Morphine Sulfate Suppos 5 MG		Max Qty=24/claim
	Morphine Sulfate Suppos 10 MG		Max Qty=24/claim
	Morphine Sulfate Suppos 20 MG		Max Qty=24/claim
	Morphine Sulfate Suppos 30 MG		Max Qty=24/claim
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 15 MG	ORAMORPH SR	Daily Dosage=2
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 30 MG	ORAMORPH SR	Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 60 MG	ORAMORPH SR	Daily Dosage=2
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 100 MG	ORAMORPH SR	Daily Dosage=2
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 200 MG		Daily Dosage=2
(Generic: OXYIR)	Oxycodone HCl Cap 5 MG	OXYCODONE, OXYCODONE	Daily Dosage=2
(Generic: ROXICODONE)	Oxycodone HCl Tab 5 MG		Daily Dosage=2
(Generic: ROXICODONE)	Oxycodone HCl Tab 15 MG		Daily Dosage=2
(Generic: ROXICODONE)	Oxycodone HCl Tab 30 MG		Daily Dosage=2
(Generic: ROXICODONE)	Oxycodone HCl Conc 20 MG/ML	OXYCODONE, OXYCODONE	Daily Dosage=6
	Oxycodone HCl Tab SR 12HR 10 MG	OXYCODONE, OXYCONTIN, OXYCONTIN PA;	Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 15 MG	OXYCONTIN	PA; Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 20 MG	OXYCODONE, OXYCODONE 20, OXYCONTIN, OXYCONTIN PA;	Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 30 MG	OXYCONTIN	PA; Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 40 MG	OXYCODONE 40, OXYCONTIN, OXYCONTIN PA;	Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 60 MG	OXYCONTIN	PA; Daily Dosage=2
(Generic: OXYCONTIN)	Oxycodone HCl Tab SR 12HR 80 MG	OXYCODONE, OXYCODONE 80, OXYCONTIN, OXYCONTIN PA;	Daily Dosage=2
(Generic: ULTRAM)	Tramadol HCl Tab 50 MG		Daily Dosage=2
(Generic: TYLOX)	Oxycodone w/ Acetaminophen Cap 5-500 MG		Daily Dosage=2
(Generic: PERCOET)	Oxycodone w/ Acetaminophen Tab 5-325 MG		Daily Dosage=2
	Oxycodone w/ Acetaminophen Tab 5-500 MG	ROXICET	Daily Dosage=2
(Generic: PERCOET)	Oxycodone w/ Acetaminophen Tab 7.5-325 MG		Daily Dosage=2
(Generic: PERCOET)	Oxycodone w/ Acetaminophen Tab 7.5-500 MG		Daily Dosage=2
(Generic: PERCOET)	Oxycodone w/ Acetaminophen Tab 10-325 MG		Daily Dosage=2
(Generic: PERCOET)	Oxycodone w/ Acetaminophen Tab 10-650 MG		Daily Dosage=2
	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	ROXICET	Daily Dosage=30
(Generic: PERCODAN)	Oxycodone w/ Aspirin Tab Full Strength		Daily Dosage=2
	Oxycodone-Aspirin Tab 4.8355-325 MG		Daily Dosage=2
	Acetaminophen w/ Codeine Tab 300-15 MG		Daily Dosage=2
(Generic: TYLENOL/COD)	Acetaminophen w/ Codeine Tab 300-30 MG		Daily Dosage=2
(Generic: TYLENOL/COD)	Acetaminophen w/ Codeine Tab 300-60 MG		Daily Dosage=2
	Acetaminophen w/ Codeine Soln 120-12 MG/5ML		Daily Dosage=30
	Aspirin w/ Codeine Tab 325-30 MG		Daily Dosage=2
	Aspirin w/ Codeine Tab 325-60 MG		Daily Dosage=2
(Generic: FIORICET/COD)	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG		PA, NDC 00187084301 PHRENILIN/ CAP CAFF/COD; Daily Dosage=2
(Generic: FIORINAL/COD)	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG		Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NORCO)	Hydrocodone-Acetaminophen Tab 10-325 MG		Daily Dosage=2
(Generic: LORTAB, LORTAB 5, VICODIN)	Hydrocodone-Acetaminophen Tab 5-500 MG		Daily Dosage=2
(Generic: LORTAB)	Hydrocodone-Acetaminophen Tab 7.5-500 MG		Daily Dosage=2
(Generic: LORTAB)	Hydrocodone-Acetaminophen Tab 10-500 MG		Daily Dosage=2
(Generic: ANEXSIA, LORCET PLUS)	Hydrocodone-Acetaminophen Tab 7.5-650 MG		Daily Dosage=2
(Generic: LORCET)	Hydrocodone-Acetaminophen Tab 10-650 MG		Daily Dosage=2
(Generic: ANEXSIA)	Hydrocodone-Acetaminophen Tab 10-660 MG		Daily Dosage=2
(Generic: VICODIN ES)	Hydrocodone-Acetaminophen Tab 7.5-750 MG		Daily Dosage=2
(Generic: NORCO)	Hydrocodone-Acetaminophen Tab 5-325 MG		Daily Dosage=6
(Generic: NORCO)	Hydrocodone-Acetaminophen Tab 7.5-325 MG		Daily Dosage=2
(Generic: LORTAB)	Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML		Daily Dosage=120
(Generic: ULTRACET)	Tramadol-Acetaminophen Tab 37.5-325 MG		Daily Dosage=4
ANALGESICS - ANTI-INFLAMMATORY			
(Generic: CATAFLAM)	Diclofenac Potassium Tab 50 MG		
	Diclofenac Sodium Tab Delayed Release 25 MG		
	Diclofenac Sodium Tab Delayed Release 50 MG		
(Generic: VOLTAREN)	Diclofenac Sodium Tab Delayed Release 75 MG		
(Generic: VOLTAREN-XR)	Diclofenac Sodium Tab SR 24HR 100 MG		
	Etodolac Cap 200 MG		
	Etodolac Cap 300 MG		
	Etodolac Tab 400 MG		
	Etodolac Tab 500 MG		
	Etodolac Tab SR 24HR 400 MG		
	Etodolac Tab SR 24HR 500 MG		
	Etodolac Tab SR 24HR 600 MG		
(Generic: ANSAID)	Flurbiprofen Tab 50 MG		
	Flurbiprofen Tab 100 MG		
(Generic: ADVIL, NUPRIN)	Ibuprofen Tab 200 MG		
	Ibuprofen Tab 400 MG		
(Generic: MOTRIN)	Ibuprofen Tab 600 MG		
(Generic: MOTRIN)	Ibuprofen Tab 800 MG		
	Ibuprofen Chew Tab 50 MG	CHILD MOTRIN	
(Generic: CHILD MOTRIN, MOTRIN JR ST)	Ibuprofen Chew Tab 100 MG		
(Generic: CHILD ADVIL, CHLRNS MOTRN, MOTRIN, MOTRIN INFAN)	Ibuprofen Susp 40 MG/ML		
(Generic: CHILD ADVIL, CHILD MOTRIN, MOTRIN)	Ibuprofen Susp 100 MG/5ML		
	Indomethacin Cap 25 MG		
	Indomethacin Cap 50 MG		
(Generic: INDOCIN SR)	Indomethacin Cap CR 75 MG		
	Ketoprofen Cap 50 MG		
	Ketoprofen Cap 75 MG		
	Ketoprofen Cap SR 24HR 200 MG	KETOPROFEN	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: TORADOL ORAL)	Ketorolac Tromethamine Tab 10 MG		Limited to Ages 16 and Older; Max Qty=20/30 days
(Generic: MOBIC)	Meloxicam Tab 7.5 MG		
(Generic: MOBIC)	Meloxicam Tab 15 MG		
	Nabumetone Tab 500 MG		
	Nabumetone Tab 750 MG		
(Generic: NAPROSYN)	Naproxen Tab 250 MG		
(Generic: NAPROSYN)	Naproxen Tab 375 MG		
(Generic: NAPROSYN)	Naproxen Tab 500 MG		
(Generic: EC-NAPROSYN)	Naproxen Tab EC 375 MG		Daily Dosage=2
(Generic: EC-NAPROSYN)	Naproxen Tab EC 500 MG		Daily Dosage=2
(Generic: NAPROSYN)	Naproxen Susp 125 MG/5ML		
(Generic: ALEVE)	Naproxen Sodium Tab 220 MG		Max Qty=62/31 days
(Generic: ANAPROX)	Naproxen Sodium Tab 275 MG		
(Generic: ANAPROX DS)	Naproxen Sodium Tab 550 MG		
(Generic: DAYPRO)	Oxaprozin Tab 600 MG		
(Generic: FELDENE)	Piroxicam Cap 10 MG		
(Generic: FELDENE)	Piroxicam Cap 20 MG		
	Sulindac Tab 150 MG		
(Generic: CLINORIL)	Sulindac Tab 200 MG		
	Tolmetin Sodium Cap 400 MG		
	Tolmetin Sodium Tab 200 MG		
	Tolmetin Sodium Tab 600 MG	TOLMETIN SOD	
	Celecoxib Cap 50 MG	CELEBREX	PA; Max Qty=62/31 days
	Celecoxib Cap 100 MG	CELEBREX	PA; Max Qty=62/31 days
	Celecoxib Cap 200 MG	CELEBREX	PA; Max Qty=62/31 days
	Celecoxib Cap 400 MG	CELEBREX	PA; Max Qty=62/31 days
	Methotrexate Sodium Tab 2.5 MG (Antirheumatic)	RHEUMATREX	
(Generic: ARAVA)	Leflunomide Tab 10 MG		Daily Dosage=1
(Generic: ARAVA)	Leflunomide Tab 20 MG		Daily Dosage=1
MIGRAINE PRODUCTS			
(Generic: D.H.E. 45)	Dihydroergotamine Mesylate Inj 1 MG/ML		
	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	MIGRANAL	
	Almotriptan Malate Tab 6.25 MG	AXERT	Max Qty=6/30 days
	Almotriptan Malate Tab 12.5 MG	AXERT	Max Qty=6/30 days
	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	RELPAX	Max Qty=6/30 days
	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	RELPAX	Max Qty=6/30 days
	Sumatriptan Nasal Spray 5 MG/ACT	IMITREX	Limited to Ages 12 and Older; Max Qty=6/30 days
	Sumatriptan Nasal Spray 20 MG/ACT	IMITREX, SUMATRIPTAN	Limited to Ages 12 and Older; Max Qty=6/30 days
(Generic: IMITREX)	Sumatriptan Succinate Tab 25 MG		Limited to Ages 12 and Older; Max Qty=9/30 days
(Generic: IMITREX)	Sumatriptan Succinate Tab 50 MG		Limited to Ages 12 and Older; Max Qty=9/30 days
(Generic: IMITREX)	Sumatriptan Succinate Tab 100 MG		Limited to Ages 12 and Older; Max Qty=9/30 days
(Generic: IMITREX)	Sumatriptan Succinate Inj 6 MG/0.5ML	ALSUMA, IMITREX	Limited to Ages 12 and Older; Max Qty=2/30 days
	Zolmitriptan Tab 2.5 MG	ZOMIG	Max Qty=6/30 days
	Zolmitriptan Tab 5 MG	ZOMIG	Max Qty=6/30 days
	Zolmitriptan Nasal Spray 5 MG/Spray Unit	ZOMIG	Max Qty=6/30 days
	Zolmitriptan Orally Disintegrating Tab 2.5 MG	ZOMIG ZMT	Max Qty=6/30 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Zolmitriptan Orally Disintegrating Tab 5 MG	ZOMIG ZMT	Max Qty=6/30 days
(Generic: MIDRIN)	Acetaminophen-Isometheptene-Dichloral Cap 325-65-100 MG		
(Generic: CAFERGOT)	Ergotamine w/ Caffeine Tab 1-100 MG		
GOUT AGENTS			
(Generic: ZYLOPRIM)	Allopurinol Tab 100 MG		
(Generic: ZYLOPRIM)	Allopurinol Tab 300 MG		
	Colchicine Tab 0.6 MG	COLCRYS	Max Qty=6/claim; Max Fills=1/30 days
	Probenecid Tab 500 MG		
	Colchicine w/ Probenecid Tab 0.5-500 MG		
ANTICONVULSANTS			
(Generic: KLONOPIN)	Clonazepam Tab 0.5 MG		Daily Dosage=3
(Generic: KLONOPIN)	Clonazepam Tab 1 MG		Daily Dosage=3
(Generic: KLONOPIN)	Clonazepam Tab 2 MG		Daily Dosage=3
	Diazepam Rectal Gel Delivery System 2.5 MG	DIASTAT PED	Limited to Ages 21 and Under; Max Qty=1/claim
	Diazepam Rectal Gel Delivery System 10 MG	DIASTAT ACDL	Limited to Ages 21 and Under; Max Qty=1/claim
	Diazepam Rectal Gel Delivery System 20 MG	DIASTAT ACDL	Limited to Ages 21 and Under; Max Qty=1/claim
(Generic: FELBATOL)	Felbamate Tab 400 MG		
(Generic: FELBATOL)	Felbamate Tab 600 MG		
	Felbamate Susp 600 MG/5ML	FELBATOL	
	Tiagabine HCl Tab 2 MG	GABITRIL	
	Tiagabine HCl Tab 4 MG	GABITRIL	
	Tiagabine HCl Tab 12 MG	GABITRIL	
	Tiagabine HCl Tab 16 MG	GABITRIL	
	Phenytoin Chew Tab 50 MG	DILANTIN	
(Generic: DILANTIN-125)	Phenytoin Susp 125 MG/5ML		
	Phenytoin Sodium Extended Cap 30 MG	DILANTIN	
(Generic: DILANTIN)	Phenytoin Sodium Extended Cap 100 MG		
(Generic: ZARONTIN)	Ethosuximide Cap 250 MG		
(Generic: ZARONTIN)	Ethosuximide Soln 250 MG/5ML		
(Generic: DEPAKOTE)	Divalproex Sodium Tab Delayed Release 125 MG		
(Generic: DEPAKOTE)	Divalproex Sodium Tab Delayed Release 250 MG	DEPAKOTE	
(Generic: DEPAKOTE)	Divalproex Sodium Tab Delayed Release 500 MG		
(Generic: DEPAKOTE SPR)	Divalproex Sodium Cap Sprinkle 125 MG		
(Generic: DEPAKOTE ER)	Divalproex Sodium Tab SR 24 HR 250 MG		
(Generic: DEPAKOTE ER)	Divalproex Sodium Tab SR 24 HR 500 MG		
(Generic: DEPAKENE)	Valproate Sodium Syrup 250 MG/5ML		
(Generic: DEPAKENE)	Valproic Acid Cap 250 MG		
(Generic: TEGRETOL)	Carbamazepine Tab 200 MG		
(Generic: TEGRETOL)	Carbamazepine Chew Tab 100 MG		
(Generic: TEGRETOL)	Carbamazepine Susp 100 MG/5ML		
	Carbamazepine Tab SR 12HR 100 MG	TEGRETOL XR	
(Generic: TEGRETOL XR)	Carbamazepine Tab SR 12HR 200 MG	TEGRETOL XR	
(Generic: TEGRETOL XR)	Carbamazepine Tab SR 12HR 400 MG	TEGRETOL XR	
(Generic: NEURONTIN)	Gabapentin Cap 100 MG	NEURONTIN	Daily Dosage=4
(Generic: NEURONTIN)	Gabapentin Cap 300 MG		Daily Dosage=4
(Generic: NEURONTIN)	Gabapentin Cap 400 MG		Daily Dosage=4
	Gabapentin Tab 100 MG	GABARONE	Daily Dosage=4

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Gabapentin Tab 300 MG	GABARONE	Daily Dosage=4
	Gabapentin Tab 400 MG	GABARONE	Daily Dosage=4
(Generic: NEURONTIN)	Gabapentin Tab 600 MG		Daily Dosage=4
(Generic: NEURONTIN)	Gabapentin Tab 800 MG		Daily Dosage=4
(Generic: NEURONTIN)	Gabapentin Oral Soln 250 MG/5ML		
(Generic: LAMICTAL)	Lamotrigine Tab 25 MG		
(Generic: LAMICTAL)	Lamotrigine Tab 100 MG		
(Generic: LAMICTAL)	Lamotrigine Tab 150 MG		
(Generic: LAMICTAL)	Lamotrigine Tab 200 MG		
(Generic: LAMICTAL)	Lamotrigine Tab Chewable Dispersible 5 MG		
(Generic: LAMICTAL)	Lamotrigine Tab Chewable Dispersible 25 MG		
(Generic: KEPPRA)	Levetiracetam Tab 250 MG		Daily Dosage=4
(Generic: KEPPRA)	Levetiracetam Tab 500 MG		Daily Dosage=4
(Generic: KEPPRA)	Levetiracetam Tab 750 MG		Daily Dosage=4
(Generic: KEPPRA)	Levetiracetam Soln 100 MG/ML		Daily Dosage=30
(Generic: TRILEPTAL)	Oxcarbazepine Tab 150 MG		
(Generic: TRILEPTAL)	Oxcarbazepine Tab 300 MG		
(Generic: TRILEPTAL)	Oxcarbazepine Tab 600 MG		
(Generic: TRILEPTAL)	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)		
(Generic: MYSOLINE)	Primidone Tab 50 MG		
(Generic: MYSOLINE)	Primidone Tab 250 MG		
(Generic: TOPAMAX)	Topiramate Tab 25 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX)	Topiramate Tab 50 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX)	Topiramate Tab 100 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX)	Topiramate Tab 200 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX SPR)	Topiramate Sprinkle Cap 15 MG		Daily Dosage=6
(Generic: TOPAMAX SPR)	Topiramate Sprinkle Cap 25 MG		Daily Dosage=8
(Generic: ZONEGRAN)	Zonisamide Cap 25 MG		
	Zonisamide Cap 50 MG		
(Generic: ZONEGRAN)	Zonisamide Cap 100 MG		
ANTIPARKINSON AGENTS			
	Benzotropine Mesylate Tab 0.5 MG		
	Benzotropine Mesylate Tab 1 MG		
	Benzotropine Mesylate Tab 2 MG		
	Trihexyphenidyl HCl Tab 2 MG		
(Generic: ARTANE)	Trihexyphenidyl HCl Tab 5 MG		
	Trihexyphenidyl HCl Elixir 0.4 MG/ML		Max Qty=500/31 days
	Amantadine HCl Cap 100 MG		
	Amantadine HCl Syrup 50 MG/5ML		
(Generic: PARLODEL)	Bromocriptine Mesylate Cap 5 MG		
(Generic: PARLODEL)	Bromocriptine Mesylate Tab 2.5 MG		
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 0.25 MG	REQUIP	Daily Dosage=6
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 0.5 MG		Daily Dosage=3
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 1 MG	REQUIP	Daily Dosage=3
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 2 MG	REQUIP	Daily Dosage=3
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 3 MG		Daily Dosage=6
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 4 MG		Daily Dosage=6
(Generic: REQUIP)	Ropinirole Hydrochloride Tab 5 MG		Daily Dosage=3
(Generic: SINEMET)	Carbidopa & Levodopa Tab 10-100 MG		
(Generic: SINEMET)	Carbidopa & Levodopa Tab 25-100 MG		
(Generic: SINEMET)	Carbidopa & Levodopa Tab 25-250 MG		
(Generic: SINEMET CR)	Carbidopa & Levodopa Tab CR 25-100 MG		
(Generic: SINEMET CR)	Carbidopa & Levodopa Tab CR 50-200 MG		
(Generic: ELDEPRYL)	Selegiline HCl Cap 5 MG		
	Selegiline HCl Tab 5 MG		
	Carbidopa Tab 25 MG	LODOSYN	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
MUSCULOSKELETAL THERAPY AGENTS			
	Baclofen Tab 10 MG		
	Baclofen Tab 20 MG		
(Generic: SOMA)	Carisoprodol Tab 350 MG		Daily Dosage=4
(Generic: PARAFON FORT)	Chlorzoxazone Tab 500 MG		
(Generic: FLEXERIL)	Cyclobenzaprine HCl Tab 5 MG		Daily Dosage=3
(Generic: FLEXERIL)	Cyclobenzaprine HCl Tab 10 MG		Daily Dosage=3
(Generic: ROBAXIN)	Methocarbamol Tab 500 MG		
(Generic: ROBAXIN-750)	Methocarbamol Tab 750 MG		
	Orphenadrine Citrate Tab SR 12HR 100 MG		Daily Dosage=2
	Tizanidine HCl Tab 2 MG		
(Generic: ZANAFLEX)	Tizanidine HCl Tab 4 MG		
(Generic: DANTRIUM)	Dantrolene Sodium Cap 25 MG		
(Generic: DANTRIUM)	Dantrolene Sodium Cap 50 MG		
(Generic: DANTRIUM)	Dantrolene Sodium Cap 100 MG		
ANTIMYASTHENIC AGENTS			
(Generic: MESTINON)	Pyridostigmine Bromide Tab 60 MG		
	Pyridostigmine Bromide Tab CR 180 MG	MESTINON	
VITAMINS			
	Thiamine HCl Tab 50 MG		Max Qty=100/31 days
	Thiamine HCl Tab 100 MG		Max Qty=100/31 days
	Thiamine HCl Tab 250 MG		Max Qty=100/31 days
	Thiamine HCl Tab 500 MG		Max Qty=100/31 days
	Thiamine Mononitrate Tab 100 MG	VITAMIN B-1	Max Qty=100/31 days
	Riboflavin Tab 25 MG		Max Qty=100/31 days
	Riboflavin Tab 50 MG		Max Qty=100/31 days
	Riboflavin Tab 100 MG		Max Qty=100/31 days
	Niacin Cap CR 250 MG		
	Niacin Cap CR 500 MG		
	Niacin Tab 500 MG		
	Niacin Tab CR 250 MG		
(Generic: SLO-NIACIN)	Niacin Tab CR 500 MG		
(Generic: SLO-NIACIN)	Niacin Tab CR 750 MG		
	Niacin Tab CR 1000 MG	NIACIN TR	
	Pyridoxine HCl Tab 25 MG		
	Pyridoxine HCl Tab 50 MG		
	Pyridoxine HCl Tab 100 MG		
	Ascorbic Acid Tab 250 MG		Max Qty=100/31 days
	Ascorbic Acid Tab 500 MG	21ST CENT NA, KROGER VITAM	Max Qty=100/31 days
	Ascorbic Acid Tab 1000 MG	VITAMIN C TA	Max Qty=100/31 days
(Generic: DRISDOL)	Ergocalciferol Cap 50000 IU		
	Vitamin E Cap 100 IU		Max Qty=62/31 days
	Vitamin E Cap 200 IU		Max Qty=62/31 days
	Vitamin E Cap 400 IU		Max Qty=62/31 days
	Vitamin E Chew Tab 400 IU	KEY-E	Max Qty=62/31 days
	Phytonadione Tab 5 MG	MEPHYTON	
MULTIVITAMINS			
	*B-Complex Vitamin Cap**		Daily Dosage=1
			PA, NDC 49326028390 ALBA-LYBE TAB; PA, NDC 49326044590 VARIDIN TAB; Daily Dosage=1
	*B-Complex Vitamin Tab**		Daily Dosage=1
	*B-Complex w/ C Cap**		Daily Dosage=1
(Generic: NEPHROCAPS)	*B-Complex w/ C & Folic Acid Cap 1 MG***		Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NEPHRO-VITE)	*B-Complex w/ C & Folic Acid Tab 1 MG***		Daily Dosage=1
	*B-Complex w/ C-Min-Fe & Folic Acid Tab 106-1 MG***		Daily Dosage=1
(Generic: CARDENZ, LYSIPLEX, ONE-A-DAY, THERAGRAN)	*Multiple Vitamin Tab**	OMNICAP	Daily Dosage=1
(Generic: GERITOL EXT, STRESSTABS)	*Multiple Vitamins w/ Iron Tab**		Daily Dosage=1
(Generic: CAROMEGA, CENTRUM, FEMTABS, FOSFREE, ONE-A-DAY...)	*Multiple Vitamins w/ Minerals Tab**	ADV DIABETIC, ANTIOXIDANT, B-50 FORMULA, BACMIN, BASIC AM...	Daily Dosage=1
(Generic: TRI-VI-SOL)	*Pediatric Vitamins ADC Drops 1500IU-400IU-35 MG/ML***		Max Qty=50/claim
(Generic: POLY-VI-SOL)	*Pediatric Multiple Vitamin w/ C Soln 35 MG/ML**		Max Qty=50/claim
	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**		Daily Dosage=1
(Generic: POLY-VI-SOL)	*Pediatric Multiple Vitamins w/ Iron Drops 10 MG/ML**		Max Qty=50/claim
	*Pediatric Vitamins ACD w/ Iron Drops 10 MG/ML***	TRI-VI-SOL	Max Qty=50/claim
	*Pediatric Vitamins ACD w/ Fluoride Chew Tab 1 MG***		Limited to Ages 13 and Under; Daily Dosage=1
	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	TRIPHLUORIVI	Limited to Ages 13 and Under; Max Qty=50/claim
	*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***		Limited to Ages 13 and Under; Max Qty=50/claim
	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***		Limited to Ages 13 and Under; Daily Dosage=1
	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***		Limited to Ages 13 and Under; Daily Dosage=1
	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***		Limited to Ages 13 and Under; Max Qty=30/30 days
	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***		Limited to Ages 13 and Under; Max Qty=50/claim
(Generic: POLY-VI-FLOR)	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***		Limited to Ages 13 and Under; Max Qty=50/claim
	*Pediatric Multiple Vitamins w/ Fl-Fe Chew Tab 0.5-12 MG**		Limited to Ages 13 and Under; Daily Dosage=1
	*Pediatric Multiple Vitamins w/ Fl-Fe Chew Tab 1-12 MG**		Limited to Ages 13 and Under; Daily Dosage=1
	*Pediatric Multiple Vitamins w/ Fl-Fe Drops 0.25-10 MG/ML**		Limited to Ages 13 and Under; Max Qty=50/claim
	*Pediatric Multiple Vitamins w/ Fl-Fe Drops 0.5-10 MG/ML**	POLY-VIT/FE	Limited to Ages 13 and Under; Max Qty=50/claim
	*Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***		Limited to Ages 13 and Under; Max Qty=50/claim
	*Prenatal Vitamin Fast Dissolving Tab**	CALNA	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Multivitamins & Minerals w/ Iron & FA Cap 0.1MG***	TYLER PRENAT	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Multivitamins & Minerals w/ Iron & FA Cap 1 MG***	MYNATAL, VITA-NATAL	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 0.1MG***	KPN	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Multivitamins & Minerals w/ Fe & FA Tab 0.25 MG***	NUTRICION	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 0.8MG***	P D NATAL/FA, P-D NATAL, PRE-NATAL, PRENATAL, PRENATAL/FE	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 1 MG***		Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	PRENATABS RX, RE-NATA 29, VOL-TAB RX	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1 MG***		Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Cap 13.5-0.4 MG***	PERRY PRENAT	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG***	O-CAL	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
(Generic: NOVASTART)	*Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***	PRENAFIRST	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.5 MG***		Limited to Ages 45 and Under; Limited to Female; RX Direct Medicaid Plans: Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***	MULTI PRENAT, PRENATAL, PRENATAL ONE, RIGHT STEP	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	M-VIT, O-CAL FA, PRENAPLUS, PRENATAL, PRENATAL/FA...	Limited to Ages 45 and Under; Limited to Female; RX Direct Medicaid Plans: Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***	CVS PRENATAL, EQL PRENATAL, GNP PRENATAL, KP PRENATAL, PRENATAL...	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	CO-NATAL FA, PRENATABS FA, VENATAL-FA	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	SE-NATAL ONE, TRINATAL RX, VINATE ONE	Limited to Ages 45 and Under; Limited to Female; RX Direct Medicaid Plans: Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	CAVAN-FOLATE, LACTOCAL-F, MYNATAL PLUS, MYNATAL-Z, VITAFOL-OB...	PA, NDC 65162063560 PRENATAL 1 TAB PLUS 1; PA, NDC 58177027504 PRENATAL Z TAB; Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***	NATALVIT	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
(Generic: NATACHEW)	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	COMPLETENATE, NATACHEW, PRENATAL 19, RE PRENATAL, SE-NATAL 19	Limited to Ages 45 and Under; Limited to Female; RX Direct Medicaid Plans: Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;; Daily Dosage=1
	*Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.4 MG***	MISSION PREN	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.8 MG***	MISSION PREN	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	*Prenatal Vit w/ Fe Sulfate-FA Tab 27-0.8 MG***	PRENATAL	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Fe Polysac Cmplx-FA Tab 60-1 MG***	NIFEREX-PN, POLY IRON PN	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
(Generic: CITRANATAL)	*Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1MG***	CAL-NATE, VINATE CAL	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
(Generic: CENOGEN ULTR)	*Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106-1 MG***		Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal w/o A Vit w/ Fe Fumarate-FA Tab DR 30-1 MG***	CAVAN, GESTICARE, TARON-EC CAL	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
(Generic: NOVANATAL)	*Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***	PRENATABS, RE-NATA 29, VITASPIRE	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***	COMPLETE-RF	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***	VINATE M	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
			Limited to Ages 45 and Under; Limited to Female; RX Direct Medicaid Plans: Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;; Daily Dosage=1
	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	INATAL ADV, INATAL GT, INATAL ULTRA, MYNATAL, PRENACARE...	
	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	PRENATAL 19, SE-NATAL 19	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab CR 90-1 MG***	AMINATE FE, MYNATE 90, SE-NATAL 90	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Prenatal w/FE Polys Cmplx-FA-Ca Tab & Omega 3 Cap Pack***	MARNATAL-F	Limited to Ages 45 and Under; Limited to Female; Daily Dosage=1
	*Vitamins w/ Lipotropics Cap**		Daily Dosage=1

MINERALS & ELECTROLYTES

	Calcium Carbonate Susp 1250 MG/5ML		Max Qty=500/30 days
	Oyster Shell Calcium Tab 500 MG		
	Calcium 500 MG w/ Vitamin D Tab		
	Calcium w/ Vitamin D Tab 500 MG-125 Unit	CA HI-CAL/D	
	Calcium-Cholecalciferol Tab 500 MG-200 Unit	CA HI-CAL/D	
	Calcium-Ergocalciferol Tab 500 MG-200 Unit	PARVA-CAL	
	Calcium Carbonate-Vitamin D Tab 250MG-125IU		
	Calcium Carbonate-Vitamin D Tab 500MG-125IU	CVS CALCIUM	
	Calcium Carbonate-Vitamin D Tab 500MG-200IU		
	Calcium Carbonate-Vitamin D Tab 600MG-200IU		Max Qty=62/31 days
	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit		Max Qty=62/31 days
	Calcium Carbonate-Cholecalciferol Tab 500 MG-200 Unit		
	Calcium Carbonate-Ergocalciferol Tab 500MG-200 Unit		
(Generic: LURIDE)	Sodium Fluoride Chew Tab 0.25MG F (from 0.55 MG NaF)		
(Generic: LURIDE)	Sodium Fluoride Chew Tab 0.5MG F (from 1.1 MG NaF)		
(Generic: LURIDE)	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)		
	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)	FLURA-DROPS	
(Generic: LURIDE)	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)		
	Potassium Iodide Soln 1 GM/ML	SSKI	
(Generic: K-LYTE-ORANG)	Potassium Bicarbonate Effer Tab 25 mEq		
(Generic: MICRO-K)	Potassium Chloride Cap CR 10 mEq		
	Potassium Chloride Tab CR 8 mEq		
(Generic: K-TABS)	Potassium Chloride Tab CR 10 mEq		
	Potassium Chloride Oral Liq 10%		
	Potassium Chloride Oral Liq 20%		
(Generic: K-LOR)	Potassium Chloride Powder Packet 20 mEq		
(Generic: KLOR-CON-25)	Potassium Chloride Powder Packet 25 mEq		
(Generic: K-TABS)	Potassium Chloride Microencapsulated CRY CR Tab 10 mEq		
	Potassium Chloride Microencapsulated Crys CR Tab 15 mEq	KLOR-CON M15	
	Potassium Chloride Microencapsulated CRY CR Tab 20 mEq		
	Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)		
(Generic: EQUALYTE, PEDIALYTE, PEDIALYTE ST)	*Oral Electrolyte Solution***	CERALYTE 50, CERALYTE 70, CERASPORT, ENFALYTE	
NUTRIENTS			
	Glucose Polymers Liqd	POLYCOSE	Package Limit=1/30 days
	Glucose Polymers Powder 94%	POLYCOSE	Package Limit=1/30 days
	*Omega-3 Fatty Acids Cap 1000 MG**		Daily Dosage=6
	*Omega-3 Fatty Acids Cap 1200 MG**		Daily Dosage=6
HEMATOPOIETIC AGENTS			
	Cyanocobalamin Inj 1000 MCG/ML		
	Folic Acid Tab 400 MCG		Daily Dosage=1
	Folic Acid Tab 800 MCG		Daily Dosage=1
	Folic Acid Tab 1 MG		
(Generic: ICAR)	Carbonyl Iron Chew Tab 15 MG (Elemental Iron)		
	Ferrous Sulfate Tab 83 MG		
	Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)		
	Ferrous Sulfate Tab 28 MG (Elemental Fe)		
	Ferrous Sulfate Tab EC 324 MG (65 MG Fe Equivalent)		
	Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)		
(Generic: FEOSOL)	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)		Daily Dosage=16
(Generic: FER-IN-SOL)	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)		Daily Dosage=3.4
	Ferrous Sulfate Soln 75 MG/0.6ML		Daily Dosage=3.4
(Generic: SLOW FE)	Ferrous Sulfate Dried Tab CR 160 MG (50 MG Fe Equivalent)		
(Generic: FERGON)	Ferrous Gluconate Tab 216 MG		
	Ferrous Gluconate Tab 240 MG		
	Ferrous Gluconate Tab 300 MG	FERROUS GLUC	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Ferrous Gluconate Tab 324 MG (38 MG Elemental Iron)	FERROUS GLUC	
	Ferrous Gluconate Tab 325 MG		
	Ferrous Gluconate Tab 325 MG (36 MG Elemental Fe)		
	Ferrous Gluconate Tab 325 MG (37.5 MG Elemental Fe)		
	Ferrous Gluconate Tab 225 MG (27 MG Fe Equivalent)	FERROUS GLUC	
	Ferrous Gluconate Tab 246 MG (28 MG Elemental Fe)		
(Generic: HEMOCYTE)	Ferrous Fumarate Tab 325 MG (106 MG Elemental Fe)		Daily Dosage=2
	Polysaccharide Iron Complex Cap 150 MG		Daily Dosage=1
	Hydroxyurea Cap 200 MG	DROXIA	
	Hydroxyurea Cap 300 MG	DROXIA	
	Hydroxyurea Cap 400 MG	DROXIA	
ANTICOAGULANTS			
	Heparin Sodium (Porcine) Inj 1000 U/ML		
	Heparin Sodium (Porcine) Inj 5000 U/ML		
	Heparin Sodium (Porcine) Inj 10000 U/ML		
	Heparin Sodium (Porcine) Inj 20000 U/ML		
(Generic: LOVENOX)	Enoxaparin Sodium Inj 30 MG/0.3ML		Max Qty =7 at Retail
(Generic: LOVENOX)	Enoxaparin Sodium Inj 40 MG/0.4ML	LOVENOX	Max Qty =7 at Retail
(Generic: LOVENOX)	Enoxaparin Sodium Inj 60 MG/0.6ML	LOVENOX	Max Qty =7 at Retail
(Generic: LOVENOX)	Enoxaparin Sodium Inj 80 MG/0.8ML	LOVENOX	Max Qty =7 at Retail
(Generic: LOVENOX)	Enoxaparin Sodium Inj 100 MG/ML		Max Qty =7 at Retail
(Generic: LOVENOX)	Enoxaparin Sodium Inj 120 MG/0.8ML		Max Qty =7 at Retail
(Generic: LOVENOX)	Enoxaparin Sodium Inj 150 MG/ML		Max Qty =7 at Retail
	Enoxaparin Sodium Inj 300 MG/3ML	LOVENOX	Max Qty =7 at Retail
(Generic: COUMADIN)	Warfarin Sodium Tab 1 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 2 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 2.5 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 3 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 4 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 5 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 6 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 7.5 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 10 MG		
HEMOSTATICS			
(Generic: AMICAR)	Aminocaproic Acid Tab 500 MG		Max Qty=24/claim
(Generic: AMICAR)	Aminocaproic Acid Syrup 25%		Max Qty=60/claim
	Tranexamic Acid Tab 650 MG	LYSTEDA	Limited to Female; Limited to Ages 12 and Older; Limited to Ages 49 and Under; Max Qty=30/5 days; Max Fills=1/month
HEMATOLOGICAL AGENTS - MISC.			
(Generic: PERSANTINE)	Dipyridamole Tab 25 MG		
(Generic: PERSANTINE)	Dipyridamole Tab 50 MG		
(Generic: PERSANTINE)	Dipyridamole Tab 75 MG		
(Generic: PLETAL)	Cilostazol Tab 50 MG		Daily Dosage=2
(Generic: PLETAL)	Cilostazol Tab 100 MG		Daily Dosage=2
	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	PLAVIX	Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Prasugrel HCl Tab 5 MG (Base Equiv)	EFFIENT	Daily Dosage=1
	Prasugrel HCl Tab 10 MG (Base Equiv)	EFFIENT	Daily Dosage=1
(Generic: TRENTAL)	Pentoxifylline Tab CR 400 MG		
OPHTHALMIC AGENTS			
	Bacitracin Ophth Oint 500 U/GM	BACITRACIN	Max Qty=4/claim
(Generic: CILOXAN)	Ciprofloxacin HCl Ophth Soln 0.3%		Package Limit=1/claim
	Ciprofloxacin HCl Ophth Oint 0.3%	CILOXAN	Max Qty=4/claim
	Erythromycin Ophth Oint 5 MG/GM		Max Qty=4/claim
(Generic: GARAMYCIN)	Gentamicin Sulfate Ophth Soln 0.3%		Package Limit=1/claim
	Gentamicin Sulfate Ophth Oint 0.3%	GARAMYCIN, GENTAMICIN	Max Qty=4/claim
	Moxifloxacin HCl Ophth Soln 0.5%	VIGAMOX	Max Qty=3/claim
(Generic: OCUFLOX)	Ofloxacin Ophth Soln 0.3%		Package Limit=1/claim
(Generic: TOBREX)	Tobramycin Sulfate Ophth Soln 0.3%		Max Qty=5/claim
	Tobramycin Sulfate Ophth Oint 0.3%	TOBREX	Max Qty=4/claim
(Generic: BLEPH-10)	Sulfacetamide Sodium Ophth Soln 10%		Max Qty=15/claim
	Sulfacetamide Sodium Ophth Oint 10%		Max Qty=4/claim
(Generic: VIROPTIC)	Trifluridine Ophth Soln 1%		Max Qty=8/claim
(Generic: POLYSPORIN)	Bacitracin-Polymyxin B Ophth Oint		Max Qty=4/claim
	Polymyxin B-Trimethoprim Ophth Soln 10000 UNITS/ML-0.1%		Max Qty=10/claim
	Neomycin-Bacitracin Zn-Polymyx 3.5(5)MG- 400U-10000U Op Oint		Max Qty=4/claim
(Generic: NEOSPORIN)	Neomycin-Polymyxin B-Gramicidin Ophth Soln		Max Qty=10/claim
(Generic: PREMIER VALU)	Polyvinyl Alcohol Ophth Soln 1.4%		Max Qty=15/claim
(Generic: AKWA TEARS, LACRI- LUBE, MOISTURE EYE, REFRESH P.M.)	*Artificial Tear Ophth Ointment***		Max Qty=4/claim
	Polyethylene Glycol-Polyvinyl Alcohol Ophth Soln 1-1%		Max Qty=31/31 days
	Betaxolol HCl Ophth Soln 0.5%		Package Limit=1/claim
	Carteolol HCl Ophth Soln 1%		Max Fills=1/30 days
(Generic: OPTIPRANOLOL)	Metipranolol Ophth Soln 0.3%		
(Generic: BETAGAN)	Levobunolol HCl Ophth Soln 0.25%	LEVOBUNOLOL	Package Limit=1/claim
(Generic: BETAGAN)	Levobunolol HCl Ophth Soln 0.5%		Package Limit=1/claim
(Generic: TIMOPTIC)	Timolol Maleate Ophth Soln 0.25%	TIMOPTIC OCU	Package Limit=1/claim
(Generic: TIMOPTIC)	Timolol Maleate Ophth Soln 0.5%	TIMOPTIC OCU	Package Limit=1/claim
	Timolol Maleate Ophth Gel Forming Soln 0.5%		Package Limit=1/claim
(Generic: COSOPT)	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML		Max Qty=10/claim
	Dexamethasone Sodium Phosphate Ophth Soln 0.1%		Max Qty=5/claim
(Generic: FML LIQUIFLM)	Fluorometholone Ophth Susp 0.1%		Package Limit=1/claim
	Fluorometholone Ophth Oint 0.1%	FML, FML S.O.P.	Max Qty=4/claim
	Prednisolone Acetate Ophth Susp 0.12%	PRED MILD	Max Qty=10/claim
(Generic: ECONOPRED PL, OMNIPRED, PRED FORTE)	Prednisolone Acetate Ophth Susp 1%		Package Limit=1/claim
	Prednisolone Sodium Phosphate Ophth Soln 1%	PRED SOD PHO	Package Limit=1/claim
	Rimexolone Ophth Susp 1%	VEXOL	Package Limit=1/claim
	Gentamicin-Prednisolone Ace Ophth Susp 0.3- 1%	PRED-G	Package Limit=1/claim
	Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2%	BLEPHAMIDE, SULF/PREDNIS	Package Limit=1/claim
	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.25%		Package Limit=1/claim
	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%	BLEPHAMIDE	Max Qty=4/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: TOBRADEX)	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%		Package Limit=1/claim
	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%	TOBRADEX	Max Qty=4/claim
(Generic: MAXITROL)	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%		Max Qty=5/claim
(Generic: MAXITROL)	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%		Max Qty=4/claim
(Generic: CORTISPORIN)	Neomycin-Polymyxin-HC Ophth Susp	NEO/POLY/HC	Max Qty=8/claim
	Neomycin-Polymyxin-Prednisolone Ace Ophth Susp 0.5% (new)	POLY-PRED	Max Qty=5/claim
(Generic: XALATAN)	Latanoprost Ophth Soln 0.005%		Max Qty=3/claim
(Generic: ISO ATROPINE)	Atropine Sulfate Ophth Soln 1%	ATROPINE SOL	Package Limit=1/claim
	Atropine Sulfate Ophth Oint 1%		Max Qty=4/claim
	Cyclopentolate HCl Ophth Soln 0.5%	CYCLOGYL	Max Qty=15/claim
(Generic: CYCLOGYL)	Cyclopentolate HCl Ophth Soln 1%		Package Limit=1/claim
	Cyclopentolate HCl Ophth Soln 2%	CYCLOGYL	Package Limit=1/claim
	Homatropine HBr Ophth Soln 2%	ISO HOMATROP	Max Qty=5/claim
(Generic: ISO HOMATROP)	Homatropine HBr Ophth Soln 5%		Package Limit=1/claim
	Tropicamide Ophth Soln 0.5%		Max Qty=15/claim
(Generic: MYDRIACYL)	Tropicamide Ophth Soln 1%		Package Limit=1/claim
(Generic: ALBALON, NAPHCN FORT)	Naphazoline HCl Ophth Soln 0.1%	AK-CON	Max Qty=15/claim
(Generic: MYDFRIN)	Phenylephrine HCl Ophth Soln 2.5%		Package Limit=1/claim
	Carbachol Ophth Soln 1.5%	ISO CARBACHO	
	Carbachol Ophth Soln 3%	ISO CARBACHO	
(Generic: ISO CARPINE)	Pilocarpine HCl Ophth Soln 0.5%	PILOCARPINE, PILOPTIC-1/2	
(Generic: ISOPTO CARP)	Pilocarpine HCl Ophth Soln 1%		
(Generic: ISOPTO CARP)	Pilocarpine HCl Ophth Soln 2%		
(Generic: ISOPTO CARP)	Pilocarpine HCl Ophth Soln 3%	PILOCARPINE, PILOPTIC-3	
(Generic: ISOPTO CARP)	Pilocarpine HCl Ophth Soln 4%		
	Pilocarpine HCl Ophth Soln 6%		
	Dipivefrin HCl Ophth Soln 0.1%	PROPINE	
(Generic: IOPIDINE)	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)		
	Apraclonidine HCl Ophth Soln 1% (Base Equivalent)	IOPIDINE	
	Brimonidine Tartrate Ophth Soln 0.2%		Package Limit=1/claim
(Generic: OPTIVAR)	Azelastine HCl Ophth Soln 0.05%	OPTIVAR	Max Qty=6/claim; Step Therapy
(Generic: CROLOM)	Cromolyn Sodium Ophth Soln 4%		Max Qty=10/claim
(Generic: ZADITOR)	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)		Package Limit=1/claim
	Lodoxamide Tromethamine Ophth Soln 0.1%	ALOMIDE	Max Qty=10/claim; Step Therapy
	Nedocromil Sodium Ophth Soln 2%	ALOCRIL	Max Qty=5/claim; Step Therapy
	Brinzolamide Ophth Susp 1%	AZOPT	Package Limit=1/claim
(Generic: TRUSOPT)	Dorzolamide HCl Ophth Soln 2%		Max Qty=10/claim
(Generic: VOLTAREN)	Diclofenac Sodium Ophth Soln 0.1%	VOLTAREN	Package Limit=1/claim
(Generic: OCUFEN)	Flurbiprofen Sodium Ophth Soln 0.03%		Max Qty=3/claim
(Generic: ACULAR LS)	Ketorolac Tromethamine Ophth Soln 0.4%		Max Fills=1/30 days
(Generic: ACULAR)	Ketorolac Tromethamine Ophth Soln 0.5%	ACULAR, ACULAR PF	Package Limit=1/claim; Step Therapy
OTIC AGENTS			
(Generic: FLOXIN OTIC)	Ofloxacin Otic Soln 0.3%		Package Limit=1/claim
	Fluocinolone Acetonide (Otic) Oil 0.01%	DERMOTIC	
(Generic: VOSOL HC)	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%		Max Qty=10/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: VOSOL)	Acetic Acid Otic Soln 2%		Max Qty=15/claim
(Generic: DEBROX)	Carbamide Peroxide 6.5% Otic Soln	REED DEBROX	Max Qty=15/31 days
	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	CIPRODEX	Max Qty=8/claim
(Generic: CORTISPORIN, PEDIOTIC)	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 U/ML-1%		Pkg Size 10: Package Limit=1/claim
(Generic: CORTISPORIN)	Neomycin-Polymyxin-HC Otic Soln 1%		Max Qty=10/claim
	Benzocaine-Antipyrine Otic Soln 1.4-5.4%	O'TILAM NR	Pkg Size 15: Package Limit=1/claim
(Generic: PRAMOTIC)	Pramoxine-Chloroxylenol Otic Liquid 1-0.1%		Max Fills=1/30 days
(Generic: CORTANE-B, OTICIN HC)	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML		
(Generic: CORTANE-B)	Pramoxine-HC-Chloroxylenol Aqueous Otic Soln 10-10-1MG/ML		
MOUTH/THROAT/DENTAL AGENTS			
	Nystatin Susp 100000 U/ML		Max Qty=120/claim
(Generic: PERIDEX)	Chlorhexidine Gluconate Soln 0.12%		
	Zinc Lozenge 15 MG		
	Triamcinolone Acetonide Dental Paste 0.1%		Max Qty=5/claim
(Generic: XYLOCAINE)	Lidocaine HCl Viscous Soln 2%		Max Qty=100/claim
(Generic: PREVIDENT)	Sodium Fluoride Rinse 0.2%		
(Generic: PREVIDENT)	Sodium Fluoride Cream 1.1%		Pkg Size 51: Package Limit=1/claim; Pkg Size 57: Package Limit=1/claim
	Sodium Fluoride Gel 1%		
(Generic: PREVIDENT, THERA-FLUR-N)	Sodium Fluoride Gel 1.1%		Pkg Size 56: Package Limit=1/claim
(Generic: PREVIDENT)	Sodium Fluoride Paste 1.1%		Max Qty=106/claim
(Generic: GEL-KAM)	Stannous Fluoride Conc 0.63%		
ANORECTAL AGENTS			
(Generic: ANUSOL-HC)	Hydrocortisone Rectal Cream 2.5%		Pkg Size 30: Package Limit=1/claim
(Generic: ANUSOL-HC)	Hydrocortisone Acetate Suppos 25 MG		Daily Dosage=2
(Generic: CORTENEMA)	Hydrocortisone Enema 100 MG/60ML		Max Qty=420/claim
(Generic: PROCTOFOAM)	Pramoxine HCl Rectal Foam 1%		Max Qty=15/claim
(Generic: ANALPRAM-HC)	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%		PA, NDC 00496077864 ANALPRAM-HC CRE SINGLES; Max Qty=62/31 days
(Generic: ANALPRAM-HC)	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%		Max Qty=30/claim
	Hydrocortisone Acetate w/ Pramoxine Rectal Lotn 2.5-1%	ANALPRAM-HC	Max Qty=60/claim
(Generic: PREPARATION)	Phenyleph-Shark Liver Oil-Cocoa Butter Suppos 0.25-3-85.5%		Max Qty=12/31 days
(Generic: PREPARATION)	Phenylephrine-Shark Liver Oil-MO-Pet Oint 0.25-3-14-71.9%		Max Qty=31/31 days
DERMATOLOGICALS			
(Generic: BENZAC AC, BENZAC W, DESQUAM-X)	Benzoyl Peroxide Liq 5%		
(Generic: BENZAC AC, BENZAC W, DESQUAM-X)	Benzoyl Peroxide Liq 10%		
	Benzoyl Peroxide Gel 2.5%	NEUTROGENA	
(Generic: BENZAC AC, BENZAGEL-5, DESQUAM-E, DESQUAM-X)	Benzoyl Peroxide Gel 5%		
(Generic: BENZAC AC, BENZAGEL-10, DESQUAM-X)	Benzoyl Peroxide Gel 10%		
	Benzoyl Peroxide Lotion 5%	CLEAN&CLEAR	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Benzoyl Peroxide Lotion 10%		
	Benzoyl Peroxide-Sulfur Lotion 5-2%	SULFOXYL	Max Qty=60/claim
	Benzoyl Peroxide-Sulfur Lotion 10-5%	SULFOXYL	Max Qty=60/claim
(Generic: ACCUTANE)	Isotretinoin Cap 10 MG		PA; Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: ACCUTANE)	Isotretinoin Cap 20 MG		PA; Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: ACCUTANE)	Isotretinoin Cap 40 MG		PA; Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: RETIN-A)	Tretinoin Cream 0.025%		Limited to Ages 21 and Under; Max Qty=20/claim
(Generic: RETIN-A)	Tretinoin Cream 0.05%		Limited to Ages 21 and Under; Max Qty=20/30 days
(Generic: RETIN-A)	Tretinoin Cream 0.1%		Limited to Ages 21 and Under; Max Qty=20/30 days
(Generic: RETIN-A)	Tretinoin Gel 0.01%		Limited to Ages 21 and Under; Max Qty=15/30 days
(Generic: RETIN-A)	Tretinoin Gel 0.025%		Limited to Ages 21 and Under; Package Limit=1/30 days
(Generic: CLEOCIN-T)	Clindamycin Phosphate Soln 1%		
(Generic: CLEOCIN-T)	Clindamycin Phosphate Gel 1%	CLINDAGEL	Pkg Size 60: Package Limit=1/claim; Pkg Size 30: Package Limit=1/claim
(Generic: CLEOCIN-T)	Clindamycin Phosphate Lotion 1%		Pkg Size 60: Package Limit=1/claim
(Generic: ERYGEL)	Erythromycin Soln 2%		
(Generic: ERYGEL)	Erythromycin Gel 2%		Package Limit=1/claim
(Generic: KLARON)	Sulfacetamide Sodium Lotion 10% (Acne)		Max Qty=120/claim
	Sulfacetamide Sodium w/ Sulfur Susp 10-5%		Max Qty=30/claim
(Generic: NOVACET, SULFACET-R)	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%		Package Limit=1/claim
(Generic: METROCREAM)	Metronidazole Cream 0.75%		Max Qty=45/claim
	Metronidazole Gel 0.75%		Max Qty=45/claim
(Generic: METROLOTION)	Metronidazole Lotion 0.75%		
(Generic: BACIGUENT)	Bacitracin Oint 500 U/GM		Pkg Size 30: Package Limit=1/claim; Pkg Size 15: Package Limit=2/claim; Pkg Size 28: Package Limit=1/claim
	Bacitracin Zinc Oint 500 U/GM		Max Qty=30/claim
	Gentamicin Sulfate Cream 0.1%		Package Limit=1/claim
	Gentamicin Sulfate Oint 0.1%		Package Limit=1/claim
(Generic: BACTROBAN)	Mupirocin Oint 2%	WOUND COMPOU	Pkg Size 22: Package Limit=1/claim; Pkg Size .9: Package Limit=72/30 days
	Mupirocin Calcium Cream 2%	BACTROBAN	Package Limit=1/claim
	*Bacitracin-Polymyxin B Powder***	POLYSPORIN	
(Generic: NEOSPORIN, TRIPLE ANTIB)	*Neomycin-Bacitracin-Polymyxin Oint***		Package Limit=1/claim
(Generic: NEOSPORIN)	Neomycin-Polymyxin w/ Pramoxine Cream 1%		Package Limit=1/claim
(Generic: MYCOSTATIN)	*Nystatin Topical Powder**		Package Limit=1/claim
	Nystatin Cream 100000 U/GM		Package Limit=1/claim
	Nystatin Oint 100000 U/GM		Package Limit=1/claim
(Generic: TINACTIN)	Tolnaftate Cream 1%	TINEACIDE	Max Qty=30/claim
(Generic: LAMISIL AT, LAMISIL AT C)	Terbinafine HCl Cream 1%		Package Limit=1/claim
(Generic: MYCELEX OTC)	Clotrimazole Soln 1%		Package Limit=1/claim
(Generic: LOTRIMIN AF, MYCELEX OTC)	Clotrimazole Cream 1%		Package Limit=1/claim
	Econazole Nitrate Cream 1%		Max Qty=30/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Ketoconazole Cream 2%		PA, NDC 68712000603 KURIC CRE 2%; Package Limit=1/claim
	Ketoconazole Shampoo 1%	NIZORAL A-D	Package Limit=1/claim
(Generic: NIZORAL)	Ketoconazole Shampoo 2%		Max Qty=120/claim
(Generic: MICATIN, MICATIN JOCK)	Miconazole Nitrate Cream 2%		Package Limit=1/claim
(Generic: LOTRISONE)	Clotrimazole w/ Betamethasone Cream 1-0.05%		Package Limit=1/claim
(Generic: LOTRISONE)	Clotrimazole w/ Betamethasone Lotion 1-0.05%		Max Qty=30/claim
	Nystatin-Triamcinolone Cream 100000-0.1 U/GM-%	NYSTAT/TRIAM	Package Limit=1/claim
	Nystatin-Triamcinolone Oint 100000-0.1 U/GM-%	NYSTAT/TRIAM	Package Limit=1/claim
(Generic: BENADRYL M-S)	Diphenhydramine HCl Cream 2%		
(Generic: SARNA)	Camphor & Menthol Lotion 0.5-0.5%		Package Limit=1/claim
	Anthralin Cream 1%	DRITHO-CREME	
(Generic: DOVONEX, DOVONX SCALP)	Calcipotriene Soln 0.005% (50 MCG/ML)		Max Qty=60/claim
	Calcipotriene Cream 0.005%	DOVONEX	Max Qty=60/claim
	Tazarotene Cream 0.05%	TAZORAC	Package Limit=1/claim
	Tazarotene Cream 0.1%	TAZORAC	Package Limit=1/claim
	Tazarotene Gel 0.05%	TAZORAC	Package Limit=1/claim
	Tazarotene Gel 0.1%	TAZORAC	Package Limit=1/claim
(Generic: SELSUN BLUE)	Selenium Sulfide Lotion 1%	DENOREX	Max Qty=240/claim
(Generic: SELSUN)	Selenium Sulfide Lotion 2.5%		Max Qty=120/claim
(Generic: OVACE PLUS, OVACE WASH)	Sulfacetamide Sodium Liquid 10%		Package Limit=1/claim
(Generic: CARMOL SCALP)	Sulfacetamide Sodium-Urea Lotion 10-10%	SULFACETAMID	
	Acyclovir Cream 5%	ZOVIRAX	Package Limit=1/claim
	Acyclovir Oint 5%	ZOVIRAX	Max Qty=15/claim
(Generic: EFUDEX)	Fluorouracil Soln 2%		Max Qty=10/claim
(Generic: EFUDEX)	Fluorouracil Soln 5%		Max Qty=10/claim
	Fluorouracil Cream 0.5%	CARAC	Max Qty=30/claim
(Generic: EFUDEX)	Fluorouracil Cream 5%		Max Qty=40/claim
(Generic: SILVADENE)	Silver Sulfadiazine Cream 1%		Package Limit=1/claim
(Generic: DHS TAR, DHS TAR GEL, NEUTRO T/GEL)	Coal Tar Shampoo 0.5%		
	Betamethasone Dipropionate Cream 0.05%		Package Limit=1/claim
	Betamethasone Dipropionate Lotion 0.05%		Max Qty=60/claim
	Betamethasone Dipropionate Oint 0.05%		Package Limit=1/claim
(Generic: DIPROLENE AF)	Betamethasone Dipropionate Augmented Cream 0.05%		Package Limit=1/claim
	Betamethasone Dipropionate Augmented Gel 0.05%		Package Limit=1/claim
(Generic: DIPROLENE)	Betamethasone Dipropionate Augmented Lotion 0.05%		Package Limit=1/claim
(Generic: DIPROLENE)	Betamethasone Dipropionate Augmented Oint 0.05%		Package Limit=1/claim
	Betamethasone Valerate Cream 0.1%		Package Limit=1/claim
	Betamethasone Valerate Lotion 0.1%		Max Qty=60/claim
	Betamethasone Valerate Oint 0.1%		Package Limit=1/claim
(Generic: TEMOVATE)	Clobetasol Propionate Soln 0.05%		Package Limit=1/claim
(Generic: TEMOVATE)	Clobetasol Propionate Cream 0.05%		Package Limit=1/claim
(Generic: TEMOVATE)	Clobetasol Propionate Gel 0.05%		Package Limit=1/claim
(Generic: TEMOVATE)	Clobetasol Propionate Oint 0.05%		Package Limit=1/claim
(Generic: TEMOVATE E)	Clobetasol Propionate Emollient Base Cream 0.05%		Package Limit=1/claim
(Generic: DESOWEN)	Desonide Cream 0.05%		Package Limit=1/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DESOWEN)	Desonide Lotion 0.05%		Package Limit=1/claim
(Generic: DESOWEN)	Desonide Oint 0.05%		Package Limit=1/claim
(Generic: TOPICORT LP)	Desoximetasone Cream 0.05%		Package Limit=1/claim
(Generic: TOPICORT)	Desoximetasone Cream 0.25%		Package Limit=1/claim
(Generic: TOPICORT)	Desoximetasone Gel 0.05%		Package Limit=1/claim
(Generic: TOPICORT)	Desoximetasone Oint 0.25%		Package Limit=1/claim
	Diflorasone Diacetate Cream 0.05%		Package Limit=1/claim
	Diflorasone Diacetate Oint 0.05%		Package Limit=1/claim
(Generic: PSORCON E)	Diflorasone Diacetate Emollient Base Cream 0.05%	APEXICON E	Package Limit=1/claim
	Fluocinolone Acetonide Soln 0.01%	FLUOCIN ACET	Max Qty=60/claim
	Fluocinolone Acetonide Cream 0.01%	FLUOCIN ACET	Package Limit=1/claim
	Fluocinolone Acetonide Cream 0.025%	FLUOCIN ACET	Package Limit=1/claim
	Fluocinolone Acetonide Oint 0.025%		Package Limit=1/claim
	Fluocinonide Soln 0.05%		Package Limit=1/claim
(Generic: LIDEX)	Fluocinonide Cream 0.05%		Package Limit=1/claim
	Fluocinonide Gel 0.05%		Package Limit=1/claim
	Fluocinonide Oint 0.05%		Package Limit=1/claim
	Fluocinonide Emulsified Base Cream 0.05%		Package Limit=1/claim
(Generic: CULTIVATE)	Fluticasone Propionate Cream 0.05%		Package Limit=1/30 days
(Generic: CULTIVATE)	Fluticasone Propionate Oint 0.005%		Package Limit=1/claim
(Generic: ULTRAVATE)	Halobetasol Propionate Cream 0.05%		Package Limit=1/claim
(Generic: ULTRAVATE)	Halobetasol Propionate Oint 0.05%		Package Limit=1/claim
	Hydrocortisone Cream 0.5%		Max Qty=30/claim
(Generic: HYTONE)	Hydrocortisone Cream 2.5%		Package Limit=1/claim
	Hydrocortisone Lotion 1%		Package Limit=1/claim
	Hydrocortisone Lotion 2.5%		Package Limit=1/claim
	Hydrocortisone Oint 1%		Max Qty=60/30 days; Package Limit=1/30 days
	Hydrocortisone Oint 2.5%		Package Limit=1/claim
(Generic: WESTCORT)	Hydrocortisone Valerate Cream 0.2%		Package Limit=1/claim
(Generic: WESTCORT)	Hydrocortisone Valerate Oint 0.2%		Package Limit=1/claim
(Generic: LOCOID)	Hydrocortisone Butyrate Soln 0.1%		Package Limit=1/claim
(Generic: LOCOID)	Hydrocortisone Butyrate Cream 0.1%		Package Limit=1/claim
(Generic: LOCOID)	Hydrocortisone Butyrate Oint 0.1%		Package Limit=1/claim
(Generic: ELOCON)	Mometasone Furoate Solution 0.1% (Lotion)		Package Limit=1/claim
(Generic: ELOCON)	Mometasone Furoate Cream 0.1%	ELOCON	Package Limit=1/claim
(Generic: ELOCON)	Mometasone Furoate Oint 0.1%		Package Limit=1/claim
(Generic: DERMATOP)	Prednicarbate Cream 0.1%		Package Limit=1/claim
(Generic: DERMATOP)	Prednicarbate Oint 0.1%		Package Limit=1/claim
			Pkg Size 80: Package Limit=2/claim; Pkg Size 454: Package Limit=1/claim; Pkg Size 15: Package Limit=2/claim
(Generic: ARISTOCORT A)	Triamcinolone Acetonide Cream 0.025%		Package Limit=1/claim
	Triamcinolone Acetonide Cream 0.1%		Package Limit=1/claim
	Triamcinolone Acetonide Cream 0.5%		Max Qty=15/claim
	Triamcinolone Acetonide Lotion 0.025%		Max Qty=60/claim
	Triamcinolone Acetonide Lotion 0.1%		Max Qty=60/claim
	Triamcinolone Acetonide Oint 0.025%		Package Limit=1/claim
	Triamcinolone Acetonide Oint 0.1%		Package Limit=1/claim
	Triamcinolone Acetonide Oint 0.5%		Max Qty=15/claim
	Pramoxine-HC Aerosol Foam 1-1%	EPIFOAM	
	Hydrocortisone-Aloe Vera Cream 1%		Max Qty=30/claim
(Generic: EUCERIN, VASELINE INT)	*Emollient - Lotion**	A + D PERSON, ALA DERM, ALOE AFTERSU, ALPHA GLOW, AMBI ESSN'TLS...	
(Generic: LAC-HYDRIN)	Lactic Acid (Ammonium Lactate) Cream 12%		Package Limit=1/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: LAC-HYDRIN)	Lactic Acid (Ammonium Lactate) Lotion 12%		Package Limit=1/31 days
	Urea Cream 40%		Package Limit=1/claim
(Generic: CARMOL 40)	Urea Lotion 40%		Package Limit=1/claim
(Generic: CONDYLOX)	Podofilox Soln 0.5%		Max Qty=4/claim
			Max Qty=40/claim; Pkg Size 40: Package Limit=1/claim
(Generic: KERALYT)	Salicylic Acid Gel 6%		
	Salicylic Acid Gel 3%	KERALYT	Max Qty=30/claim
(Generic: ALDARA)	Imiquimod Cream 5%	ALDARA	Max Qty=48/180 days
	Pimecrolimus Cream 1%	ELIDEL	PA; Max Qty=30/30 days
(Generic: ZOSTRIX, ZOSTRIX ARTH)	Capsaicin Cream 0.025%		
	Capsaicin Cream 0.035%	CAPZASIN-P	
(Generic: ZOSTRIX, ZOSTRIX HP, ZOSTRIX SPRT, ZOSTRX FOOT)	Capsaicin Cream 0.075%		
	Capsaicin Gel 0.025%	CAPSAGEL	
	Capsaicin Gel 0.05%	CAPSAGEL XS	
	Capsaicin Gel 0.075%	CAPSAGEL MS	
	Capsaicin Lotion 0.035%	CASTIVA	
	Dibucaine Oint 1%		Max Qty=30/claim
	Lidocaine Oint 5%		Package Limit=1/claim
(Generic: LIDAMANTLE)	Lidocaine HCl Cream 3%		Package Limit=1/claim
(Generic: XYLOCAINE)	Lidocaine HCl Gel 2%		Max Qty=30/claim
(Generic: EMLA)	Lidocaine-Prilocaine Cream 2.5-2.5%		Package Limit=1/claim
(Generic: ELDOQUIN, LUSTRA)	Hydroquinone Cream 4%		Package Limit=1/claim
	Crotamiton Cream 10%	EURAX	Max Qty=60/claim
	Crotamiton Lotion 10%	EURAX	Package Limit=1/claim
(Generic: OVIDE)	Malathion Lotion 0.5%		Max Qty=59/claim; Max Fills=2/30 days
	Permethrin Liq Spray 0.25%	NIX LICE	
(Generic: NIX COMPLETE, NIX CREM RIN)	Permethrin Creme Rinse 1%		
	Permethrin Aerosol 0.4%	PRONTO	
	Permethrin Aerosol 0.5%		
(Generic: ELIMITE)	Permethrin Cream 5%		Package Limit=1/claim
	Permethrin Lotion 1%		Package Limit=1/claim
	*Nit Remover - Shampoo***	KLOUT, SCHOOLTIME	
	Pyrethrins-Piperonyl Butoxide Liq 0.17-2%	TISIT	
	Pyrethrins-Piperonyl Butoxide Liq 0.18-2.2%	BARC	
	Pyrethrins-Piperonyl Butoxide Liq 0.2-2%		
(Generic: RID)	Pyrethrins-Piperonyl Butoxide Liq 0.3-3%		
(Generic: RID)	Pyrethrins-Piperonyl Butoxide Liq 0.33-4%	NIX LICE TRE	Package Limit=1/claim
	Pyrethrins-Piperonyl Butoxide Foam 0.33-4%	RID LICE KIL	
	Pyrethrins-Piperonyl Butoxide Gel 0.3-3%		
	Pyrethrins-Piperonyl Butoxide Gel 0.33-4%	A-200	
(Generic: TEGRIN-LT)	Pyrethrins-Piperonyl Butoxide Shampoo 0.3-3%		
(Generic: PRONTO)	Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%		
(Generic: PRONTO)	Pyrethrins-Piperonyl Butoxide Shampoo Kit		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Pyrethrins Spray & Pyrethrins-Piperonyl Butoxide Shamp Kit	LICE TRTMNT	
	Pyreth-Piper But Spray & Pyreth-Piper But Shamp Kit	LICIDE TREAT, TEGRIN-LT, TISIT	
(Generic: A-200)	Permethrin Spray & Pyrethrins-Piperonyl Butoxide Shamp Kit		
(Generic: RID COMPLETE)	Pyreth-Piperonyl Butox Sham-Permeth Aero-Nit Remover Gel Kit		
(Generic: DRY SOL)	Aluminum Chloride Soln 20%		Package Limit=1/claim
	Zinc Oxide Oint 20%	ZINC OXIDE O	Package Limit=1/claim
ANTISEPTICS & DISINFECTANTS			
	Formaldehyde Solution 10%		Max Qty=90/claim
	Chlorhexidine Gluconate Liquid 4%		
ANTIDOTES			
	Ipecac Syrup	GNP IPECAC, IPECAC, RA IPECAC, SM IPECAC, V-R IPECAC	
	Succimer Cap 100 MG	CHEMET	
(Generic: REVIA)	Naltrexone HCl Tab 50 MG		
DIAGNOSTIC PRODUCTS			
	Acetone (Urine) Test Strip	CHEK-STIX, CHEMSTRIP K, KETOCARE, KETOSTIX	
	Glucose Blood Test Strip	TRUEtest	
	Ketone Blood Test Strip		
ALTERNATIVE MEDICINES			
	Ginger (Zingiber officinalis) Cap 250 MG		Daily Dosage=4
MEDICAL DEVICES			
	Insulin Syringe (Disp) U-100 1 ML	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 30 x 7/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 28 G x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 29 x 7/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 x 7/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 G x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	INSULIN SYRG	Daily Dosage=5

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Insulin Syringe/Needle U-100 1/2 ML 28 x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 25 x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 28 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 30 G x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 29 x 7/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 29 x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 30 x 7/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 2 ML 29 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 29 x 7/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 29 x 5/16"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 0.3 ML 30 x 1"	INSULIN SYRG	Daily Dosage=5
	*Respiratory Therapy Supplies - Misc**	ACE AERO CLD, ACTIVITY PCH, ADULT MASK, AEROSOL MASK, AEROTRC PLUS...	Max Qty=1/360 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	*Spacer/Aerosol-Holding Chambers - Device***	AERCHMBR PLS, AERCHMBR Z- AEROCHAMBER, BREATHERRITE, E-Z SPACER...	Max Qty=2/360 days
	*Spacer/Aerosol-Holding Chamber Supplies - Bags***	INSPIREASE	Max Qty=3/180 days
	*Spacer/Aerosol-Holding Chamber Supplies - Mouthpieces***	INSPIREASE	Max Qty=1/180 days
	*Blood Glucose Control - Liquid - High***		
	*Blood Glucose Control - Liquid - Normal***		
	*Blood Glucose Control - Liquid - Low***		
	*Blood Glucose Monitoring Devices****	TRUEresult	
	*Blood Glucose Monitoring Kit w/ Device****	TRUEresult	
	*Lancets****		Max Qty=200/30 days
	*Lancet Devices****		Max Qty=1/180 days
	*Gauze Pads & Dressings - Pads 2" X 2"***	AMD FOAM, BL STERILE, COPA FOAM, CUREX SPONGE, CURITY AMD...	
	*Gauze Pads & Dressings - Pads 3" X 3"***	COPA FOAM, CURITY, CURITY COVER, CURITY GAUZE, DERMACEA...	
	*Gauze Pads & Dressings - Pads 4" X 4"***	AMD FOAM, BIATAIN, BIATAIN FOAM, BORDERED, CARRASMART...	
	Condoms Latex Lubricated	AIMSCO, ATLAS CONDOM, CAUT CONDOMS, CLASS ACT, ELEXA...	Max Qty=36/claim
	Condoms Latex Non-Lubricated	ATLAS CONDOM, KIMONO MICRO, MENTOR, TROJAN, TROJAN PLUS...	Max Qty=36/claim
	Diaphragm Arc-Spring 65 MM	ORTHO FLEX	
	Diaphragm Arc-Spring 70 MM	ORTHO FLEX	
	Diaphragm Arc-Spring 75 MM	ORTHO FLEX	
	Diaphragm Arc-Spring 80 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 55 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 60 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 65 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 70 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 75 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 80 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 85 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 90 MM	ORTHO FLEX	
	Diaphragm Arc-Spring Kit 95 MM	ORTHO FLEX	
	Diaphragm Coil Spring Kit 50 MM	ORTHO COIL	Max Qty=1/365 days
	Diaphragm Coil Spring Kit 100 MM	ORTHO COIL	Max Qty=1/180 days
	Diaphragm Coil Spring Kit 105 MM	ORTHO COIL	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 55 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 60 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 65 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 70 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 75 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 80 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 85 MM	ORTHO FLAT	Max Qty=1/180 days

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Diaphragm Flat Spring Kit 90 MM	ORTHO FLAT	Max Qty=1/180 days
	Diaphragm Flat Spring Kit 95 MM	ORTHO FLAT	Max Qty=1/180 days
		ALCOHOL, ALCOHOL PREP, ALCOHOL SWAB, BD SWAB BFLY, BD SWAB REG...	
	*Alcohol Swabs***		Max Qty=400/claim
PHARMACEUTICAL ADJUVANTS			
	Lanolin	LAN-O-SOOTHE, LANOLIN HYDR, LANSINOH	PA, NDC 49452394002 LANOLIN OIN; PA, NDC 49452084401 LANOLIN OIN
ASSORTED CLASSES			
	Penicillamine Cap 125 MG	CUPRIMINE	
	Penicillamine Cap 250 MG	CUPRIMINE	
(Generic: SANDIMMUNE)	Cyclosporine Cap 25 MG		Daily Dosage=4
(Generic: SANDIMMUNE)	Cyclosporine Cap 100 MG		Daily Dosage=4
(Generic: SANDIMMUNE)	Cyclosporine Oral Soln 100 MG/ML		Daily Dosage=8
(Generic: NEORAL)	Cyclosporine Modified Cap 25 MG		Daily Dosage=4
	Cyclosporine Modified Cap 50 MG		Daily Dosage=4
(Generic: NEORAL)	Cyclosporine Modified Cap 100 MG		Daily Dosage=4
	Cyclosporine Modified Oral Soln 100 MG/ML		Daily Dosage=8
(Generic: NEORAL)			Daily Dosage=8
(Generic: CELLCEPT)	Mycophenolate Mofetil Cap 250 MG		Daily Dosage=2
(Generic: CELLCEPT)	Mycophenolate Mofetil Tab 500 MG		Daily Dosage=4
	Mycophenolate Mofetil For Oral Susp 200 MG/ML	CELLCEPT	Daily Dosage=15
	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	MYFORTIC	Daily Dosage=2
	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	MYFORTIC	Daily Dosage=4
	Sirolimus Tab 1 MG	RAPAMUNE	Daily Dosage=6
	Sirolimus Tab 2 MG	RAPAMUNE	Daily Dosage=2
	Sirolimus Oral Soln 1 MG/ML	RAPAMUNE	Daily Dosage=4
(Generic: PROGRAF)	Tacrolimus Cap 0.5 MG		Daily Dosage=3
(Generic: PROGRAF)	Tacrolimus Cap 1 MG		Daily Dosage=3
(Generic: PROGRAF)	Tacrolimus Cap 5 MG		Daily Dosage=3
(Generic: IMURAN)	Azathioprine Tab 50 MG		
	Azathioprine Tab 75 MG	AZASAN	Daily Dosage=3
	Azathioprine Tab 100 MG	AZASAN	Daily Dosage=3
(Generic: SPS)	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML		
(Generic: KAYEXALATE)	*Sodium Polystyrene Sulfonate Powder**		Max Qty=454/claim