



Sunshine State Health Plan
Preferred Drug List

Last Updated August 2011

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

Sunshine State Health Plan (Sunshine Health) is committed to providing appropriate, high quality, and cost effective drug therapy to all Sunshine Health members. Sunshine Health works with physicians and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Sunshine Health covers prescription medications and certain over-the-counter medications when ordered by a Sunshine Health physician. 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 Sunshine Health Pharmacy Program you may call Member Services at 1-866-796-0530 (TTY/TTD 1-866-796-0524) or visit the Sunshine Health website www.SunshineStateHealth.com.

Preferred Drug List

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

Pharmacy Benefit Manager

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

Biopharmaceuticals

Sunshine Health provides a number of biopharmaceutical products through the Biopharmaceutical Program. The program helps deliver medications to you or your physician that are not traditionally found at your local pharmacy. Most biopharmaceuticals and injectables billed for more than \$250 require a PA to be approved for payment by Sunshine Health; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the Sunshine Health website at www.SunshineStateHealth.com.

Sunshine Health works with CVS Caremark Specialty Pharmacy (CVS Caremark) to provide certain biopharmaceuticals and injectables through the CVS Caremark Supplied Biopharmaceutical Program. The PA requirements for the CVS Caremark supplied products are programmed specific to the drug as indicated the list provided in the CVS Caremark Biopharmaceutical Program document located on the Sunshine Health website at www.SunshineStateHealth.com.

Dispensing Limits

Drugs may be dispensed up to a maximum of 34 days supply for each new prescription or refill. A total of 85% of the days supply must have elapsed before the prescription can be refilled for PDL drugs at a Sunshine Health network pharmacy or through the mail order benefit.

Appropriate Use and Safety Edits

Your health and safety is a priority for Sunshine Health. 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 Sunshine Health website at www.SunshineStateHealth.com.

Prior Authorizations

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

Sunshine Health 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 Sunshine Health P&T Committee. Once approved, US Script notifies the physician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication Sunshine Health we will notify you and your physician of alternatives and provide information regarding the appeal process.

Step Therapy

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

Quantity Limits

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

Age Limits

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

Gender Limits

Some medications on the Sunshine Health PDL may be limited to one gender. These medications have a GL after them on the PDL. These limits are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Gender limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If you require a medication that does not appear on the PDL, your physician 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. Sunshine Health 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 Sunshine Health P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication Sunshine Health will notify you and your physician 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 Sunshine Health PDL and are not covered by the 72-hour emergency supply policy:

- Anti-Hemophilia Products (billed as Fee-for-Service to Florida Medicaid)
- Cough and Cold Medications for members ages 21 and over
- Injectable/Oral drugs administered by the physician in the office, in an outpatient clinic or and infusion center, or in a mental health center
- Prostheses, appliances, and devices (except products for Diabetics and products used for contraception)
- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs (unless prescribed for an indication other than obesity)
- 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
- Injectable drugs and infusion therapy and supplies (except those listed in the PDL)
- Oral vitamins and minerals (except those listed in the PDL)
- Nutritional supplements
- 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 B or 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 Sunshine Health PDL. During this period, access to these medications will be considered through the PA review process. If Sunshine Health does not grant PA we will notify you and your physician and provide information regarding the appeal process.

Over-the-Counter Medications (for Non-Reform and Broward counties only)

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

Mail-Order Over-the-Counter Medications

The Sunshine Health pharmacy benefit allows you to get a select group of OTC items to help you stay in good health. Your family can get up to \$25 of these items each month by choosing from the list provided in the Mail-Order Over-the-Counter Program document located on the Sunshine Health website at www.SunshineStateHealth.com.

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered by Sunshine Health: nicotine replacement products and Bupropion Hydrochloride. A physician's prescription will be required for all tobacco cessation medications. Each prescription will count toward the monthly limit.

Sunshine Health 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 Sunshine Health prior authorization. Generic drugs have the same active ingredient, work the same as brand-name drugs, and have lower costs. If you and your physician feel a brand-name drug is medically necessary, your physician 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 Sunshine Health does not grant PA we will notify you and your physician 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 Sunshine Health are listed in the PDL.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by Sunshine Health. Experimental drugs, investigational drugs and drugs used for cosmetic purposes are excluded from coverage.

Filling a Prescription

You can have your prescriptions filled at a Sunshine Health network pharmacy. You may call a Sunshine Health Member Services Representative to help you find a pharmacy near you. At the pharmacy you will need to provide the pharmacist with your prescription and your Sunshine Health ID card.

Pharmacy Appeals and Grievances

If you disagree with a decision regarding coverage of a medication, you may file a grievance with Sunshine Health by calling a Sunshine Health member advocate at 1-866-796-0530 (TTY/TTD 1-866-796-0524).

In the event that you or your physician disagrees with a decision regarding coverage of a medication, your clinician may request reconsideration by submitting additional information to US Script. The additional information may be provided verbally or in writing. A decision will be rendered and your clinician will be notified with a faxed response. If the request is denied, the clinician will be notified of the appeals process at that time.

An expedited appeal may be requested any time your physician believes the adverse determination might seriously jeopardize your life or health by calling the Sunshine Health Appeals & Grievance Coordinator at 1-866-796-0530. A response will be rendered the same day as the receipt of complete information. In circumstances that require research, a same day response may not be possible. A 72-hour emergency supply of the medication will be provided to you until the expedited appeal review is completed.

Contact Information

Sunshine State Health Plan Member Services:	1-866-796-0530	Fax: 1-866-714-7998
Sunshine State Health Plan Member Services TTY/TDD:	1-866-796-0524	
US Script Prior Authorizations:	1-866-399-0928	Fax: 1-866-399-0929
US Script Help Desk:	1-800-460-8988	
CVS Caremark Specialty Pharmacy Prior Authorization:	1-800-237-2767	Fax: 1-800-323-2445

Covered Over-the-Counter Products

Sunshine Health 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 Sunshine Health network pharmacy. Covered products are available in quantities up to a 30-day supply. All other OTC drugs except insulins require PA. Please note that generic products must be prescribed when available.

ANTACIDS	DRY SKIN PREPARATIONS
Maalox- generic tablets, liquid	AmLactin- generic
Mylanta DS- generic liquid	EAR PREPARATIONS
ANTIBIOTICS	Debrox drops- generic
Bacitracin ointment- generic	Star Otic drops
Clotrimazole – cream, vaginal cream/inserts- generic	ELECTROLYTES
Miconazole – cream, vaginal cream/inserts - generic	Electrolyte solutions- generic
Tolnaftate – cream, gel, solution, aerosol - generic	EXPECTORANT
ANTI-DIARRHEALS	Robitussin - generic (guaifenesin) syrup
Imodium A-D- generic (loperamide) capsules	H2-RECEPTOR ANTAGONISTS
Pepto-Bismol- generic (pink bismuth) liquid 262mg/15ml	Pepcid 10mg tablets – generic (famotidine)
ANTI-EMETIC	Zantac 75mg tablets- generic (ranitidine)
Antivert- generic (meclizine)	LAXATIVES
ANTI-FLATULENTS	Citrate of magnesium- generic
Gas-X chewables – generic simethicone 80mg	Colace- generic (docusate sodium) capsules
Mylicon drops** – generic simethicone 40 mg/0.6ml	Dulcolax- generic (bisacodyl) tablets, suppositories
ANTI-HISTAMINES	Fleet enema- generic
Benadryl- generic (diphenhydramine)-capsules, liquid	Milk Of Magnesium- generic MOM
Chlor-Trimeton- generic (chlorpheniramine)-tablets, liquid	Miralax OTC
Claritin - generic (loratadine) – tablets, syrup	Pediatric glycerin suppositories- generic
Claritin-D- generic (loratadine/ pseudoephedrine) - tablets	MAST CELL STABILIZER
ANTITUSSIVE	Nasal crom spray- generic
Robitussin DM - generic (guaifenesin DM) syrup	MINERALS
COUGH SUPPRESSANT/DECONGESTANT	Citracal – generic (calcium citrate) - tablets
Triaminic AM, Night, soft chewable tablets- generic	Citracal + D – generic (calcium citrate + D) – tablets
COUNTERIRRITANTS	Magnesium oxide- generic
Capzasin-P cream- generic	Neutra-phos/K powder- generic
DILUENTS	Oscal 500 + Vit D – generic (calcium carbonate + D) - tablets
Sodium chloride- generic	Tums Chew Tabs – generic (calcium carbonate)
DME PRODUCTS	NASAL DECONGESTANT
Diabetic testing supplies	Sudafed- generic (pseudoephedrine)-tablets, liquid
Peak Flow Meters	NSAIDS
Spacers	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



Specialty Pharmacy Services Enrollment Form

Fax Referral To: 800-323-2445

Phone: 800-237-2767

Date: _____ Needs by Date: _____

Ship to: Patient Office Other: _____

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alternate Phone: _____

SS #: _____

Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

State License #: _____ UPIN: _____

DEA #: _____ NPI #: _____

Group or Hospital: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Phone: _____

INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

Primary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____

Secondary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis:	Additional Clinical Information:
Please include diagnosis name and ICD-9: _____ _____ _____ _____ • Date of Diagnosis: _____	<ul style="list-style-type: none"> • Weight: _____ kg/lbs • Height: _____ in/cm • Allergies: _____ • Lab Data: _____ • Concomitant Medications: _____ • Additional Comments: _____

Injection Training/Home Health Coordination:

• Injection training/home health will be/has been conducted/coordinated by the Physician's office. Yes No • If Yes, Date: _____

• Specialty Pharmacy to coordinate injection training/home health nursing. Yes No *Agency of Choice: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS

PRODUCT SUBSTITUTION PERMITTED (Date) _____

DISPENSE AS WRITTEN (Date) _____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Specialty Pharmacy Services 072108

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 (Trihydrate) Chew Tab 250 MG		
(Generic: AMOXIL)	Amoxicillin (Trihydrate) Chew Tab 400 MG	AMOXICILLIN	
	Amoxicillin (Trihydrate) For Susp 50 MG/ML	AMOXIL	
	Amoxicillin (Trihydrate) For Susp 125 MG/5ML		
(Generic: AMOXIL)	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		Package Limit=1-2/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		
(Generic: KEFLEX)	Cephalexin For Susp 125 MG/5ML		
(Generic: KEFLEX)	Cephalexin For Susp 250 MG/5ML		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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		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
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	
	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		Max Qty=3/claim
(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=1-2/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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		Package Limit1-2/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		
(Generic: DYNACIN)	Minocycline HCl Cap 75 MG		
(Generic: MINOCIN)	Minocycline HCl Cap 100 MG		
	Tetracycline HCl Cap 250 MG		
	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)		
	Levofloxacin Tab 250 MG	LEVAQUIN	Max Qty=14/claim
	Levofloxacin Tab 500 MG	LEVAQUIN	Max Qty=14/claim
	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: MYAMBUTOL)	Ethambutol HCl Tab 100 MG		
(Generic: MYAMBUTOL)	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			
	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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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; Max Qty=28/claim
ANTIVIRALS			
	Maraviroc Tab 150 MG	SELZENTRY	
	Maraviroc Tab 300 MG	SELZENTRY	
	Raltegravir Potassium Tab 400 MG (Base Equiv)	ISENTRESS	Max DS at Retail=7/claim; 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 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
	Indinavir Sulfate Cap 100 MG	CRIXIVAN	
	Indinavir Sulfate Cap 200 MG	CRIXIVAN	
	Indinavir Sulfate Cap 333 MG	CRIXIVAN	
	Indinavir Sulfate Cap 400 MG	CRIXIVAN	
	Nelfinavir Mesylate Tab 250 MG	VIRACEPT	
	Nelfinavir Mesylate Tab 625 MG	VIRACEPT	
	Nelfinavir Mesylate Oral Powder 50 MG/GM	VIRACEPT	
	Ritonavir Cap 100 MG	NORVIR	
	Ritonavir Tab 100 MG	NORVIR	
	Ritonavir Oral Soln 80 MG/ML	NORVIR	
	Saquinavir Mesylate Cap 200 MG	INVIRASE	
	Saquinavir Mesylate Tab 500 MG	INVIRASE	
	Tipranavir Cap 250 MG	APTIVUS	
	Abacavir Sulfate Tab 300 MG (Base Equiv)	ZIAGEN	
	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	ZIAGEN	
	Didanosine For Soln 2 GM	VIDEX	
	Didanosine For Soln 4 GM	VIDEX	
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 125 MG		
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 200 MG		
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 250 MG		
(Generic: VIDEX EC)	Didanosine Delayed Release Capsule 400 MG		
	Emtricitabine Caps 200 MG	EMTRIVA	
	Emtricitabine Soln 10 MG/ML	EMTRIVA	
	Lamivudine Tab 150 MG	EPIVIR	
	Lamivudine Tab 300 MG	EPIVIR	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Lamivudine Oral Soln 10 MG/ML	EPIVIR	
(Generic: ZERIT)	Stavudine Cap 15 MG		
(Generic: ZERIT)	Stavudine Cap 20 MG		
(Generic: ZERIT)	Stavudine Cap 30 MG		
(Generic: ZERIT)	Stavudine Cap 40 MG		
(Generic: ZERIT)	Stavudine For Oral Soln 1 MG/ML		
(Generic: RETROVIR)	Zidovudine Cap 100 MG		
(Generic: RETROVIR)	Zidovudine Tab 300 MG		
(Generic: RETROVIR)	Zidovudine Syrup 10 MG/ML		
	Tenofovir Disoproxil Fumarate Tab 300 MG	VIREAD	
	Delavirdine Mesylate Tab 100 MG	RESCRIPTOR	
	Delavirdine Mesylate Tab 200 MG	RESCRIPTOR	
	Efavirenz Cap 50 MG	SUSTIVA	
	Efavirenz Cap 100 MG	SUSTIVA	
	Efavirenz Cap 200 MG	SUSTIVA	
	Efavirenz Tab 600 MG	SUSTIVA	
	Etravirine Tab 100 MG	INTELENCE	Daily Dosage=4
	Nevirapine Tab 200 MG	VIRAMUNE	
	Nevirapine Susp 50 MG/5ML	VIRAMUNE	
	Abacavir Sulfate-Lamivudine Tab 600-300 MG	EPZICOM	
	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		
	Ganciclovir Cap 500 MG	GANCICLOVIR	
	Valganciclovir HCl Tab 450 MG	VALCYTE	Daily Dosage=2
(Generic: ZOVIRAX)	Acyclovir Cap 200 MG		
(Generic: ZOVIRAX)	Acyclovir Tab 400 MG		
(Generic: ZOVIRAX)	Acyclovir Tab 800 MG		
(Generic: ZOVIRAX)	Acyclovir Susp 200 MG/5ML		
(Generic: VALTRES)	Valacyclovir HCl Tab 500 MG	VALTRES	Max Qty=42/21 days
(Generic: VALTRES)	Valacyclovir HCl Tab 1 GM	VALTRES	Max Qty=21/21 days
(Generic: FLUMADINE)	Rimantadine Hydrochloride Tab 100 MG		Max DS/DU=Lesser Of Max Days Sply=10/Max Qty=20
	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 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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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	
	Thiabendazole Susp 500 MG/5ML	MINTEZOL	
ANTI-INFECTIVE AGENTS - MISC.			
(Generic: FLAGYL)	Metronidazole Tab 250 MG		
(Generic: FLAGYL)	Metronidazole Tab 500 MG		
(Generic: PROLOPRIM, TRIMPEX)	Trimethoprim Tab 100 MG		
(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 HUMAN, RHOGAM PLUS	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES			
	Altretamine Cap 50 MG	HEXALEN	
	Busulfan Tab 2 MG	MYLERAN	
	Chlorambucil Tab 2 MG	LEUKERAN	
(Generic: CYTOXAN)	Cyclophosphamide Tab 25 MG	CYCLOPHOSPH	
(Generic: CYTOXAN)	Cyclophosphamide Tab 50 MG	CYCLOPHOSPH	
	Melphalan Tab 2 MG	ALKERAN	
	Lomustine Cap 10 MG	CEENU	
	Lomustine Cap 40 MG	CEENU	
	Lomustine Cap 100 MG	CEENU	
	Temozolomide Cap 5 MG	TEMODAR	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Temozolomide Cap 20 MG	TEMODAR	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Temozolomide Cap 100 MG	TEMODAR	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Temozolomide Cap 140 MG	TEMODAR	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Temozolomide Cap 180 MG	TEMODAR	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Temozolomide Cap 250 MG	TEMODAR	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Capecitabine Tab 150 MG	XELODA	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Capecitabine Tab 500 MG	XELODA	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(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		
	Thioguanine Tab 40 MG	TABLOID	
	Testolactone Tab 50 MG	TESLAC	
	Mitotane Tab 500 MG	LYSODREN	
(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 Required
(Generic: ARIMIDEX)	Anastrozole Tab 1 MG	ARIMIDEX	
	Exemestane Tab 25 MG	AROMASIN	
	Letrozole Tab 2.5 MG	FEMARA	
	Estramustine Phosphate Sodium Cap 140 MG	EMCYT	
	Megestrol Acetate Tab 20 MG		
	Megestrol Acetate Tab 40 MG		
(Generic: MEGACE ORAL)	Megestrol Acetate Susp 40 MG/ML		
(Generic: VEPESID)	Etoposide Cap 50 MG	ETOPOSIDE	
	Imatinib Mesylate Tab 100 MG (Base Equivalent)	GLEEVEC	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Imatinib Mesylate Tab 400 MG (Base Equivalent)	GLEEVEC	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(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		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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 15 MG/5ML (Base Equiv)		Max Qty=240/claim
(Generic: PEDIAPRED)	Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)		
	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	VERIPRED 20	Max Qty=150/claim
	Prednisone Tab 1 MG	PREDNISONE	
	Prednisone Tab 2.5 MG		
	Prednisone Tab 5 MG		
	Prednisone Tab 10 MG		
	Prednisone Tab 20 MG		
	Prednisone Tab 50 MG	PREDNISONE	
	Prednisone Conc 5 MG/ML	PREDNISONE	
	Prednisone Oral Soln 5 MG/5ML	PREDNISONE	
(Generic: STERAPRED)	Prednisone Tab 5 MG Dose Pack		
(Generic: STERAPRED DS)	Prednisone Tab 10 MG Dose Pack		
(Generic: FLORINEF)	Fludrocortisone Acetate Tab 0.1 MG		
ANDROGENS-ANABOLIC			
	Fluoxymesterone Tab 10 MG	ANDROXY	
	Methyltestosterone Cap 10 MG	ANDROID, TESTRED	PA
	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
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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
(Generic: ESTRATEST)	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG		Daily Dosage=1
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.3-1.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.45-1.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.625-2.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	Conjugated Estrogen-Medroxyprogest Acetate 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
	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14MG/DAY	COMBIPATCH	Limited to Female; Daily Dosage=0.14
	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25MG/DAY	COMBIPATCH	Limited to Female; Daily Dosage=0.14
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
(Generic: PLAN B)	Levonorgestrel Tab 0.75 MG		Limited to Female; Retail only; Max Qty=4/365 days; Max Fills=2/365 days
	Levonorgestrel Tab 1.5 MG	PLAN B	Max Qty=4/365 days
	Norelgestromin-Ethinyl Estradiol TD PTWK 150-20 MCG/24HR	ORTHO EVRA	Limited to Female; Max Qty=3/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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: MIRCETTE)	Desogest-Eth Estrad & Eth Estrad Tab .15-.02/.01 MG (21/5)		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
(Generic: ALESSE, LEVLITE)	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: LEVLEN, LEVLEN-28, 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
(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
	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
(Generic: TRI-LEVLEN, TRIPHASIL 28)	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; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	SEASONIQUE	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	Max Qty=30/30 days
	Insulin Lispro (Human) Inj 100 U/ML	HUMALOG	Max Qty=40/30 days
	Insulin Regular (Human) Inj 100 U/ML	HUMULIN R, NOVOLIN R	Max Qty=40/30 days
	Insulin Isophane (Human) Inj 100 U/ML	HUMULIN N, NOVOLIN 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 (75-25)	HUMALOG MIX	Max Qty=40/30 days
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)	HUMALOG MIX	Max Qty=40/30 days
	Insulin Isophane & Regular (Human) Inj 100 U/ML (70-30)	HUMULIN 70/30, NOVOLIN 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=1
(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	
	Glucose Chew Tab 4 GM	BL GLUCOSE, CVS GLUCOSE, DD GLUCOSE, DE GLUCOSE, DEX4 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
	Rosiglitazone Maleate Tab 2 MG (Base Equiv)	AVANDIA	Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	AVANDIA	Daily Dosage=1
	Rosiglitazone Maleate Tab 8 MG (Base Equiv)	AVANDIA	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		
	Rosiglitazone Maleate-Glimepiride Tab 4-1 MG	AVANDARYL	Daily Dosage=1
	Rosiglitazone Maleate-Glimepiride Tab 4-2 MG	AVANDARYL	Daily Dosage=1
	Rosiglitazone Maleate-Glimepiride Tab 4-4 MG	AVANDARYL	Daily Dosage=1
	Rosiglitazone Maleate-Glimepiride Tab 8-2 MG	AVANDARYL	Daily Dosage=1
	Rosiglitazone Maleate-Glimepiride Tab 8-4 MG	AVANDARYL	Daily Dosage=1
	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
	Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG	AVANDAMET	Daily Dosage=2
	Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG	AVANDAMET	Daily Dosage=2
	Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG	AVANDAMET	Daily Dosage=2
	Rosiglitazone Maleate-Metformin HCl Tab 4-1000 MG	AVANDAMET	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		
	Liotrix Tab 15 MG	THYROLAR-1/4	
	Liotrix Tab 30 MG	THYROLAR-1/2	
	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 32.4 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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			
	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=0.15
(Generic: FOSAMAX)	Alendronate Sodium Tab 40 MG		Daily Dosage=1
(Generic: FOSAMAX)	Alendronate Sodium Tab 70 MG		Daily Dosage=0.15
	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		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			
(Generic: ISORDIL)	Isosorbide Dinitrate Tab 5 MG		
	Isosorbide Dinitrate Tab 10 MG		
	Isosorbide Dinitrate Tab 20 MG		
	Isosorbide Dinitrate Tab 30 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Isosorbide Dinitrate Tab CR 40 MG		
	Isosorbide Dinitrate SL Tab 2.5 MG		
	Isosorbide Dinitrate SL Tab 5 MG		
(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		
(Generic: INDERAL)	Propranolol HCl Tab 60 MG		
(Generic: INDERAL)	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		Daily Dosage=2
(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		
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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
	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
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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	
	Dronedarone HCl Tab 400 MG (Base Equivalent)	MULTAQ	Daily Dosage=2
ANTIHYPERTENSIVES			
(Generic: LOTENSIN)	Benazepril HCl Tab 5 MG		Daily Dosage=1
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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=1
(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		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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		
(Generic: APRESOLINE)	Hydralazine HCl Tab 50 MG		
	Hydralazine HCl Tab 100 MG		
	Minoxidil Tab 2.5 MG		Daily Dosage=3
	Minoxidil Tab 10 MG		Daily Dosage=10
(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
(Generic: VASERETIC)	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=1
(Generic: PRINZIDE, ZESTORETIC)	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG		Daily Dosage=1
(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
(Generic: INDERIDE)	Propranolol & Hydrochlorothiazide Tab 40-25 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
	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		
(Generic: BUMEX)	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: DEMADDEX)	Torseamide Tab 5 MG		Daily Dosage=1
(Generic: DEMADDEX)	Torseamide Tab 10 MG		Daily Dosage=1
(Generic: DEMADDEX)	Torseamide Tab 20 MG		Daily Dosage=1
(Generic: DEMADDEX)	Torseamide Tab 100 MG		Daily Dosage=1
(Generic: ALDACTONE)	Spiro lactone Tab 25 MG		
(Generic: ALDACTONE)	Spiro lactone Tab 50 MG		
(Generic: ALDACTONE)	Spiro lactone Tab 100 MG		
	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)	Spiro lactone & Hydrochlorothiazide Tab 25-25 MG		
(Generic: DYAZIDE)	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG		Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
		ADRENACLICK, EPIPEN, EPIPEN 2-PAK, TWINJECT,	
	Epinephrine Inj Device 0.3 MG/0.3ML (1:1000)	TWINJECT	Max Qty=2/30 days
ANTIHYPERLIPIDEMICS			
(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
	Fenofibrate Tab 145 MG	TRICOR	PA
(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	Daily Dosage=1; Step Therapy
	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	LIPITOR	Daily Dosage=1; Step Therapy
	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	LIPITOR	Daily Dosage=1; Step Therapy
	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	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
(Generic: ZOCOR)	Simvastatin Tab 80 MG		Daily Dosage=1
	Ezetimibe-Simvastatin Tab 10-10 MG	VYTORIN	PA; Daily Dosage=1
	Ezetimibe-Simvastatin Tab 10-20 MG	VYTORIN	PA; Daily Dosage=1
	Ezetimibe-Simvastatin Tab 10-40 MG	VYTORIN	PA; Daily Dosage=1
	Ezetimibe-Simvastatin Tab 10-80 MG	VYTORIN	PA; Daily Dosage=1
CARDIOVASCULAR AGENTS - MISC.			
	Papaverine HCl Cap CR 150 MG		
	Bosentan Tab 62.5 MG	TRACLEER	PA; Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Bosentan Tab 125 MG	TRACLEER	PA; Daily Dosage=2
ANTI-HISTAMINES			
	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: 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		
	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	ZYRTEC	Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC ALLGY, ZYRTEC HIVES)	Cetirizine HCl Tab 10 MG	ZYRTEC	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		Daily Dosage=2; Step Therapy
(Generic: ALLEGRA)	Fexofenadine HCl Tab 60 MG		Daily Dosage=2; Step Therapy
(Generic: ALLEGRA)	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			
	Epinephrine HCl Nasal Soln 0.1%	ADRENALIN	
	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	BECONASE AQ	Max Qty=25/claim; Step Therapy
(Generic: NASALIDE)	Flunisolide Nasal Soln 0.025%		Max Qty=25/claim
(Generic: NASAREL)	Flunisolide Nasal Soln 29 MCG/ACT		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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; Step Therapy for age 4 & older
	Triamcinolone Acetonide Nasal Inhal 55 MCG/ACT	NASACORT AQ	Limited to Ages 2 and Older; Max Qty=17/claim; Step Therapy for age 4 & older
	Mupirocin Calcium Nasal Oint 2%	BACTROBAN	
(Generic: ATROVENT NAS)	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)		Max Qty=30/25 days
(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		Max Qty=240/6 days
(Generic: TESSALON PER)	Benzonatate Cap 100 MG		
(Generic: TESSALON)	Benzonatate Cap 200 MG		Max Qty=30/30 days; Max Fills=1/30 days
(Generic: ORGANIDIN NR)	Guaifenesin Liquid 100 MG/5ML		
(Generic: ROBITUSSIN)	Guaifenesin Syrup 100 MG/5ML		
	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: ALLERX-D)	Pseudoephedrine-Methscopolamine Tab SR 12HR 120-2.5 MG		Limited to Ages 20 and Under
	Brompheniramine & Phenylephrine Elixir 2-5 MG/5ML	DECON-A	Max Qty=240/claim
	Brompheniramine & Pseudoephedrine Cap CR 6-60 MG		Limited to Ages 20 and Under; Daily Dosage=2
(Generic: BROMFED)	Brompheniramine & Pseudoephedrine Cap CR 12-120 MG		Limited to Ages 20 and Under
	Brompheniramine & Pseudoephedrine Syrup 4-45 MG/5ML	SILDEC	Limited to Ages 20 and Under; Max Qty=240/claim
	Brompheniramine & Pseudoephedrine Cap SR 12HR 10-120 MG	HISTEX SR	Daily Dosage=2
	Brompheniramine & Pseudoephedrine Tab SR 12HR 10-120 MG	HISTEX SR	Daily Dosage=2
(Generic: DALLERGY)	Chlorpheniramine & Phenylephrine Liquid 1-2 MG/ML		Daily Dosage=1
(Generic: RONDEC)	Chlorpheniramine & Phenylephrine Liquid 1-3.5 MG/ML		Limited to Ages 20 and Under; Max Qty=30/claim
(Generic: RONDEC)	Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: DECONAMINE)	Chlorpheniramine & Pseudoephedrine Cap CR 8-120 MG		Limited to Ages 20 and Under; Daily Dosage=2
(Generic: HISTEX)	Chlorpheniramine & Pseudoephedrine Liquid 2-30 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: DECONAMINE)	Chlorpheniramine & Pseudoephedrine Syrup 2-30 MG/5ML	CPM/PSE	Limited to Ages 20 and Under; Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: RYNATAN PED)	Chlorpheniramine Tan-Phenylephrine Tan Susp 4.5-5 MG/5ML		Limited to Ages 20 and Under; Max Qty=120/claim
(Generic: CLARITIN-D)	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG		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; Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: NALEX-A)	Chlorphen-Ptolox-Phenyleph Liquid 2.5-7.5-5 MG/5ML		Limited to Ages 20 and Under; Max Qty=120/claim
	Chlorphen Tan-Pyrimilamine Tan-PE Tan Susp 2-12.5-5 MG/5ML		Limited to Ages 20 and Under; Max Qty=120/claim
(Generic: EXTENDRYL)	Chlorpheniramine-PE-Methscopolamine Chew Tab 2-10-1.25 MG	DALLERGY	Limited to Ages 1 and Older; Limited to Ages 6 and Under; Daily Dosage=2
	Chlorphen-PE-Methscopolamine Syrup 2-10-0.625 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Chlorpheniramine-PE-Methscopolamine Syrup 2-10-1.25 MG/5ML	DEHISTINE	Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: DURAHIST PE)	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-1.25 MG		Limited to Ages 20 and Under; Daily Dosage=2
	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-2.5 MG	DALLERGY PE	Limited to Ages 20 and Under; Daily Dosage=2
	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML		Limited to Ages 2 and Older; Limited to Ages 20 and Under; Max Qty=240/claim
	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML		Limited to Ages 2 and Older; Limited to Ages 20 and Under; Max Qty=240/claim
	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-1.67 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-2.5 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-5-5 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: CODIMAL DH)	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-8.33-1.66 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	*PE-Pheniramine-COD-Sod Salicylate-Sod Cit-Caff Liquid***	TUSSIREX-SF	Limited to Ages 20 and Under; Max Qty=240/claim
	Promethazine-DM Syrup 6.25-15 MG/5ML		Limited to Ages 2 and Older; Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: DONATUSSIN)	Phenylephrine-Chlorphen-DM Liquid 1.5-1-3 MG/ML		Limited to Ages 20 and Under; Max Qty=60/claim
(Generic: NOREL DM)	Phenylephrine-Chlorphen-DM Liquid 10-4-15 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: RONDEC-DM)	Phenylephrine-Chlorphen-DM Liquid 3.5-1-3 MG/ML		Limited to Ages 20 and Under; Max Qty=30/claim
(Generic: POLY-TUSSIN)	Phenylephrine-Chlorphen-DM Syrup 5-2-15 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Phenylephrine-Chlorphen-DM Syrup 6-2-15 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Phenylephrine-Chlorphen-DM Syrup 10-2-15 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: RONDEC-DM)	Phenylephrine-Chlorphen-DM Syrup 12.5-4-15 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Phenylephrine-Chlorphen-DM Susp 7.5-2-15 MG/5ML	RICOTUSS	Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: PHENABID DM)	Phenylephrine-Chlorphen-DM Tab SR 12HR 20-8-30 MG		Limited to Ages 20 and Under
	Pseudoephed-Bromphen-DM Liquid 30-1-20 MG/5ML	DELTUSS DMX	Limited to Ages 20 and Under; Max Qty=240/claim
	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Pseudoephed-Bromphen-DM Syrup 45-4-15 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: RESCON-GG)	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML		Limited to Ages 20 and Under
(Generic: NUMONYL NR)	Phenylephrine-Potassium Guaiacolsulfonate Liqd 5-75 MG/5ML	KGS-PE	Max Qty=240/claim
	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG	MUCINEX D	Limited to Ages 20 and Under
	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-600 MG	GUAIMAX-D	Limited to Ages 20 and Under
	Phenylephrine-GG-Potassium Citrate Soln 5-110-80 MG/5ML	VITA-NUMONYL	Max Qty=240/claim
	Phenylephrine-Chlorphen-GG Soln 2-1-20 MG/ML		Max Qty=30/claim
(Generic: TUSSI-ORGANI)	Guaifenesin-Codeine Liquid 300-10 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Guaifenesin-Codeine Soln 100-10 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	DM-Pot Guaiacolsulfonate Liqd 10-75 MG/5ML (2-15 MG/ML)	ALBATUSSIN, GUACOL DM	Max Qty=30/claim
(Generic: PROLEX DM)	Dextromethorphan-Pot Guaiacolsulfonate Liqd 15-300 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: CHERACOL, CHERACOL-D)	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Dextromethorphan-Guaifenesin Liquid 15-25 MG/5ML	BIOSPEC DMX, TRISPEC DMX	Limited to Ages 20 and Under; Package Limit=1-2/claim
	Dextromethorphan-Guaifenesin Liquid 20-200 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Dextromethorphan-Guaifenesin Elixir 20-200 MG/5ML	HT-TUSS DM	Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: ROBITUSSN DM)	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Dextromethorphan-Guaifenesin Soln 15-250 MG/5ML (3-50 MG/M)	VITA-NUMONYL	Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: CORICIDAN CO)	Dextromethorphan-Guaifenesin Tab SR 12HR 30-600 MG	MUCINEX DM	Limited to Ages 20 and Under
	Hydrocodone-Guaifenesin Liquid 5-100 MG/5ML	PHANATUSS HC	Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: HYCOTUSS EXP)	Hydrocodone-Guaifenesin Syrup 5-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Hydrocodone-Guaifenesin Tab SR 12HR 5-600 MG	XPECT-HC	Limited to Ages 20 and Under
	Phenylephrine w/ Hydrocodone-GG Syrup 10-2-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Pseudoephedrine w/ Hydrocodone-GG Liqd 15-2.5-100 MG/5ML	GENECOF-XP	Limited to Ages 20 and Under; Max Qty=240/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Pseudoephedrine w/ Hydrocodone-GG Liqd 15-3-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Pseudoephedrine w/ Hydrocodone-GG Elixir 30-2.5-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
	Phenyleph-Chlorphen w/ DM-GG Syrup 10-2-7.5-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
(Generic: DONATUSSIN)	Phenyleph-Chlorphen w/ DM-GG Syrup 10-2-15-100 MG/5ML		Limited to Ages 20 and Under; Max Qty=240/claim
ANTIASTHMATIC 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	Package Limit=1-2/30 days
	Nedocromil Sodium Inhal Aerosol 1.75 MG/ACT	TILADE	Max Qty=32/30 days
(Generic: PROVENTIL)	Albuterol Inhal Aerosol 90 MCG/ACT	ALBUTEROL	Max Qty=34/30 days
	Albuterol Sulfate Tab 2 MG		
	Albuterol Sulfate Tab 4 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 1.25 MG/3ML (Base Equiv)		Max Qty=375/30 days
	Albuterol Sulfate Inhal Aero 120 MCG/ACT (100MCG Base Equiv)	PROAIR HFA, VENTOLIN HFA	Package Limit=2/30 days; PA Required for Proventil
(Generic: VOSPIRE ER)	Albuterol Sulfate Tab SR 12HR 4 MG		
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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 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
	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	FLOVENT DISK	Daily Dosage=2
	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
	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1
	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	SINGULAIR	Daily Dosage=1
	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1
	Theophylline-Guaifenesin Cap 300-180 MG	QUIBRON-300	
LAXATIVES			
(Generic: DULCOLAX)	Bisacodyl Tab Delayed Release 5 MG	CVS BISACODY	Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DULCOLAX)	Bisacodyl Suppos 10 MG Senna Tab 187 MG Senna Powder		Max Qty=12/claim
(Generic: SENOKOT)	Sennosides Tab 8.6 MG	SENNA TAB 8.	
(Generic: METAMUCIL)	Psyllium Cap 0.52 GM Psyllium Powder 28% Psyllium Powder 28.3% Psyllium Powder 30% Psyllium Powder 30.9% Psyllium Powder 33%	NATURAL VEG	
(Generic: METAMUCIL)	Psyllium Powder 48.57% Psyllium Powder 50% Psyllium Powder 58.6% Psyllium Powder 68%	WAL-MUCIL	
(Generic: EVAC, KONSYL)	Psyllium Powder 100% Docusate Sodium Cap 50 MG	COLACE	
(Generic: COLACE)	Docusate Sodium Cap 100 MG Docusate Sodium Cap 250 MG Docusate Sodium Tab 100 MG	PREM VALUE D	Daily Dosage=3 Daily Dosage=3
(Generic: COLACE)	Docusate Sodium Liquid 150 MG/15ML	CVS SENNA PL	
(Generic: COLACE)	Docusate Sodium Syrup 60 MG/15ML Glycerin Suppos 1.5 GM Glycerin Suppos 3 GM Lactulose Solution 10 GM/15ML		Max Qty=12/claim Max Qty=24/claim
(Generic: MIRALAX)	Polyethylene Glycol 3350 Oral Powder Sorbitol Oral Solution 70% Phenolphthalein-DSS Tab 65-100 MG	SORBITOL	Daily Dosage=36
(Generic: SENOKOT S)	Sennosides-Docusate Sodium Tab 8.6-50 MG Bisacodyl-Sod Biphos/Sod Phos Prep Kit	CVS SENNA PL, SENNA S 8.06, STOOL SOFTEN FLEET PREP	Daily Dosage=4
(Generic: NULYTELY)	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Soln 6 GM/100ML	OCL	Package Limit=1/claim
(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 Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	DIPHEN/ATROP	
(Generic: LOMOTIL)	Loperamide HCl Cap 2 MG Paregoric 2 MG/5ML		
ULCER DRUGS			
(Generic: LEVSIN)	Hyoscyamine Sulfate Tab 0.125 MG		
(Generic: LEVSIN/SL)	Hyoscyamine Sulfate Tab SL 0.125 MG		
(Generic: LEVSIN)	Hyoscyamine Sulfate Elixir 0.125 MG/5ML		
(Generic: LEVSIN)	Hyoscyamine Sulfate Soln 0.125 MG/ML		
(Generic: LEVSINEX)	Hyoscyamine Sulfate Cap SR 12HR 0.375 MG		
(Generic: LEVBID)	Hyoscyamine Sulfate Tab SR 12HR 0.375 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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DONNATAL)	Belladonna Alkaloids-Phenobarbital Tab 16.2 MG		
(Generic: DONNATAL)	Belladonna Alkaloids-Phenobarbital Elixir 16 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)	Famotidine Tab 20 MG		
(Generic: PEPCID)	Famotidine Tab 40 MG		
(Generic: AXID)	Nizatidine Oral Soln 15 MG/ML		PA; Max Qty=960/30 days
(Generic: CYTOTEC)	Misoprostol Tab 100 MCG		
(Generic: CYTOTEC)	Misoprostol Tab 200 MCG		
(Generic: PREVACID)	Lansoprazole Cap Delayed Release 15 MG	PREVACID, PREVACID 24H OTC	Daily Dosage=4
(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
(Generic: PRILOSEC)	Omeprazole Cap Delayed Release 20 MG		Daily Dosage=4
(Generic: PRILOSEC)	Omeprazole Cap Delayed Release 40 MG		Daily Dosage=2
(Generic: CARAFATE)	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	PRILOSEC OTC	Daily Dosage=4
(Generic: CARAFATE)	Sucralfate Tab 1 GM		Daily Dosage=4
(Generic: ZEGERID)	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	ZEGERID OTC	PA Required; Daily Dosage=1
(Generic: ZEGERID)	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG		PA Required; Daily Dosage=1
	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 20-1680 MG	ZEGERID	PA Required; Daily Dosage=1
	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG	ZEGERID	PA Required; Daily Dosage=1
ANTIEMETICS			
(Generic: ANTIVERT)	Meclizine HCl Tab 12.5 MG		
(Generic: ANTIVERT)	Meclizine HCl Tab 25 MG		
(Generic: ZOFTRAN ODT)	Ondansetron Orally Disintegrating Tab 4 MG		Max DS=90/365 days; Daily Dosage=2
(Generic: ZOFTRAN ODT)	Ondansetron Orally Disintegrating Tab 8 MG		Max DS=90/365 days; Daily Dosage=2
(Generic: ZOFTRAN)	Ondansetron HCl Tab 4 MG		Max DS=90/365 days; Daily Dosage=2
(Generic: ZOFTRAN)	Ondansetron HCl Tab 8 MG		Max DS=90/365 days; Daily Dosage=2
	Ondansetron HCl Tab 24 MG		Max Qty=1/14 days
(Generic: ZOFTRAN)	Ondansetron HCl Oral Soln 4 MG/5ML		Max Qty=50/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
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	
	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	PA; Daily Dosage=7
(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 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	
	Nitrofurantoin Susp 25 MG/5ML	FURADANTIN	PA, 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		
(Generic: URECHOLINE)	Bethanechol Chloride Tab 50 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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
	Clindamycin Phosphate (One Dose) Vaginal Cream 2%	CLINDESSE	
(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
(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
	Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit		Package Limit=1/claim
(Generic: MONISTAT 3)			
(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%		
(Generic: SEMICID CONT)	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; From age 40 & older: Max Qty=43/30 days; From age 0 through 40: Max Qty=43/365 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, SHOHLIS)	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML		Max Qty=500/30 days
(Generic: POLYCIITRA-K)	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG		
(Generic: PYRIDIUM)	Phenazopyridine HCl Tab 100 MG		
(Generic: PYRIDIUM)	Phenazopyridine HCl Tab 200 MG		
	Pentosan Polysulfate Sodium Caps 100 MG	ELMIRON	Daily Dosage=3
	Sodium Chloride Irrigation Soln 0.9%		
(Generic: PROSCAR)	Finasteride Tab 5 MG		Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: FLOMAX)	Tamsulosin HCl Cap 0.4 MG	FLOMAX	Daily Dosage=1
ANTI-ANXIETY AGENTS			
(Generic: XANAX)	Alprazolam Tab 0.25 MG		Daily Dosage=4
(Generic: XANAX)	Alprazolam Tab 0.5 MG		Daily Dosage=4
(Generic: XANAX)	Alprazolam Tab 1 MG		Daily Dosage=4
(Generic: XANAX)	Alprazolam Tab 2 MG		Daily Dosage=4
	Alprazolam Conc 1 MG/ML	ALPRAZOLAM	PA Required
(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=3
(Generic: TRANXENE T)	Clorazepate Dipotassium Tab 7.5 MG		Daily Dosage=3
(Generic: TRANXENE T)	Clorazepate Dipotassium Tab 15 MG		Daily Dosage=3
(Generic: VALIUM)	Diazepam Tab 2 MG		Daily Dosage=4
(Generic: VALIUM)	Diazepam Tab 5 MG		Daily Dosage=4
(Generic: VALIUM)	Diazepam Tab 10 MG		Daily Dosage=4
	Diazepam Conc 5 MG/ML	DIAZEPAM	
	Diazepam Soln 1 MG/ML		Max Qty=500/claim
(Generic: ATIVAN)	Lorazepam Tab 0.5 MG		Daily Dosage=3
(Generic: ATIVAN)	Lorazepam Tab 1 MG		Daily Dosage=3
(Generic: ATIVAN)	Lorazepam Tab 2 MG	ABHR PLO COM	Daily Dosage=3
(Generic: SERAX)	Oxazepam Cap 10 MG		Daily Dosage=4
(Generic: SERAX)	Oxazepam Cap 15 MG		Daily Dosage=4
(Generic: SERAX)	Oxazepam Cap 30 MG		Daily Dosage=4
(Generic: BUSPAR)	Buspirone HCl Tab 5 MG		Daily Dosage=3
(Generic: VANSPAR)	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		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Trazodone HCl Tab 100 MG		
	Trazodone HCl Tab 150 MG		
	Trazodone HCl Tab 300 MG		Daily Dosage=2
(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=4
(Generic: RAPIFLUX)	Fluoxetine HCl Tab 20 MG		Daily Dosage=4
(Generic: PROZAC)	Fluoxetine HCl Solution 20 MG/5ML		Daily Dosage=4
	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)		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=2
(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		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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		
	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: TOFRANIL-PM)	Imipramine Pamoate Cap 75 MG	TOFRANIL-PM	Daily Dosage=1
(Generic: TOFRANIL-PM)	Imipramine Pamoate Cap 100 MG		Daily Dosage=3
(Generic: TOFRANIL-PM)	Imipramine Pamoate Cap 125 MG		Daily Dosage=2
(Generic: TOFRANIL-PM)	Imipramine Pamoate Cap 150 MG		Daily Dosage=2
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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		
(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; Limited to Ages 10 and Older; Daily Dosage=2
	Quetiapine Fumarate Tab 50 MG	SEROQUEL	Limited to Ages 10 and Older; Daily Dosage=2
	Quetiapine Fumarate Tab 100 MG	SEROQUEL, SEROQUEL 100, SEROQUEL 50M, SEROQUEL 750	Limited to Ages 10 and Older; Daily Dosage=2
	Quetiapine Fumarate Tab 200 MG	SEROQUEL	Limited to Ages 10 and Older; Daily Dosage=2
	Quetiapine Fumarate Tab 300 MG	SEROQUEL	Daily Dosage=2
	Quetiapine Fumarate Tab 400 MG	SEROQUEL	Limited to Ages 10 and Older; Daily Dosage=2
	Quetiapine Fumarate Tab SR 24HR 200 MG	SEROQUEL XR	Limited to Ages 18 and Older; Daily Dosage=1
	Quetiapine Fumarate Tab SR 24HR 300 MG	SEROQUEL XR	Limited to Ages 18 and Older; Daily Dosage=2
	Quetiapine Fumarate Tab SR 24HR 400 MG	SEROQUEL XR	Limited to Ages 18 and Older; Daily Dosage=2
(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
	Olanzapine Tab 2.5 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1
	Olanzapine Tab 5 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1
	Olanzapine Tab 7.5 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1
	Olanzapine Tab 10 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1
	Olanzapine Tab 15 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1
	Olanzapine Tab 20 MG	ZYPREXA	Limited to Ages 13 and Older; Daily Dosage=1

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Molindone HCl Tab 5 MG	MOBAN	Daily Dosage=4
	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=3
	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
	Aripiprazole Tab 5 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1
	Aripiprazole Tab 10 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1
	Aripiprazole Tab 15 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1
	Aripiprazole Tab 20 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1
	Aripiprazole Tab 30 MG	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=1
	Aripiprazole Oral Solution 1 MG/ML	ABILIFY	Limited to Ages 6 and Older; Daily Dosage=5
	Aripiprazole Orally Disintegrating Tab 10 MG	ABILIFY DISC	Limited to Ages 6 and Older; Daily Dosage=1
	Aripiprazole Orally Disintegrating Tab 15 MG	ABILIFY DISC	Limited to Ages 6 and Older; Daily Dosage=1
	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
	Ziprasidone HCl Cap 40 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2
	Ziprasidone HCl Cap 60 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Ziprasidone HCl Cap 80 MG	GEODON	Limited to Ages 18 and Older; Daily Dosage=2
	Lithium Carbonate Cap 150 MG		
	Lithium Carbonate Cap 300 MG		
	Lithium Carbonate Cap 600 MG		
	Lithium Carbonate Tab 300 MG	LITHIUM CARB	
(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	Max Qty=45/25 days
	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
(Generic: HALCION)	Triazolam Tab 0.125 MG		
(Generic: HALCION)	Triazolam Tab 0.25 MG		
(Generic: SONATA)	Zaleplon Cap 5 MG		Limited to Ages 18 and Older; Daily Dosage=1; From age 18 through 999Step Therapy
(Generic: SONATA)	Zaleplon Cap 10 MG		Limited to Ages 18 and Older; Daily Dosage=2; From age 18 through 999Step 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 21 and Under; Daily Dosage=3
(Generic: DEXTROSTAT)	Dextroamphetamine Sulfate Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=3
(Generic: DEXEDRINE)	Dextroamphetamine Sulfate Cap SR 24HR 5 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
(Generic: DEXEDRINE)	Dextroamphetamine Sulfate Cap SR 24HR 10 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
(Generic: DEXEDRINE)	Dextroamphetamine Sulfate Cap SR 24HR 15 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 7.5 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 12.5 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 15 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 20 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: ADDERALL)	Amphetamine-Dextroamphetamine Tab 30 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=2
	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
(Generic: CAFKIT)	Caffeine Citrate Oral Soln 20 MG/ML (10 MG/ML Base Equiv)		Max Qty=45/claim; Max Fills=2/lifetime
	Atomoxetine HCl Cap 10 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
	Atomoxetine HCl Cap 18 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
	Atomoxetine HCl Cap 25 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
	Atomoxetine HCl Cap 40 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
	Atomoxetine HCl Cap 60 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
	Atomoxetine HCl Cap 80 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
	Atomoxetine HCl Cap 100 MG (Base Equiv)	STRATTERA	PA; Daily Dosage=1
(Generic: FOCALIN)	Dexmethylphenidate HCl Tab 2.5 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: FOCALIN)	Dexmethylphenidate HCl Tab 5 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: FOCALIN)	Dexmethylphenidate HCl Tab 10 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Methylphenidate HCl Cap CR 10 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 20 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 30 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 40 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 50 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Methylphenidate HCl Cap CR 60 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
(Generic: RITALIN)	Methylphenidate HCl Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=3
(Generic: RITALIN)	Methylphenidate HCl Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=3
(Generic: RITALIN)	Methylphenidate HCl Tab 20 MG		Limited to Ages 3 and Older; Limited to Ages 21 and Under; Daily Dosage=3
(Generic: METADATE)	Methylphenidate HCl Tab CR 10 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
(Generic: RITALIN SR)	Methylphenidate HCl Tab CR 20 MG		Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=1
	Methylphenidate HCl Tab SA OSM 18 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
	Methylphenidate HCl Tab SA OSM 27 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
	Methylphenidate HCl Tab SA OSM 36 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 21 and Under; Daily Dosage=2
	Methylphenidate HCl Tab SA OSM 54 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 21 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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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		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
(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 Qty=84/365 days
(Generic: NICORETTE, NICORETTE ST)	Nicotine Polacrilex Gum 4 MG		Max Qty=84/365 days
	Disulfiram Tab 250 MG	ANTABUSE	
(Generic: LIMBITROL)	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG		
(Generic: LIMBITROL DS)	Chlordiazepoxide-Amitriptyline Tab 10-25 MG	CDP/AMITRIP	
	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			
(Generic: ECOTRIN, THERAP BAYER)	Aspirin Tab Delayed Release 325 MG		
	Diflunisal Tab 500 MG	DIFLUNISAL	
	Salsalate Tab 500 MG		
	Salsalate Tab 750 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		
	Aspirin-APAP-Salicylamide-Caffeine Tab 500-250-150-32.5 MG	LEVACET	PA Required
	Butalbital-Acetaminophen Cap 50-650 MG	PHRENILIN	PA Required
(Generic: PHRENILIN)	Butalbital-Acetaminophen Tab 50-325 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: SEDAPAP)	Butalbital-Acetaminophen Tab 50-650 MG	TENCON	Daily Dosage=6
(Generic: ESGIC)	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG		Daily Dosage=4
(Generic: ESGIC, FIORICET)	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG		Daily Dosage=4
(Generic: ESGIC-PLUS)	Butalbital-Acetaminophen-Caffeine Tab 50-500-40 MG		Daily Dosage=4
(Generic: FIORINAL)	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG		Daily Dosage=4
	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG		Daily Dosage=4
ANALGESICS - OPIOID			
	Codeine Sulfate Tab 15 MG		
	Codeine Sulfate Tab 30 MG		
	Codeine Sulfate Tab 60 MG		
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 12.5 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 25 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 50 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 75 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURAGESIC)	Fentanyl TD Patch 72HR 100 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DILAUDID)	Hydromorphone HCl Tab 2 MG		
(Generic: DILAUDID)	Hydromorphone HCl Tab 4 MG		
(Generic: DILAUDID)	Hydromorphone HCl Tab 8 MG		
(Generic: DILAUDID)	Hydromorphone HCl Suppos 3 MG		
(Generic: LEVO-DROMORA)	Levorphanol Tartrate Tab 2 MG		
(Generic: DEMEROL)	Meperidine HCl Tab 50 MG		
(Generic: DEMEROL)	Meperidine HCl Tab 100 MG		
(Generic: DEMEROL)	Meperidine HCl Oral Soln 50 MG/5ML		Max Qty=500/claim
(Generic: DOLOPHINE)	Methadone HCl Tab 5 MG		Daily Dosage=6
(Generic: DOLOPHINE)	Methadone HCl Tab 10 MG		Daily Dosage=6
	Morphine Sulfate Tab 15 MG		
	Morphine Sulfate Tab 30 MG		
	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
(Generic: ROXANOL)	Morphine Sulfate Oral Soln 20 MG/ML	MORPHINE SUL	Daily Dosage=4
(Generic: RMS)	Morphine Sulfate Suppos 5 MG		
(Generic: RMS)	Morphine Sulfate Suppos 10 MG		
(Generic: RMS)	Morphine Sulfate Suppos 20 MG		
(Generic: RMS)	Morphine Sulfate Suppos 30 MG		
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 15 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN, ORAMORPH SR)	Morphine Sulfate Tab SR 12HR 30 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 60 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN, ORAMORPH SR)	Morphine Sulfate Tab SR 12HR 100 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN)	Morphine Sulfate Tab SR 12HR 200 MG		Daily Dosage=3
(Generic: OXYIR)	Oxycodone HCl Cap 5 MG	OXYCODONE	
(Generic: ROXICODONE)	Oxycodone HCl Tab 5 MG		Daily Dosage=6
(Generic: ROXICODONE)	Oxycodone HCl Tab 15 MG		
(Generic: ROXICODONE)	Oxycodone HCl Tab 30 MG		
(Generic: ROXICODONE)	Oxycodone HCl Conc 20 MG/ML	OXYCODONE	Daily Dosage=6

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Oxycodone HCl Tab SR 12HR 10 MG	OXYCODONE, OXYCONTIN, OXYCONTIN	PA Required Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 15 MG	OXYCONTIN	PA Required Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 20 MG	OXYCODONE, OXYCODONE 20, OXYCONTIN, OXYCONTIN	PA Required Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 30 MG	OXYCONTIN	PA Required Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 40 MG	OXYCODONE 40, OXYCONTIN, OXYCONTIN	PA Required Daily Dosage=2
	Oxycodone HCl Tab SR 12HR 60 MG	OXYCONTIN	PA Required Daily Dosage=2
(Generic: OXYCONTIN)	Oxycodone HCl Tab SR 12HR 80 MG	OXYCODONE, OXYCODONE 80, OXYCONTIN, OXYCONTIN	PA Required Daily Dosage=2
(Generic: ULTRAM)	Tramadol HCl Tab 50 MG		Daily Dosage=8
(Generic: TYLOX)	Oxycodone w/ Acetaminophen Cap 5-500 MG		
(Generic: PERCOCET)	Oxycodone w/ Acetaminophen Tab 5-325 MG		
	Oxycodone w/ Acetaminophen Tab 5-500 MG	ROXICET	
(Generic: PERCOCET)	Oxycodone w/ Acetaminophen Tab 7.5-325 MG		
(Generic: PERCOCET)	Oxycodone w/ Acetaminophen Tab 7.5-500 MG		
(Generic: PERCOCET)	Oxycodone w/ Acetaminophen Tab 10-325 MG		
(Generic: PERCOCET)	Oxycodone w/ Acetaminophen Tab 10-650 MG		
	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	ROXICET	Daily Dosage=30
(Generic: PERCODAN)	Oxycodone w/ Aspirin Tab Full Strength		
	Acetaminophen w/ Codeine Tab 300-15 MG		
(Generic: TYLENOL/COD)	Acetaminophen w/ Codeine Tab 300-30 MG		
(Generic: TYLENOL/COD)	Acetaminophen w/ Codeine Tab 300-60 MG		
	Acetaminophen w/ Codeine Soln 120-12 MG/5ML		Daily Dosage=30
	Aspirin w/ Codeine Tab 325-30 MG		
	Aspirin w/ Codeine Tab 325-60 MG		
(Generic: FIORICET/COD)	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG		
(Generic: FIORINAL/COD)	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG		
(Generic: NORCO)	Hydrocodone-Acetaminophen Tab 10-325 MG		
(Generic: LORTAB, LORTAB 5, VICODIN)	Hydrocodone-Acetaminophen Tab 5-500 MG		
(Generic: LORTAB)	Hydrocodone-Acetaminophen Tab 7.5-500 MG		
(Generic: LORTAB)	Hydrocodone-Acetaminophen Tab 10-500 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ANEXSIA, LORCET PLUS)	Hydrocodone-Acetaminophen Tab 7.5-650 MG		
(Generic: LORCET)	Hydrocodone-Acetaminophen Tab 10-650 MG		
(Generic: ANEXSIA)	Hydrocodone-Acetaminophen Tab 10-660 MG		
(Generic: VICODIN ES)	Hydrocodone-Acetaminophen Tab 7.5-750 MG		
(Generic: NORCO)	Hydrocodone-Acetaminophen Tab 5-325 MG		
(Generic: NORCO)	Hydrocodone-Acetaminophen Tab 7.5-325 MG		
(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	
	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		
	Flurbiprofen Tab 50 MG		
(Generic: ANSAID)	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		
(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	
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NAPROSYN)	Naproxen Susp 125 MG/5ML		
(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 Required; Daily Dosage=2
	Celecoxib Cap 100 MG	CELEBREX	PA Required; Daily Dosage=2
	Celecoxib Cap 200 MG	CELEBREX	PA Required; Daily Dosage=2
	Celecoxib Cap 400 MG	CELEBREX	PA Required; Daily Dosage=2
	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	Max Qty=6/30 days
	Sumatriptan Nasal Spray 20 MG/ACT	IMITREX, SUMATRIPTAN	Max Qty=6/30 days
(Generic: IMITREX)	Sumatriptan Succinate Tab 25 MG		Max Qty=9/30 days
(Generic: IMITREX)	Sumatriptan Succinate Tab 50 MG		Max Qty=9/30 days
(Generic: IMITREX)	Sumatriptan Succinate Tab 100 MG		Max Qty=9/30 days
(Generic: IMITREX)	Sumatriptan Succinate Inj 12 MG/ML		Max Qty=2/30 days
	Sumatriptan Succinate Inj Kit 4 MG/0.5ML	IMITREX	Max Qty=2/30 days
	Sumatriptan Succinate Inj Kit	ALSUMA, IMITREX	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
	Zolmitriptan Orally Disintegrating Tab 5 MG	ZOMIG ZMT	Max Qty=6/30 days
(Generic: MIDRIN)	APAP-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	
	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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
	Felbamate Tab 400 MG	FELBATOL	
	Felbamate Tab 600 MG	FELBATOL	
	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	DEPAKOTE ER	
(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
	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
	Gabapentin Oral Soln 250 MG/5ML	NEURONTIN	
(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		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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		PA Required; Daily Dosage=3
(Generic: TOPAMAX SPR)	Topiramate Sprinkle Cap 25 MG		PA Required; Daily Dosage=3
(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		
	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	
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		
(Generic: ZANAFLEX)	Tizanidine HCl Tab 2 MG		
(Generic: ZANAFLEX)	Tizanidine HCl Tab 4 MG		
(Generic: DANTRIMUM)	Dantrolene Sodium Cap 25 MG		
(Generic: DANTRIMUM)	Dantrolene Sodium Cap 50 MG		
(Generic: DANTRIMUM)	Dantrolene Sodium Cap 100 MG		
ANTIMYASTHENIC AGENTS			

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: MESTINON)	Pyridostigmine Bromide Tab 60 MG		
	Pyridostigmine Bromide Tab CR 180 MG	MESTINON	
VITAMINS			
	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	
(Generic: DRISDOL)	Ergocalciferol Cap 50000 IU		
	Phytonadione Tab 5 MG	MEPHYTON	
MULTIVITAMINS			
	*B-Complex Vitamin Tab**		
(Generic: NEPHROCAPS)	*B-Complex w/ C & Folic Acid Cap 1 MG***		Daily Dosage=1
(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
	*B-Complex w/ C-Zn & Folic Acid Tab 1 MG***	DIALYVITE/, IVITES RX, NEPHPLEX RX	
(Generic: CAROMEGA, CENTRUM, FEMTABS)	*Multiple Vitamins w/ Minerals Tab**	ADV DIABETIC, B-50 FORMULA	
	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**		Daily Dosage=1
	*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 21 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; Max Qty=30/30 days
	*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***	PHLUORIVIT	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**		Daily Dosage=1
	*Pediatric Multiple Vitamins w/ Fl-Fe Chew Tab 1-12 MG**		Limited to Ages 13 and Under; Max Qty=30/30 days
	*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 Multivitamins & Minerals w/ Iron & FA Cap 1 MG***	MYNATAL, VITA-NATAL	Limited to Ages 50 and Under; Limited to Female
	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 0.8MG***	PRE-NATAL, PRENATAL, PRENATAL/FE	Limited to Ages 50 and Under; Limited to Female

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 1 MG***		Limited to Ages 50 and Under; Limited to Female
(Generic: NESTABS RX)	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	PRENATABS RX, RE-NATA 29, VOL-TAB RX	Limited to Ages 50 and Under; Limited to Female
(Generic: NESTABS CBF)	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1 MG***		Limited to Ages 50 and Under; Limited to Female
	*Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG***	O-CAL	Limited to Ages 50 and Under; Limited to Female
(Generic: NOVASTART)	*Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***	PRENAFIRST	Limited to Ages 50 and Under; Limited to Female
	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.5 MG***		Limited to Ages 50 and Under; Limited to Female; Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;
	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***	MULTI PRENAT, PRENATAL, PRENATAL ONE	Limited to Ages 50 and Under; Limited to Female
	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	M-VIT, O-CAL FA, PRENAPLUS, PRENATAL, PRENATAL/FA...	Limited to Ages 50 and Under; Limited to Female; Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;
(Generic: NESTABS FA)	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	CO-NATAL FA, PRENATABS FA, VENATAL-FA	Limited to Ages 50 and Under; Limited to Female
	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	SE-NATAL ONE, TRINATAL RX, VINATE ONE	Limited to Ages 50 and Under; Limited to Female; Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;
	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	CAVAN-FOLATE, LACTOCAL-F, MYNATAL PLUS, MYNATAL-Z, VITAFOL-OB...	Limited to Ages 50 and Under; Limited to Female
	*Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***	NATALVIT	Limited to Ages 50 and Under; Limited to Female
(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 50 and Under; Limited to Female; Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;
	*Prenatal Vit w/ Fe Sulfate-FA Tab 27-0.8 MG***	PRENATAL	Limited to Ages 50 and Under; Limited to Female
(Generic: CITRACAL, CITRANATAL)	*Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1MG***	NIFEREX-PN, POLY IRON PN	Limited to Ages 50 and Under; Limited to Female
(Generic: CENOGEN ULTR)	*Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106.5-1 MG***	CAL-NATE, VINATE CAL	Limited to Ages 50 and Under; Limited to Female
	*Prenatal w/o A Vit w/ Fe Fumarate-FA Tab DR 30-1 MG***	CAVAN, GESTICARE, TARON-EC CAL, TRINATE	Limited to Ages 50 and Under; Limited to Female
(Generic: NOVANATAL)	*Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***	PRENATABS, RE-NATA 29, VITASPIRE	Limited to Ages 50 and Under; Limited to Female
	*Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***	COMPLETE-RF	Limited to Ages 50 and Under; Limited to Female

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***	VINATE M	Limited to Ages 50 and Under; Limited to Female
	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	INATAL ADV, INATAL GT, INATAL ULTRA, MYNATAL, PRENACARE...	Limited to Ages 50 and Under; Limited to Female; Max DS/DU=Lesser Of Max Days Sply=100/Max Qty=100 Per 100 Days;
	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab CR 90-1 MG***	AMINATE FE, MYNATE 90, SE-NATAL 90	Limited to Ages 50 and Under; Limited to Female
	*Prenatal w/FE Polys Cmplx-FA-Ca Tab & Omega 3 Cap Pack***	MARNATAL-F	Limited to Ages 50 and Under; Limited to Female
MINERALS & ELECTROLYTES			
	Calcium Carbonate Susp 1250 MG/5ML		Max Qty=500/30 days
(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)		
	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-DUR, K-TABS)	Potassium Chloride Microencapsulated CRYSTAB 10 mEq		
	Potassium Chloride Microencapsulated CRYSTAB 15 mEq	KLOR-CON M15	
(Generic: K-DUR)	Potassium Chloride Microencapsulated CRYSTAB 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 Liq	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)	Iron Chew Tab 15 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Ferrous Sulfate Tab 83 MG		
	Ferrous Sulfate Tab 324 MG		
	Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)		
	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=1.7
	Ferrous Sulfate Soln 75 MG/0.6ML		Max Qty=50/claim
(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	
	Ferrous Gluconate Tab 324 MG	FERROUS GLUC	
	Ferrous Gluconate Tab 325 MG		
	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
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 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: LOVENOX)	Enoxaparin Sodium Inj 40 MG/0.4ML	LOVENOX	Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: LOVENOX)	Enoxaparin Sodium Inj 60 MG/0.6ML	LOVENOX	Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: LOVENOX)	Enoxaparin Sodium Inj 80 MG/0.8ML	LOVENOX	Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: LOVENOX)	Enoxaparin Sodium Inj 100 MG/ML		Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: LOVENOX)	Enoxaparin Sodium Inj 120 MG/0.8ML		Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: LOVENOX)	Enoxaparin Sodium Inj 150 MG/ML		Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
	Enoxaparin Sodium Inj 300 MG/3ML	LOVENOX	Max Qty=7 days at retail; / MD must contact CAREMARK 800-237-2767
(Generic: COUMADIN)	Warfarin Sodium Tab 1 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 2 MG		
(Generic: COUMADIN)	Warfarin Sodium Tab 2.5 MG		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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 Ages 12 and Older; Limited to Ages 49 and Under; Limited to Female; 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
	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%	SULFACET SOD	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
(Generic: POLYTRIM)	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: LIQUIFILM, 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
	Betaxolol HCl Ophth Susp 0.25%	BETOPTIC-S	Package Limit=1/claim
	Betaxolol HCl Ophth Soln 0.5%		Package Limit=1/claim
(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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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
(Generic: TIMOPTIC-XE)	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, PREDNIS/SULF, 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
(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
	Latanoprost Ophth Soln 0.005%	XALATAN	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
(Generic: CYCLOGYL)	Cyclopentolate HCl Ophth Soln 0.5%	CYCLOGYL	Max Qty=15/claim
	Cyclopentolate HCl Ophth Soln 1%		Package Limit=1/claim
	Cyclopentolate HCl Ophth Soln 2%	CYCLOGYL	Package Limit=1/claim
(Generic: ISO HOMATROP)	Homatropine HBr Ophth Soln 2%	ISO HOMATROP	Max Qty=5/claim
	Homatropine HBr Ophth Soln 5%		Package Limit=1/claim
(Generic: MYDRIACYL)	Tropicamide Ophth Soln 0.5%		Max Qty=15/claim
(Generic: ALBALON, NAPHCN FORT)	Tropicamide Ophth Soln 1%		Package Limit=1/claim
(Generic: MYDFRIN)	Naphazoline HCl Ophth Soln 0.1%		Max Qty=15/claim
	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	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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
	Cyclosporine (Ophth) Emulsion 0.05%	RESTASIS	
(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%	ALOCRIAL	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%		Package Limit=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
(Generic: VOSOL)	Acetic Acid Otic Soln 2%		Max Qty=15/claim
	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%	OTILAM NR	Pkg Size 15: Package Limit=1/claim; Pkg Size 15: Package Limit=1/claim
(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%		
	Triamcinolone Acetonide in Orabase 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 57: Package Limit=1/claim; Pkg Size 51: Package Limit=1/claim; Pkg Size 51: Package Limit=1/claim
	Sodium Fluoride Gel 1%		

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: PREVIDENT, THERA-FLUR-N)	Sodium Fluoride Gel 1.1%		Pkg Size 56: Package Limit=1/claim; 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 2.5-1%		Max Qty=30/claim
	Hydrocortisone Acetate w/ Pramoxine Rectal Lotn 2.5-1%	ANALPRAM-HC	Max Qty=60/claim
DERMATOLOGICALS			
(Generic: BENZAC AC, BENZAC W, DESQUAM-X)	Benzoyl Peroxide Liq 5%		
(Generic: BENZAC AC, BENZAC W, DESQUAM-X)	Benzoyl Peroxide Liq 10%		
(Generic: BENZAC W)	Benzoyl Peroxide Gel 2.5%		
(Generic: BENZAC AC, BENZAC W, BENZAGEL-5, DESQUAM-E, DESQUAM-X)	Benzoyl Peroxide Gel 5%		
(Generic: BENZAC AC, BENZAC W, BENZAGEL-10, DESQUAM-X)	Benzoyl Peroxide Gel 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		Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: ACCUTANE)	Isotretinoin Cap 20 MG		Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: ACCUTANE)	Isotretinoin Cap 40 MG		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	Package Limit=1/claim
(Generic: CLEOCIN-T)	Clindamycin Phosphate Lotion 1%		Package Limit=1/claim
	Erythromycin Soln 2%		
(Generic: ERYGEL)	Erythromycin Gel 2%		Package Limit=1/claim
(Generic: KLARON)	Sulfacetamide Sodium Lotion 10% (Acne)		Max Qty=120/claim
(Generic: PLEXION TS)	Sulfacetamide Sodium w/ Sulfur Susp 10-5%		Max Qty=30/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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%		
	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	Package Limit=1/claim
	Mupirocin Calcium Cream 2%	BACTROBAN	Package Limit=1/claim
(Generic: NEOSPORIN, TRIPLE ANTIB)	*Neomycin-Bacitracin-Polymyxin Oint***		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: LAMISIL AT, LAMISIL AT C)	Terbinafine HCl Cream 1%		Package Limit=1/claim
(Generic: LOTRIMIN AF, 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
	Ketoconazole Cream 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-%		Package Limit=1/claim
	Nystatin-Triamcinolone Oint 100000-0.1 U/GM-%		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
	Methoxsalen Rapid Cap 10 MG	OXSORALEN-UL	
(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%		
	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
	Betamethasone Dipropionate Cream 0.05%		Package Limit=1/claim

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
(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 Oil 0.01%	DERMA-SMOOTH	
(Generic: SYNALAR)	Fluocinolone Acetonide Soln 0.01%	FLUOCIN ACET	Max Qty=60/claim
	Fluocinolone Acetonide Cream 0.01%	FLUOCIN ACET	Package Limit=1/claim
(Generic: SYNALAR)	Fluocinolone Acetonide Cream 0.025%	FLUOCIN ACET	Package Limit=1/claim
(Generic: SYNALAR)	Fluocinolone Acetonide Oint 0.025%		Package Limit=1/claim
(Generic: LIDEX)	Fluocinonide Soln 0.05%		Package Limit=1/claim
(Generic: LIDEX)	Fluocinonide Cream 0.05%		Package Limit=1/claim
(Generic: LIDEX)	Fluocinonide Gel 0.05%		Package Limit=1/claim
(Generic: LIDEX)	Fluocinonide Oint 0.05%		Package Limit=1/claim
(Generic: LIDEX-E)	Fluocinonide Emulsified Base Cream 0.05%		Package Limit=1/claim
(Generic: CUTIVATE)	Fluticasone Propionate Cream 0.05%		Package Limit=1/30 days
(Generic: CUTIVATE)	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
	Hydrocortisone Cream 1%		Package Limit=1/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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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
	Triamcinolone Acetonide Cream 0.025%		Pkg Size 80: Package Limit=2/claim; Pkg Size 454: Package Limit=1/claim; Pkg Size 15: Package Limit=2/claim
(Generic: ARISTOCORT A, KENALOG)	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
(Generic: KENALOG)	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**	ALA DERM, ALOE AFTERSU	
(Generic: LAC-HYDRIN)	Lactic Acid (Ammonium Lactate) Cream 12%		Package Limit=1/claim
(Generic: LAC-HYDRIN)	Lactic Acid (Ammonium Lactate) Lotion 12%		Package Limit=1/claim
	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
(Generic: KERALYT)	Salicylic Acid Gel 6%		Max Qty=40/claim; Package Limit=1/claim
	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 Required; Package Limit=1/claim
(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%		
(Generic: ICY HOT)	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
	Permethrin Liq Spray 0.25%	NIX LICE	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
(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	
	*Nit Remover - Kit***	KLOUT LICE	
	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		
	Pyrethrins Spray & Pyrethrins-Piperonyl Butoxide Shamp Kit	LICE TRTMNT	
	Pyreth-Piper But Spray & Pyreth-Piper But Shamp Kit	LICE COMBIN, 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
ANTISEPTICS & DISINFECTANTS			
	Chlorhexidine Gluconate Liquid 4%		
ANTIDOTES			
	Succimer Cap 100 MG	CHEMET	
(Generic: REVIA)	Naltrexone HCl Tab 50 MG		
DIAGNOSTIC PRODUCTS			
	Acetone (Urine) Test Strip	CHEMSTRIP K, KETOCARE, KETOSTIX	
	Glucose Blood Test Strip	TRUEtest™	Daily Dosage=5
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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
	Insulin Syringe/Needle U-100 1/2 ML 29 x 1"	INSULIN SYRG	Daily Dosage=5
	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 INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	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, MAGELLAN INS	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

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
	*Insulin Pen Needle***	ULTILET PEN	Daily Dosage=5
	Insulin Pen Needle 29 G X 12 MM		Daily Dosage=5
	Insulin Pen Needle 29 G X 12.7 MM		Daily Dosage=5
	Insulin Pen Needle 30 G X 8 MM		Daily Dosage=5
	Insulin Pen Needle 31 G X 5 MM		Daily Dosage=5
	Insulin Pen Needle 31 G X 6 MM		Daily Dosage=5
	Insulin Pen Needle 31 G X 8 MM		Daily Dosage=5
	*Respiratory Therapy Supplies - Misc**	ACTIVITY PCH, ADULT MASK	Max Qty=1/360 days
	*Spacer/Aerosol-Holding Chambers - Device***	AEROCHAMBER, BREATHERITE	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 Calibration - Liquid***		Max Qty=1/90 days
	*Blood Glucose Calibration - Liquid - High***		Max Qty=1/90 days
	*Blood Glucose Calibration - Liquid - Normal***		Max Qty=1/90 days
	*Blood Glucose Calibration - Liquid - Low***		Max Qty=1/90 days
	*Blood Glucose Monitoring Devices****	TRUEresult®	Max Qty=1/720 days
	*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"***	COPA FOAM, CUREX SPONGE	
	*Gauze Pads & Dressings - Pads 3" X 3"***	COPA FOAM, CUREX SPONGE	
	*Gauze Pads & Dressings - Pads 4" X 4"***	BIATAIN, BIATAIN FOAM	
	Condoms Latex Lubricated	ATLAS CONDOM, CAUT CONDOMS, CLASS ACT	Max Qty=36/claim
	Condoms Latex Non-Lubricated	ATLAS CONDOM, 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	

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	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
	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 Swabs***	ALCOHOL PREP, ALCOHOL SWAB	Max Qty=400/claim
PHARMACEUTICAL ADJUVANTS			
	Lanolin	LAN-O-SOOTHE, LANSINOH	
ASSORTED CLASSES			
	Penicillamine Cap 125 MG	CUPRIMINE	
	Penicillamine Cap 250 MG	CUPRIMINE	
(Generic: SANDIMMUNE)	Cyclosporine Cap 25 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: SANDIMMUNE)	Cyclosporine Cap 100 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: SANDIMMUNE)	Cyclosporine Oral Soln 100 MG/ML		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: NEORAL)	Cyclosporine Modified Cap 25 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Cyclosporine Modified Cap 50 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: NEORAL)	Cyclosporine Modified Cap 100 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: NEORAL)	Cyclosporine Modified Oral Soln 100 MG/ML		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: CELLCEPT)	Mycophenolate Mofetil Cap 250 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: CELLCEPT)	Mycophenolate Mofetil Tab 500 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767

Common Brand Name(s)	Product Description	Covered Brand Product	Limitations/Restrictions
	Mycophenolate Mofetil For Oral Susp 200 MG/ML	CELLCEPT	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	MYFORTIC	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	MYFORTIC	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Sirolimus Tab 1 MG	RAPAMUNE	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Sirolimus Tab 2 MG	RAPAMUNE	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Sirolimus Oral Soln 1 MG/ML	RAPAMUNE	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: PROGRAF)	Tacrolimus Cap 0.5 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: PROGRAF)	Tacrolimus Cap 1 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: PROGRAF)	Tacrolimus Cap 5 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: IMURAN)	Azathioprine Tab 50 MG		Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Azathioprine Tab 75 MG	AZASAN	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
	Azathioprine Tab 100 MG	AZASAN	Max Days Supply=7/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: SPS)	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML		
(Generic: KAYEXALATE)	*Sodium Polystyrene Sulfonate Powder**		Max Qty=454/claim