



Meridian
Health Plan

2012

Medicaid Formulary

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Introduction

The Meridian Health Plan (MHP) is pleased to provide an updated 2012 Medicaid Formulary as a reference and informational tool for physicians, pharmacists and patients. The MHP Formulary is designed to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The Meridian Health Plan Pharmacy and Therapeutics Committee (P&T)

The medications on this formulary have been reviewed by the Meridian Health Plan P&T Committee. The Committee includes physicians, pharmacists and health professionals. The clinical information within the formulary is primarily derived from medical literature and is reviewed and approved by the P&T Committee.

Notice

The information contained in this formulary is provided by MHP, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. Meridian Health Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

The MHP formulary is organized by sections. Each section includes therapeutic groups identified by either drug class or disease state. Products are listed by generic name. Brand and common names are included as a reference to assist in product recognition. MHP will not cover prescription drugs that are prescribed for experimental, investigational or non FDA approved indications, dosages, or routes of administration.

Product Selection Criteria

The MHP P&T Committee considers clinical information on new to market drugs that are typically included in an outpatient pharmacy benefit. The primary goal of the MHP P&T Committee is to preserve and evaluate the MHP formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness. When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently included in the MHP Formulary. Formulary decisions are communicated quarterly on the MHP internet site.

Formulary Components

The MHP Formulary contains the following components: Covered medications without authorization, medications that must meet Step Therapy Protocol, medications that require Prior Authorization, Specialty medications and medications that are subject to Quantity Limits. Members will not be charged a copay when MHP covers a medication.

Generic Substitution

MHP is a mandatory generic plan. The brand and common names listed in the formulary are for reference only. Generic medication will be dispensed where available.

Covered Medications without Authorization

MHP covers many medications without any authorization required. These medications include many prescription and over the counter medications. (When ordered by a physician.)

Non-Covered Benefits

The following categories are not covered benefits: Medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, to treat gender identity conditions, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

Prior Authorization

Drugs indicated with "PA" require Prior Authorization for coverage. Details of the PA criteria are listed next to the drug name. Please call the MeridianRx Help Desk at 1-866-984-6462 or fax a completed Prior Authorization form to 1-877-355-8070. Pre-Service requests are reviewed within 14 days. Urgent service requests must be accompanied by pertinent clinical information and are reviewed within 72 hours.

Step Therapy

Drugs indicated with a "ST" require Step Therapy for coverage. The required step is listed next to the drug name.

Specialty Medications

All specialty medications noted as "SP" are handled by MeridianRx. To order a specialty medication by fax, send prescriptions and a prior authorization form to 1-877-355-8070 or call MeridianRx's Pharmacy at 1-866-984-6462.

Quantity Limits

Drugs indicated with a "QL" have a set quantity limit imposed. These limits are based on FDA recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications are subject to a maximum of 30 days per prescription.

Benefit Exception

The process for requesting non formulary medication(s) requires faxing of a completed Prior Authorization form indicating the request for an exception to the formulary. This request will need to include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (Peer reviewed journal articles may be required). Please call the MeridianRx Help Desk at 1-866-984-6462 or fax a Prior Authorization form to 1-877-355-8070.

Pharmacy Benefit Management

MHP utilizes MeridianRx to manage each member's pharmacy benefit. MeridianRx provides MHP with a pharmacy network, pharmacy claims management services, and claims adjudication. MeridianRx's Help Desk can be contacted at 1-866-984-6462.

Step Therapy Information

Generic Name	Common Name	Status Drug	Criteria
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations			
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	HYZAAR	ST	Must show trial and failure of a formulary ACEI in past 90 days
Angiotensin II Receptor Blockers (ARBs)			
LOSARTAN POTASSIUM	COZAAR	ST	Must show trial and failure of a formulary ACEI in past 90 days
Antihistamines - 2nd Generation			
FEXOFENADINE HCL	ALLEGRA	QL, ST	180 mg tablet limited to 1 tablet per day; 60 mg tablet limited to 2 tablets per day, Must have tried and failed three consecutive fills of Loratadine or Cetirizine tablets in the past 90 days
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			
SITAGLIPTIN PHOSPHATE	JANUVIA	QL, ST	Limit of 1 tablet per day, Must have prior use of Metformin within the last 90 days; Maximal dose of metformin (1700 mg/ day) or maximal dose of a sulfonylurea. Or if patient had renal or heart failure
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)			
ATORVASTATIN CALCIUM	LIPITOR	ST	Must have three consecutive fills of Simvastatin 40mg in the last 90 days
Antihyperlipidemic HMG CoA Reduct Inhib & Cholesterol Absorption Inhib			
EZETIMIBE/SIMVASTATIN	VYTORIN	ST	Must have three consecutive fills of Simvastatin 40mg in the last 90 days
Asthma Therapy - Beta Adrenergic-Glucocorticoid Combinations			
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	QL, ST	Limited to one inhaler per month, Must have tried and failed Qvar in the past 90 days
FLUTICASONE PROPIONATE/ SALMETEROL XINAFOATE	ADVAIR DISKUS	QL, ST	Limited to one inhaler per month; 500/50 mcg inhaler is not covered, Must have tried and failed Qvar in the past 90 days
MOMETASONE FUROATE/ FORMOTEROL FUMARATE	DULERA	QL, ST	Limited to one inhaler per month, Must have tried and failed Qvar in the past 90 days
Asthma/COPD Therapy - Anticholinergics			
TIOTROPIUM BROMIDE	SPIRIVA	QL, ST	Limited to one inhaler per month, Must have tried and failed Atrovent HFA in the past 90 days
Cephalosporin Antibiotics - 1st Generation			
CEFADROXIL HYDRATE	CEFADROXIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
Cephalosporin Antibiotics - 3rd Generation			
CEFDINIR	OMNICEF	ST	Must have prior use of Amoxicillin in the past 60 days
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days

Step Therapy Information

Generic Name	Common Name	Status Drug	Criteria
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (PPIs)			
LANSOPRAZOLE	PREVACID 24HR	ST	Must have tried and failed three consecutive fills of Omeprazole in the past 90 days
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	ST	Must have tried and failed Omeprazole and Lansoprazole in the past 90 days
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists)			
PIOGLITAZONE HCL	ACTOS	QL, ST	Limited to 1 tablet per day, Must have prior use of Metformin within the last 90 days; Maximal dose of metformin (1700 mg/day) or maximal dose of a sulfonylurea. Or if patient had renal or heart failure
Migraine Therapy - Selective Serotonin Agonists 5-HT(1)			
NARATRIPTAN HCL	NARATRIPTAN HCL	QL, ST	Limited to 9 tablets per 30 days, Must have tried and failed three consecutive fills of Sumatriptan Tablets in the past 90 days
Prostatic Hypertrophy Agent - Type II 5-alpha Reductase Inhibitors			
FINASTERIDE	PROSCAR	ST	Shows paid claim for Prazosin, Doxazosin, or Terazosin in the past 90 days
Scabicide & Pediculicide Single Agents			
MALATHION	MALATHION	ST	Must have prior use of first line Pediculicides agent within the last 30 days
Smoking Deterrents - NE & Dopamine Reuptake Inhibitor (NDRI)-Type			
BUPROPION HCL	BUPROBAN	QL, ST	Only 150 mg SR is covered, Limited to 2 tablets per day, Limited to 90 days therapy per rolling 365 days; Must have 6 months prior therapy with topical nicotine patches along with either nicotine polacrilex gum or lozenges
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2			
VARENICLINE TARTRATE	CHANTIX	ST	Limited to 90 days therapy per rolling 365 days; Must have 6 months prior therapy with topical nicotine patches along with either nicotine polacrilex gum or lozenges
Urinary Antispasmodic - Smooth Muscle Relaxants			
TOLTERODINE TARTRATE	DETROL	ST	Must have prior use of Oxybutynin within past 90 days

Prior Authorization Information

Generic Name	Common Name	Status Drug	Criteria
Alkylating Agent - Nitrogen Mustards			
CHLORAMBUCIL	LEUKERAN	PA, SP	PA Required
Alzheimer's Disease Therapy - Cholinesterase Inhibitors			
DONEPEZIL HCL	ARICEPT	PA	Must show diagnosis of Alzheimer's Disease
GALANTAMINE HBR	GALANTAMINE HBR	PA	Must show diagnosis of Alzheimer's Disease
RIVASTIGMINE TARTRATE	EXELON	PA	Must show diagnosis of Alzheimer's Disease
Analgesic Narcotic Agonists			
FENTANYL	FENTANYL	PA	Cancer related pain; end of life; unable to take oral medications; Limited to 10 patches per month
Androgen - Single Agents			
TESTOSTERONE CYPIONATE	DEPO-TESTOSTERONE	PA	Must meet Pharmacy Approval Criteria
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective			
ETANERCEPT	ENBREL	PA, SP	Must meet Pharmacy Approval Criteria
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel			
ADALIMUMAB	HUMIRA	PA, SP	Must meet Pharmacy Approval Criteria
Antianginal and Anti-ischemic Agents, Non-hemodynamic			
RANOLAZINE	RANEXA	PA	Must meet Pharmacy Approval Criteria
Antiemetic - Cannabinoids			
DRONABINOL	MARINOL	PA	Must meet Pharmacy Approval Criteria
Antiemetic - Selective Serotonin 5-HT3 Antagonists			
GRANISETRON HCL	KYTRIL	PA	PA Required; Must submit documentation showing trial and failure of Ondansetron
Antihyperglycemic, Incretin Mimetic, GLP-1 Receptor Agonist Analog-Type			
EXENATIDE	BYETTA	PA	Must meet Pharmacy Approval Criteria
Asthma Therapy - Glucocorticoids			
BUDESONIDE	BUDESONIDE	PA, QL	Covered for patients up to age 8 without a prior authorization. Patients greater than age 8 must show documented failure of formulary oral and nebulizer treatment. Limited to 60 respules per 30 days
Asthma Therapy - Glucocorticoids			
FLUTICASONE PROPIONATE	FLOVENT HFA	PA	Only 44 mcg inhaler is covered for ages 17 and below without a prior authorization
Asthma Therapy - Leukotriene Receptor Antagonists			
MONTELUKAST SODIUM	SINGULAIR	PA, QL	Limited to 1 tablet per day; PA Required for ages 15 and over, must submit documentation of trial and failure of Accolate
Calcitonins			
CALCITONIN, SALMON, SYNTHETIC	MIACALCIN	PA, SP	PA Required

Prior Authorization Information

Generic Name	Common Name	Status Drug	Criteria
Cardiac Sympathomimetics			
MIDODRINE HCL	MIDODRINE HCL	PA	Must be prescribed by a Cardiologist
CNS Stimulant - Analeptics			
CAFFEINE CITRATED	CAFCIT	PA	PA Required
Dermatological - Antineoplastic Antimetabolites			
FLUOROURACIL	EFUDEX	PA	Must show documented diagnosis of Basal Cell Carcinoma
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives			
ACITRETIN	SORIATANE	PA	PA Required; Must submit documented failure of Methotrexate or Cyclosporine
Erythropoietins			
EPOETIN ALFA	EPOGEN	PA, SP	Must meet Pharmacy Approval Criteria
Glycopeptide Antibiotics			
VANCOMYCIN HCL	VANCOCIN HCL	PA	PA Required
Gout Acute Therapy - Antimitotics			
COLCHICINE	COLCHICINE	PA	PA Required
Granulocyte Colony-Stimulating Factor (G-CSF)			
FILGRASTIM	NEUPOGEN	PA, SP	Must meet Pharmacy Approval Criteria
Growth Hormones			
SOMATROPIN	HUMATROPE	PA, SP	PA Required
Hepatitis C - Interferons			
PEGINTERFERON ALFA-2A	PEGASYS	PA, SP	Must meet Pharmacy Approval Criteria
PEGINTERFERON ALFA-2B	PEGINTRON	PA, SP	Must meet Pharmacy Approval Criteria
Hepatitis C - Nucleoside Analogs			
RIBAVIRIN	REBETOL	PA, SP	Must meet Pharmacy Approval Criteria
Immune Globulin - Rho(D)			
RHO(D) IMMUNE GLOBULIN	RHOGAM PLUS	SP	
RHO(D) IMMUNE GLOBULIN/ MALTOSE	WINRHO SDF	SP	
Immunosuppressive - Calcineurin Inhibitors			
CYCLOSPORINE	SANDIMMUNE	PA, SP	PA Required
CYCLOSPORINE, MODIFIED	GENGRAF	PA, SP	PA Required
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors			
MYCOPHENOLATE MOFETIL	CELLCEPT	PA, SP	PA Required
Interstitial Cystitis Agents			
PENTOSAN POLYSULFATE SODIUM	ELMIRON	PA	Must have diagnosis of interstitial cystitis and be prescribed by a Urologist
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty			
LEUPROLIDE ACETATE	LUPRON DEPOT-PED	PA, SP	Must meet Pharmacy Approval Criteria
Low Molecular Weight Heparins			
ENOXAPARIN SODIUM	LOVENOX	PA	Must meet Pharmacy Approval Criteria
Multiple Sclerosis Agent - Interferons			
INTERFERON BETA-1A	AVONEX	PA, SP	Must meet Pharmacy Approval Criteria
INTERFERON BETA-1A/ALBUMIN HUMAN	REBIF	PA, SP	Must meet Pharmacy Approval Criteria

Prior Authorization Information

Generic Name	Common Name	Status Drug	Criteria
Multiple Sclerosis Agent - Others			
GLATIRAMER ACETATE	COPAXONE	PA, SP	Must meet Pharmacy Approval Criteria
Phosphate Binders			
SEVELAMER CARBONATE	REVELA	PA	Must have trial and therapeutic failure, intolerance, or contraindication to Phoslo
Platelet Aggregation Inhibitors - Thienopyridine Agents			
CLOPIDOGREL BISULFATE	PLAVIX	PA	Must meet Pharmacy Approval Criteria
Tetracycline Antibiotics			
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	PA	Must show documented diagnosis of syndrome of inappropriate antidiuretic hormone (SIADH)

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Generic Name	Common Name	Status Drug	Criteria
1st Generation Antihistamine-Decongestant Combinations			
PHENYLEPHRINE HCL/ PROMETHAZINE HCL	PROMETHAZINE VC		
PSEUDOEPHEDRINE HCL/ CHLORPHENIRAMINE MALEATE	PSEUDO-CHLOR		
ACE Inhibitor and Calcium Channel Blocker Combinations			
AMLODIPINE BESYLATE/BENAZEPRIL HCL	LOTREL	QL	Limited to 1 tablet per day
ACE Inhibitors			
BENAZEPRIL HCL	LOTENSIN		
CAPTOPRIL	CAPTOPRIL		
ENALAPRIL MALEATE	ENALAPRIL MALEATE		
FOSINOPRIL SODIUM	MONOPRIL		
LISINOPRIL	PRINIVIL		
MOEXIPRIL HCL	UNIVASC		
ACE Inhibitors-Diuretic Combinations			
BENAZEPRIL HCL/ HYDROCHLOROTHIAZIDE	LOTENSIN HCT	QL	Limited to one tablet per day
CAPTOPRIL/ HYDROCHLOROTHIAZIDE	CAPTOPRIL- HYDROCHLOROTHIAZIDE	QL	Limited to one tablet per day
ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE	ENALAPRIL- HYDROCHLOROTHIAZIDE	QL	Limited to one tablet per day
LISINOPRIL/HYDROCHLOROTHIAZIDE	PRINZIDE	QL	Limited to one tablet per day
Acne Therapy Topical - Anti-infective			
CLINDAMYCIN PHOSPHATE	CLEOCIN T		
ERYTHROMYCIN BASE/ETHYL ALCOHOL	ERYTHROMYCIN		
METRONIDAZOLE	METRONIDAZOLE		
Acne Therapy Topical - Keratolytic			
BENZOYL PEROXIDE	DESQUAM-X		
Acne Therapy Topical - Retinoids & Derivatives			
TRETINOIN	RETIN-A		
Alkylating Agent - Nitrogen Mustards			
CHLORAMBUCIL	LEUKERAN	PA, SP	PA Required
Alpha-Beta Blockers			
CARVEDILOL	COREG		
LABETALOL HCL	LABETALOL HCL		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors			
DONEPEZIL HCL	ARICEPT	PA	Must show diagnosis of Alzheimer's Disease
GALANTAMINE HBR	GALANTAMINE HBR	PA	Must show diagnosis of Alzheimer's Disease
RIVASTIGMINE TARTRATE	EXELON	PA	Must show diagnosis of Alzheimer's Disease
Aminoglycoside Antibiotic			
NEOMYCIN SULFATE	NEOMYCIN SULFATE		

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Generic Name	Common Name	Status Drug	Criteria
Aminopenicillin Antibiotic			
AMOXICILLIN	AMOXICILLIN		
AMPICILLIN TRIHYDRATE	AMPICILLIN TRIHYDRATE		
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations			
AMOXICILLIN/POTASSIUM CLAVULANATE	AUGMENTIN		Generic strengths covered only
Analgesic Narcotic Agonists			
CODEINE SULF	CODEINE SULFATE		
FENTANYL	FENTANYL	PA	Cancer related pain; end of life; unable to take oral medications; Limited to 10 patches per month
HYDROMORPHONE HCL	HYDROMORPHONE HCL		Limited to 4 tablets per day
MEPERIDINE HCL	MEPERIDINE HCL		Limited to 6 tablets per day
METHADONE HCL	METHADONE HCL	QL	Tablets are limited to 4 per day, Solution is limited to 8 mL per day
MORPHINE SULFATE	MORPHINE SULFATE	QL	IR Tablets are limited to 4 per day; ER Tablets are limited to 2 per day; Solution is limited to 8 mL per day
OXYCODONE HCL	OXYCODONE HCL	QL	Must meet Pharmacy Approval Criteria to receive Oxycodone ER; Only 5 mg tablets and capsules are covered for Oxycodone IR and are limited to 4 tablets per day
TRAMADOL HCL	ULTRAM	QL	Limited to 8 tablets per day
Analgesic Narcotic Codeine Combinations			
ACETAMINOPHEN WITH CODEINE PHOSPHATE	ACETAMINOPHEN-CODEINE	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
CODEINE PHOS/BUTALBITAL/ACETAMINOPHEN/CAFFEINE	BUTALB-CAFF-ACETAMINOPH-CODEIN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
CODEINE PHOS/BUTALBITAL/ASPIRIN/CAFFEINE	FIORINAL WITH CODEINE #3	QL	Limited to 6 tablets per day
Analgesic Narcotic Hydrocodone Combinations			
HYDROCODONE BIT/ACETAMINOPHEN	HYDROCODONE-ACETAMINOPHEN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
Analgesic Narcotic Oxycodone Combinations			
OXYCODONE HCL/ACETAMINOPHEN	OXYCODONE-ACETAMINOPHEN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
OXYCODONE HCL/OXYCODONE TEREPHTHALATE/ASPIRIN	OXYCODONE-ASPIRIN	QL	Limited to 12 tablets per day
Analgesic or Antipyretic Non-Narcotic/Sedative Combinations			
BUTALBITAL/ACETAMINOPHEN	PHRENILIN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	BUTALBITAL-ACETAMINOPHEN-CAFFE	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
Androgen - Single Agents			
TESTOSTERONE CYPIONATE	DEPO-TESTOSTERONE	PA	Must meet Pharmacy Approval Criteria

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Generic Name	Common Name	Status Drug	Criteria
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations			
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	HYZAAR	ST	Must show trial and failure of a formulary ACEI in past 90 days
Angiotensin II Receptor Blockers (ARBs)			
LOSARTAN POTASSIUM	COZAAR	ST	Must show trial and failure of a formulary ACEI in past 90 days
Anorectal - Glucocorticoids			
HYDROCORTISONE	PROCTOCREAM-HC		
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE		
Anthelmintic Benzimidazole Derivatives			
MEBENDAZOLE	MEBENDAZOLE		
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective			
ETANERCEPT	ENBREL	PA, SP	Must meet Pharmacy Approval Criteria
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel			
ADALIMUMAB	HUMIRA	PA, SP	Must meet Pharmacy Approval Criteria
Antianginal - Coronary Vasodilators (Nitrates)			
ISOSORBIDE DINITRATE	ISOSORBIDE DINITRATE		
ISOSORBIDE MONONITRATE	MONOKET		
NITROGLYCERIN	NITROGLYCERIN		Only sublingual tablets, capsules and patches are covered
Antianginal and Anti-ischemic Agents, Non-hemodynamic			
RANOLAZINE	RANEXA	PA	Must meet Pharmacy Approval Criteria
Antianxiety Agent - Antihistamine Type			
HYDROXYZINE HCL	HYDROXYZINE HCL		Only syrup is covered for ages 12 and under
HYDROXYZINE PAMOATE	HYDROXYZINE PAMOATE		
Antiarrhythmic - Class Ia			
DISOPYRAMIDE PHOSPHATE	NORPACE		
QUINIDINE SULFATE	QUINIDINE SULFATE		
Antiarrhythmic - Class Ib			
MEXILETINE HCL	MEXILETINE HCL		
Antiarrhythmic - Class Ic			
FLECAINIDE ACETATE	FLECAINIDE ACETATE		
PROPAFENONE HCL	RYTHMOL		
Antiarrhythmic - Class II			
SOTALOL HCL	SOTALOL		
Antiarrhythmic - Class III			
AMIODARONE HCL	CORDARONE		
Antiarrhythmic - Class IV			
VERAPAMIL HCL	CALAN		
Antibacterial Folate Antagonist - Other Combinations			
SULFAMETHOXAZOLE/ TRIMETHOPRIM	SULFAMETHOXAZOLE- TRIMETHOPRIM		
Antibacterial Folate Antagonist Others			
TRIMETHOPRIM	TRIMETHOPRIM		

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Generic Name	Common Name	Status Drug	Criteria
Anticoagulants - Coumarin			
WARFARIN SODIUM	COUMADIN		
Antidiarrheal - Antiperistaltic Agents			
LOPERAMIDE HCL	LOPERAMIDE		
PAREGORIC	PAREGORIC		
Antidiarrheal Antiperistaltic-Anticholinergic Combinations			
DIPHENOXYLATE HCL/ATROPINE SULFATE	DIPHENOXYLATE-ATROPINE		
Antidiuretic and Vasopressor Hormones			
DESMOPRESSIN ACETATE	DDAVP	QL	Only tablets are covered, Limited to 6 tablets per day
Antiemetic - Antihistamines			
MECLIZINE HCL	MECLIZINE HCL		
Antiemetic - Cannabinoids			
DRONABINOL	MARINOL	PA	Must meet Pharmacy Approval Criteria
Antiemetic - Dopamine (D2)/5-HT3 Antagonists			
TRIMETHOBENZAMIDE HCL	TRIMETHOBENZAMIDE HCL	QL	Limited to 4 capsules per day
Antiemetic - Phenothiazines			
PROCHLORPERAZINE MALEATE	COMPRO		
PROMETHAZINE HCL	PHENERGAN		
Antiemetic - Selective Serotonin 5-HT3 Antagonists			
GRANISETRON HCL	KYTRIL	PA	PA Required; Must submit documentation showing trial and failure of Ondansetron
ONDANSETRON	ONDANSETRON ODT	QL	Limited to 30 tablets per 30 days
ONDANSETRON HCL	ONDANSETRON HCL	QL	Limited to 30 tablets per 30 days
Antifungal - Allylamines			
TERBINAFINE HCL	TERBINAFINE HCL		
Antifungal - Amphoteric Polyene Macrolides			
NYSTATIN	MYCOSTATIN		
Antifungal - Imidazoles			
KETOCONAZOLE	KETOCONAZOLE		
Antifungal - Triazoles			
FLUCONAZOLE	DIFLUCAN	QL	Limited to 1 tablet per day; Suspension is limited to ages 12 and under
Antifungal other			
GRISEOFULVIN,MICROSIZE	GRISEOFULVIN		
Antihistamine - 1st Generation - Alkylamines			
DEXCHLORPHENIRAMINE MALEATE	DEXCHLORPHENIRAMINE MALEATE		
Antihistamine - 1st Generation - Ethanolamines			
CLEMASTINE FUMARATE	CLEMASTINE FUMARATE		
DIPHENHYDRAMINE HCL	ALLERGY RELIEF		
Antihistamine - 1st Generation - Phenothiazines			
PROMETHAZINE HCL	PROMETHAZINE HCL		

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Generic Name	Common Name	Status Drug	Criteria
Antihistamine - 1st Generation - Piperidines			
CYPROHEPTADINE HCL	CYPROHEPTADINE HCL		
Antihistamines - 2nd Generation			
CETIRIZINE HCL	ZYRTEC		
FEXOFENADINE HCL	ALLEGRA	QL, ST	180 mg tablet limited to 1 tablet per day; 60 mg tablet limited to 2 tablets per day, Must have tried and failed three consecutive fills of Loratadine or Cetirizine tablets in the past 90 days
Antihyperglycemic - Alpha-Glucosidase Inhibitors			
ACARBOSE	PRECOSE		
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			
SITAGLIPTIN PHOSPHATE	JANUVIA	QL, ST	Limit of 1 tablet per day, Must have prior use of Metformin within the last 90 days; Maximal dose of metformin (1700 mg/ day) or maximal dose of a sulfonylurea. Or if patient had renal or heart failure
Antihyperglycemic - Sulfonylurea Derivatives			
CHLORPROPAMIDE	CHLORPROPAMIDE		
GLIMEPIRIDE	AMARYL		
GLIPIZIDE	GLUCOTROL		
GLYBURIDE	MICRONASE		
GLYBURIDE, MICRONIZED	GLYNASE		
TOLAZAMIDE	TOLAZAMIDE		
Antihyperglycemic, Incretin Mimetic, GLP-1 Receptor Agonist Analog-Type			
EXENATIDE	BYETTA	PA	Must meet Pharmacy Approval Criteria
Antihyperlipidemic - Bile Acid Sequestrants			
CHOLESTYRAMINE (WITH SUGAR)	CHOLESTYRAMINE		
CHOLESTYRAMINE/ASPARTAME	CHOLESTYRAMINE LIGHT		
COLESTIPOL HCL	COLESTID		
Antihyperlipidemic - Fibric Acid Derivatives			
FENOFIBRATE	FENOFIBRATE		Generic tablets covered only
GEMFIBROZIL	LOPID		
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)			
ATORVASTATIN CALCIUM	LIPITOR	ST	Must have three consecutive fills of Simvastatin 40mg in the last 90 days
LOVASTATIN	MEVACOR	QL	Limited to 1 tablet per day
PRAVASTATIN SODIUM	PRAVACHOL	QL	Limited to 1 tablet per day
SIMVASTATIN	ZOCOR	QL	Limited to 1 tablet per day
Antihyperlipidemic HMG CoA Reduct Inhib & Cholesterol Absorption Inhib			
EZETIMIBE/SIMVASTATIN	VYTORIN	ST	Must have three consecutive fills of Simvastatin 40mg in the last 90 days
Antileprotic - Sulfone Agents			
DAPSONE	DAPSONE		
Antimalarials			
HYDROXYCHLOROQUINE SULFATE	PLAQUENIL		

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Generic Name	Common Name	Status Drug	Criteria
Antimetabolite - Purine Analogs			
MERCAPTOPURINE	MERCAPTOPURINE		
Antimetabolite - Urea Derivatives			
HYDROXYUREA	HYDREA		
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors			
PYRIDOSTIGMINE BROMIDE	MESTINON		
Antineoplastic - Progestins			
MEGESTROL ACETATE	MEGESTROL ACETATE		
Antineoplastic - Retinoids			
TRETINOIN	VESANOID		
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb			
CARBIDOPA/LEVODOPA	SINEMET 10-100		
Antiparkinson Therapy - Ergot Alkaloids and Derivatives			
BROMOCRIPTINE MESYLATE	PARLODEL		
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B)			
SELEGILINE HCL	ELDEPRYL		
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents			
PRAMIPEXOLE DI-HCL	PRAMIPEXOLE DIHYDROCHLORIDE		
ROPINIROLE HCL	REQUIP	QL	Limited to 30 tablets for 0.25, 0.5, 1, 2, 3 and 4 mg strengths per 30 days; Limited to 120 tablets for 5 mg strength per 30 days
Antithyroid Agents, Thionamides - Imidazole Derivatives			
METHIMAZOLE	METHIMAZOLE		
Antithyroid Agents, Thionamides - Thiouracil Derivatives			
PROPYLTHIOURACIL	PROPYLTHIOURACIL		
Antitubercular - Isonicotinic Acid Derivatives			
ISONIAZID	ISONIAZID		
Antitubercular - Niacinamide Derivatives			
PYRAZINAMIDE	PYRAZINAMIDE		
Antitubercular - Rifamycin and Derivatives			
RIFAMPIN	RIFADIN		
Antitubercular Agents Other			
ETHAMBUTOL HCL	MYAMBUTOL		
Appetite Stimulants			
MEGESTROL ACETATE	MEGACE		
Asthma Therapy - Beta Adrenergic-Anticholinergic Combinations			
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	COMBIVENT	QL	Limited to one inhaler per month
Asthma Therapy - Beta Adrenergic-Glucocorticoid Combinations			
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	QL, ST	Limited to one inhaler per month, Must have tried and failed Qvar in the past 90 days

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Generic Name	Common Name	Status Drug	Criteria
Asthma Therapy - Beta Adrenergic-Glucocorticoid Combinations			
FLUTICASONE PROPIONATE/ SALMETEROL XINAFOATE	ADVAIR DISKUS	QL, ST	Limited to one inhaler per month; 500/50 mcg inhaler is not covered, Must have tried and failed Qvar in the past 90 days
MOMETASONE FUROATE/ FORMOTEROL FUMARATE	DULERA	QL, ST	Limited to one inhaler per month, Must have tried and failed Qvar in the past 90 days
Asthma Therapy - Glucocorticoids			
BECLOMETHASONE DIPROPIONATE	QVAR	QL	Limited to one inhaler per month
BUDESONIDE	BUDESONIDE	PA, QL	Covered for patients up to age 8 without a prior authorization. Patients greater than age 8 must show documented failure of formulary oral and nebulizer treatment. Limited to 60 respules per 30 days
FLUTICASONE PROPIONATE	FLOVENT HFA	PA	Only 44 mcg inhaler is covered for ages 17 and below without a prior authorization
Asthma Therapy - Leukotriene Receptor Antagonists			
MONTELUKAST SODIUM	SINGULAIR	PA, QL	Limited to 1 tablet per day; PA Required for ages 15 and over, must submit documentation of trial and failure of Accolate
ZAFIRLUKAST	ACCOLATE	QL	Limited to two tablets per day
Asthma Therapy - Mast Cell Stabilizers			
CROMOLYN SODIUM	CROMOLYN SODIUM		
Asthma Therapy - Xanthine-Expectorant Combinations			
GUAIFENESIN/DYPHYLLINE	COPD		
Asthma Therapy - Xanthines			
AMINOPHYLLINE	AMINOPHYLLINE		
THEOPHYLLINE ANHYDROUS	THEOPHYLLINE		
Asthma/COPD Therapy - Anticholinergics			
IPRATROPIUM BROMIDE	ATROVENT HFA	QL	Limited to one inhaler per month
TIOTROPIUM BROMIDE	SPIRIVA	QL, ST	Limited to one inhaler per month, Must have tried and failed Atrovent HFA in the past 90 days
Asthma/COPD Therapy - Beta 2 Adrenergic Agents, Inhaled, Short Acting			
ALBUTEROL SULFATE	PROVENTIL HFA	QL	Limited to one inhaler per month
METAPROTERENOL SULFATE	METAPROTERENOL SULFATE		
TERBUTALINE SULFATE	TERBUTALINE SULFATE		
Beta Blockers Cardiac Selective			
ATENOLOL	ATENOLOL		
METOPROLOL SUCCINATE	TOPROL XL	QL	Limited to one tablet per day
METOPROLOL TARTRATE	LOPRESSOR		
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity			
ACEBUTOLOL HCL	ACEBUTOLOL HCL		
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity			
PINDOLOL	PINDOLOL		

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Generic Name	Common Name	Status Drug	Criteria
Beta Blockers Non-Cardiac Selective			
NADOLOL	NADOLOL		
PROPRANOLOL HCL	PROPRANOLOL HCL		
TIMOLOL MALEATE	TIMOLOL MALEATE		
Bone Resorption Inhibitors - Bisphosphonates			
ALENDRONATE SODIUM	FOSAMAX	QL	Limited to 4 tablets per 30 days
Calcitonins			
CALCITONIN, SALMON, SYNTHETIC	MIACALCIN	PA, SP	PA Required
Calcium Channel Blockers - Benzothiazepines			
DILTIAZEM HCL	DILTIAZEM ER	QL	Limited to a Daily Dose of 2 (Cardizem SR); Limited to a Daily Dose of 1 (Cardizem CD) per 30 days
Calcium Channel Blockers - Dihydropyridines			
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	QL	Limited to 1 tablet per day
FELODIPINE	PLENDIL	QL	Limited to 1 tablet per day
NICARDIPINE HCL	NICARDIPINE HCL		
NIFEDIPINE	ADALAT CC	QL	Limit: 1 Per Day
Calcium Channel Blockers - Phenylalkylamines			
VERAPAMIL HCL	CALAN SR	QL	Limited to 1 tablet per day
Cardiac Selective Beta Blocker-Thiazide Diuretic & Related Comb.			
ATENOLOL/CHLORTHALIDONE	ATENOLOL-CHLORTHALIDONE		
BISOPROLOL FUMARATE/ HYDROCHLOROTHIAZIDE	BISOPROLOL- HYDROCHLOROTHIAZIDE		
Cardiac Sympathomimetic - Anaphylaxis Therapy Single Agents			
EPINEPHRINE	EPIPEN JR	QL	Limited to 2 injections per 90 days
EPINEPHRINE/PF	EPINEPHRINE	QL	Limited to 2 injections per 90 days
Cardiac Sympathomimetics			
MIDODRINE HCL	MIDODRINE HCL	PA	Must be prescribed by a Cardiologist
Central Alpha-2 Agonists-Thiazide Diuretic & Related Comb.			
METHYLDOPA/ HYDROCHLOROTHIAZIDE	METHYLDOPA- HYDROCHLOROTHIAZIDE		
Central Alpha-2 Receptor Agonists			
CLONIDINE HCL	CLONIDINE HCL		
GUANFACINE HCL	GUANFACINE HCL		
METHYLDOPA	METHYLDOPA		
Cephalosporin Antibiotics - 1st Generation			
CEFADROXIL HYDRATE	CEFADROXIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
CEPHALEXIN	CEPHALEXIN		
Cephalosporin Antibiotics - 2nd Generation			
CEFACLOR	CEFACLOR		

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Generic Name	Common Name	Status Drug	Criteria
Cephalosporin Antibiotics - 3rd Generation			
CEFDINIR	OMNICEF	ST	Must have prior use of Amoxicillin in the past 60 days
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
CNS Stimulant - Analeptics			
CAFFEINE CITRATED	CAFCIT	PA	PA Required
Contraceptive Injectable - Progestin			
MEDROXYPROGESTERONE ACET	DEPO-PROVERA	QL	Limit of 1 injection per 90 days, Restricted to females only
Contraceptive Oral - Biphasic			
DESOGESTREL-ETHINYL ESTRADIOL/ ETHINYL ESTRADIOL	KARIVA	QL	Limit: 1 Per Day
Contraceptive Oral - Monophasic			
DESOGESTREL-ETHINYL ESTRADIOL	DESOGEN	QL	Limited to 1 tablet per day, Restricted to females only
ETHINYL ESTRADIOL/ DROSPIRENONE	OCELLA	QL	Limited to 1 tablet per day, Restricted to females only
ETHYNODIOL D-ETHINYL ESTRADIOL	KELNOR 1-35	QL	Limited to 1 tablet per day, Restricted to females only
LEVONORGESTREL-ETHINYL ESTRADIOL	PORTIA	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE A-E ESTRADIOL	JUNEL	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE A-E ESTRADIOL/ FERROUS FUMARATE	JUNEL FE	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE-ETHINYL ESTRADIOL	OVCON-35	QL	Limited to 1 tablet per day, Restricted to females only
NORGESTIMATE-ETHINYL ESTRADIOL	ORTHO-CYCLEN	QL	Limited to 1 tablet per day, Restricted to females only
NORGESTREL-ETHINYL ESTRADIOL	LO-OVRAL-28	QL	Limited to 1 tablet per day, Restricted to females only
Contraceptive Oral - Progestin			
NORETHINDRONE	MICRONOR	QL	Limited to 1 tablet per day, Restricted to females only
Contraceptive Oral - Triphasic			
DESOGESTREL-ETHINYL ESTRADIOL	CYCLESSA	QL	Limited to 1 tablet per day, Restricted to females only
LEVONORGESTREL-ETHINYL ESTRADIOL	ENPRESSE	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE A-E ESTRADIOL/ FERROUS FUMARATE	ESTROSTEP FE	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE-ETHINYL ESTRADIOL	ARANELLE	QL	Limited to 1 tablet per day, Restricted to females only
NORGESTIMATE-ETHINYL ESTRADIOL	ORTHO TRI-CYCLEN	QL	Limited to 1 tablet per day, Restricted to females only

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Generic Name	Common Name	Status Drug	Criteria
Dental Product - Fluoride Preparations			
SODIUM FLUORIDE	SODIPHLUOR		Limited to ages 11 and below
Dermatological - Antibacterial Other			
MUPIROCIN	BACTROBAN		
Dermatological - Antifungal Imidazole & Related Agents			
CLOTRIMAZOLE	DESENEX		
Dermatological - Antifungal-Glucocorticoid Combinations			
NYSTATIN/TRIAMCINOLONE ACETONIDE	NYSTATIN-TRIAMCINOLONE		
Dermatological - Antineoplastic Antimetabolites			
FLUOROURACIL	EFUDEX	PA	Must show documented diagnosis of Basal Cell Carcinoma
Dermatological - Antiperspirants			
ALUMINUM CHLORIDE	XERAC AC		
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives			
ACITRETIN	SORIATANE	PA	PA Required; Must submit documented failure of Methotrexate or Cyclosporine
Dermatological - Antiseborrheic			
SELENIUM SULFIDE	SELENIUM SULFIDE		
Dermatological - Burn Products Anti-infective			
SILVER SULFADIAZINE	THERMAZENE		
Dermatological - Emollients			
AMMONIUM LACTATE	LAC-HYDRIN		
Dermatological - Glucocorticoid			
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE		
BETAMETHASONE DIPROPIONATE/ PROPYLENE GLYCOL	DIPROLENE		Cream and ointment covered only
BETAMETHASONE VALERATE	BETA-VAL		
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE		
DESONIDE	DESONIDE		
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE		
FLUOCINOLONE ACETONIDE	FLUOCINOLONE ACETONIDE		
FLUOCINONIDE	FLUOCINONIDE		
FLUOCINONIDE/EMOLLIENT	FLUOCINONIDE-E		
HYDROCORTISONE	DERMOLATE ANTI-ITCH		
HYDROCORTISONE VALERATE	WESTCORT		
Dermatological - Glucocorticoid-Emollient Combinations			
HYDROCORTISONE/MINERAL OIL/ PETROLATUM,WHITE	HYDROCORTISONE		
Dermatological - Keratolytic-Antimitotic Single Agents			
PODOFILOX	PODOFILOX		
Dermatological - Local Anesthetic Combinations			
LIDOCAINE/PRILOCAINE	LIDOCAINE-PRILOCAINE		Covered up to age 15

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Generic Name	Common Name	Status Drug	Criteria
Dermatological - Topical Local Anesthetic Amides			
LIDOCAINE HCL	LIDOCAINE HCL		
Digestive Enzyme Mixtures			
LIPASE/PROTEASE/AMYLASE	CREON		
Digitalis Glycosides			
DIGOXIN	LANOXIN		
Direct Acting Vasodilators			
HYDRALAZINE HCL	HYDRALAZINE HCL		
MINOXIDIL	MINOXIDIL		
Diuretic - Aldosterone Receptor Antagonist, Non-selective			
SPIRONOLACTONE	ALDACTONE		
Diuretic - Carbonic Anhydrase Inhibitors			
ACETAZOLAMIDE	ACETAZOLAMIDE		
METHAZOLAMIDE	METHAZOLAMIDE		
Diuretic - Loop			
BUMETANIDE	BUMEX		
FUROSEMIDE	FUROSEMIDE		
TORSEMIDE	DEMADEX		
Diuretic - Potassium Sparing			
AMILORIDE HCL	MIDAMOR		
Diuretic - Potassium Sparing-Thiazide & Related Combinations			
AMILORIDE HCL/ HYDROCHLOROTHIAZIDE	AMILORIDE- HYDROCHLOROTHIAZIDE		
SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE	ALDACTAZIDE		
TRIAMTERENE/ HYDROCHLOROTHIAZIDE	TRIAMTERENE-HCTZ		
Diuretic - Thiazides and Related			
CHLOROTHIAZIDE	CHLOROTHIAZIDE		
CHLORTHALIDONE	CHLORTHALIDONE		
HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE		
INDAPAMIDE	INDAPAMIDE		
METHYCLOTHIAZIDE	METHYCLOTHIAZIDE		
METOLAZONE	METOLAZONE		
DMARD - Antimetabolites			
METHOTREXATE SODIUM	METHOTREXATE		
Emergency Contraceptives			
LEVONORGESTREL	PLAN B		
Erythropoietins			
EPOETIN ALFA	EPOGEN	PA, SP	Must meet Pharmacy Approval Criteria
Estrogen-Progestin			
ESTROGENS, CONJUGATED/ MEDROXYPROGESTERONE ACET	PREMPRO	QL	Limited to one tablet per day, Restricted to females only

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Generic Name	Common Name	Status Drug	Criteria
Estrogen-Progestin			
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	FEMHRT	QL	Limited to one tablet per day, Restricted to females only
Estrogens			
ESTRADIOL	ESTRADIOL		Restricted to females only
ESTROGENS, CONJUGATED	PREMARIN		Restricted to females only, Only tablets are covered
ESTROGENS, ESTERIFIED	MENEST		Restricted to females only
ESTROPIPATE	ESTROPIPATE		Restricted to females only
Expectorants - Single Agents, General			
GUAIFENESIN	ROBITUSSIN		
Fluoroquinolones			
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL		
G.U. Irrigants			
SODIUM CHLORIDE IRRIGATING SOLUTION	SODIUM CHLORIDE		
Gallstone Solubilizing (Litholysis) Agents			
URSODIOL	URSODIOL		
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists			
CIMETIDINE	HEARTBURN RELIEF		
CIMETIDINE HCL	CIMETIDINE		
FAMOTIDINE	PEPCID		Only generic tablets are covered
RANITIDINE HCL	RANITIDINE HCL		Suspension is limited to ages 11 and below
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (PPIs)			
LANSOPRAZOLE	PREVACID 24HR	ST	Must have tried and failed three consecutive fills of Omeprazole in the past 90 days
OMEPRAZOLE	OMEPRAZOLE	QL	Limited to 4 capsules per day
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	ST	Must have tried and failed Omeprazole and Lansoprazole in the past 90 days
Gastric Mucosa - Cytoprotective Prostaglandin Analogs			
MISOPROSTOL	MISOPROSTOL		
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists			
METOCLOPRAMIDE HCL	METOCLOPRAMIDE HCL		
GI Antispasmodic - Belladonna Alkaloids			
HYOSCYAMINE SULFATE	HYOSCYAMINE SULFATE		
METHSCOPOLAMINE BROMIDE	PAMINE		
GI Antispasmodic - Quaternary Ammonium Compounds			
GLYCOPYRROLATE	GLYCOPYRROLATE		
PROPANTHELINE BROMIDE	PROPANTHELINE BROMIDE		
GI Antispasmodic - Synthetic Tertiary Amines			
DICYCLOMINE HCL	DICYCLOMINE HCL		
GI Antispasmodic Combinations Other			
CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE	LIBRAX		

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Generic Name	Common Name	Status Drug	Criteria
GI Antispasmodic Combinations Other			
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB	BELLADONNA-PHENOBARBITAL		
Glucocorticoids			
CORTISONE ACETATE	CORTISONE ACETATE		
DEXAMETHASONE	DEXAMETHASONE		
HYDROCORTISONE	CORTEF		
METHYLPREDNISOLONE	MEDROL		
PREDNISOLONE	PREDNISOLONE		
PREDNISOLONE SOD PHOSPHATE	PEDIAPRED		
PREDNISONE	PREDNISONE		
Glycopeptide Antibiotics			
VANCOMYCIN HCL	VANCOCIN HCL	PA	PA Required
Gonadotropin Inhibitor Pituitary Suppressants			
DANAZOL	DANAZOL		
Gout Acute Therapy - Antimitotics			
COLCHICINE	COLCHICINE	PA	PA Required
Granulocyte Colony-Stimulating Factor (G-CSF)			
FILGRASTIM	NEUPOGEN	PA, SP	Must meet Pharmacy Approval Criteria
Growth Hormones			
SOMATROPIN	HUMATROPE	PA, SP	PA Required
Hematorheologic Agents			
PENTOXIFYLLINE	TRENTAL	QL	Limited to 3 tablets per day
Heparins			
HEPARIN SODIUM,PORCINE	HEPARIN LOCK		20,000 unit/mL strength is not covered
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE	HEPARIN FLUSH		
HEPARIN SODIUM,PORCINE/PF	MONOJECT PREFILL ADVANCED		
Hepatitis C - Interferons			
PEGINTERFERON ALFA-2A	PEGASYS	PA, SP	Must meet Pharmacy Approval Criteria
PEGINTERFERON ALFA-2B	PEGINTRON	PA, SP	Must meet Pharmacy Approval Criteria
Hepatitis C - Nucleoside Analogs			
RIBAVIRIN	REBETOL	PA, SP	Must meet Pharmacy Approval Criteria
Herpes Agent - Purine Analogs			
ACYCLOVIR	ZOVIRAX		Only oral forms are covered
Human Insulins - Short Acting			
INSULIN REGULAR, HUMAN	HUMULIN R		Only vials will be covered
Hyperglycemic Agents			
GLUCAGON,HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	QL	Limited to 2 kits per year
Hyperuricemia Therapy - Uricosurics			
PROBENECID	PROBENECID		
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors			
ALLOPURINOL	ALLOPURINOL		

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Generic Name	Common Name	Status Drug	Criteria
Immune Globulin - Rho(D)			
RHO(D) IMMUNE GLOBULIN	RHOGAM PLUS	SP	
RHO(D) IMMUNE GLOBULIN/ MALTOSE	WINRHO SDF	SP	
Immunosuppressive - Calcineurin Inhibitors			
CYCLOSPORINE	SANDIMMUNE	PA, SP	PA Required
CYCLOSPORINE, MODIFIED	GENGRAF	PA, SP	PA Required
TACROLIMUS	TACROLIMUS		
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors			
MYCOPHENOLATE MOFETIL	CELLCEPT	PA, SP	PA Required
Immunosuppressive - Purine Analogs			
AZATHIOPRINE	AZATHIOPRINE		
Inflammatory Bowel Agent - Aminosalicylates and Related Agents			
MESALAMINE	ROWASA		
SULFASALAZINE	AZULFIDINE		
Influenza Agents - Neuraminidase Inhibitors			
OSELTAMIVIR PHOSPHATE	TAMIFLU	QL	Must have documented Influenza. Limited to 10 capsules, unless institutional setting then 14 capsules can be approved; Suspension is limited to 3 bottles per 30 days
Influenza-A Agents			
RIMANTADINE HCL	RIMANTADINE HCL		
Insulin Analogs - Fixed Combinations			
INSULIN ASPART PROTAMINE HUMAN/INSULIN ASPART	NOVOLOG MIX 70-30		Only vials will be covered
INSULIN LISPRO PROTAMINE & INSULIN LISPRO	HUMALOG MIX 75-25		Only vials will be covered
Insulin Analogs - Long Acting			
INSULIN GLARGINE, HUMAN RECOMBINANT ANALOG	LANTUS		Vials are covered with no Prior Authorization. To receive cartridges or solostar, clinical documentation of a severe arthritic condition or blindness must be shown. Lantus is the preferred Long Acting Insulin
Insulin Analogs - Rapid Acting			
INSULIN GLULISINE	APIDRA		Vials are covered with no Prior Authorization. To receive cartridges or solostar, clinical documentation of a severe arthritic condition or blindness must be shown. Apidra is the preferred Rapid Acting Insulin
Insulin Response Enhancers - Biguanides			
METFORMIN HCL	GLUCOPHAGE		

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Generic Name	Common Name	Status Drug	Criteria
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists)			
PIOGLITAZONE HCL	ACTOS	QL, ST	Limited to 1 tablet per day, Must have prior use of Metformin within the last 90 days; Maximal dose of metformin (1700 mg/day) or maximal dose of a sulfonylurea. Or if patient had renal or heart failure
Interstitial Cystitis Agents			
PENTOSAN POLYSULFATE SODIUM	ELMIRON	PA	Must have diagnosis of interstitial cystitis and be prescribed by a Urologist
Laxative - Saline and Osmotic			
LACTULOSE	LACTULOSE		
POLYETHYLENE GLYCOL 3350	CLEARLAX		
Laxative - Saline/Osmotic Mixtures			
PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/ POTASSIUM CHL	COLYTE WITH FLAVOR PACKETS		
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty			
LEUPROLIDE ACETATE	LUPRON DEPOT-PED	PA, SP	Must meet Pharmacy Approval Criteria
Lincosamide Antibiotics			
CLINDAMYCIN HCL	CLEOCIN HCL		Solution is limited to 250 mL per 30 days
CLINDAMYCIN PALMITATE HCL	CLEOCIN PALMITATE	QL	Solution is limited to 250 mL per 30 days
Low Molecular Weight Heparins			
ENOXAPARIN SODIUM	LOVENOX	PA	Must meet Pharmacy Approval Criteria
Macrolide - Sulfonamide Combinations			
ERYTHROMYCIN ETHYLSUCCINATE/ SULFISOXAZOLE ACETYL	ERYTHROMYCIN-SULFISOXAZOLE		
Macrolides			
AZITHROMYCIN	ZITHROMAX		Tablets are limited to 1.5 grams per 30 days
CLARITHROMYCIN	BIAXIN		
ERYTHROMYCIN BASE	ERYTHROMYCIN		
ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE		
ERYTHROMYCIN STEARATE	ERYTHROCIN STEARATE		
Medical Supplies & DME - Diaphragms			
DIAPHRAGMS, ARC-SPRING	ORTHO ALL-FLEX		
Medical Supplies & DME - Insulin Needles-Syringes & Admin. Supplies			
SYRINGE WITH NEEDLE,DISPOSABLE, INSULIN 1 ML	MONOJECT INSULIN SYRINGE		
SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.3 ML	INSULIN SYRINGE		
SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.5 ML	INSULIN SYRINGE		
Medical Supplies & DME - Respiratory Therapy Supplies			
INHALER, ASSIST DEVICES	INSPIREASE	QL	Limited to 1 per year

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Generic Name	Common Name	Status Drug	Criteria
Migraine Therapy - Ergot Combinations			
ERGOTAMINE TARTRATE/CAFFEINE	ERGOTAMINE-CAFFEINE		
Migraine Therapy - Selective Serotonin Agonists 5-HT(1)			
NARATRIPTAN HCL	NARATRIPTAN HCL	QL, ST	Limited to 9 tablets per 30 days, Must have tried and failed three consecutive fills of Sumatriptan Tablets in the past 90 days
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE	QL	Limited to 9 tablets or 2 injections per month
Mineralocorticoids			
FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE		
Minerals & Electrolytes - Potassium, Oral			
POTASSIUM CHLORIDE	KLOR-CON		
Minerals & Electrolytes - Sodium Chloride, Parenteral			
0.9 % SODIUM CHLORIDE	SODIUM CHLORIDE		
Minerals & Electrolytes - Zinc			
ZINC SULFATE	ZINC SULFATE		
Mouth and Throat - Glucocorticoids			
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE		
Mouth and Throat - Local Anesthetic Amides			
LIDOCAINE HCL	LIDOCAINE HCL VISCOUS		
Mouth and Throat - Saliva Stimulants			
PILOCARPINE HCL	PILOCARPINE HCL		
Multiple Sclerosis Agent - Interferons			
INTERFERON BETA-1A	AVONEX	PA, SP	Must meet Pharmacy Approval Criteria
INTERFERON BETA-1A/ALBUMIN HUMAN	REBIF	PA, SP	Must meet Pharmacy Approval Criteria
Multiple Sclerosis Agent - Others			
GLATIRAMER ACETATE	COPAXONE	PA, SP	Must meet Pharmacy Approval Criteria
Narcotic Antitussive-1st Gen. Antihistamine-Decongestant Combinations			
PHENYLEPHRINE HCL/CODEINE/PROMETHAZINE	PHENERGAN VC WITH CODEINE		
Narcotic Antitussive-1st Generation Antihistamine Combinations			
CODEINE/PROMETHAZINE HCL	PROMETHAZINE-CODEINE		
Narcotic Antitussive-Expectorant Combinations			
GUAIFENESIN/CODEINE PHOSPHATE	GUAIFENESIN-CODEINE		
Nasal Anticholinergics			
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	QL	Limited to 1 inhaler per month
Nasal Corticosteroids			
FLUNISOLIDE	FLUNISOLIDE	QL	Limited to 1 inhaler per month
FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	QL	Limited to 1 inhaler per month
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic & Related Comb.			
NADOLOL/BENDROFLUMETHIAZIDE	NADOLOL-BENDROFLUMETHIAZIDE		

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Generic Name	Common Name	Status Drug	Criteria
Non-Narcotic Antitussive-Antihistamine Combinations			
DEXTROMETHORPHAN HBR/ PROMETHAZINE HCL	PROMETHAZINE-DM		
Non-Narcotic Antitussive-Expectorant Combinations			
GUAIFENESIN/ DEXTROMETHORPHAN HBR	IOPHEN DM		
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives			
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM		
NSAID Analgesics (COX Non-Specific) - Other			
KETOROLAC TROMETHAMINE	TORADOL		
SULINDAC	SULINDAC		
TOLMETIN SODIUM	TOLMETIN SODIUM		
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives			
MELOXICAM	MELOXICAM		
PIROXICAM	FELDENE		
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives			
DICLOFENAC POTASSIUM	CATAFLAM		
DICLOFENAC SODIUM	DICLOFENAC SODIUM		
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives			
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM		
FLURBIPROFEN	ANSAID		
IBUPROFEN	IBUPROFEN	QL	Maximum limit of 3200 mg of Ibuprofen per day
KETOPROFEN	KETOPROFEN		Only immediate release capsules are covered
NAPROXEN	NAPROSYN		
NAPROXEN SODIUM	ANAPROX		
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives			
ETODOLAC	LODINE		
INDOMETHACIN	INDOMETHACIN		Only immediate release capsules are covered
Ophthalmic - Anti-inflammatory, Glucocorticoids			
DEXAMETHASONE SOD PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE		
PREDNISOLONE ACETATE	OMNIPRED		
PREDNISOLONE SOD PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE		
Ophthalmic - Anti-inflammatory, NSAIDs			
DICLOFENAC SODIUM	VOLTAREN		
FLURBIPROFEN SODIUM	OCUFEN		
KETOROLAC TROMETHAMINE	ACULAR		
Ophthalmic - Antibacterial-Glucocorticoid Combinations			
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE	NEOMYCIN-BACITRACIN-POLY-HC		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE	CORTISPORIN		

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Generic Name	Common Name	Status Drug	Criteria
Ophthalmic - Antibacterial-Glucocorticoid Combinations			
NEOMYCIN/POLYMYXIN B SULFATE/ DEXAMETHASONE	MAXITROL		
TOBRAMYCIN SULFATE/ DEXAMETHASONE	TOBRADEX		
Ophthalmic - Anticholinergics			
CYCLOPENTOLATE HCL	CYCLOGYL		
TROPICAMIDE	TROPICAMIDE		
Ophthalmic - Carbonic Anhydrase Inhibitors			
DORZOLAMIDE HCL	TRUSOPT		
Ophthalmic - Decongestants			
NAPHAZOLINE HCL	NAPHAZOLINE HCL		
PHENYLEPHRINE HCL	MYDRIN		
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers			
BETAXOLOL HCL	BETAXOLOL HCL		
CARTEOLOL HCL	CARTEOLOL HCL		
LEVOBUNOLOL HCL	BETAGAN		
METIPRANOLOL	OPTIPRANOLOL		
TIMOLOL MALEATE	TIMOPTIC		
Ophthalmic - Local Anesthetic Esters			
PROPARACAINE HCL	ALCAINE		
Ophthalmic Antibacterial Mixtures			
BACITRACIN/POLYMYXIN B SULFATE	BACITRACIN-POLYMYXIN		
NEOMYCIN SULFATE/BACITRACIN/ POLYMYXIN B	NEOMYCIN-BACITRACIN-POLYMYXIN		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D	NEOMYCIN-POLYMYXIN-GRAMICIDIN		
POLYMYXIN B SULFATE/ TRIMETHOPRIM	POLYTRIM		
Ophthalmic Antibiotic - Aminoglycosides			
GENTAMICIN SULFATE	GENTAMICIN SULFATE		
TOBRAMYCIN SULFATE	TOBREX		
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors			
BACITRACIN	BACITRACIN		
Ophthalmic Antibiotic - Fluoroquinolones			
CIPROFLOXACIN HCL	CILOXAN		Only 5 mL bottle is covered
OFLOXACIN	OCUFLOX		
Ophthalmic Antibiotic - Sulfonamides			
SULFACETAMIDE SODIUM	BLEPH-10		
Ophthalmic Antivirals			
TRIFLURIDINE	VIROPTIC		
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists			
APRACLOPIDINE HCL	IOPIDINE		
BRIMONIDINE TARTRATE	BRIMONIDINE TARTRATE		

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Generic Name	Common Name	Status Drug	Criteria
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs			
LATANOPROST	XALATAN		
Otic - Anti-infective Mixtures			
ACETIC ACID/ALUMINUM ACETATE	BOROFAIR		
Otic - Anti-infective-Glucocorticoid Combinations			
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE	NEOMYCIN-POLYMYXIN-HYDROCORT		
Otic - Anti-infectives other			
ACETIC ACID	VOSOL		
Otic - Fluoroquinolones			
OFLOXACIN	OFLOXACIN		
Oxytocic - Ergot Alkaloids			
METHYLERGONOVINE MALEATE	METHERGINE		
Pediatric Vitamins with Fluoride and Minerals Combinations			
FLUORIDE/IRON/VITAMINS A,C,AND D	TRI-VIT WITH FLUORIDE-IRON		
MULTIVITAMINS WITH IRON & FLUORIDE	MULTIVITAMINS W-FLUORIDE-IRON		
Pediatric Vitamins with Fluoride Combinations			
FLUORIDE/VITAMINS A,C,AND D	TRI-VITAMIN WITH FLUORIDE		Limited to ages 10 and under
MULTIVITAMINS WITH FLUORIDE	POLY-VITAMINS W/FLUORIDE		Limited to ages 10 and under
PEDIATRIC MULTIVIT #37/SODIUM FLUORIDE/IRON BISGLYCINATE HCL	POLY-VI-FLOR WITH IRON		Limited to ages 10 and under
PEDIATRIC MULTIVITAMIN NO.26 WITH IRON & SODIUM FLUORIDE	ESCAVITE		Limited to ages 10 and under
PEDIATRIC MULTIVITAMIN NO.33 WITH SODIUM FLUORIDE	POLY-VI-FLOR		Limited to ages 10 and under
PEDIATRIC MULTIVITAMIN NO.33/ SODIUM FLUORIDE/IRON CARBONYL	POLY-VI-FLOR WITH IRON		Limited to ages 10 and under
PEDIATRIC MULTIVITAMIN NO.37 WITH SODIUM FLUORIDE	POLY-VI-FLOR		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS A,C,& D3 NO.21 WITH SODIUM FLUORIDE	TRI-VITAMIN WITH FLUORIDE		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS A,C,& D3 NO.38 WITH SODIUM FLUORIDE	TRI-VI-FLOR		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS COMBINATION NO.12/SODIUM FLUORIDE	MULTIVITAMINS WITH FLUORIDE		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE	MULTIVITAMINS WITH FLUORIDE		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE	MULTIVITAMINS WITH FLUORIDE		Limited to ages 10 and under
Penicillin Antibiotic - Natural (i.e. Pen G, Pen V)			
PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM		
Penicillin Antibiotic - Penicillinase-resistant			
DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM		
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives			
SUCRALFATE	SUCRALFATE		

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Generic Name	Common Name	Status Drug	Criteria
Peripheral Alpha-1 Receptor Blockers			
DOXAZOSIN MESYLATE	CARDURA		
PRAZOSIN HCL	MINIPRESS		
TERAZOSIN HCL	TERAZOSIN HCL		
Peripheral Vasodilators, Single Agents			
ISOXSUPRINE HCL	ISOXSUPRINE HCL		
PAPAVERINE HCL	PAPAVERINE HCL		
Phosphate Binders			
CALCIUM ACETATE	CALCIUM ACETATE		
SEVELAMER CARBONATE	REVELA	PA	Must have trial and therapeutic failure, intolerance, or contraindication to Phoslo
Platelet Aggregation Inhib - PDEsterase & Adenosine deaminase Inhibitor			
DIPYRIDAMOLE	DIPYRIDAMOLE		
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors			
CILOSTAZOL	CILOSTAZOL		
Platelet Aggregation Inhibitors - Thienopyridine Agents			
CLOPIDOGREL BISULFATE	PLAVIX	PA	Must meet Pharmacy Approval Criteria
Prenatal Vitamins and Minerals			
PRENATAL VIT WITH CALCIUM #34/ IRON/FOLIC ACID	TARON-EC CAL	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMIN 27 WITH CALCIUM/FERROUS FUMARATE/ FOLIC ACID	TRINATAL RX 1	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMIN NO.15/IRON, CARBONYL/FOLIC ACID/DOCUSATE SOD	TRIADVANCE	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMIN NO.18/IRON, CARBONYL/FOLIC ACID/DOCUSATE SOD	VINATE ULTRA	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMIN W-O VIT A/ FERROUS FUMARATE/FOLIC ACID	SE-CARE	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMB NO.71/ FERROUS FUMARATE/FOLIC ACID	VOL-PLUS	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMB NO.72/ FERROUS FUMARATE/FOLIC ACID	PRENATAL PLUS	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMB NO.74/ FERROUS FUMARATE/FOLIC ACID	PRENATAL LOW IRON	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMBO NO.14/ FERROUS FUMARATE/FOLIC ACID	NATACHEW	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID	PRENATAL PLUS	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL WITHOUT IRON/FOLIC ACID/CALCIUM CARB/PYRIDOXINE/ B12	TRIMESIS RX	QL	Limited to 1 tablet per day, Restricted to females only
Progestins			
HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE		
MEDROXYPROGESTERONE ACET	PROVERA		Restricted to females only

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Generic Name	Common Name	Status Drug	Criteria
Progestins			
NORETHINDRONE ACETATE	NORETHINDRONE ACETATE	QL	Limited to 1 tablet per day, Restricted to females only
Prostatic Hypertrophy Agent - Type II 5-alpha Reductase Inhibitors			
FINASTERIDE	PROSCAR	ST	Shows paid claim for Prazosin, Doxazosin, or Terazosin in the past 90 days
Salicylate Analgesic and Sedative Combinations			
BUTALBITAL/ASPIRIN/CAFFEINE	FARBITAL	QL	Limited to 13 tablets per day
Salicylate Analgesic Combinations, Other			
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE	CHOLINE MAG TRISALICYLATE		
Salicylate Analgesics			
ASPIRIN	ASPIRIN EC		
SALSALATE	SALSALATE		
Scabicide & Pediculicide Single Agents			
MALATHION	MALATHION	ST	Must have prior use of first line Pediculicides agent within the last 30 days
PERMETHRIN	ELIMITE		
Skeletal Muscle Relaxant - Central Muscle Relaxants			
BACLOFEN	BACLOFEN		
CARISOPRODOL	SOMA		
CHLORZOXAZONE	CHLORZOXAZONE		
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL		
METHOCARBAMOL	ROBAXIN		
Smoking Deterrents - NE & Dopamine Reuptake Inhibitor (NDRI)-Type			
BUPROPION HCL	BUPROBAN	QL, ST	Only 150 mg SR is covered, Limited to 2 tablets per day, Limited to 90 days therapy per rolling 365 days; Must have 6 months prior therapy with topical nicotine patches along with either nicotine polacrilex gum or lozenges
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2			
VARENICLINE TARTRATE	CHANTIX	ST	Limited to 90 days therapy per rolling 365 days; Must have 6 months prior therapy with topical nicotine patches along with either nicotine polacrilex gum or lozenges
Sulfonamide Antibiotic			
SULFADIAZINE	SULFADIAZINE		
Systemic Sympathomimetic Decongestants			
PSEUDOEPHEDRINE HCL	PSEUDOEPHEDRINE HCL	QL	Limited to 4 tablets per day
Tetracycline Antibiotics			
DEMECLOXYCLINE HCL	DEMECLOXYCLINE HCL	PA	Must show documented diagnosis of syndrome of inappropriate antidiuretic hormone (SIADH)
DOXYCYCLINE HYCLATE	VIBRAMYCIN		
MINOCYCLINE HCL	MINOCYCLINE HCL		

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Generic Name	Common Name	Status Drug	Criteria
Tetracycline Antibiotics			
TETRACYCLINE HCL	TETRACYCLINE HCL		
Thyroid Hormones - Animal Source (Porcine)			
THYROID,PORK	ARMOUR THYROID		
Thyroid Hormones - Synthetic T4 (Thyroxine)			
LEVOTHYROXINE SODIUM	SYNTHROID		
Urinary Alkalinizer - Citrates			
CITRIC ACID/SODIUM CITRATE	SODIUM CITRATE & CITRIC ACID		
POTASSIUM CITRATE/CITRIC ACID	POTASSIUM CITRATE-CITRIC ACID		
Urinary Analgesics			
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL		
Urinary Antibacterial - Methenamine & Salts			
METHENAMINE HIPPURATE	HIPREX		
Urinary Antibacterial - Nitrofurantoin Derivatives			
NITROFURANTOIN MACROCRYSTAL	NITROFURANTOIN		
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	MACROBID		
Urinary Antispasmodic - Smooth Muscle Relaxants			
FLAVOXATE HCL	FLAVOXATE HCL		
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE		
TOLTERODINE TARTRATE	DETROL	ST	Must have prior use of Oxybutynin within past 90 days
Urinary Retention Therapy - Parasympathomimetic Agents			
BETHANECHOL CHLORIDE	BETHANECHOL CHLORIDE		
Vaginal Antibacterial - Lincosamides			
CLINDAMYCIN PHOSPHATE	CLEOCIN		
Vaginal Antifungal - Amphoteric Polyene Macrolides			
NYSTATIN	NYSTATIN		
Vaginal Antifungal - Imidazoles			
MICONAZOLE NITRATE	MONISTAT 3		
Vaginal Antifungal - Triazoles			
TERCONAZOLE	TERAZOL 7		
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives			
METRONIDAZOLE	VANDAZOLE		
Vitamins - B-12, Cyanocobalamin and derivatives			
CYANOCOBALAMIN (VITAMIN B-12)	CYANOCOBALAMIN INJECTION		
Vitamins - D Derivatives			
CALCITRIOL	CALCITRIOL		
ERGOCALCIFEROL (VITAMIN D2)	DRISDOL	QL	Limited to 4 capsules per month
Vitamins - Folic Acid and Derivatives			
FOLIC ACID	FOLIC ACID		

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Generic Name	Common Name	Status Drug	Criteria
1st Generation Antihistamine-Decongestant Combinations			
PSEUDOEPHEDRINE HCL/ TRIPROLIDINE HCL	ALLERFRIM		
Acne Therapy Topical - Keratolytic			
BENZOYL PEROXIDE	DESQUAM-X		
Analgesic or Antipyretic Non-Narcotic			
ACETAMINOPHEN	ACETAMINOPHEN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
Antacid - Bicarbonate			
SODIUM BICARBONATE	SODIUM BICARBONATE		
Antacid - Calcium			
CALCIUM CARBONATE	ANTACID		
Antacid - Simethicone Combinations			
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE	MAALOX ADVANCED		
Antidiarrheal - Antiperistaltic Agents			
LOPERAMIDE HCL	IMODIUM A-D		
Antidiarrheal - Bismuth Agents			
BISMUTH SUBSALICYLATE	STOMACH RELIEF		
Antidiarrheal GI Adsorbent Mixtures			
KAOLIN/PECTIN	KAOLIN PECTIN		
Antiemetic - Antihistamines			
DIMENHYDRINATE	DRAMAMINE		
MECLIZINE HCL	MECLIZINE HCL		
Antihistamine - 1st Generation - Alkylamines			
CHLORPHENIRAMINE MALEATE	CHLOR-TRIMETON		
Antihistamine - 1st Generation - Ethanolamines			
CLEMASTINE FUMARATE	TAVIST-1		
DIPHENHYDRAMINE HCL	ALLERGY RELIEF		
Antihistamines - 2nd Generation			
CETIRIZINE HCL	ZYRTEC		
LORATADINE	WAL-ITIN		
Antiseptic - Alcohols			
ALCOHOL ANTISEPTIC PADS	ALCOHOL SWABS		
Artificial Tears and Lubricant Single Agents			
POLYVINYL ALCOHOL	TEARGEN		
B-Complex Vitamin Combinations			
B COMPLEX WITH VITAMIN C	SURBEX W-C		
FOLIC ACID/VITAMIN B COMPLEX & C/ RICE BRAN	VITAMIN B-COMPLEX WITH VIT C		
MULTIVITS,STRESS FORMULA	STRESS		
B-Complex Vitamins			
VITAMIN B COMPLEX	VITAMIN B COMPLEX		
Contact Lens Preparation - Soft Lens Products			
SODIUM CHLORIDE	SALINE WOUND WASH		

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Generic Name	Common Name	Status Drug	Criteria
Dermatological - Antibacterial Other			
POVIDONE-IODINE	POVIDONE-IODINE		
Dermatological - Antibacterial Polymyxins and Derivatives			
BACITRACIN	BACITRACIN		
BACITRACIN ZINC	BACITRACIN ZINC		
Dermatological - Antifungal Imidazole & Related Agents			
CLOTRIMAZOLE	DESENEX		
MICONAZOLE NITRATE	MICATIN		
Dermatological - Antifungal Thiocarbamate			
TOLNAFTATE	TINACTIN		
Dermatological - Antiviral			
DOCOSANOL	ABREVA		
Dermatological - Emollient Mixtures			
MINERAL OIL/PETROLATUM,WHITE	MOISTURIN		
Dermatological - Emollients			
AMMONIUM LACTATE	LAC-HYDRIN		
Dermatological - Glucocorticoid			
HYDROCORTISONE	DERMOLATE ANTI-ITCH		
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE		
Dermatological - Glucocorticoid-Emollient Combinations			
HYDROCORTISONE ACETATE/ALOE VERA	CORTAID WITH ALOE		
HYDROCORTISONE/ALOE VERA	HYDROCORTISONE PLUS		
Dermatological - Keratolytic-Antimitotic Single Agents			
SALICYLIC ACID	DUOFILM		
Dermatological - Keratoplastic Tar Products			
COAL TAR	DHS TAR		
Dermatological Irritants-Counter-Irritant Single Agents			
CAPSAICIN	CAPSAICIN		
Expectorants - Single Agents, General			
GUAIFENESIN	ORGANIDIN NR		
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists			
CIMETIDINE	HEARTBURN RELIEF		
FAMOTIDINE	PEPCID		Only generic tablets are covered
RANITIDINE HCL	RANITIDINE HCL		
Gastrointestinal Antiflatulents			
SIMETHICONE	SIMETHICONE		
Human Insulins - Fixed Combinations			
NPH, HUMAN INSULIN ISOPHANE/ INSULIN REGULAR, HUMAN	HUMULIN 70-30		Only vials will be covered
Human Insulins - Intermediate Acting			
NPH, HUMAN INSULIN ISOPHANE	HUMULIN N		Only vials will be covered

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Generic Name	Common Name	Status Drug	Criteria
Human Insulins - Short Acting			
INSULIN REGULAR, HUMAN	HUMULIN R		Only vials will be covered
Laxative - Bulk Forming			
PSYLLIUM HUSK/ASPARTAME	NATURAL VEGETABLE FIBER		
PSYLLIUM SEED	KONSYL		
PSYLLIUM SEED/ASPARTAME	KONSYL		
Laxative - Saline and Osmotic			
POLYETHYLENE GLYCOL 3350	CLEARLAX		
Laxative - Stimulant			
BISACODYL	BISACODYL		
Laxative - Surfactant			
DOCUSATE SODIUM	STOOL SOFTENER		
Medical Supplies & DME - Glucose Monitoring Test Supplies			
LANCETS	UNILET GP LANCET		
LANCING DEVICE/LANCETS	GLUCOLET 2		
Medical Supplies & DME - Insulin Needles-Syringes & Admin. Supplies			
SYRINGE W-NDL,DISP,INSUL,0.3ML/ CONTAINER,EMPTY	ULTIGUARD		
SYRINGE W-NDL,DISP,INSUL,0.5ML/ CONTAINER,EMPTY	ULTIGUARD		
SYRINGE W-O NDL,DISP,INSUL, 1ML	LUER-LOK SYRINGE		
SYRINGE WITH NEEDLE, INSULIN,1 ML AND SHARPS CONTAINER	ULTIGUARD		
SYRINGE WITH NEEDLE,DISPOSABLE, INSULIN	ANTI-STICK INSULIN		
SYRINGE WITH NEEDLE,DISPOSABLE, INSULIN 1 ML	MONOJECT INSULIN SYRINGE		
SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.3 ML	MONOJECT INSULIN SYRINGE		
SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.5 ML	INSULIN SYRINGE		
SYRINGE,NEEDLE,INSULIN,SAFETY, DISPOSAL UNIT, 1 ML	SAFESNAP INSULIN SYRINGE		
SYRINGE,NEEDLE,INSULIN,SAFETY, DISPOSAL UNIT,0.3 ML	SAFESNAP INSULIN SYRINGE		
SYRINGE,NEEDLE,INSULIN,SAFETY, DISPOSAL UNIT,0.5 ML	SAFESNAP INSULIN SYRINGE		
Medical Supplies & DME - Male Condoms			
CONDOMS, LATEX, LUBRICATED	CONDOMS		
CONDOMS, LATEX, NON- LUBRICATED	TRUSTEX-RIA		
Minerals & Electrolytes - Calcium Replacement			
CALCIUM CARBONATE	CALCIUM CARBONATE		
Minerals & Electrolytes - Calcium Replacement Combinations			
CALCIUM CARBONATE/ ERGOCALCIFEROL (VITAMIN D2)	OYSTER SHELL CALCIUM W- VIT D		

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Generic Name	Common Name	Status Drug	Criteria
Minerals & Electrolytes - Calcium Replacement/Vitamin D Combinations			
CALCIUM CARBONATE/ CHOLECALCIFEROL (VITAMIN D3)	CALCIUM 500 + VITAMIN D		
Minerals & Electrolytes - Iron			
FERROUS GLUCONATE	FERGON		
FERROUS SULFATE	FERROUS SULFATE		
Minerals & Electrolytes - Magnesium			
MAGNESIUM	MAGNESIUM		
MAGNESIUM OXIDE	MAGNESIUM OXIDE		
Minerals & Electrolytes - Oral Electrolytes			
ELECTROLYTE,ORAL	PEDIALYTE		
Minerals & Electrolytes - Zinc			
ZINC SULFATE	ZINC SULFATE		
Multiple Vitamins and Mineral Combinations			
MULTIVITAMIN WITH MINERALS	ICAPS PLUS		
MULTIVITAMINS WITH IRON	ONE-TAB-DAILY WITH IRON		
Multivitamins			
MULTIVITAMIN	ONE-TABLET-DAILY		
Narcotic Antitussive-Expectorant Combinations			
GUAIFENESIN/CODEINE PHOSPHATE	GUAIFENESIN-CODEINE		
Nasal Mast Cell Stabilizers			
CROMOLYN SODIUM	NASALCROM		
Non-Narcotic Antitussive-Decongestant-Expectorant Combinations			
GUAIFENESIN/ DEXTROMETHORPHAN HBR/ PSEUDOEPHEDRINE	TUSSIN CF		
Non-Narcotic Antitussive-Expectorant Combinations			
GUAIFENESIN/ DEXTROMETHORPHAN HBR	IOPHEN DM		
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives			
IBUPROFEN	MOTRIN IB	QL	Maximum limit of 3200 mg of Ibuprofen per day
NAPROXEN SODIUM	ALL DAY PAIN RELIEF		
Ophthalmic - Antihistamine-Decongestant Combinations			
NAPHAZOLINE HCL/PHENIRAMINE MALEATE	OPCON-A		
Pediatric Vitamins			
MULTIVITAMIN	FRUITY CHEWS		
VITAMINS A,C,AND D	TRI-VI-SOL		Limited to ages 10 and under
Pediatric Vitamins and Mineral Combinations			
MULTIVITAMIN WITH IRON AND OTHER MINERALS	CEROVITE JR		
MULTIVITAMINS WITH IRON	POLY-VI-SOL WITH IRON		

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Generic Name	Common Name	Status Drug	Criteria
Prenatal Vitamins and Minerals			
PRENATAL VITAMINS COMB NO.21/ IRON/FOLIC ACID	PRENATAL COMPLETE	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMB NO.58/ IRON BISGLY/FOLIC ACID	PRENATAL	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMB NO.59/ FERROUS SULFATE/FOLIC ACID/DHA	PRENATAL PLUS DHA	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID	PRENATAL S	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITS W-CA,FE,FA(<1MG)	P-D NATAL PLUS	QL	Limited to 1 tablet per day, Restricted to females only
Salicylate Analgesics			
ASPIRIN	ASPIRIN		
Salicylate Analgesics, Buffered			
ASPIRIN/CALCIUM CARBONATE/ MAGNESIUM	BUFFERIN		
ASPIRIN/MAGNESIUM CARBONATE/ DIHYDROXYALUMINUM AMINOACETATE	ASPIRIN BUFFERED		
Scabicide & Pediculicide Combinations			
PIPERONYL BUTOXIDE/PYRETHRINS	LICE KILLING		
Scabicide & Pediculicide Single Agents			
PERMETHRIN	PERMETHRIN		
Sedative-Hypnotic - Antihistamines			
DIPHENHYDRAMINE HCL	SLEEP AID		
Smoking Deterrents - Nicotine-Type			
NICOTINE	NICOTINE PATCH	QL	Patches are limited to 1 patch per day. Gum is limited to 336 pieces per month. Lozenges are limited to 360 per month. All are limited to 6 months therapy per 365 days. Inhaler is not covered
NICOTINE POLACRILEX	THRIVE NICOTINE	QL	Patches are limited to 1 patch per day. Gum is limited to 336 pieces per month. Lozenges are limited to 360 per month. All are limited to 6 months therapy per 365 days. Inhaler is not covered
Spermicides			
NONOXYNOL 9	VCF		
Systemic Sympathomimetic Decongestants			
PSEUDOEPHEDRINE HCL	PSEUDOEPHEDRINE HCL		
Vaginal Antifungal - Imidazoles			
CLOTRIMAZOLE	GYNE-LOTRIMIN		
MICONAZOLE NITRATE	MONISTAT 7		
Vitamins - A			
VITAMIN A	VITAMIN A		
Vitamins - B-1, Thiamine and Derivatives			
THIAMINE HCL	VITAMIN B-1		

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Generic Name	Common Name	Status Drug	Criteria
Vitamins - B-12, Cyanocobalamin and derivatives			
CYANOCOBALAMIN/COBAMAMIDE	B-12		
Vitamins - B-3, Niacin and Derivatives			
NIACIN	NIACIN		
Vitamins - B-6, Pyridoxine and Derivatives			
PYRIDOXINE HCL	VITAMIN B-6		
Vitamins - Folic Acid and Derivatives			
FOLIC ACID	FOLIC ACID		