

TOTAL HEALTH CARE COMMERCIAL FORMULARY

Effective January 2012

Introduction

The Total Health Care Commercial Formulary was developed to serve as a guide for physicians, pharmacists, health care professionals and members in the selection of cost-effective drug therapy. Total Health Care recognizes that drug therapy is an integral part of effective health management.

Total Health Care continually reviews new and existing medications to ensure the Formulary remains responsive to the needs of our members and health professionals. Criteria used to evaluate drug selection for the formulary includes, but is not limited to: safety, efficacy and cost-effectiveness data, as well as comparison of relevant benefits of similar prescription or over-the counter (OTC) agents while minimizing potential duplications.

Notice

The information contained in this formulary is provided by THC, solely for the convenience of medical providers and members. THC does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature.

This formulary is not intended to be a substitute for the knowledge, expertise, skill or judgment of the medical provider in their choice of prescription drugs. Total Health Care 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.

How to Read the Formulary

All drugs are listed by their generic names and most common proprietary (branded) name. Specific drug listings may be accessed by using the index, either by generic (in lowercase) or proprietary name (in uppercase) and by therapeutic drug category. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any drug not found in this Formulary listing, or any Formulary updates published by Total Health Care, shall be considered a non-formulary drug.

Sample Listing:

| | Generic Name | – | Reference Name | Generic Status | Comments |
|--------------------|----------------------------|---|--------------------------------|----------------|----------|
| PENICILLINS | | | | | |
| | amoxicillin | – | AMOXIL, TRIMOX | generic | |
| | amoxicillin/clavulanate | – | AUGMENTIN, AUGMENTIN ES | generic | |
| | amoxicillin/clavulanate er | – | AUGMENTIN XR | generic | |
| | ampicillin | – | PRINCIPEN | generic | |
| | dicloxacillin | – | DYNAPEN | generic | |
| | penicillin v potassium | – | VEETIDS | generic | |
| | amoxicillin/clavulanate | – | AUGMENTIN SUSPENSION 125/31.25 | | |

Once the category or product is located, the following items can be viewed.

Generic Name: This lists the generic name for the product (lowercase). Products are listed within the product index by both generic and brand name.

Reference Name: This lists the brand name or common reference name for the product (UPPERCASE). Products are listed within the product index by both generic and brand name.

Generic Status: If the word “generic” is listed, the product is available as a generic and the formulary limits coverage to the generic version. The generic listed within the Drug Name section is considered to be formulary and the brand name is listed for reference only. THC mandates the use of generic drugs as approved by the U.S. Food and Drug Administration (FDA).

Comments: This field includes potential limitations to the formulary drug. It also may contain additional information about the coverage of the drug such as OTC product availability. For certain agents within the Formulary, a recommended prescribing guideline may apply.

Prescribing Guidelines

Prescribing guidelines may apply to select drugs on the THC formulary. Prescribing guidelines may vary by benefit design but may include:

| | |
|---------------------------------|---|
| Prior Authorization (PA) | Requires prior authorization through a specific physician request process |
| Quantity Limit (QL) | Coverage may be limited to specific quantities per prescription &/or time period |
| Step Therapy (ST) | Coverage requires that an alternative or trial of another drug be used before the medication is covered |
| Age Limitation (AL) | Coverage may depend on patient age |
| Gender Edit (GE) | Coverage may depend on patient gender |
| Over the Counter (OTC) | Coverage is available for drugs that are available OTC with an authorized prescription from your provider when filled at a network pharmacy. OTC products are covered at a generic copay. |
| Specialty (SP) | Requires that a medication be processed using THC’s contracted specialty pharmacy CVS- Caremark |

Benefit Coverage and Limitations

This printed Formulary does not define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the Total Health Care Commercial Formulary. Members should contact Total Health Care at 1-800- 826-2862 if they have questions regarding their coverage. Please note that the formulary process is evolutionary and changes can occur throughout the year.

Prior Authorization (PA)

Drugs indicated with a “PA” require Prior Authorization for coverage. A prescriber may complete a Prior Authorization form that can be found on the Total Health Care and Catalyst Rx websites at www.totalhealthcareonline.com or <https://www.catalystrx.com/www/public/physicianLogin.jsp>. You may also request a form by calling Catalyst Rx Member Services Department at 1-877-634-9202 or Total Health Care at 1-800-826-2862. Completed prior authorization forms should be faxed to 1-888-852-1832. Prior Authorization review of prescribing guidelines will be evaluated utilizing the established drug review criteria approved by Total Health Care. If the request does not meet the approved criteria, the request will not be approved and alternative therapy may be recommended along with the proper course of alternative action. The requesting provider will be provided written notification of Total Health Care review decisions. THC’s website has a tab for an exception request that will go to THC’s Pharmacy Department for member use.

Non-Formulary Agents

Drugs not found on the Total Health Care Commercial Formulary, or any updates published by Total Health Care, shall be considered a non-formulary drug. Requests for coverage of non-formulary agents may be requested by the health professional depending on specific coverage parameters. Review for non-formulary drug requests will require a Prior Authorization request with documentation of medical necessity. Generally, the following basic medical necessity guidelines are used in conducting a review:

- The patient has failed an appropriate trial of formulary or preferred agents.
- The use of preferred or formulary agent is contraindicated in the patient.
- The formulary drug or preferred agents are not suited for the present patient care need, and the drug selected is required for patient safety.

If the request does not meet the established guidelines request, it will not be approved and alternative therapy may be recommended along with the proper course of alternative action.

Common Drug Exclusions

The member's plan design may exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded coverages may include, but are not limited to:

- OTC medications or their equivalents unless otherwise specified in the Formulary listing.
- Drug products used for cosmetic purposes
- Drug products for erectile dysfunction
- Drug products for infertility treatment
- Drug products for weight loss
- Experimental drug products, or any drug product used in an experimental manner
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA)

Mandated Generic Substitution

Total Health Care advocates the use of cost-effective generic drugs where FDA- approved generic equivalent drugs are available. Generic products are listed in the Formulary and noted as "generic" wherever an FDA- approved generic drug product is available. If a member or physician requests a brand-name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic drug.

Total Health Care Pharmacy and Therapeutics (P&T) Committee

P&T Committee

Total Health Care's Pharmacy & Therapeutic Committee meets quarterly to review and recommend medications for formulary consideration. The Committee considers clinical information on drugs that are new to the market and drugs that are typically included in an outpatient pharmacy benefit. This assures that the formulary remains responsive to patient and physician needs. The Committee is composed of physicians, pharmacists, and health care professionals. The Committee also uses reference materials from our Pharmacy Benefits Manager's Pharmacy and Therapeutics Advisory Panel.

Product Selection Criteria

The primary goal of the THC Pharmacy & Therapeutic Committee is to maintain and update the formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness of available drugs.

When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs including those currently in the THC Formulary. Physicians may request a copy of THC’s drug criteria by calling the Pharmacy Department at 1-800-826-2862.

Specialty Bio-Pharmaceutical Pharmacy Program

Total Health Care works exclusively with CVS/Caremark Specialty Pharmacy to provide Specialty Bio-Pharmaceutical products to our members.

Specialty Medications are noted on the drug formulary with “SP”. These medications are to be filled through CVS/Caremark Specialty Pharmacy.

A specialty pharmacy prior authorization form must be completed and faxed to Caremark Connect with supporting documentation and the prescription. A prescriber may obtain a Specialty Prior Authorization form found on the Total Health Care and Catalyst Rx websites at www.totalhealthcareonline.com or <https://catalystrx.com/www/physicianLogin.jsp>. The fax number for prior authorization requests is 1-800-323-2445. Please fax your standard prescription form that contains physician’s name, address, phone, fax and NPI number. Please give the patient’s full name and date of birth.

Once the order is received, CVS/Caremark obtains authorization from Total Health Care. Then, the CVS/Caremark staff ships the medication directly to the physician's office or the patient’s home. All packages are individually marked for each patient and refrigerated items are shipped in insulated containers. Where appropriate, each shipment includes needles, syringes and alcohol swabs.

If you have any questions about our program, please contact the CVS/Caremark Helpdesk at 1-800-237-2767.

Contact Information

The Total Health Care Commercial formulary is designed to assist physicians, members and other health care professionals in the selection of cost-effective agents. Total Health Care encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact THC at 1-800-826-2862.

In addition to the Total Health Care Commercial formulary, another quick reference guide to include the Preferred Drug Formulary is available on our Web site at www.totalhealthcareonline.com

Medication Limitations

Quantity Limitations are on medications throughout the formulary and are indicated with a "QL" notation. These are medications that have a daily dose restriction; quantity/days supply limitation, and/or a limitation on the duration of therapy.

In most instances topical steroids are limited to the two largest commercially available tubes per month, with some products limited to one package size per month.

HIV medications are subject to dosing limitation based on the manufacturer maximum dose recommendations.

Quantity Limitations

| Generic Name | Brand Name | Quantity Limit | Other limitations |
|---------------------|-------------------|---------------------------|--------------------------|
| alcohol swabs | Alcohol swabs | 200 per month | |
| albuterol HFA | Ventolin HFA | 2 inhalers/month | |
| alendronate | Fosamax 70mg | Limit to 4 tabs per month | |
| amlodipine | Norvasc | 1 tablet/day | |

| Generic Name | Brand Name | Quantity Limit | Other limitations |
|-------------------------|---------------------------------|---------------------------------|------------------------------------|
| amlodipine/benazepril | Lotrel | 1 tablet/day | |
| amoxicillin/clavulanate | Augmentin 500 & 875mg tablets | 28 tablets/per 14 days | |
| aspirin 81mg | Aspirin | 60 tablets/month | \$0, AL, OTC |
| aspirin 325mg | Aspirin | 30 tablets/month | \$0, AL, OTC |
| atorvastatin | Lipitor | 1 tablet/day | |
| atovaquone | Mepron | Limited to 210 ml per 18 days | |
| azithromycin 250mg | Zithromax 250mg | 4 tablets/day | |
| azithromycin 500mg | Zithromax 500mg and 600mg | 2 tablets/day | |
| azithromycin 1gm pack | Zithromax | 1 dose daily | |
| beclomethasone | Qvar | 1 inhaler/ month | |
| budesonide formoterol | Symbicort | 1 inhaler/ month | ST |
| Budesonide respules | Pulmicort | 60 vials/ 120ML per month | AL |
| buproion ext-rel | Zyban | 90 days per year | |
| captopril-HCTZ | Capozide | 1 tablet/day | |
| carisoprodol 350mg | Soma | 90 tablets/month | |
| citalopram | Celexa 10mg and 20mg | 51 tablets/30 days | |
| clopidigrel | Plavix | 1 tablet daily | PA |
| colchicine 0.6mg | Colcrys | 20 tablets/month | |
| contraception (oral) | Formulary Oral Contraceptives | One tablet daily | |
| diabetic testing meter | True-Track or True-Test Meter | One meter per year | |
| diabetic testing strip | True-Track testing strips | 100 per month | |
| diaphragms | Ortho-Flat, Ortho-Flex | 1 per year | |
| diltiazem 12 hr | Cardizem SR | 2 capsules day | |
| diltiazem 24 hr | Cardizem CD, Dilacor XR, Tiazac | 1 capsule/day | |
| enoxaparin | Lovenox | 5 day supply | QL, Gender Edit, (female 17-42 PA) |
| estradiol transdermal | Alora | 8 patches/month | |
| felodipine er | Plendil | 1 tablet/day | |
| ferrous sulfate drops | Ferrous sulfate 15mg/ml | 50ml/30 days | \$0, AL, OTC |
| fluconazole tabs | Diflucan 50, 100 and 200mg | 1 tablet/day | |
| fluconazole 150mg tabs | Diflucan 150mg | 3 tablets/month | |
| fluconazole suspension | Diflucan suspension | 105ml/month | |
| flunisolide | Nasarel | Limited to 2 inhalers per month | |
| fluticasone | Flonase | 1 inhaler/ month | |
| fluticasone/salmeterol | Advair 100mcg/50mcg | Limited to 1 inhaler per month | ST |
| folic acid | Folic Acid 400 & 800mcg | 1 tablet/day | \$0, AL, OTC |
| glipizide ext-rel | Glucotrol XL | 2 tablets/day | |
| glucagon | Glucagon Kit | 2 kits/year | |
| ipratropium HFA | Atrovent HFA | 2 inhalers/month | |

| Generic Name | Brand Name | Quantity Limit | Other limitations |
|---------------------------------------|------------------------------|---|-------------------|
| ipratropium nasal spray 0.3%, 0.6% | Atrovent Nasal Spray | 1 inhaler/ month | |
| ipratropium/albuterol | Combivent | 2 inhalers/month | |
| ketoprofen | Orudis | 50mg = max 6 capsules a day, 75mg= max 4 capsules a day, 200mg ER = max 1 capsule a day | |
| ketorolac 10mg tabs | Toradol | 4 tablets/day max of 20 tablets/5 day supply | |
| ketotifen fumarate | Zaditor | 5ml/month | |
| lansoprazole | Prevacid-24 HR OTC 15mg | 2 capsules/day | |
| latanoprost | Xalatan | 5ml/month | |
| levetiracetam | Keppra 250mg | 12 tablets/day | |
| levetiracetam | Keppra 500mg | 6 tablets/day | |
| levetiracetam | Keppra 750mg | 4 tablets/day | |
| levetiracetam | Keppra 1000mg | 3 tablets/day | |
| lidocaine 3% cr | Xylocaine | 85gm/month | |
| losartan | Cozaar 25 and 50mg | 2 tablets/day | |
| losartan | Cozaar 100mg | 1 tablet/day | |
| losartan/hctz | Hyzaar 100/12.5 and 100/25mg | 1 tablet/day | |
| losartan/hctz | Hyzaar 50/12.5mg | 2 tablets/day | |
| macrochantin | Macrobid | 2 capsules/day | |
| medroxyprogesterone acetate | Depo-Provera | 1 injection/90 days | |
| methylphenidate ER | Concerta | 1 tablet daily | AL |
| metoprolol succinate | Toprol XL | 1 tablet/day | |
| mometasone/formoterol | Dulera | 1 inhaler/ month | ST |
| nabumetone 500mg | Relafen 500mg | 4 tablets/day | |
| nabumetone 750mg | Relafen 750mg | 2 tablets/day | |
| nicotine gum | Nicorette | 270 pieces/month and 3 months per year | |
| nicotine patch | Nicotrol patch | Limited to 90 days of therapy per year | |
| nifedipine ext-rel | Adalat CC, Procardia XL | 1 tablet/day | |
| omeprazole 20mg | Prilosec | 2 capsules/day | |
| ondansetron 24mg | Zofran | 5 tablets/month | |
| ondansetron soln | Zofran solution | 50ml/month | |
| oseltamivir | Tamiflu caps | 2 doses per day/max of 5 days supply | |
| oseltamivir | Tamiflu susp | 15ml per day/max of 5 days supply | |

| Generic Name | Brand Name | Quantity Limit | Other limitations |
|--------------------------------|------------------------|--|-------------------|
| Pantoprazole | Protonix | 40mg 1 tablet/day; 20mg 2 tablets/day | |
| pentoxifylline | Trental | 90 tablets/month | |
| pioglitazone | Actos | 1 tablet/day | ST |
| pioglitazone/glimepiride | Duetact | 1 tablet/day | ST |
| pioglitazone/metformin | Actoplus Met | 2 tablet/day | ST |
| prasugrel | Effient | 1 tablet/day and 30 tablets per year | PA |
| propranolol/hctz | Inderide | 1 tablet/day | |
| quinapril/hctz | Accupril-HCT | 1 tablet/day | |
| risedronate | Actonel 35mg | 5 tablets per 30 days | ST |
| rivaroxaban | Xarelto 10mg | 1 tablet daily for a max of 35 days | PA |
| salmeterol xinzfoate | Serevent | 2 inhaler/ month | |
| sitagliptin | Januvia | 1 tablet/day | |
| sitagliptin/metformin | Janumet | 2 tablets/day | |
| sodium chloride nasal spray | Ocean | 2 bottles/month | |
| sumatriptan | Imitrex | 9 tablets/month | |
| tizanidine | Zanaflex | 90 tablets/30 days | |
| tramadol | Ultram | 60 tablets/month | |
| tretinoin | Retin-A, Avita | 45gm/month | AL |
| valacyclovir | Valtrex | 60 tablets per month | ST |
| verapamil ext-rel | Calan SR | 1 capsule/day | |
| vitamin D 400 IU | Vitamin D 400 IU | 2 capsules/day | OTC |
| zanamivir | Relenza | 5-day supply (1 box) | |
| zolpidem | Ambien | 30 tablets/30 days | |
| zonisamide | Zonegran 25mg and 50mg | 30 capsules/30 days | |
| zonisamide | Zonegran 100mg | 180 capsules/30 days | |

Age Limitations are on medications throughout the formulary and are indicated with an "AL" notation. Coverage for a medication is indicated by the age limitation. This could be a minimum age, maximum age, and/or the combination of a minimum and maximum age edit.

Age Limitations

| Generic Name | Brand Name | Limitation Description | Other limitations |
|---|------------|-------------------------------------|-------------------|
| amitriptyline | Elavil | PA required for members over age 65 | |
| amoxipine | Asendin | PA required for members over age 65 | |
| amphetamine/dextroamphetamine mix salt | Adderall | Covered for members age 6-17 | |
| aspirin 81mg and 325mg | Aspirin | Covered for members age 40-79 | \$0, QL, OTC |

| Generic Name | Brand Name | Limitation Description | Other limitations |
|---|---|---|-------------------|
| budesonide inh susp | Pulmicort Respules | Covered for Members Up to Age 8 | QL |
| cetirizine OTC syrup | Zyrtec OTC syrup | Maximum Age is 2 Years, Then Use OTC Loratadine | OTC |
| chlordiazepoxide | Librium | PA required for members over age 65 | |
| dexmethyphenidate | Focalin | Covered for members age 6-17 | |
| dextroamphetamine | Dexedrine | Covered for members age 6-17 | |
| dextroamphetamine SR | Dexedrine Spans | Covered for members age 6-17 | |
| diazepam | Valium | PA required for members over age 65 | |
| diphenhydramine (all forms) | Benadryl (OTC) | Covered up to age 65, then PA required | OTC |
| doxepin | Sinequin | PA required for members over age 65 | |
| enoxaparin | Lovenox | Females ages 17-42 will require PA | QL, AL, PA |
| ferrous sulfate drops 15mg/ml | Iron drops | Covered for members up to age 1 | \$0, QL, OTC |
| flurazepam | Dalmane | PA required for members over age 65 | |
| folic acid | Folic Acid | Covered for members age 14-50 | \$0, QL, OTC |
| imipramine | Tofranil | PA required for members over age 65 | |
| imipramine pamoate | Tofranil- PM | PA required for members over age 65 | |
| lidocaine/prilocaine | Emla | Covered up to age 15 | |
| lisdexamfetamine | Vyvanse | Covered for members age 6-17 | |
| methyphenidate | Ritalin | Covered for members age 6-17 | |
| methyphenidate SR | Concerta, Ritalin SR | Covered for members age 6-17 | QL- Concerta |
| montelukast | Singulair 10mg tablets and chewable tablets | Covered up to age 18 | |
| pediatric multivitamin/fluoride | Poly-Vi-Flor | Covered up to age 10 | |
| pediatric vitamins ADC drops | Tri-Vi-Sol (OTC) | Covered up to age 10 | |
| pediatric vitamins ADC/fluoride chew tabs | | Covered up to age 10 | |
| pediatric vitamins ADC/fluoride drops | Tri-Vi-Flor Drops | Covered up to age 10 | |
| temazepam | Restoril | PA required for members over age 65 | |
| tretinoin topical | Retin-A, Avita | Covered for members under age 29 (QL applies) | QL |
| triazolam | Halcion | PA required for members over age 65 | |

GENDER EDITS

Formulary medications with gender edits are indicated with a "GE" on the formulary and require the member to be a specific generic for coverage.

| Generic Name | Brand Name | Gender requirement |
|--------------|------------|---------------------------------------|
| Enoxaparin | Lovenox | PA is required for females ages 17-42 |

| Generic Name | Brand Name | Gender requirement |
|-------------------------------|-------------------------------|--------------------|
| Estradiol transdermal patches | Alora | Female |
| Oral estrogen | Premarin | Female |
| Levonorgestrel | Plan B, Next Choice | Female |
| Medroxyprogesterone injection | Depo-Provera | Female |
| Oral Contraceptives | Formulary Oral Contraceptives | Female |
| Androgens | Depo-Testosterone | Male |

Step Therapy Protocols

Step Therapy (ST) medications require that an alternative, first line medication be tried and failed before the requested medication can be covered. The online claims adjudication system will automatically allow for the requested medication to be filled based on electronic claims history indicating that the first line medication was filled.

Step Therapy Criteria

| <i>Therapy Class</i> | <i>First Line</i> | <i>Second Line</i> | <i>Step Therapy Criteria</i> |
|---------------------------|--|--|---|
| Antiasthmatic | Formulary Antiasthmatic | Advair 100/50 Dulera Symbicort | Prior use of an Antiasthmatic within the last 90 days. |
| Antibiotics | Amoxicillin Ampicillin generic Augmentin Cefpodoxime Cephalexin Ciprofloxacin Clindamycin Dicloxacillin Doxycycline Erythromycin Penicillin SMZ-TMP Tetracycline | Avelox Noroxin | Prior use of a first line antibiotic within the last 30 days. |
| Antidiabetics (TZD) | Metformin | Actoplus Met Actos Duetact | Prior use of Metformin within the last 90 days. |
| Antiviral | Acyclovir | Valacyclovir (Valtrex) | Prior use of acyclovir within the last 90 days. |
| Antipsychotic | Risperidone (Risperdal) | Geodon | Prior use of risperidone within the last 90 days. |
| Osteoporosis | Alendronate (Fosamax) | Actonel | Prior use of alendronate within the last 90 days. |
| Urinary Antispasmodics | Oxybutynin Oxybutynin-ER | Detrol Detrol LA Enablex Sanctura Vesicare | Prior use of Oxybutynin/oxybutynin-ER within past 90 days. |



2012 Commercial Formulary

Formulary changes can occur at any time

| Generic Name | Reference Name | Generic Status | Comments |
|--|--|----------------|---|
| ANTI-INFECTIVES | | | |
| PENICILLINS | | | |
| amoxicillin | AMOXIL, TRIMOX | generic | |
| amoxicillin/clavulanate | AUGMENTIN | generic | QL; 500 and 875mg covered |
| amoxicillin/clavulanate | AUGMENTIN SUSPENSION 200/5, 400/5 and ES | generic | |
| ampicillin | PRINCIPEN | generic | |
| dicloxacillin | DYNAPEN | generic | |
| penicillin g procaine/benzathine inj | BICILLIN C-R INJECTION | | |
| penicillin v potassium | VEETIDS | generic | |
| CEPHALOSPORINS | | | |
| cefaclor | CECLOR | generic | |
| cefadroxil | DURICEF | generic | |
| cefdinir | OMNICEF | generic | |
| cefepime | VANTIN | generic | |
| cefprozil | CEFZIL | generic | |
| ceftriaxone sodium | ROCEPHIN INJECTION | generic | |
| cefuroxime axetil | CEFTIN | generic | |
| cephalexin | KEFLEX, KEFTAB | generic | |
| MACROLIDES | | | |
| azithromycin | ZITHROMAX | generic | QL |
| clarithromycin | BIAXIN | generic | |
| clarithromycin er | BIAXIN XL | generic | |
| erythromycin ethylsuccinate | E.E.S 400 | generic | |
| erythromycin base | ERYTHROMYCIN FILMTAB | | |
| erythromycin ethylsuccinate | E.E.S GRANULES, ERYPED | | |
| erythromycin stearate | ERYTHROCIN | | |
| azithromycin | ZMAX | | |
| erythromycin base, delayed release | ERY-TAB, PCE | | |
| SULFONAMIDES & COMBINATIONS | | | |
| erythromycin/sulfisoxazole | PEDIAZOLE | generic | |
| sulfadiazine | SULFADIAZINE | generic | |
| sulfamethoxazole/trimethoprim | BACTRIM DS, SEPTRA DS | generic | |
| TETRACYCLINES | | | |
| doxycycline hyclate | VIBRA-TABS, VIBRAMYCIN | generic | |
| minocycline | DYNACIN, MINOCIN | generic | |
| tetracycline | ACHROMYCIN, SUMYCIN | generic | |
| doxycycline hyclate | VIBRAMYCIN | generic | |
| doxycycline monohydrate | VIBRAMYCIN SUSPENSION | | |
| MISCELLANEOUS ANTI-BACTERIALS & ANTI-MYCOBACTERIALS | | | |
| chlorhexidine | PERIDEX, PERIOGARD | generic | |
| clindamycin hcl | CLEOCIN | generic | |
| metronidazole | FLAGYL | generic | |
| neomycin | NEOMYCIN | generic | |
| vancomycin | VANCOCIN INJECTION | generic | PA- injection compounded for oral use with PA |
| URINARY ANTI-INFECTIVES | | | |
| methenamine hippurate | HIPREX | generic | |
| nitrofurantoin macrocrystals | MACRODANTIN | generic | |
| nitrofurantoin monohydrate/macrocrystals | MACROBID 50mg, 100mg | generic | QL |
| trimethoprim | PROLOPRIM, TRIMPEX | generic | |
| QUINOLONES | | | |
| ciprofloxacin | CIPRO | generic | |
| ofloxacin | FLOXIN | generic | |
| moxifloxacin | AVELOX | | ST |
| norfloxacin | NOROXIN | | ST |
| ORAL ANTIFUNGAL AGENTS | | | |
| clotrimazole | MYCELEX TROCHE | generic | |
| fluconazole | DIFLUCAN | generic | QL |
| griseofulvin microsize suspension | GRIFULVIN V SUSPENSION | generic | |
| ketoconazole | NIZORAL TABLETS | generic | |
| nystatin | NILSTAT, MYCOSTATIN | generic | |
| griseofulvin | GRIFULVIN | generic | |
| griseofulvin ultramicrosize | GRIS-PEG | | |
| ANTIVIRAL AGENTS | | | |
| ORAL ANTIVIRAL AGENTS - ANTI-INFLUENZA | | | |
| amantadine | SYMMETREL CAPSULES | generic | |
| rimantadine | FLUMADINE | generic | |
| oseltamivir | TAMIFLU | | QL |
| zanamivir | RELENZA | | QL |
| ANTIVIRAL AGENTS - HEPATITIS | | | |
| ribavirin | COPEGUS, REBETOL, RIBASPHERE | generic | PA/SP |
| peginterferon alpha-2b | PEG INTRON | | PA/SP |
| interferon alfacon-1 | INFERGEN | | PA/SP |
| ANTIVIRAL AGENTS - HERPES | | | |
| acyclovir | ZOVIRAX | generic | |
| valacyclovir | VALTREX | generic | QL/ST |
| ANTIVIRAL AGENTS - OTHER | | | |
| ganciclovir | VALCYTE | | PA |
| ANTIRETROVIRAL AGENTS - COMBINATION PRODUCTS | | | |
| abacavir/lamivudine | EPZICOM | | QL |
| abacavir/lamivudine/zidovudine | TRIZIVIR | | QL |
| efavirenz/emtricitabine/tenofovir | ATRIPLA | | QL |
| emtricitabine/tenofovir | TRUVADA | | QL |
| lamivudine/zidovudine | COMBIVIR | | QL |
| lopinavir/ritonavir | KALETRA | | QL |
| ANTIRETROVIRAL AGENTS - OTHER PRODUCTS | | | |
| maraviroc | SELZENTRY | | QL |

| | | | | | |
|---|---------------------------------|---|----------------------------|---------|----------------------------|
| | raltegravir | - | ISENTRISS | | QL |
| ANTIRETROVIRAL AGENTS - PROTEASE INHIBITORS | | | | | |
| | atazanavir | - | REYATAZ | | QL |
| | darunavir | - | PREZISTA | | QL |
| | fosamprenavir | - | LEXIVA | | QL |
| | indinavir | - | CRIXIVAN | | QL |
| | nelfinavir | - | VIRACEPT | | QL |
| | ritonavir | - | NORVIR | | QL |
| | saquinavir | - | INVIRASE | | QL |
| | tipranavir | - | APTIVUS | | QL |
| | didanosine | - | VIDEX EC | generic | QL |
| | stavudine | - | ZERIT | generic | QL |
| ANTIRETROVIRAL AGENTS - REVERSE TRANSCRIPTASE INHIBITORS | | | | | |
| | zidovudine | - | RETROVIR | generic | QL |
| | abacavir sulfate | - | ZIAGEN | | QL |
| | delavirdine mesylate | - | RESCRIPTOR | | QL |
| | didanosine | - | VIDEX SOLUTION | | QL |
| | efavirenz | - | SUSTIVA | | QL |
| | emtricitabine | - | EMTRIVA | | QL |
| | etravirine | - | INTELENCE | | QL |
| | lamivudine | - | EPIVIR/HBV | | QL |
| | nevirapine | - | VIRAMUNE | | QL |
| | nevirapine sr | - | VIRAMUNE XR | | QL |
| | tenofovir | - | VIREAD | | QL |
| | rilpivirine hcl | - | EDURANT | | QL |
| ANTI-MALARIAL AGENTS | | | | | |
| | chloroquine phosphate | - | ARALEN | generic | PA |
| | hydroxychloroquine | - | PLAQUENIL | generic | |
| | primaquine | - | PRIMAQUINE | | |
| | pyrimethamine | - | DARAPRIM | | |
| | quinine sulfate | - | QUALAQUIN | | |
| ANTI-AMEBIC, ANTI-HELMINTHIC & ANTI-PROTOZOAL AGENTS | | | | | |
| | mebendazole | - | VERMOX | generic | |
| | atovaquone | - | MEPRON | | QL |
| ANTI-TUBERCULOSIS AGENTS | | | | | |
| | cycloserine | - | SEROMYCIN | generic | |
| | ethambutol | - | MYAMBUTOL | generic | |
| | isoniazid | - | NIAZID, NYDRAZID | generic | |
| | pyrazinamide | - | PYRAZINAMIDE | generic | |
| | rifampin | - | RIFADIN, RIMACTANE | generic | |
| | ethionamide | - | TRECTOR | | |
| | rifampin/isoniazid/pyrazinamide | - | RIFATER | | |
| | rifabutin | - | MYCOBUTIN | | |
| IMMUNOSUPPRESSANT AGENTS | | | | | |
| | azathioprine | - | IMURAN | generic | |
| | cyclosporine | - | NEORAL, GENGRAF | generic | SP |
| | leflunomide | - | ARAVA | generic | |
| | methotrexate | - | RHEUMATREX 2.5mg | generic | |
| | mycophenolate mofetil | - | CELLCEPT CAPSULES | generic | PA for Cellcept suspension |
| | tacrolimus | - | PROGRAF | generic | |
| | auranofin | - | RIDAURA | | |
| | cyclosporine | - | SANDIMMUNE | | SP |
| | methotrexate | - | TREXALL | | |
| ANTI-NEOPLASTIC AGENTS | | | | | |
| | anagrelide | - | AGRYLIN | generic | |
| | anastrozole | - | ARIMIDEX | generic | |
| | bicalutamide | - | CASODEX | generic | PA |
| | flutamide | - | EULEXIN | generic | PA |
| | letrozole | - | FEMARA | generic | PA |
| | hydroxyurea | - | HYDREA 500mg | generic | |
| | leucovorin | - | LEUCOVORIN | generic | |
| | leuprolide | - | LUPRON | generic | PA/SP |
| | megestrol | - | MEGACE | generic | |
| | mercaptopurine | - | PURINETHOL | generic | |
| | tamoxifen | - | NOLVADEX | generic | |
| | tretinoin | - | VESANOID | generic | PA |
| | altretamine | - | HEXALEN | | |
| | busulfan | - | MYLERAN | | |
| | capecitabine | - | XELODA | | PA/SP |
| | chlorambucil | - | LEUKERAN | | PA |
| | cyclophosphamide | - | CYTOXAN | | |
| | nilotinib | - | TASIGNA | | PA/SP |
| | interferon alpha-2b | - | INTRON A | | PA/SP |
| | leuprolide | - | LUPRON DEPOT/PED, ELIGARD | | PA/SP |
| | lomustine | - | CEENU | | PA |
| | procarbazine | - | MATULANE | | PA |
| | thioguanine | - | TABLOID | | PA |
| HEMATOPOETIC GROWTH FACTORS | | | | | |
| | filgrastim | - | NEUPOGEN | | PA/SP |
| CARDIOVASCULAR MEDICATIONS | | | | | |
| CARDIAC GLYCOSIDES | | | | | |
| | digoxin | - | LANOXIN | generic | |
| CALCIUM ANTAGONISTS | | | | | |
| | amlodipine | - | NORVASC | generic | QL |
| | diltiazem | - | CARDIZEM | generic | |
| | diltiazem er | - | CARDIZEM CD, CARTIA XT | generic | QL |
| | diltiazem er | - | DILACOR XR | generic | QL |
| | diltiazem er | - | DILTZAC, TAZTIA XT, TIAZAC | generic | QL |
| | felodipine er | - | PLENDIL | generic | QL |
| | nicardipine | - | CARDENE | generic | |
| | nifedipine er | - | ADALAT CC | generic | QL |
| | nifedipine er | - | PROCARDIA XL | generic | QL |
| | nisoldipine er | - | SULAR | generic | |
| | verapamil | - | CALAN, ISOPTIN | generic | |

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|---|------------------------------------|------------------------------------|---------|------------------------------|
| | verapamil er | - CALAN SR, ISOPTIN SR | generic | QL |
| DIURETICS | | | | |
| | acetazolamide | - DIAMOX | generic | |
| | amiloride | - MIDAMOR | generic | |
| | amiloride/hydrochlorothiazide | - MODURETIC | generic | |
| | bumetanide | - BUMEX | generic | |
| | chlorothiazide | - DIURIL | generic | |
| | chlorthalidone | - HYGROTON | generic | |
| | furosemide | - LASIX | generic | |
| | hydrochlorothiazide | - ESIDRIX, HYDRODIURIL | generic | |
| | indapamide | - LOZOL | generic | |
| | metolazone | - ZAROXOLYN | generic | |
| | spironolactone | - ALDACTONE | generic | |
| | spironolactone/hydrochlorothiazide | - ALDACTAZIDE | generic | |
| | toremide | - DEMADDEX | generic | |
| | triamterene/hydrochlorothiazide | - DYAZIDE, MAXZIDE, MAXZIDE-25 | generic | |
| BETA-ADRENERGIC ANTAGONIST AGENTS & COMBINATIONS | | | | |
| | acebutolol | - SECTRAL | generic | |
| | atenolol | - TENORMIN | generic | |
| | atenolol/chlorthalidone | - TENORETIC | generic | |
| | bisoprolol/hydrochlorothiazide | - ZIAC | generic | |
| | carvedilol | - COREG | generic | |
| | labetalol | - NORMODYNE, TRANDATE | generic | |
| | metoprolol succinate | - TOPROL XL | generic | QL |
| | metoprolol tartrate | - LOPRESSOR | generic | |
| | metoprolol/hydrochlorothiazide | - LOPRESSOR HCT 100/25 | generic | |
| | nadolol | - CORGARD | generic | |
| | pindolol | - VISKEN | generic | |
| | propranolol | - INDERAL | generic | |
| | propranolol er | - INDERAL LA | generic | |
| | propranolol/hydrochlorothiazide | - INDERIDE 40/25 | generic | |
| | nebivolol | - BYSTOLIC | | PA |
| | timolol | - BLOCADREN | | |
| ACE INHIBITORS & COMBINATIONS | | | | |
| | benazepril | - LOTENSIN | generic | |
| | benazepril/amlodipine besylate | - LOTREL | generic | |
| | benazepril/hydrochlorothiazide | - LOTENSIN HCT | generic | |
| | captopril | - CAPOTEN | generic | |
| | captopril/hydrochlorothiazide | - CAPOZIDE | generic | QL |
| | enalapril | - VASOTEC | generic | |
| | enalapril/hydrochlorothiazide | - VASERETIC | generic | |
| | fosinopril | - MONOPRIL | generic | |
| | lisinopril | - PRINIVIL | generic | |
| | lisinopril/hydrochlorothiazide | - PRINZIDE | generic | |
| | moexipril | - UNIVASC | generic | |
| | quinapril | - ACCUPRIL | generic | |
| | quinapril/hydrochlorothiazide | - ACCURETIC | generic | QL |
| | ramipril | - ALTACE CAPSULES | generic | |
| | trandolapril | - MAVIK | generic | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS & COMBINATIONS | | | | |
| | losartan | - COZAAR | generic | QL |
| | losartan/hydrochlorothiazide | - HYZAAR | generic | QL |
| | amlodipine besylate/olmesartan | - AZOR | generic | QL |
| OTHER ANTIHYPERTENSIVES | | | | |
| | clonidine | - CATAPRES | generic | |
| | doxazosin | - CARDURA | generic | |
| | guanfacine | - TENEX | generic | |
| | methyl dopa | - ALDOMET | generic | |
| | midodrine | - PROAMATINE | generic | |
| | minoxidil | - LONITEN | generic | |
| | prazosin | - MINIPRESS | generic | |
| | terazosin | - HYTRIN | generic | |
| VASODILATING AGENTS | | | | |
| | isosorbide dinitrate | - ISORDIL, SORBITRATE | generic | |
| | isosorbide dinitrate er | - ISOCHRON | generic | |
| | isosorbide mononitrate | - IMDUR, MONOKET | generic | |
| | nitroglycerin sublingual | - NITROSTAT | generic | |
| | nitroglycerin transdermal | - MINITRAN, NITREK, NITRO-DUR | generic | |
| ANTIDYSRHYTHMIC AGENTS | | | | |
| | amiodarone | - CORDARONE, PACERONE 200mg, 400mg | generic | |
| | disopyramide | - NORPACE | generic | |
| | flecainide | - TAMBOCOR | generic | |
| | propafenone | - RYTHMOL | generic | |
| | disopyramide er | - NORPACE CR | | |
| ANTILIPEMIC AGENTS | | | | |
| HMG-COA REDUCTASE INHIBITORS | | | | |
| | lovastatin | - MEVACOR | generic | |
| | pravastatin | - PRAVACHOL | generic | |
| | simvastatin | - ZOCOR | generic | 80mg tablets are not covered |
| | atorvastatin calcium | - LIPITOR | generic | QL |
| | fluvastatin | - LESCOL | | |
| | fluvastatin er | - LESCOL XL | | |
| ANTILIPEMIC AGENTS - OTHER | | | | |
| | cholestyramine/sucrose | - QUESTRAN | generic | |
| | colestipol | - COLESTID | generic | |
| | fenofibrate micronized | - LOFIBRA | generic | |
| | gemfibrozil | - LOPID | generic | |
| | fenofibrate | - FENOGLIDE | | |
| | fenofibrate | - TRIGLIDE 50mg only | | |
| AUTONOMIC & CNS MEDICATIONS | | | | |
| ANALGESICS (NARCOTIC) | | | | |
| | fentanyl patch | - DURAGESIC | generic | PA |
| | hydromorphone | - DILAUDID | generic | |

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|---|--|---|---|---------|-----------------------------------|
| | meperidine | - | DEMEROL INJECTION, TABLETS | generic | |
| | methadone | - | DOLOPHINE | generic | |
| | morphine | - | MSIR | generic | |
| | morphine er | - | MS CONTIN | generic | |
| | oxycodone | - | OXYIR, ROXICODONE 5mg, 15mg, 30mg | generic | |
| | tramadol | - | ULTRAM | generic | QL |
| | codeine sulfate | - | CODEINE | | |
| | hydromorphone | - | DILAUDID LIQUID | | |
| | meperidine | - | DEMEROL SOLUTION | | |
| ANALGESICS (NON-NARCOTICS; OVER-THE-COUNTER) | | | | | |
| | acetaminophen | | TYLENOL | generic | OTC- all dosage forms are covered |
| | aspirin | | | generic | OTC- all dosage forms are covered |
| | aspirin/acetaminophen/caffeine | | EXCEDERIN | generic | OTC |
| | aspirin/aluminum hydroxide/magnesium hydroxide | | ARTHRITIS PAIN | generic | OTC |
| | aspirin/aluminum hydroxide/magnesium carbonate | | ASCRIPITIN | generic | OTC |
| | buffered aspirin | | BUFFERIN | generic | OTC |
| ANALGESIC COMBINATIONS | | | | | |
| | acetaminophen/caffeine/dihydrocodeine | | PANLOR DC | generic | |
| | codeine/acetaminophen | | TYLENOL/CODEINE | generic | |
| | hydrocodone/acetaminophen | | LORTAB, VICODIN, VICODIN ES | generic | |
| | oxycodone/acetaminophen | | PERCOCET (except 2.5/325mg) | generic | |
| | oxycodone/aspirin | | PERCODAN | generic | |
| NARCOTIC ANTAGONISTS | | | | | |
| | naltrexone | - | REVIA | generic | |
| AGENTS TO PREVENT & TREAT HEADACHES | | | | | |
| | butalbital/acetaminophen | - | PHRENILIN, PHRENILIN FORTE | generic | |
| | butalbital/acetaminophen/caffeine | - | ESGIC/PLUS, FIORICET | generic | |
| | butalbital/aspirin/caffeine | - | FIORINAL | generic | |
| | butalbital/codeine/acetaminophen | - | FIORICET/CODEINE | generic | |
| | butalbital/codeine/aspirin/caffeine | - | FIORINAL/CODEINE | generic | |
| | ergotamine/caffeine | - | CAFERGOT | generic | |
| | isometheptene/dichlorophenazone/acetaminophen | - | MIDRIN | generic | |
| | divalproex | - | DEPAKOTE ER | | |
| TRIPTAN AGENTS | | | | | |
| | sumatriptan tablets | - | IMITREX TABLETS | generic | QL |
| ANXIOLYTICS | | | | | |
| | alprazolam | - | XANAX | generic | |
| | alprazolam er | - | XANAX XR | generic | PA |
| | bupirone | - | BUSPAR 5mg, 10mg, 15mg, 30mg | generic | |
| | chlordiazepoxide | - | LIBRIUM | generic | AL |
| | clorazepate | - | TRANXENE | generic | |
| | diazepam | - | VALIUM | generic | AL |
| | lorazepam | - | ATIVAN | generic | |
| | oxazepam | - | SERAX | generic | |
| SEDATIVE / HYPNOTIC AGENTS | | | | | |
| | estazolam | - | PROSOM | generic | |
| | flurazepam | - | DALMANE | generic | AL |
| | temazepam | - | RESTORIL (only 15mg and 30mg) | generic | AL; 7.5 and 22.5mg excluded |
| | triazolam | - | HALCION | generic | AL |
| | zaleplon | - | SONATA | generic | |
| | zolpidem | - | AMBIEN | generic | QL |
| | chloral hydrate | - | SOMNOTE | | |
| ANTI-MANIA AGENTS | | | | | |
| | lithium carbonate | - | LITHONATE, ESKALITH | generic | |
| | lithium carbonate er | - | LITHOBID, ESKALITH CR | generic | |
| | lithium citrate | - | LITHIUM CITRATE SYRUP | generic | |
| ANTICONSULSANT AGENTS | | | | | |
| | carbamazepine | - | TEGRETOL | generic | |
| | carbamazepine er | - | TEGRETOL XR 200mg, 400mg | generic | |
| | clonazepam | - | KLONOPIN | generic | |
| | divalproex | - | DEPAKOTE | generic | |
| | divalproex er | - | DEPAKOTE ER | generic | |
| | ethosuximide | - | ZARONTIN | generic | |
| | gabapentin | - | NEURONTIN | generic | |
| | gabapentin | - | NEURONTIN SOLUTION | generic | |
| | lamotrigine | - | LAMICTAL CHEWABLE DISPERSABLE 5mg, 25mg | generic | |
| | lamotrigine | - | LAMICTAL | generic | |
| | levetiracetam | - | KEPPRA | generic | QL |
| | oxcarbazepine | - | TRILEPTAL | generic | |
| | phenobarbital | - | PHENOBARBITAL | generic | |
| | phenytoin | - | DILANTIN | generic | |
| | phenytoin | - | PHENYTEK | generic | |
| | primidone | - | MYSOLINE | generic | |
| | topiramate | - | TOPAMAX | generic | |
| | valproic acid | - | DEPAKENE | generic | |
| | zonisamide | - | ZONEGRAN | generic | QL |
| | carbamazepine | - | CARBATROL | generic | |
| TRICYCLIC ANTIDEPRESSANTS | | | | | |
| | amitriptyline | - | ELAVIL | generic | AL |
| | amitriptyline/chlordiazepoxide | - | LIMBITROL | generic | |
| | clomipramine | - | ANAFRANIL | generic | |
| | desipramine | - | NORPRAMIN | generic | |
| | doxepin | - | SINEQUAN | generic | AL |
| | imipramine | - | TOFRANIL | generic | AL |
| | imipramine pamoate | - | TOFRANIL PM | generic | |
| | nortriptyline | - | AVENTYL, PAMELOR | generic | |
| | trazodone | - | DESYREL | generic | |
| | amoxapine | - | ASENDIN | | AL |
| | trimipramine | - | SURMONTIL | | |
| SSRI ANTIDEPRESSANTS | | | | | |

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|--|--|---|---------|-------------------|
| | citalopram | - CELEXA | generic | QL |
| | fluoxetine capsules | - PROZAC | generic | |
| | fluvoxamine | - LUVOX | generic | |
| | paroxetine hydrochloride | - PAXIL | generic | |
| | sertraline | - ZOLOFT | generic | |
| OTHER ANTIDEPRESSANTS | | | | |
| | bupropion | - WELLBUTRIN | generic | 75 and 100mg only |
| | bupropion er | - WELLBUTRIN XL- 300mg | generic | |
| | mirtazapine | - REMERON | generic | |
| | mirtazapine | - REMERON SOLTAB | generic | |
| | venlafaxine | - EFFEXOR | generic | |
| MAO INHIBITORS | | | | |
| | tranylcypromine | - PARNATE | generic | |
| | phenelzine | - NARDIL | generic | |
| | isocarboxazid | - MARPLAN | | |
| ANTIVERTIGO & ANTIEMETIC AGENTS | | | | |
| | dimenhydrinate | - DRAMAMINE | generic | OTC |
| | dronabinol | - MARINOL | generic | PA |
| | meclizine | - ANTIVERT 12.5mg, 25mg | generic | OTC |
| | ondansetron | - ZOFRAN | generic | QL |
| | prochlorperazine | - COMPAZINE | generic | |
| | promethazine | - PHENERGAN | generic | |
| | trimethobenzamide | - TIGAN | generic | |
| ANTIPARKINSON AGENTS | | | | |
| | benztropine | - COGENTIN | generic | |
| | pramipexole | - MIRAPEX | generic | |
| | bromocriptine mesylate | - PARLODEL | generic | |
| | carbidopa/levodopa | - PARCOPA | generic | |
| | carbidopa/levodopa | - SINEMET/CR | generic | |
| | ropinirole | - REQUIP | generic | |
| | selegiline | - ELDEPRYL CAPSULES | generic | |
| | trihexyphenidyl | - ARTANE | generic | |
| | entacapone | - COMTAN | | |
| ANTIPSYCHOTICS | | | | |
| | chlorpromazine | - THORAZINE | generic | |
| | clozapine | - CLOZARIL 25mg, 50mg, 100mg | generic | |
| | fluphenazine | - PERMITIL, PERMITIL | generic | |
| | haloperidol | - HALDOL | generic | |
| | loxapine | - LOXITANE | generic | |
| | perphenazine | - TRILAFON | generic | |
| | risperidone | - RISPERDAL | generic | |
| | thiothixene | - NAVANE 1mg, 2mg, 5mg, 10mg CAPSULES | generic | |
| | trifluoperazine | - STELAZINE | generic | |
| | ziprasidone | - GEODON | | ST |
| CNS STIMULANTS FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER | | | | |
| | amphetamine/dextroamphetamine | - ADDERALL | generic | AL |
| | dextroamphetamine | - DEXEDRINE, DEXTROSTAT 5mg TABLET | generic | AL |
| | dexmethylphenidate | - FOCALIN | generic | AL |
| | methylphenidate | - METHYLIN, RITALIN | generic | AL |
| | methylphenidate er | - METADATE ER | generic | AL |
| | lisdexamfetamine | - VYVANSE | | AL |
| | methylphenidate | - CONCERTA | generic | AL/QL |
| | methylphenidate er | - METADATE CD, RITALIN SR | generic | AL |
| AGENTS TO TREAT ALZHEIMER'S DISEASE | | | | |
| | donepezil | - ARICEPT 5mg, 10mg | generic | |
| | rivastigmine tartrate | - EXELON | generic | PA |
| | galantamine | - RAZADYNE | generic | |
| AGENTS TO TREAT MULTIPLE SCLEROSIS | | | | |
| | interferon beta-1a | - AVONEX | | PA/SP |
| | glatiramer | - COPAXONE | | PA/SP |
| | interferon beta-1b | - EXTAVIA | | PA/SP |
| DERMATOLOGICAL AGENTS | | | | |
| TOPICAL ANESTHETICS | | | | |
| | lidocaine | - BACTINE | generic | OTC |
| | lidocaine | - XYLOCAINE | generic | |
| | lidocaine/prilocaine | - EMLA | generic | AL |
| ANTI-ACNE AGENTS | | | | |
| | erythromycin solution | - A/T/S | generic | |
| | benzoyl peroxide gel | - BENZAC, BREVOXYL | generic | OTC also covered |
| | sulfacetamide/sulfur | - CLENIA, PLEXION, ROSAC WASH, ROSULA, SULFACET-R | generic | |
| | clindamycin phosphate | - CLEOCIN T, CLINDA-DERM | generic | |
| | erythromycin gel | - EMGEL, ERYGEL | generic | |
| | tretinoin | - RETIN-A 0.05% cream, 0.01% gel | generic | AL/QL |
| | tretinoin | - RETIN-A 0.05% cream, 0.01% gel | generic | AL/QL |
| TOPICAL ANTIBACTERIAL AGENTS | | | | |
| | bacitracin | - BACITRACIN | generic | OTC |
| | gentamicin | - GARAMYCIN | generic | |
| | mupirocin | - BACTROBAN OINTMENT | generic | |
| | nystatin | - MYCOSTATIN | generic | |
| | silver sulfadiazine | - SILVADENE | generic | |
| | neomycin/polymixin B/bacitracin | - NEOSPORIN | generic | OTC |
| | neomycin/polymixin B/bacitracin/hydrocortisone | - CORTISPORIN OINTMENT | generic | |
| | neomycin/polymixin B/bacitracin/hc cream | - CORTISPORIN CREAM | generic | |
| | neomycin/polymixin B/bacitracin/lidocaine | - NEOSPORIN PLUS | generic | OTC |
| TOPICAL ANTIFUNGAL AGENTS | | | | |
| | clotrimazole | - LOTRIMIN OTC | generic | OTC only covered |
| | econazole nitrate | - SPECTAZOLE | generic | |
| | ketoconazole | - EXTINA | generic | |
| | ketoconazole | - NIZORAL CREAM, SHAMPOO | generic | |
| | miconazole | - MICATIN | generic | OTC |
| | sulfoconazole | - EXELDERM | | |
| TOPICAL ANTIFUNGAL & CORTICOSTEROID COMBINATIONS | | | | |
| | clotrimazole/betamethasone | - LOTRISONE | generic | QL |

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| | nystatin/triamcinolone | - MYCOLOG | generic | |
| KERATOLYTIC AGENTS | | | | |
| | podofilox | - CONDYLOX SOLUTION | generic | |
| TOPICAL CORTICOSTEROID AGENTS | | | | |
| | betamethasone dipropionate | - DIPROSONE, MAXIVATE | generic | QL |
| | betamethasone dipropionate augmented | - DIPROLENE, DIPROLENE AF CREAM | generic | QL |
| | betamethasone valerate | - VALISONE | generic | QL |
| | clobetasol | - TEMOVATE CREAM/OINT | generic | QL |
| | desonide | - DESOWEN CREAM/OINT 0.05%, TRIDESILON | generic | QL |
| | diflorasone | - FLORONE, FLORONE E, PSORCON E OINT 0.05% | generic | QL |
| | fluocinonide | - LIDEX, LIDEX E | generic | QL |
| | fluticasone propionate | - CUTIVATE CRM .05%, OINT 0.1% | generic | QL |
| | halobetasol | - ULTRAVATE CRM, OINT 0.05% | generic | QL |
| | hydrocortisone acetate crm, ointment | - ANUSOL, TUCKS | generic | OTC, QL |
| | hydrocortisone | - HYTONE | generic | QL; 0.5% and 1% OTC are covered |
| | hydrocortisone valerate | - WESTCORT CRM, OINT 0.1% | generic | QL |
| | mometasone | - ELOCON OINTMENT, CREAM, LOTION | generic | QL |
| | prednicarbate | - DERMATOP | generic | QL |
| | triamcinolone acetonide | - KENALOG CRM 0.5%, OINT 0.1% | generic | QL |
| | flurandrenolide | - CORDRAN TAPE | | QL |
| TOPICAL OB/GYN ANTI-INFECTIVES | | | | |
| | clindamycin phosphate | - CLEOCIN VAGINAL CREAM | generic | |
| | metronidazole | - METROGEL-VAGINAL | generic | |
| | metronidazole | - VANDAZOLE | | |
| | sulfanilamide | - AVC | | |
| | clindamycin phosphate | - CLEOCIN VAGINAL SUPPOSITORY | | |
| TOPICAL VAGINAL ANTIFUNGALS | | | | |
| | clotrimazole | - GYNE-LOTRMIN, MYCELEX | generic | OTC |
| | miconazole nitrate | - MONISTAT 7, MONISTAT 3 | generic | OTC |
| | terconazole | - TERAZOL 3 SUPP | generic | |
| | terconazole | - TERAZOL 3, TERAZOL 7 CREAM | generic | |
| | nystatin | - NYSTATIN VAGINAL TABLETS | | |
| TOPICAL RECTAL AGENTS | | | | |
| | hydrocortisone 1% cream | - PROCTOCORT HC | generic | |
| | hydrocortisone 2.5% cream | - ANUSOL HC | generic | |
| | hydrocortisone enema | - COLOCORT, CORTENEMA | generic | |
| OTHER DERMATOLOGICAL AGENTS | | | | |
| | ammonium lactate | - LAC-HYDRIN | generic | OTC |
| | fluorouracil | - EFUDEX, FLUROPLEX | generic | |
| | lindane | - KWELL | generic | |
| | malathion | - OVIDE | generic | |
| | metronidazole | - METROCREAM 0.75% | generic | metronidazole 0.75% gel also covered |
| | permethrin | - ELIMITE | generic | OTC 1% lotion is covered |
| | permethrin 1% lotion | - PERMETHRIN LOTION | generic | OTC |
| | pyrethrins/piperonyl butoxide | - RID | generic | OTC |
| | salicylic acid | - COMPOUND W | generic | OTC |
| | urea | - CARMOL, UMECTA | generic | |
| | docosanol | - ABREVA | | OTC |
| | penciclovir | - DENAVIR | | |
| | permethrin | - NIX | | OTC |
| | salicylic acid/sulfur | - SEBULEX | | OTC |
| | selenium sulfide shampoo 2.5% | - SELSUN RX | | |
| | vegetable extract shampoo | - LICE B GONE SHAMPOO | | OTC |
| | crotamiton | - EURAX | | |
| EAR, NOSE & THROAT AGENTS | | | | |
| NASAL CORTICOSTEROIDS | | | | |
| | flunisolide | - NASAREL | generic | QL |
| | fluticasone propionate | - FLONASE | generic | QL |
| AGENTS AFFECTING THE EAR | | | | |
| | acetic acid | - ACETIC ACID | generic | |
| | acetic acid/aluminum acetate | - BOROFAIR OTIC, OTIC DOMEBORO | generic | |
| | acetic acid/antipyrine/benzocaine | - AURALGAN | generic | |
| | acetic acid/hydrocortisone | - VOSOL HC | generic | |
| | ofloxacin | - FLOXIN OTIC | generic | |
| | carbamide peroxide | - DEBROX | generic | OTC |
| | ciprofloxacin/dexamethasone | - CIPRODEX | | |
| | ciprofloxacin/hydrocortisone | - CIPRO HC | | |
| | hydrocortisone/neomycin sulfate | - COLY-MYCIN S | | |
| | neomycin/polymixin/hydrocortisone | - CORTISPORIN OTIC | generic | |
| AGENTS AFFECTING THE NOSE | | | | |
| | cromolyn sodium | - NASALCROM | generic | OTC |
| | oxymetazoline | - AFRIN | generic | OTC |
| | saline nasal spray | - OCEAN NASAL SPRAY | generic | OTC/QL |
| | ipratropium | - ATROVENT | generic | QL |
| AGENTS AFFECTING THE MOUTH | | | | |
| | pilocarpine | - SALAGEN | generic | |
| | triamcinolone dental paste | - KENALOG IN ORABASE | generic | |
| | benzocaine dental gel | - ORAGEL | | OTC |
| | lidocaine | - XYLOCAINE GEL | generic | |
| | cevimeline | - EVOXAC | | |
| ENDOCRINE MEDICATIONS | | | | |
| ANTIDIABETIC AGENTS - BIGUANIDES | | | | |
| | metformin | - GLUCOPHAGE | generic | |
| | metformin er | - GLUCOPHAGE XR | generic | |
| ANTIDIABETIC AGENTS - SULFONYLUREAS | | | | |
| | chlorpropamide | - DIABENESE | generic | |
| | glimepiride | - AMARYL | generic | |
| | glipizide | - GLUCOTROL | generic | |
| | glipizide er | - GLUCOTROL XL | generic | QL |
| | glyburide | - DIABETA, GLYNASE, MICRONASE | generic | |
| ANTIDIABETIC AGENTS - THIAZOLIDINEDIONES | | | | |

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|---|--|---|--|---------|---------------------------------------|
| | pioglitazone | - | ACTOS | | QL/ST |
| ANTIDIABETIC AGENTS - DPP-IV INHIBITORS | | | | | |
| | sitagliptin | - | JANUVIA | | QL |
| ANTIDIABETIC AGENTS - COMBINATIONS | | | | | |
| | pioglitazone/glimepiride | - | DUETACT | | QL/ST |
| | pioglitazone/metformin | - | ACTOPLUS MET | | QL/ST- ACTOSPLUS MET XR not covered |
| | sitagliptin/metformin | - | JANUMET | | QL |
| ANTIDIABETIC AGENTS - OTHER | | | | | |
| | acarbose | - | PRECOSE | generic | |
| DIABETIC AGENTS - OTHER | | | | | |
| | glucagon | - | GLUCAGON | | QL |
| INSULIN | | | | | |
| | insulin detemir | - | LEVEMIR | | vials only- generic copay applies |
| | insulin glulisine | - | APIDRA | | vials only- generic copay applies |
| | insulin, glargine | - | LANTUS | | vials only- generic copay applies |
| | insulin, human | - | NOVOLIN R, N and 70/30 | | OTC vials only- generic copay applies |
| BISPHOSPHONATES & RELATED AGENTS | | | | | |
| | alendronate | - | FOSAMAX | generic | QL |
| | calcitonin-salmon nasal spray | - | FORTICAL, MIACALCIN | generic | |
| | risedronate | - | ACTONEL | | QL/ST |
| ADRENAL CORTICOSTEROID AGENTS | | | | | |
| | cortisone | - | CORTISONE | generic | |
| | dexamethasone | - | DECADRON ELIXIR, 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg TABLETS | generic | |
| | fludrocortisone | - | FLORINEF | generic | |
| | hydrocortisone | - | CORTEF | generic | |
| | methylprednisolone | - | MEDROL | generic | |
| | prednisolone | - | PRELONE SYRUP | generic | |
| | prednisolone sodium phosphate | - | ORAPRED, PEDIAPRED | generic | |
| | prednisone | - | DELTASONE 1mg, 2.5mg, 5mg, 10mg, 20mg | generic | |
| THYROID AGENTS | | | | | |
| | levothyroxine | - | LEVOTHROID, LEVOXYL | generic | |
| | thyroid | - | ARMOUR THYROID, WESTHROID 32.5mg, 65mg, 130mg, 195mg | generic | |
| | thyroid | - | ARMOUR THYROID 30mg, 60mg, 90mg | generic | |
| | levothyroxine | - | UNITHROID | generic | |
| | thyroid | - | ARMOUR THYROID, NATURE THYROID 15mg, 16.25mg, 97.5mg, 120mg, 180mg, 240mg, 260mg, 300mg, 325mg | | |
| ANTI-THYROID AGENTS | | | | | |
| | methimazole | - | TAPAZOLE | generic | |
| | propylthiouracil | - | PTU | generic | |
| OTHER ENDOCRINE AGENTS / ENZYME REPLACEMENT | | | | | |
| | desmopressin | - | DDAVP | generic | |
| GASTROINTESTINAL MEDICATIONS | | | | | |
| ANTISPASMODICS / AGENTS AFFECTING GI MOTILITY | | | | | |
| | belladonna alkaloids/opium supp | - | B&O 15-A and 16-A | generic | |
| | belladonna alkaloids/phenobarbital | - | DONNATAL | generic | |
| | belladonna alkaloids tincture | - | BELLADONNA | generic | |
| | clidinium/chlordiazepoxide | - | LIBRAX | generic | |
| | dicyclomine | - | BENTYL | generic | |
| | diphenoxylate/atropine sulfate | - | LOMOTIL | generic | |
| | hyoscyamine | - | ANASPAZ, LEVSIN, LEVSIN SL, NULEV | generic | |
| | hyoscyamine er | - | LEVBID | generic | |
| | hyoscyamine er | - | LEVSINEX | generic | |
| | loperamide | - | IMODIUM | generic | OTC |
| | methscopolamine bromide | - | FAMINE 2.5mg | generic | |
| | glycopyrrolate | - | ROBINUL | generic | |
| | propantheline bromide 15mg | - | PROPANTHELINE | generic | |
| | mepenzolate bromide | - | CANTIL | generic | |
| | metoclopramide | - | REGLAN | generic | |
| H-2 ANTAGONIST AGENTS | | | | | |
| | cimetidine | - | TAGAMET-HB | generic | OTC |
| | famotidine | - | PEPCID AC | generic | OTC |
| | famotidine | - | PEPCID SUSPENSION | generic | |
| | nizatidine | - | AXID | generic | |
| | ranitidine | - | ZANTAC | generic | OTC- capsule are not covered |
| PROTON PUMP INHIBITORS | | | | | |
| | lansoprazole | - | PREVACID 24HR OTC | generic | OTC only covered- QL |
| | omeprazole | - | PRILOSEC 20mg CAPSULE | generic | QL |
| | pantoprazole | - | PROTONIX | generic | QL |
| BOWEL PREPARATION AGENTS | | | | | |
| | polyethylene glycol/electrolyte solution | - | GOLYTELY, NULYTELY | generic | |
| DIGESTIVE ENZYMES | | | | | |
| | amylase/lipase/protease | - | CREON | | |
| AGENTS TO TREAT CROHN'S DISEASE & ULCERATIVE COLITIS | | | | | |
| | mesalamine enema | - | ROWASA | generic | |
| | sulfasalazine | - | AZULFIDINE, AZULFIDINE EN | generic | |
| | mesalamine capsules er | - | PENTASA | | |
| | mesalamine suppositories | - | CANASA | | |
| | mesalamine tablets er | - | ASACOL | | |
| | olsalazine | - | DIPENTUM | | |
| OTHER GASTROINTESTINAL AGENTS | | | | | |
| | aluminum hydroxides/magnesium hydroxide/simethicone | - | MYLANTA | generic | OTC |
| | aluminum hydroxides/magnesium trisilicate/alginate acid/sodium bicarbonate | - | | | OTC |
| | bisacodyl | - | DULCOLAX TABS and SUPP | generic | OTC |
| | bismuth subsalicylate | - | KAOPTECTATE/PEPTO BISMOL | generic | OTC |
| | calcium carbonate | - | TUMS | generic | OTC |
| | calcium carbonate/ magnesium hydroxide | - | MYLANTA SUPREME | generic | OTC |
| | calcium polycarbophil | - | FIBERCON | generic | OTC |
| | casanthranol/docusate sodium | - | | generic | OTC |

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|--|---|---|--------------------------------|---------|------------------------|
| | difenoxin/atropine | - | MOTOFEN | generic | |
| | docusate calcium | - | KAO-TIN, KAOPECTATE CAP | generic | OTC |
| | docusate sodium | - | COLACE | generic | OTC |
| | glycerin suppositories | - | PEDIALAX | generic | OTC |
| | ipecac | - | IPECAC SYRUP | generic | OTC |
| | kaolin pectin | - | KAOLIN | | OTC |
| | lactulose | - | ENULOSE | generic | OTC |
| | magnesium citrate | - | MAGNESIUM CITRATE | generic | OTC |
| | magnesium hydroxide | - | MILK OF MAGNESIA | generic | OTC |
| | magnesium oxide | - | MAG OX | | OTC |
| | methylcellulose | - | CITRUCEL | generic | OTC |
| | misoprostol | - | CYTOTEC | generic | OTC |
| | paregoric tincture | - | | | |
| | polyethylene glycol 3350 oral powder | - | MIRALAX | generic | OTC |
| | psyllium | - | METAMUCIL | generic | OTC |
| | sennosides | - | SENAKOT | generic | OTC |
| | sennosides/docusate sodium | - | PERI-COLACE | generic | OTC |
| | simethicone drops | - | MYLICON DROPS | generic | OTC |
| | simethicone tablets | - | MYLANTA GAS | generic | OTC |
| | sodium bicarbonate | - | ROLAIDS | generic | OTC |
| | sodium phosphates enema | - | FLEET ENEMA | generic | OTC |
| | sucralfate | - | CARAFATE TABLETS | generic | |
| | ursodiol | - | ACTIGALL, URSO, URSO FORTE | generic | |
| MUSCULOSKELETAL MEDICATIONS | | | | | |
| SALICYLATES & RELATED AGENTS | | | | | |
| | choline/magnesium salicylate | - | TRILISATE | generic | |
| | diflunisal | - | DOLOBID | generic | |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | | | | |
| | diclofenac potassium | - | CATAFLAM | generic | |
| | diclofenac sodium | - | VOLTAREN 50mg, 75mg | generic | |
| | diclofenac sodium er | - | VOLTAREN XR | generic | |
| | etodolac | - | LODINE | generic | |
| | etodolac er | - | LODINE XL | generic | |
| | fenoprofen | - | NALFON 600MG | generic | |
| | flurbiprofen | - | ANSAID | generic | |
| | ibuprofen | - | MOTRIN | generic | OTC |
| | indomethacin | - | INDOCIN | generic | |
| | indomethacin er | - | INDOCIN SR | generic | |
| | ketoprofen | - | ORUDIS | generic | QL |
| | ketorolac | - | TORADOL | generic | QL |
| | meloxicam | - | MOBIC | generic | |
| | nabumetone | - | RELAFEN | generic | QL |
| | naproxen | - | NAPROSYN | generic | OTC |
| | naproxen sodium | - | ANAPROX, ANAPROX DS | generic | OTC |
| | oxaprozin | - | DAYPRO | generic | |
| | piroxicam | - | FELDENE | generic | |
| | sulindac | - | CLINORIL | generic | |
| | tolmetin | - | TOLECTIN 400mg | generic | |
| GOUT AGENTS | | | | | |
| | allopurinol | - | ZYLOPRIM | generic | |
| | colchicine & probenecid | - | COL-BENEMID | generic | |
| | probenecid | - | BENEMID | generic | |
| | colchicine | - | COLCRYS | | QL |
| SKELETAL MUSCLE AGENTS | | | | | |
| | baclofen | - | LIORESAL | generic | |
| | carisoprodol | - | SOMA 350mg TABLETS | generic | QL |
| | chlorzoxazone | - | PARAFON FORTE DSC | generic | |
| | cyclobenzaprine | - | FLEXERIL | generic | |
| | methocarbamol | - | ROBAXIN | generic | |
| | tizanidine | - | ZANAFLEX TABLETS | generic | QL |
| NUTRITION & ELECTROLYTE AGENTS | | | | | |
| VITAMINS, MINERALS & RELATED AGENTS | | | | | |
| | calcitriol | - | ROCALTROL | generic | |
| | calcium carbonate | - | OS-CAL | generic | OTC |
| | calcium carbonate | - | OS-CAL D | generic | OTC |
| | calcium citrate | - | CITRACAL | generic | OTC |
| | calcium gluconate | - | CALCIUM GLUCONATE 500mg | | OTC |
| | calcium lactate | - | CALCIUM LACTATE 650mg | generic | OTC |
| | calcium with vitamin D | - | OYSTER-CALCIUM D | generic | OTC |
| | chromium | - | CHROMIUM 200mcg | generic | OTC |
| | cyanocobalamin injection | - | VITAMIN B-12 | generic | |
| | ergocalciferol | - | DRISDOL | generic | |
| | iron supplements (oral) | - | FEOSOL | generic | OTC |
| | iron combination capsules | - | FOESEN | generic | |
| | iron polysaccharides complex/vit B-12/folic acid | - | FERREX 150 FORTE | generic | |
| | iron polysaccharides complex | - | FERREX 150 | generic | |
| | iron fumarate/vit C/vit B12/folic acid cap | - | FERROGELS | generic | |
| | iron fumarate/B12/vit C/folic acid/intrinsic factor | - | FEROTRIN, FEROCIN, TRICON | generic | |
| | iron with vitamin tablet | - | GERITOL, VITAFOL | generic | OTC |
| | ferrous sulfate/vit C/folic acid tab | - | FOLITAB | | |
| | oral electrolyte solution | - | PEDIALYTE | generic | OTC |
| | folic acid | - | FOLIC ACID 1MG | generic | |
| | folic acid | - | FOLIC ACID 400 and 800mcg | generic | AL, OTC, QL, \$0 copay |
| | magnesium chloride | - | SLO-MAG | generic | OTC |
| | pediatric multivitamins w/fluoride & iron | - | POLY-VI-FLOR with IRON | generic | OTC; AL |
| | multivitamins | - | ONE-A-DAY, CHILDRENS MULTI-VIT | generic | OTC |
| | oyster shell calcium | - | OYSTER SHELL CALCIUM | generic | OTC |
| | triple vitamins w/fluoride | - | TRI-VI-FLOR | generic | OTC |
| | ascorbic acid | - | VITAMIN C | generic | OTC |
| | niacin | - | SLO-NIACIN | generic | OTC |
| | pyridoxine | - | VITAMIN B-6 | generic | OTC |

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|--|---|---|---------|--|
| | thiamine | VITAMIN B-1 TABLETS | generic | OTC |
| | vitamin B complex/ vitamin C/folic acid | NEPHROCAPS | generic | |
| | vitamin B complex/ vitamin C/ biotin/folic acid | MILCO-B-FORTE, STROVITE, VITAROCA PLUS | generic | OTC, Rx |
| | vitamin D | VITAMIN D 400IU | generic | OTC, QL |
| | vitamin E | VITAMIN E | generic | OTC |
| | zinc sulfate | ZINC SULFATE | generic | OTC |
| | doxercalciferol | HECTOROL | | |
| | iron dextran | DEXFERRUM, INFED | | PA/ST- Medical benefit |
| | phytonadione | MEPHYTON | | |
| FLUORIDE PRODUCTS | | | | |
| | sodium fluoride tablets | KARDIUM, LURIDE | generic | |
| | sodium fluoride | PHOS-FLUR 1.1% CREAM | generic | |
| | stannous fluoride | GEL-KAM 0.4% GEL | generic | OTC |
| POTASSIUM SUPPLEMENTS | | | | |
| | potassium bicarbonate/citric acid | K-LYTE | generic | |
| | potassium chloride liquid | KAY CIEL | generic | |
| | potassium chloride powder | K-LOR, KLOR-CON | generic | |
| | potassium chloride tablets | K-TAB, SLOW-K | generic | |
| | potassium chloride capsules | MICRO-K | generic | |
| PHOSPHATE BINDERS | | | | |
| | calcium acetate | PHOSLO | generic | |
| | sevelamer | RENAGEL | | PA |
| | sevelamer carbonate | REVELA | | PA |
| URINARY ALKALYZERS | | | | |
| | potassium phosphate | K PHOS | generic | |
| | potassium/sodium acid phosphates | K PHOS MF | | |
| | sodium citrate/citric acid | BICITRA, CYTRA-2, ORACIT, POLYCITRA-K | generic | |
| BLOOD MODIFIERS | | | | |
| ANTIPLATELET AGENTS | | | | |
| | aspirin tablets, chewables, enteric coated | BAYER | generic | AL, QL, OTC- \$0 copay for ages 40-79 |
| | cilostazol | PLETAL | generic | |
| | dipyridamole | PERSANTINE | generic | |
| | dipyridamole ext release/aspirin | AGGRENOX | | |
| | pentoxifylline | TRENTAL | generic | QL |
| | ticlopidine | TICLID | generic | |
| | clopidogrel | PLAVIX | | PA/QL |
| | prasugrel | EFFIENT | | PA/QL |
| ANTICOAGULANTS & RELATED AGENTS | | | | |
| | warfarin sodium | COUMADIN | generic | |
| | heparin | HEPARIN | generic | |
| | enoxaparin | LOVENOX | generic | QL/PA required for >5 day supply; GE/AL- females age 17-42 require PA. |
| | rivaroxaban | XARELTO 10mg TABLET | | PA/QL |
| HEMATOPOIETIC AGENTS | | | | |
| | erythropoietin | PROCRIT | | PA/SP |
| OBSTETRICAL & GYNECOLOGICAL MEDICATIONS | | | | |
| PRENATAL VITAMINS | | | | |
| | prenatal vit/minerals/iron/folic acid 1mg | MYNATAL | | |
| | prenatal vit/iron carbonyl 29mg/folic acid 1mg | PRENATABS RX | | |
| | prenatal vit/iron fumarate 27mg/folic acid 0.8mg | PRENATAL TABS | | |
| | prenatal vit/iron fumarate 27mg/folic acid 1mg | THERANATAL; PRENATAL | | |
| | prenatal vit/iron fumarate 60mg/folic acid 1mg | TRINATAL, VINATE ONE | | |
| | prenatal vit/iron fumarate 65mg/folic acid 1mg | LACTOCAL-F, VITAFOL-OB, VITAFOL-PN | | |
| | prenatal vit/iron gluconate 30mg/folic acid 0.8mg | MISSION PRENATAL TAB HP | | |
| | prenatal vit/iron carbonyl-iron sulfate 60mg/folic acid 1mg | NATAFORT | | |
| | prenatal vit without vit A/Fe carbonyl 90mg/Docusate/folic acid 1mg | COMPLETE RF | | |
| | prenatal vit with sel/iron fumarate/folic acid 9- | PRENATAL FO | | |
| | prenatal vit with sel/iron fumarate/folic acid 27-1mg | VINATE M | | |
| | prenatal vit with docusate sod/iron carbonyl 90mg /folic acid 1mg | ULTRATABS, TRIADVANCE, TRINATAL GT, ULTRANATAL CARE, VINATE ULTRA | | |
| | prenatal vit with docusate sod/iron fumarate 90mg /folic acid 1mg | SE-NATAL-90, MYNATE-90 | | |
| | prenatal vitamins | various brands | OTC | OTC |
| ANDROGEN AGENTS | | | | |
| | testosterone cypionate | DELATESTRYL, DEPO-TESTOSTERONE | generic | PA |
| ORAL ESTROGEN AGENTS | | | | |
| | estradiol | ESTRACE | generic | GE |
| | estropipate | OGEN, ORTHO-EST | generic | GE |
| | estrogens, conjugated | PREMARIN | | GE |
| | esterified estrogens | MENEST | | GE |
| TRANSDERMAL ESTROGEN AGENTS | | | | |
| | estradiol transdermal | ESTRADIOL TRANSDERMAL SYSTEM | generic | QL/GE |
| | estradiol transdermal | ALORA | | QL/GE |
| ESTROGEN / PROGESTIN COMBINATION AGENTS | | | | |
| | estradiol/norethindrone | ACTIVELLA | generic | GE |
| | ethinyl estradiol/norethindrone | FEMHRT | generic | GE |
| | conjugated estrogen/medroxyprogesterone | PREMPHASE | | GE |
| | conjugated estrogen/medroxyprogesterone | PREMPRO | | GE |
| PROGESTIN AGENTS | | | | |
| | medroxyprogesterone | PROVERA | generic | |
| | norethindrone | AYGESTIN | generic | |
| CONTRACEPTIVE AGENTS | | | | |
| | ethinyl estradiol/desogestrel | LO/OVRAL | generic | QL |
| | ethinyl estradiol/desogestrel | MIRECETTE | generic | QL |

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|--|--|---|---|---------|---|
| | ethinyl estradiol/desogestrel | - | ORTHO-CEPT, DESOGEN | generic | QL |
| | ethinyl estradiol/ethynodiol diacetate | - | DEMULEN 1/35, ZOVIA 1/35 | generic | QL |
| | ethinyl estradiol/levonorgestrel | - | LEVLEN, NORDETTE | generic | QL |
| | ethinyl estradiol/levonorgestrel | - | TRI-LEVLEN, TRIPHASIL, TRIVORA | generic | QL |
| | ethinyl estradiol/levonorgestrel | - | ALESSE, LEVLITE | generic | QL |
| | ethinyl estradiol/norethindrone | - | BREVICON, MODICON | generic | QL |
| | ethinyl estradiol/norethindrone | - | LOESTRIN 1/20 | generic | QL |
| | ethinyl estradiol/norethindrone | - | ORTHO NOVUM 1/35, 777 | generic | QL |
| | ethinyl estradiol/norethindrone | - | TRI-NORINYL | generic | QL |
| | ethinyl estradiol/norethindrone | - | OVCON 35 | generic | QL |
| | ethinyl estradiol/norethindrone and iron | - | LOESTRIN FE | generic | QL |
| | ethinyl estradiol/norethindrone/ferrous fumarate | - | ESTROSTEP, ESTROSTEP FE | generic | QL |
| | ethinyl estradiol/norgestimate | - | ORTHO CYCLEN | generic | QL |
| | ethinyl estradiol/norgestimate | - | ORTHO TRI-CYCLEN | generic | QL |
| | medroxyprogesterone acetate | - | DEPO-PROVERA | generic | QL/GE |
| | mestranol/norethindrone | - | ORTHO NOVUM, NORINYL | generic | QL |
| | diaphragms | - | ORTHO FLEX, ORTHO FLAT, ORTHO COIL, OMNIFLEX, WIDE-SEAL | | QL |
| | levonorgestrel | - | NEXT CHOICE, PLAN B | generic | OTC for members >17 years old; GE |
| OPHTHALMIC MEDICATIONS | | | | | |
| OPHTHALMIC TOPICAL ANTI-INFECTIVE AGENTS | | | | | |
| | bacitracin/polymyxin b | - | POLYSPORIN | generic | |
| | bacitracin | | | generic | |
| | ciprofloxacin | - | CILOXAN SOLUTION | generic | |
| | erythromycin | - | ILOTYCIN | generic | |
| | gentamicin ophthalmic solution | - | GARAMYCIN, GENOPTIC | generic | |
| | neomycin/bacitracin/polymyxin b | - | NEOSPORIN | generic | |
| | neomycin/polymyxin b/gramicidin | - | AK-SPORE | generic | |
| | sulfacetamide sodium | - | BLEPH-10 | generic | |
| | tobramycin | - | TOBREX SOLUTION | generic | |
| | trifluridine | - | VIROPTIC | generic | |
| OPHTHALMIC CORTICOSTEROID AGENTS | | | | | |
| | dexamethasone sodium phosphate | - | DECADRON | generic | |
| | fluorometholone | - | FML | generic | |
| | fluorometholone acetate | - | FLAREX | generic | |
| | prednisolone acetate | - | ECONOPRED PLUS, PRED FORTE | generic | |
| | prednisolone acetate | - | PRED MILD | | |
| | dexamethasone | - | MAXIDEX | | |
| OPHTHALMIC ANTI-INFECTIVE / CORTICOSTEROID AGENTS | | | | | |
| | neomycin/bacitracin/polymyxin/hydrocortisone | - | CORTISPORIN | generic | |
| | neomycin/polymyxin/dexamethasone | - | MAXITROL | generic | |
| | polymyxin b/trimethoprim | - | POLYTRIM | generic | |
| | tobramycin/dexamethasone | - | TOBRADEX | generic | |
| | sulfacetamide/prednisolone acetate | - | BLEPHAMIDE, BLEPH OINT SOP | generic | |
| OPHTHALMIC ANTIHISTAMINES | | | | | |
| | ketotifen fumarate | - | ZADITOR | generic | OTC/QL |
| | azelastine | - | OPTIVAR | generic | |
| | naphazoline | - | ALBALON | generic | |
| | naphazoline/pheniramine | - | NAPHCON A/OPCON A | generic | OTC |
| | tetrahydrozoline | - | VISINE | generic | OTC |
| OPHTHALMIC MAST CELL STABILIZERS | | | | | |
| | cromolyn | - | CROLOM | generic | |
| OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | | | | |
| | diclofenac | - | VOLTAREN | generic | |
| | flurbiprofen | - | OCUFEN | generic | |
| | ketorolac | - | ACULAR | generic | ACULAR LS and PF are not covered |
| GLAUCOMA AGENTS | | | | | |
| | betaxolol | - | BETOPTIC | generic | |
| | brimonidine | - | ALPHAGAN | generic | ALPHAGAN P 0.15% not covered |
| | carteolol | - | OCUPRESS | generic | |
| | dorzolamide | - | TRUSOPT | generic | |
| | dorzolamide/timolol | - | COSOPT | generic | |
| | homatropine | - | ISOPTO HOMATROPINE | generic | |
| | levobunolol | - | BETAGAN | generic | |
| | metipranolol | - | OPTIPRANOLOL | generic | |
| | latanoprost | - | XALATAN | generic | QL |
| | betaxolol | - | BETOPTIC S | | |
| | echothiophate iodide | - | PHOSPHOLINE IODIDE | | |
| OPHTHALMIC AGENTS - OTHER | | | | | |
| | atropine sulfate | - | ISOPTO ATROPINE | generic | |
| | proparacaine | - | ALCAINE | generic | |
| | cyclopentolate | - | CYCLOGYL 1% | generic | |
| | phenylephrine | - | AK-DILATE, MYDFRIN | generic | |
| | tropicamide | - | MYDRIACYL | generic | |
| | cyclopentolate | - | CYCLOGYL 0.5%, 2% | | |
| | hydroxypropyl cellulose | - | LACRISERT | | |
| RESPIRATORY AGENTS | | | | | |
| BRONCHODILATORS - BETA AGONISTS | | | | | |
| | albuterol tablets | - | albuterol tablets | generic | |
| | albuterol solution/nebulizer | - | albuterol solution/nebulizer | generic | |
| | albuterol inhaler | - | VENTOLIN HFA | | QL |
| | formoterol | - | FORADIL | | QL |
| | salmeterol | - | SEREVENT DISKUS | | QL |
| BRONCHODILATORS - COMBINATIONS | | | | | |
| | budesonide/formoterol | - | SYMBICORT | | ST/QL |
| | fluticasone/salmeterol | - | ADVAIR 100/50 | | ST/QL; ADVAIR 250/50 and 500/50 are not covered |
| | ipratropium/albuterol inhaler | - | COMBIVENT | | QL |
| | mometasone furoate and formoterol fumarate | - | DULERA | | ST/QL |
| PULMONARY AGENTS - OTHER | | | | | |
| | cromolyn | - | INTAL | generic | |
| | ipratropium aerosol | - | ATROVENT | generic | QL |
| | terbutaline sulfate | - | BRETHINE | generic | |
| | theophylline er | - | THEO-24, THEOCHRON | generic | |
| | theophylline syrup | - | ELIXOPHYLLIN | | |

| | | | | | |
|---|---|---|--|---------|-------------------|
| | aminophylline | - | AMINOPHYLLINE | | |
| | deoxyribonuclease | - | PULMOZYME | | PA/SP |
| | epinephrine | - | EPIPEN, EPIPEN JR | | |
| | ipratropium | - | ATROVENT HFA | | QL |
| | palivizumab | - | SYNAGIS | | PA/SP |
| | tiotropium | - | SPIRIVA HANDIHALER | | ST |
| | acetylcysteine soln | | MUCOMYST | generic | |
| | sodium chloride | | SODIUM CHLORIDE SOLN | generic | |
| | dyphylline | - | LUFYLLIN | | |
| PULMONARY CORTICOSTEROIDS | | | | | |
| | budesonide | - | PULMICORT RESPULES | generic | AL |
| | beclomethasone | - | QVAR | | QL |
| LEUKOTRIENE MODIFIERS | | | | | |
| | zafirlukast | - | ACCOLATE | generic | |
| | montelukast | - | SINGULAIR TABLET/CHEWABLE | | AL |
| COUGH & COLD THERAPY | | | | | |
| ANTITUSSIVE COMBINATIONS | | | | | |
| | benzonatate | - | TESSALON PERLE 100mg | generic | |
| | dextromethorphan | | BENYLIN ADULT SYRUP | | |
| | guaifenesin/codeine | - | ROBTIUSSIN AC | generic | |
| | guaifenesin/codeine | - | TUSSI-ORGANIDIN/S NR | generic | |
| | guaifenesin/dextromethorphan | - | ROBTIUSSIN DM, MUCINEX DM | generic | OTC |
| | guaifenesin/dextromethorphan/phenylephrine | - | TUSSI CF | generic | OTC |
| | guaifenesin/codeine/pseudoephedrine | - | CHERATUSSIIN DAC | generic | |
| | hydrocodone/homatropine | - | HYCODAN | generic | |
| EXPECTORANT COMBINATIONS | | | | | |
| | guaifenesin | - | LIQUIBID/NALDECON | generic | |
| | guaifensin ext-rel | | MUCINEX/HUMIBID | generic | |
| | guaifenesin/pseudoephedrine | - | MAXIFED-G/ROBTIUSSIN PE | generic | |
| ANTI-HISTAMINE DECONGESTANT COMBINATIONS | | | | | |
| | chlorpheniramine/phenylephrine | - | RYNATAN PED | generic | OTC |
| | chlorpheniramine/phenylephrine/pyrilamine | - | PHENA-PLUS | generic | |
| | dexbrompheniramine/pseudoephedrine etx-rel | | DRIXORAL | generic | OTC |
| | cetirizine/pseudoephedrine ext-release | - | ZYRTEC D | generic | OTC |
| | loratadine/pseudoephedrine | - | CLARITIN D, ALAVERT | generic | OTC |
| ANTI-HISTAMINES | | | | | |
| | cetirizine (all forms) | - | ZYRTEC | generic | OTC/AL- for syrup |
| | chlorpheniramine | - | CHLOR-TRIMETON | generic | OTC |
| | clemastine 2.68mg | - | TAVIST | generic | OTC |
| | clemastine syrup | - | TAVIST | generic | OTC |
| | cyproheptadine | - | CYPROHEPTADINE | generic | |
| | diphenhydramine (all forms) | - | BENADRYL | generic | OTC/AL |
| | fexofenadine | | ALLEGRA | generic | OTC |
| | loratadine (all forms) | | CLARITIN, ALAVERT | generic | OTC |
| | promethazine | | PHENERGAN | generic | |
| | hydroxyzine hcl | - | ATARAX | generic | |
| | hydroxyzine pamoate | - | VISTARIL | generic | |
| | loratadine (all forms) | | CLARITIN, ALAVERT | generic | OTC |
| DECONGESTANTS | | | | | |
| | pseudoephedrine | - | SUDAFED | generic | OTC |
| UROLOGICAL AGENTS | | | | | |
| OVERACTIVE BLADDER AGENTS | | | | | |
| | oxybutynin | - | DITROPAN | generic | |
| | oxybutynin er | - | DITROPAN XL | generic | |
| | trospium | - | SANCTURA | generic | ST |
| | darifenacin | | ENABLEX | | ST |
| | solifenacin | - | VESICARE | | ST |
| | tolterodine | - | DETROL | | ST |
| | tolterodine er | - | DETROL LA | | ST |
| | trospium er | - | SANCTURA XR | | ST |
| BENIGN PROSTATIC HYPERTROPHY AGENTS | | | | | |
| | doxazosin | - | CARDURA | generic | |
| | finasteride | - | PROSCAR | generic | |
| | tamsulosin | | FLOMAX | generic | |
| | terazosin | - | HYTRIN | generic | |
| OTHER GENITOURINARY AGENTS | | | | | |
| | bethanechol | - | URECHOLINE | generic | |
| | citric acid/potassium citrate | - | CYTRA-K, POLYCITRA-K | generic | |
| | dibasic sodium phosphate monobasic potassium phosphate monobasic sodium phosphate | - | K-PHOS NEUTRAL | generic | |
| | phenazopyridine | - | PYRIDIUM | generic | |
| | sodium citrate/citric acid solution | - | BICITRA | generic | |
| | cinacalcet | | SENSIPAR | | PA/SP |
| | pentosan polysulfate sodium | - | ELMIRON | | PA |
| DIABETIC SUPPLIES | | | | | |
| GLUCOSE MONITORS | | | | | |
| | blood glucose monitor | - | TRUE TRACK and TRUE TEST | | OTC/QL |
| GLUCOSE TEST STRIPS | | | | | |
| | blood glucose test strip | - | TRUE TRACK and TRUE TEST | | OTC/QL |
| MISCELLANEOUS DIABETIC SUPPLIES | | | | | |
| | blood testing alcohol swab | - | ALCOHOL SWABS | | OTC |
| | blood testing lancet | - | LANCETS | | OTC |
| | diabetic syringes | - | BD MICROFINE, BD MICROFINE ULTRA FINE SYRINGES | | OTC |
| | urine test trip | - | CHEMSTRIP | | OTC |
| MISCELLANEOUS AGENTS | | | | | |
| SMOKING CESSATION AGENTS | | | | | |
| | bupropion ext-release | | ZYBAN | generic | QL |
| | nicotine gum | - | NICORETTE | generic | QL, OTC |
| | nicotine transdermal | - | NICODERM | generic | QL, OTC |