



Welcome to your guide to the Maryland Physicians Care (MPC) drug coverage for prescription medications. This booklet will provide you with information on the medications that are covered under the MPC formulary.

The formulary was developed by the MPC Pharmacy and Therapeutics Committee (P&T Committee) that is comprised of physicians from various medical specialties. The P&T Committee reviews new and existing medications to ensure the formulary remains responsive to the needs of our members and providers, as well as monitoring the safety, effectiveness and cost associated with all drug categories.

The formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The review process has been successfully used by hospitals and managed care organizations to provide a comprehensive and cost-effective formulary. As you use the formulary, we invite your suggestions to improve the format or content.

## **Formulary Medications**

The formulary is a listing of medications marketed at the time of printing and intended for use by the health plan physicians and pharmacy providers. The first column of the chart lists the drug that is covered by the plan. Brand name drugs are capitalized (e.g., AMOXIL). Generic drugs are listed in lower case (e.g., amoxicillin). The second column serves as a reference for providing the brand name of the drug when a generic is covered by the plan. The third column lists any requirements for the drug such as prior authorization (PA), quantity limits (QLL), step therapy (ST). Unless exceptions are noted, all forms (tablet, capsule, liquid, topical) and strengths of a drug product are included in the formulary and will be covered by MPC. Injectable medications are only covered when noted on the formulary.

The formulary applies only to medications dispensed to outpatients by participating pharmacies. The formulary does not apply to inpatient medications or to medications obtained from and administered by a physician.

## **Epocrates**

The Maryland Physicians Care formulary and formulary status information can be found online through Epocrates. Registration is free and is available at [www.epocrates.com](http://www.epocrates.com).

## **HIV Medications**

HIV medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance.



## **Mental Health Medications**

Certain mental health medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance. Please refer to the following website for a list of medications that are carved out and those that must be covered by MPC:

[https://mmcp.dhmh.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.dhmh.maryland.gov/pap/docs/MMPP_MHF.pdf)

## **Abuse Deterrent Medications**

Abuse deterrent medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance.

## **Over-the-Counter, Non-prescription Medications Policy**

Some over-the-counter (OTC) products are covered according to the MPC OTC list and will require a prescription.

## **Generic Drug Policy**

Specific drugs, which have generic equivalents are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescribing physician to use the generic equivalent.
2. If a physician indicates "Dispense As Written" (DAW) and completes a MedWatch form to document any adverse effects caused by previous experience with at least 2 of the generic alternatives, MPC will pay for the brand name drug.

## **Unapproved Use of Medications**

The member's benefit handbook states medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion.

Experimental and investigational drugs, and drugs used for cosmetic purposes are not eligible for coverage.

Drugs, which have Drug Efficiency Studies Implementation (DESI) status, are not covered by MPC.



## **Prescriptions for Non-Formulary Medications**

The MPC P&T Committee has attempted to include medications from all therapeutic needs. If a patient requires medication that is not listed on the formulary, the physician may request an exception to allow payment for the medication. It is anticipated that such exceptions will be rare and physicians should be able to find a medication on the formulary for most therapeutic needs. However, if a health care provider wishes that a member receive a medication not covered, he/she must submit a letter explaining the necessity, past therapeutic failures, and patient identification (name, address, and member id number). The P&T Committee will monitor prescriptions written in a non-conformance with the formulary and contact physicians who prescribe non-formulary products to request compliance.

## **Specialty Medications**

Most Specialty Medications require prior authorization. Specialty drugs are available through CVS Caremark Specialty Pharmacy for delivery to a patient's home or to a provider's office. Providers can call the Maryland Physicians Care Pharmacy Prior Authorization department at 1-800-953-8854 to request prior authorization, or fax a PA request form to 1-866-207-7231. Prior authorization forms can be downloaded from the MPC website at: <https://www.marylandphysicianscare.com/providers/approved-drug/>

## **Oncology Medications**

MPC will no longer prior authorize oncology/chemotherapy & radiation oncology services without an Eviti code. Your office should have received notification to sign up for training. If you have not had training, please go to the website [www.welcometoeviti.com](http://www.welcometoeviti.com) and sign up for training in order to receive your pin# and learn how to access the web based system, eviti®. If you have any additional questions, please call eviti, Inc., our oncology vendor, @ 1-888-678-0990 (toll free).

## **Prior Authorization (PA)**

Certain medications on the MPC formulary require pre-authorization. Drugs that require Prior Authorization are identified on the formulary in the third column with PA. In order for a member to receive coverage for a medication requiring Prior Authorization a provider must:

- Call the MPC Pharmacy Prior Authorization department at 1-800-953-8854, or
- Fax a Pharmacy Prior Authorization Request Form to the MPC Pharmacy Prior Authorization Department at 1-866-207-7231.

Pharmacy Prior Authorization Request forms can be downloaded from the MPC website at <https://www.marylandphysicianscare.com/providers/approved-drug/> If you need to have a Prior Authorization form sent to you, you can contact the MPC Pharmacy Prior Authorization department at 1-800-953-8854.



## **Quantity Limits (QL)**

Certain formulary drugs may be prescribed only in limited quantities. Quantity limits are based on clinically approved prescribing guidelines to ensure safe and proper use. Drugs that have quantity limits are identified on the formulary in the third column with QL. In order to receive an override for a medication that has a quantity limit, please call the MPC Pharmacy Prior Authorization department at 1-800-953-8854, or complete a Prior Authorization form and fax to MPC Pharmacy Prior Authorization at 1-866-207-7231. Prior Authorization forms can be downloaded from the MPC website at

<https://www.marylandphysicianscare.com/providers/approved-drug/>

## **Step Therapy (ST)**

The ST program requires certain first-line drugs (generic drugs or other formulary drugs) be prescribed prior to approval of specific second-line drugs. If the prerequisite first-line agents have been filled, the member will be able to fill the prescription automatically, without requiring prior authorization. The ST requirements document can be downloaded from the MPC website at: <https://www.marylandphysicianscare.com/providers/approved-drug/>

## **Formulary Additions**

If there is a new or existing medication that you would like to have added to the formulary, you will need to complete the Drug Formulary Change Request Form and send to MPC for presentation to the P&T Committee. Forms are located in the MPC Provider Manual or you can call Provider Services at (800) 953-8854, option 5 to request a form. You will be notified in writing of the decision taken at the P&T Committee. The MPC P&T Committee meets on a quarterly basis.

COVERED DRUG	REFERENCE DRUG NAME (brand name of the drug when a generic is covered by the plan)	REQUIREMENTS/LIMITS
<b>ANESTHETICS</b>		
<b>TOPICAL ANESTHETICS</b>		
Lidocaine topical 2% jelly, 2.5% and 4% solution, 3% cream/lotion, 5% ointment	Xylocaine	
Lidocaine 2% hcl viscous	Xylocaine	
Lidocaine-HC 3-0.5% cream		
Lidocaine 5% patch	Lidoderm	QL = #90/30 days
Lidocaine-Prilocaine 2.5% cream	EMLA	
<b>ANTIINFECTIVES</b>		
<b>CEPHALOSPORINS</b>		
cefaclor	Ceclor	
cefaclor er	Ceclor	
cefadroxil	Duricef	
cefdinir	Omnicef	
cefixime suspension 100 mg/5 mL; 200 mg/5 mL	Suprax	
cefuroxime tablets, suspension	Ceftin	
cefuroxime Sodium injection	Ceftin	PA
cephalexin	Keflex	
SUPRAX tabs/caps;		QL= 1 tab/Rx
SUPRAX 100 mg and 200 mg chewable tablets		QL = #20/30 days
<b>CLINDAMYCINS</b>		
clindamycin HCl	Cleocin	
<b>ERYTHROMYCINS</b>		
erythromycin ethylsuccinate	E.E.S./Eryped	
erythromycin w/sulfisoxazole	Pediazole	
<b>OTHER MACROLIDES</b>		
azithromycin	Zithromax	QL= 250mg, Z-Pak, suspension – 2 Rxs/60 days
clarithromycin, er	Biaxin, Biaxin XL	QL = 250 mg and 500 mg - combined 28/30 days 500 mg extended-release- 28/30 days oral suspension- 1Rx/month
<b>PENICILLINS</b>		
amox tr-potassium clavulanate tablets, suspension	Augmentin	QL: 2 Rxs/60days
amoxicillin	Amoxil	
Amox TR-K CLV 600		
ampicillin	Principen	
penicillin v potassium	Veetids	
<b>SULFONAMIDES</b>		
sulfamethoxazole/trimethoprim	Septra	
erythromycin w/Sulfisoxazole		
<b>TETRACYCLINES</b>		

doxycycline hyclate, hyclate DR, monohydrate	Adoxa, Doryx, Periostat, Vibramycin	
minocycline hcl capsules	Dynacin capsules	
tetracycline hcl	Sumycin	
<b>URINARY ANTIINFECTIVES</b>		
nitrofurantoin monohydrate macrocrystalline cap 100 mg	<b>Macrobid</b>	
nitrofurantoin macrocrystal	Macrochantin	
trimethoprim		
<b>QUINOLONES</b>		
ciprofloxacin hcl	Cipro	
ofloxacin	Floxin	
levofloxacin	Levaquin	
<b>TOPICAL ANTIBACTERIAL DRUGS</b>		
mupirocin ointment, cream	Bactroban	
neomycin/bacitracin/polymyxin B	Neosporin	
silver sulfadiazine	Silvadene	
<b>ORAL ANTIFUNGAL DRUGS</b>		
clotrimazole	Mycelex	
fluconazole	Diflucan	
griseofulvin 125 mg/5 ml Susp.	Grifulvin	
Griseofulvin ultramicronsize tabs	Gris-Peg	
itraconazole	Sporanox	PA
ketoconazole	Nizoral	
nystatin	Mycostatin	
<b>SPORANOX (ORAL SOLUTION)</b>		PA
terbinafine	Lamisil	QL #84/365 days
<b>OTHER TOPICAL ANTIFUNGALS</b>		
ciclopirox	Loprox/Penlac	
OTC clotrimazole	Lotrimin	
econazole nitrate	Spectazole	
ketoconazole shampoo	Nizoral	
OTC miconazole		
nystatin	Mycostatin	
<b>Nystop</b>		
terbinafine	Lamisil	
<b>TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.</b>		
clotrimazole/betamethasone	Lotrisone	
nystatin w/triamcinolone	Mycolog II	
<b>OTHER ANTIINFECTIVE DRUGS</b>		
vancomycin capsules	Vancocin pulvules	PA, QL=40 caps/30 days
dapsone		
<b>OTHER ANTIVIRAL DRUGS</b>		
<b>ABREVA (OTC)</b>		QL= 1 tube/30 days
acyclovir tablets, capsules, susp.	Zovirax	QL=60 caps or tabs/30 days Oral suspension: 300 ml/month
acyclovir 5% ointment	Zovirax ointment	STEP

		QL= 1 tube/30 days
amantadine hcl	Symmetrel	
famciclovir	Famvir	QL: 125 mg,500mg – 21/month 250 mg – 60/month
HARVONI	Ledipasvir/ Sofosbuvir	PA
INTRON A		PA
oseltamivir capsules 30, 45, & 75 mg	Tamiflu	QL= 30mg: 20 capsules/Rx 45mg: 10 capsules /Rx 75mg: 10 capsules /Rx
PEGINTRON		PA
PEGINTRON REDIPEN		PA
PEGASYS		PA
rimantadine	Flumadine	QL=14 tabs/90days
RELENZA		QL: 3 packs/6months
ribavirin		PA; Will process at pharmacy if pharmacy fills Interferon, Sovaldi or Olysio first QL: 2 packs/month
SOVALDI	Sofosbuvir	PA
TAMIFLU		QL= 30mg: 20 capsules/Rx 45mg: 10 capsules /Rx 75mg: 10 capsules /Rx 6mg/ml oral susp: 3 bottles (180 ml)/Rx
TYZEKA		PA
valacyclovir	Valtrex	
Valganciclovir	Valcyte	PA
<b>ANTITUBERCULOSIS DRUGS</b>		
ethambutol	Myambutol	
isoniazid	Nydravid	
ISONARIF CAPSULE		
pyrazinamide		
rifampin	Rifadin	
<b>AMEBICIDES</b>		
paromomycin		
<b>PLASMODICIDES</b>		
chloroquine phosphate	Aralen	
DARAPRIM		PA
hydroxychloroquine sulfate	Plaquenil	
mefloquine	Lariam	
primaquine		
<b>TRICHOMONOCIDES</b>		
metronidazole	Flagyl	
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
anastrozole	Arimidex	PA

azathioprine	Imuran	
bicalutamide	Casodex	PA
<b>CELLCEPT INJECTION</b>		PA
Cometriq		PA
cyclosporine	Neoral	
Degarelix		PA
<b>ELIGARD (INJ)</b>		PA
<b>ENBREL</b>		PA
exemestane	Aromasin	PA
flutamide		PA
<b>HUMIRA</b>		PA
hydroxyurea	Hydrea	PA
leflunomide	Arava	
megestrol acetate, megestrol acetate 625mg/5ml	Megace, Megace ES	
mercaptopurine	Purinethol	PA
<b>MESNEX</b>		PA
methotrexate 2.5 mg tablet	Trexall	
methotrexate 25mg/mL		QL: 4 vials/28 days
mycophenolate mofetil 250mg capsule, 500mg tablet	Cellcept	
mycophenolic acid 180mg & 360mg Delayed-Release Tablet	Myfortic	
<b>Nulojix</b>		
octreotide	Sandostatin	PA
<b>REVLIMID</b>		PA
<b>SANDOSTATIN LAR</b>		PA
Somatuline		PA
<b>TABLOID</b>		PA
tacrolimus	Prograf	
tamoxifen citrate	Nolvadex	PA
<b>Tykerb</b>		PA
<b>VOTRIENT</b>		PA
<b>XALKORI</b>		PA
capecitabine	<b>XELODA</b>	PA
<b>ZELBORAF</b>		PA
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>ANALGESICS</b>		
acetaminophen tablets, infant drops, elixir	Tylenol OTC	QL = 4 grams APAP/day
<b>OTC aspirin, enteric-coated aspirin</b>		
<b>diflunisal</b>		
tramadol hcl	Ultram	QL=240 tabs/30 days PA required for <16 years of age
tramadol hcl-acetaminophen	Ultracet	QLL = #240/30 days and max 4 grams APAP/day; PA required for <16 years of age
<b>CLASS II NARCOTICS</b>		



fentanyl patches	Duragesic	QL=15 patches/30 days
hydromorphone hcl	Dilaudid	QL = 2mg, 4mg =180 tabs/30 days 8mg=120 tabs/30 days
meperidine	Demerol	QL=56 tabs/30 days
methadone hcl	Dolophine	QL=180 tabs/30 days
morphine sulfate morphine sulfate ER tablets	MS Contin	QL = 90 tabs/30 days (on morphine sulfate ER only)
Oramorph		
oxycodone-acetaminophen (5/325 mg, 7.5/325 mg, 10/325 mg)	Percocet	QL= 240 tabs/30 days
oxycodone hcl	Oxyir	QL = 240/month for 5mg 150/month for 10mg,15mg,20mg,30mg
OXYCONTIN		PA/QL=90 tabs/30 days
Oxymorphone ER	Opana ER	STEP/ QL = 60/30 days
Roxicet 5-325mg/5ml solution		
hydrocodone-acetaminophen	Vicodin, Lortab, Norco	QL = 240/30days 7.5/325mg, 5/325mg, 10/325mg
hydrocodone bit-ibuprofen	Vicoprofen	QL=240 tabs/30 days
<b>CLASS III NARCOTICS</b>		
acetaminophen-codeine	Tylenol #3	QL= 240/30days
<b>DRUGS TO PREVENT AND TREAT HEADACHES</b>		
butalbital/acetaminophen/caffeine	Esgic/Fioricet/Triad	QL: 240 tabs / 30days
butalbital/aspirin/caffeine (butalbital compound)	Fiorinal, Fortabs	QL: 240 tabs / 30days
Butorphanol		QL: 1 pkg / 30days (2.5ml/30days)
sumatriptan	Imitrex	QL =Nasal Spray 6/month Tablets: 9 tabs/month
sumatriptan (inj)	Imitrex	QL=2 kits or 4 vials or syringes/30 days;
MIGRANAL; dihydroergotamine mesylate nasal spray 4 mg/mL		QL=8 units/30 days
naratriptan		QL=9/30 days
rizatriptan		QL=9/30 days
Zolmitriptan tabs, ODT	Zomig, Zomig ZMT	QL: 6 tabs/30days
Zomig nasal spray		QL: Nasal spray: 6/month
<b>HYDANTOINS</b>		
phenytoin sodium, extended	Dilantin, ER	
phenytoin infatabs 50mg chew	Dilantin Infatabs	
DILANTIN 30 MG EXTENDED RELEASE		
PHENYTEK		
<b>SUCCINIMIDES</b>		
ethosuximide		
<b>ANTICONSULSANT BARBITURATES</b>		

phenobarbital		
primidone	Mysoline	
<b>ANTIVERTIGO AND ANTIEMETIC DRUGS</b>		
granisetron	Kytril	PA
meclizine		
ondansetron, -ODT 4mg, 8mg, oral solution	Zofran, -ODT	QL=30 tabs/30 days oral solution QL=150ml/30 days
ondansetron 24 mg		PA QL = 12 tabs/30 days
prochlorperazine maleate	Compazine	
trimethobenzamide	Tigan	
<b>OTHER ANTIPARKINSON DRUGS</b>		
bromocriptine mesylate	Parlodel	
carbidopa/levodopa, extended- release	Sinemet, Sinemet CR	
entacapone	Comtan	
ropinirole	Requip	QL=90 tabs/30 days
selegiline		
<b>ANTIDEMENTIA DRUGS</b>		
galantamine, -ER, oral solution	Razadyne, Razadyne ER	QL=60 tabs/30 days galantamine ER QL=30 caps/30 days galantamine oral solution QL = 150mL/30 days
rivastigmine capsules	Exelon	
rivastigmine patches	Exelon	PA
<b>OTHER DRUGS FOR ADHD</b>		
Guanfacine HCl SR 24 HR	Intuniv Extended Release	PA for <6 and >17 For recipients 6 – 17 years old, this med) is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, this med continues to be part of the MCO pharmacy benefit
clonidine HCl tab SR 12 HR. 0.1 mg	Kapvay Extended Release	PA for <6 and >17 For recipients 6 – 17 years old, this med is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, this med continues to be part of the MCO pharmacy benefit
<b>OTHER CNS DRUGS</b>		
pyridostigmine		
Savella		PA QL = 60/month
<b>CARDIOVASCULAR MEDICATIONS</b>		
<b>CARDIAC GLYCOSIDES</b>		
digoxin	Lanoxin	
LANOXIN		
<b>CALCIUM ANTAGONISTS</b>		
amlodipine	Norvasc	QL= 30 tabs/30 days

cartia xt	Cardizem CD	QL=60 caps/30 days
diltiazem er	Tiazac/Taztia XT	QL=60 caps or tabs/30 days
diltiazem hcl	Cardizem	QL=120 tabs/30 days
felodipine er	Plendil	
isradipine	Dynacirc	
nicardipine hcl	Cardene	
nifediac cc		
nifedipine, er	Procardia Procardia XL	Extended Release QL=90/30 days
Nisoldipine	Sular	QL=60 tabs/30 days
verapamil, er	Verelan/Calan/Calan SR	QL for Immediate Release=120 units/30days; QL for Extended Release=60 units/30 days
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide, -ER	Diamox	
<b>LOOP DIURETICS</b>		
bumetanide	Bumex	
furosemide	Lasix	
toremide	Demadex	
<b>THIAZIDE AND RELATED DRUGS</b>		
chlorothiazide		
Diuril oral suspension		
hydrochlorothiazide	Microzide	
indapamide	Lozol	
metolazone	Zaroxolyn	
methyclothiazide	Aquatensen, Enduron	
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride hcl w/hctz	Midamor	
spironolactone	Aldactone	
spironolactone w/hctz	Aldactazide	
triamterene w/hctz	Maxzide/Diazide	
<b>BETA-ADRENERGIC ANTAGONIST DRUGS</b>		
acebutolol		
atenolol	Tenormin	
bisoprolol fumarate	Zebeta	
carvedilol	Coreg	
labetalol hcl	Normodyne/Trandate	
metoprolol succinate	Toprol XL	QL: 60/month
metoprolol tartrate	Lopressor	
nadolol	Corgard	
pindolol		
propranolol, er	Inderal/LA	
<b>VASODILATOR ANTIHYPERTENSIVES</b>		
doxazosin mesylate	Cardura	QL 1mg, 2mg, 4mg = 30 tabs/30 days QL 8mg= 60/30days
hydralazine hcl	Apresoline	

prazosin hcl	Minipress	
terazosin hcl	Hytrin	QL 1mg, 2mg, 5mg=30/30 days; QL 10 mg=60/30 days
<b>CENTRALLY ACTING ANTIHYPERTENSIVES</b>		
clonidine patches	Catapres TTS	QL: 5/month
clonidine tablets	Catapres	
guanfacine hcl	Tenex	
methyldopa		
<b>ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>		
benazepril hcl	Lotensin	
captopril	Capoten	
enalapril maleate	Vasotec	
fosinopril sodium	Monopril	
lisinopril	Prinivil/Zestril	
moexipril hcl	Univasc	
perindopril	Aceon	
ramipril	Altace	
trandolapril	Mavik	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
amlodipine/valsartan, amlodipine/valsartan/HCTZ	Exforge Exforge HCT	QL=30 tabs/30 days;
candesartan, candesartan/HCTZ	Atacand, Atacand HCT	QL= 30 tabs/30 days
irbesartan	Avapro	
losartan	Cozaar	
losartan/HCTZ	Hyzaar	
valsartan, valsartan HCTZ	<b>Diovan, Diovan HCT</b>	QL=60 tabs/30 days (valsartan); QL=30 tabs/30 days (valsartan HCTZ)
<b>OTHER ANTIHYPERTENSIVES</b>		
amlodipine/benazepril	Lotrel	QL = 30 caps/30 days
atenolol w/chlorthalidone	Tenoretic	
benazepril hcl w/hctz	Lotensin HCT	
bisoprolol fumarate w/hctz	Ziac	
captopril w/hctz	Capozide	
enalapril maleate w/hctz	Vaseretic	
fosinopril w/hctz	Monopril HCT	
lisinopril w/hctz	Prinzide/Zestoretic	
<b>NITRATES</b>		
isosorbide dinitrate	Isochron/Isordil	
isosorbide mononitrate	Imdur/Ismo/Monoket	
nitro-bid ointment		
nitroglycerin (patch, sublingual tab)	Nitro-Dur/Nitrostat	
<b>CLASS 1A ANTIARRHYTHMICS</b>		
quinidine gluconate		
quinidine sulfate		
<b>CLASS 1B ANTIARRHYTHMICS</b>		
mexiletine	Mexitil	
<b>CLASS 1C ANTIARRHYTHMICS</b>		

flecainide acetate	Tambocor	
propafenone hcl, - SR	Rythmol, -SR	
<b>OTHER ANTIARRHYTHMICS</b>		
amiodarone	Pacerone	
MULTAQ		PA
sotalol	Betapace	
<b>HYPOLIPOPROTEINEMICS</b>		
Cholestyramine	Questran	
colestipol hcl	Colestid	
Fenofibrate 54mg, 67mg, 134mg, 160mg, 200mg	Lofibra	
fenofibrate 48 mg, 145 mg	Tricor	
OTC Fish Oil		
gemfibrozil	Lopid	QL: 60/month
OTC niacin		
fenofibric acid	Trilipix	
<b>HMG-COA REDUCTASE INHIBITORS</b>		
atorvastatin	Lipitor	QL=30 tabs/30 days
CRESTOR		PA; QL = #30/30 days
lovastatin	Mevacor	QL=30 tabs/30 days
pravastatin	Pravachol	QL=30 tabs/30 days
simvastatin	Zocor	QL=30 tabs/30 days
VYTORIN		STEP; QL=30 tabs/30 days
ZETIA		STEP; QL = #30/30 days
<b>OTHER CARDIOVASCULAR DRUGS</b>		
pentoxifylline	Trental	
<b>DERMATOLOGICAL MEDICATIONS</b>		
<b>TOPICAL CORTICOSTEROID DRUGS</b>		
alclometasone dipropionate	Aclovate	
amcinonide		
betamethasone dipropionate	Diprolene	
clobetasol propionate	Clobevate/Temovate	
desonide	Desowen/Lokara	
desoximetasone	Topicort	
diflorasone diacetate	Apexicon/Maxiflor/Psorcon	
fluocinolone cream, ointment, solution, shampoo	Synalar	
fluocinolone body oil, scalp oil	Derma-Smoothe FS Oil	
Fluocinonide 0.05%		
Hydrocortisone (includes OTC dosage forms)	Ala-Cort/Cetacort/Hytone	
mometasone furoate	Elocon	
Prednicarbate	Dermatop	
triamcinolone acetonide	Kenalog	
<b>ANTIPRURITIC DRUGS</b>		
hydroxyzine hcl		
hydroxyzine pamoate		

<b>ANTIACNE DRUGS</b>		
adapalene cream, 0.1% gel	Differin	
amneesteem	Accutane	
benzoyl peroxide 2.5, 5% gel, lotion, cream		
benzoyl peroxide-clindamycin 1.2%-5% gel	Duac	
benzoyl peroxide-erythromycin 5%-3% gel	Benzamycin	
claravis	Accutane	
clindamycin phosphate (1% solution, gel, topical pledget, lotion, foam)	Cleocin T/Clindamax	
Erythromycin base	A/T/S / Emgel/Erycette	
Finacea		
metronidazole cream, gel, lotion	Metrocream, Metrogel, Metro lotion	
salicylic acid cream, gel, liquid, lotion		
sod.sulfacetamide/sulfur	Avar/Plexion	
sotret	Accutane	
tretinoin	Avita/Retin-A	QL= 20gm/30days
<b>KERATOLYTIC DRUGS</b>		
CONDYLOX GEL		
podofilox solution	Condylox	
Salicylic Acid 26%, 27.5% (wart removal products)		
<b>ANTIPSORIASIS AND ANTIECZEMA DRUGS</b>		
calcipotriene cream, ointment, scalp solution	Dovonex	
Coal tar		
Salicylic acid cream, gel, liquid, lotion		
selenium sulfide	Selseb	
sulfacetamide sodium 10%	Carmol Scalp	
VECTICAL OINTMENT		
<b>TOPICAL DERMATOLOGICAL DRUGS</b>		
ammonium lactate OTC lotion, cream	Lac-Hydrin	
capsaicin OTC		
DRYSOL 20%	aluminum chloride	
ELIDEL		PA required age > 12 year QL=30 gm/30 days
fluorouracil 0.5% topical cream	Carac	
HYPERCARE 20%	aluminum chloride	
imiquimod 5% cream	Aldara	
tacrolimus	Protopic	STEP; QL = 30 g/ 30 days Covered for age 2-12 years without ST
urea 40% cream, 50% ointment		
<b>SCABICIDES/PEDICULICIDES - cumulative QL across all products of 454 g per 180 days</b>		

malathion 0.5% lotion	Ovide	QL=1 package/180 days
OTC permethrin lotion		QL=2 packages/180 days
permethrin 5% cream	Elimite	QL=1 package/180 days
pyrethrin 0.33% OTC shampoo		QL=2 packages/180 days
ULESFIA 5% LOTION		QL=2 packages/180 days
<b>EAR-NOSE-THROAT MEDICATIONS</b>		
<b>DRUGS AFFECTING THE EAR</b>		
Acetasol- HC otic		
acetic acid, -HC otic		
A/B Otic		
CIPRO HC		
CIPRODEX OTIC		
ofloxacin		
<b>DRUGS AFFECTING THE NOSE</b>		
azelastine	Astelin	
flunisolide	Nasarel	STEP QL: 2 bottles/month
fluticasone propionate	Flonase	STEP QL: 2 bottles/month
OTC Flonase 50 mcg Allergy Relief		
ipratropium bromide	Atrovent	QL: 2 bottles/month
Nasacort Allergy 24HR Nasal Spray (Triamcinolone Acetonide)		
OTC oxymetazoline nasal spray		
Rhinocort OTC		QL= 1 bottle/30 days
triamcinolone acetonide nasal spray		STEP/QL=2 bottles/month
<b>DRUGS AFFECTING THE THROAT AND MOUTH</b>		
chlorhexidine gluconate 0.12% rinse	Peridex	
DENAVIR		
Sodium fluoride dental gel and cream (generic only)		QLL = 2 tubes/30 days
<b>ENDOCRINE MEDICATIONS</b>		
<b>ORAL HYPOGLYCEMIC DRUGS</b>		
acarbose	Precose	
Alogliptin	Nessina	QL = #30/30 days
Alogliptin/ metformin	Kazano	QL =#60/30 days
Alogliptin/pioglitazone	Oseni	QL =# 30/30 days
glimepiride	Amaryl	
glimepiride-pioglitazone	Duetact	QL: 30/month
glipizide, er	Glucotrol, XL	
glyburide, -micro	Diabeta/Micronase	
glyburide-metformin	Glucovance	
INVOKANA		PA
JENTADUETO		STEP; QL = #60/30 days
metformin metformin ER 500mg, 750mg (generics for Glucophage XR only)	Glucophage Glucophage XR	

nateglinide	Starlix	
repaglinide	PRANDIN	
Repaglinide/metformin	PRANDIMET	
TRADJENTA		STEP; QL = #30/30 days
<b>INSULIN SENSITIZERS</b>		
pioglitazone	Actos	QL=30 tabs/30 days
pioglitazone-metformin	Actoplus Met	QL=90 tabs/30 days
<b>GLUCOSE ELEVATING DRUGS</b>		
GLUCAGON		
glucose chewable tablets OTC		
<b>INSULIN (VIALS ONLY)</b>		
BASAGLAR Kwikpen		
HUMALOG		
HUMALOG pens		PA (except for ages 2-17 years)
HUMALOG Mix 75/25		
OTC Humulin 50/50		
OTC Humulin 70/30		
OTC Humulin N		
OTC Humulin R		
LANTUS vials and pens		
LEVEMIR vials and pens		
OTC NOVOLIN 70/30		
OTC NOVOLIN R		
OTC NOVOLIN N		
NOVOLOG		
NOVOLOG pens		PA (except for ages 2-17 years)
NOVOLOG MIX 70/30		
<b>OTHER GLUCOSE-LOWERING DRUGS</b>		
TANZEUM		STEP
TRULICITY		STEP
<b>GLUCOCORTICOID DRUGS</b>		
cortisone		
dexamethasone		
hydrocortisone	Cortef	
methylprednisolone	Medrol	
prednisolone	Prelone	
prednisone	Sterapred	
<b>MINERALOCORTICOID DRUGS</b>		
fludrocortisone acetate	Florinef	
<b>THYROID SUPPLEMENTS</b>		
ARMOUR THYROID		
levothyroid		
levothyroxine sodium	Synthroid	
levoxyl	Synthroid	
liothyronine	Cytomel	
thyroid, dessicated	Armour Thyroid	
unithroid	Synthroid	



<b>ANTITHYROID DRUGS</b>		
propylthiouracil		
<b>OTHER ENDOCRINE DRUGS</b>		
alendronate sodium	Fosamax	QL 35 mg or 70 mg=4 tabs/30 days; QL 5 mg,10 mg, 40 mg=30 tabs/30 days
cabergoline	Dostinex	
calcitonin nasal spray, injection	Miacalcin	
desmopressin acetate	DDAVP/Minirin	QL (Tabs) = #90/30 days QL (Nasal Spray) = 1 package/30 days
etidronate	Didronel	
fortical nasal spray		
INCRELEX		PA
MIACALCIN (INJ)		PA
<b>GASTROINTESTINAL MEDICATIONS</b>		
<b>ANTIDIARRHEAL DRUGS</b>		
bismuth subsalicylate	Pepto Bismol	
diphenoxylate w/atropine	Lomotil	
OTC loperamide	Imodium	
<b>ANTISPASMODICS/DRUGS AFFECT GI MOTILITY</b>		
dicyclomine hcl	Bentyl	
glycopyrrolate tablets	Robinul	
hyoscyamine	Nulev/Levbrel	
metoclopramide hcl	Reglan	
NULEV		
<b>ANTIULCER DRUGS</b>		
cimetidine	Tagamet	
famotidine	Pepcid	
nizatidine	Axid	
Ranitidine, OTC ranitidine	Zantac	
<b>OTHER ANTIULCER DRUGS</b>		
Carafate oral suspension		
misoprostol	Cytotec	
sucralfate	Carafate	
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole OTC	OTC Nexium	QL = #60/30 days
Lansoprazole OTC	OTC Prevacid	QL = #60/30 days
omeprazole OTC	OTC Prilosec	omeprazole 10mg QL=30 caps/30 days, omeprazole 20mg QL=120 caps or tabs/30 days
FIRST Omeprazole Suspension		
pantoprazole	Protonix	STEP QL=30 tabs/30 days
<b>LAXATIVES AND CATHARTICS</b>		
constulose		
docusate	Colace	
OTC FLEET BISACODYL ENEMA		
Golytely		

MIRALAX OTC		QL=510 gm/30 days
polyethylene glycol 3350 powder		
psyllium OTC		
sennosides 15 mg, 17.2 mg, 25 mg & 25 mg chewable	Senokot OTC	
SORBITOL OTC 70% ORAL SOLN		
<b>OTHER GI DRUGS</b>		
OTC aluminum hydroxide gel	Alternagel	
AMITIZA		QL=60 caps/30 days
ASACOL HD		
CANASA suppository		
CORTIFOAM		
CREON LIPASE 3,000; 6,000; 12,000; 24,000 UNITS; 36,000 UNITS		
Delzicol		
hydrocortisone 1%, 2.5% rectal cream	Proctocort 1%, Procto Pak, Proctocream-HC, Proctosol-HC, Proctozone-HC	
hydrocortisone acetate w/ pramoxine rectal cream 1-1%	Analpram HC 1%	
hydrocortisone rectal enema suspension	Colocort/ Cortenema	
lidocaine-hydrocortisone rectal cream, gel		
mesalamine enema	Rowasa	
NULYTELY		
PANCREAZE		
PANCRELIPASE 5,000 UNITS		
PEG 3350 ELECTROLYTE SOLUTION		
RECTIV		PA; QL = #30/30 days
sulfasalazine	Azulfidine	
ursodiol	Actigall	
ZENPEP 5,000U; 10,000U, 15,000U, 20,000U		
<b>IMMUNOLOGICALS AND VACCINES</b>		
CERVARIX (available through medical)		PA <10 and >25 Females only QL 3 syringes and vials/lifetime
GARDASIL		PA <9 and >26 QL 3 doses per lifetime Specialty pharmacy ships to provider office only
GARDASIL 9		Females age 9-26 and males age 9-15 only QL 3 doses per lifetime Specialty pharmacy ships to provider office only
ZOSTAVAX		PA Specialty Pharmacy Ships to provider office only
<b>MYELOID STIMULANTS</b>		

LEUKINE		PA
NEULASTA		PA
NEUPOGEN		PA
<b>ERYTHROID STIMULANTS</b>		
EPOGEN		PA
PROCRIT		PA
<b>INTERFERONS</b>		
AUBAGIO		PA & QL = 30/30 days
COPAXONE 20 mg, 40 mg		PA
EXTAVIA		PA QL: 15 syringes/month
GLATOPA (glatiramer acetate) 20 mg		PA
INTRON A		PA
PEGASYS		PA
PEG-INTRON		PA
REBIF		PA QL: 15 syringes/month
<b>GROWTH HORMONES AND RELATED AGENTS</b>		
Omnitrope VIALS only		PA
<b>INTERLEUKINS</b>		
NEUMEGA		PA QL:21/month
<b>IMMUNOGLOBULIN ANTIBODIES</b>		
SOLIRIS		PA
<b>HEMATOPOIETIC AGENTS</b>		
Mozobil		PA
<b>MUSCULOSKELETAL MEDICATIONS</b>		
<b>SALICYLATES AND RELATED DRUGS</b>		
diflunisal	Dolobid	
salsalate	Disalcid	
<b>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>		
celecoxib	Celebrex	STEP QL 50mg, 100mg, 200mg : 60/30days 400mg: 30/30days
diclofenac sodium	Voltaren	
etodolac	Lodine/Lodine XL	
Ibuprofen rx, OTC and 100mg/5ml Susp	Motrin, Advil	
indomethacin	Indocin SR	
ketoprofen	Orudis/Oruvail	
meloxicam	Mobic	
nabumetone	Relafen	
naproxen	Naprosyn, Aleve	
oxaprozin	Daypro	

<b>OTHER DRUGS FOR ARTHRITIS</b>		
HYALGAN		PA
GEL-ONE		PA
<b>DRUGS TO PREVENT AND TREAT GOUT</b>		
allopurinol	Zyloprim	
colchicine	Colcrys	
probenecid		
ULORIC		STEP
<b>DIRECT MUSCLE RELAXANTS</b>		
baclofen		
tizanidine hcl tablets	Zanaflex tablets	
<b>CNS MUSCLE RELAXANTS</b>		
carisoprodol	Soma	QL=120 tabs/30 days
cyclobenzaprine hcl	Flexeril	
methocarbamol	Robaxin	
metaxalone	Skelaxin	
<b>NUTRITION, BLOOD MODIFIERS, ELECTROLYTES</b>		
<b>THERAPEUTIC VITAMINS &amp; MINERALS</b>		
B-Complex w/C & Folic acid caps 1 mg (Triphrocaps, Mynephrocaps, Renal Cap, Reno Cap, Virt-caps)	Nephrocaps	
calcitriol	Calcijex/Rocaltrol	
calcium acetate capsules, tablets, gelcap	Phoslo	
calcium carbonate	Tums	
calcium citrate	Citracal	
OTC cholecalciferol, ergocalciferol, calciferol drops	Vitamin D3	
doxercalciferol		
ferrous gluconate		
ferrous sulfate		
folic acid		
levocarnitine		
Mephyton		QL: 10 tabs / 30days
multivitamin with fluoride		
multivitamin with iron		
sodium fluoride drops, chewable tablets, tablets, drops		
Paricalcitol		STEP QLL = #30/30 days
Pediatric multivitamin –with fluoride; -with iron; -with fluoride and iron		
Poly-vitamin drops, -w iron drops		
<b>POTASSIUM SUPPLEMENTS</b>		
citric acid/sodium citrate oral soln	Bicitra	
klor con, klor con m, klor con effervescent		
K-Phos		

potassium chloride, -CR, ER, oral solution, powder packets	K-Dur/Klotrix	
Potassium Citrate ER	Urocit K	
<b>ORAL ANTICOAGULANTS</b>		
warfarin sodium	Coumadin	
PRADAXA		PA
XARELTO		PA
<b>HEPARINS</b>		
heparin sodium (heparin lock flush solution not covered)		
<b>LOW-MOLECULAR WEIGHT HEPARINS (LMWH)</b>		
enoxaparin [inj]	Lovenox	42 SYRINGES PER YEAR
Fondaparinux		21 SYRINGES PER YEAR
FRAGMIN [inj]		21 SYRINGES PER YEAR
<b>ANTIPLATELET DRUGS</b>		
anagrelide		
Cilostazol	Pletal	
clopidogrel	Plavix	
ticlopidine hcl	Ticlid	
<b>HEMOSTATICS</b>		
aminocaproic acid	Amicar	
MEPHYTON		
<b>BLOOD DETOXICANTS</b>		
enulose		
generlac		
lactulose		
RENAGEL		
RENVELA		
<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>		
<b>PRENATAL VITAMINS (females only)</b>		
<i>QL (single) = 100tabs/90days</i>		
<i>(combo pack) = 60/month</i>		
complete natal DHA		QL
CONCEPT DHA		QL
Prenafirst		QL
Prenatabs FA		QL
Prenatabs RX		QL
Prenatal AD		QL
Prenate Advance		QL
Prenate GT		QL
SELECT-OB, SELECT-OB + DHA		QL
Ultra Natalcare		QL
vinate II		QL
vinate az		QL
vinate calcium		QL
vinate gt		QL
vinate one		QL

vinate m		QL
vinate ultra		QL
vitafol-ob		QL
vitafol-pn		QL
<b>SPECIALIZED OB/GYN DRUGS</b>		
Lupron		PA
<b>OB/GYN TOPICAL ANTIINFECTIVES</b>		
CLEOCIN 100mg vaginal suppositories		
clindamycin 2% vaginal cream	Clindamax	
metronidazole 0.75% vaginal gel	MetroGel	
miconazole vaginal cream, combination pack, suppositories		
<b>ANDROGEN DRUGS</b>		
Androxy		
Danazol		
Methitest		
Testosterone Cypionate		
Testosterone Pak 1% 25MG/2.5GM gel		PA QL: 30 packets/30 days
Testosterone Pak 1% 50MG/5GM gel		PA QL: 60 packets/30 days
Testosterone pump 1% 12.5 mg		PA QL: 4 units/30 days
Testosterone Pump Gel 2% 10 mg		PA QL: 2 units/30 days
Testosterone Enanthate		PA QL: 5mL/60 days
<b>ESTROGEN DRUGS</b>		
estradiol tablets	Estrace	
estradiol transdermal patch	Climara	QL=4 patches/30 days
estropipate	Ogen/Ortho-Est	
ESTRACE VAGINAL CREAM		
PREMARIN		
PREMARIN CREAM		
VAGIFEM		
Yuvaferm	Vagifem	
<b>ESTROGEN/PROGESTIN COMBINATIONS</b>		
COMBIPATCH		
PREMPHASE		
PREMPRO		
<b>SELECTIVE ESTROGEN RECEPTOR MODULATOR</b>		
raloxifene	Evista	QL: 30 tabs/ 30 days
<b>PROGESTIN DRUGS</b>		
medroxyprogesterone acetate	Provera	
norethindrone acetate	Aygestin	
<b>CONTRACEPTIVES</b>		
Apri	Desogen	

Altavera-28	Nordette-28	
Alyacen		
Amethia, - Lo		
Amethyst	LYBREL	
Aranelle	TRI-NORINYL	
Ashlyna	SEASONIQUE	
Aubra		
Aviane	ALESSE-28	
Azurette		
BEYAZ		
Balziva	OVCON	
Blisovi 24 FE	LOESTRIN 24 FE	
Brielllyn	OVCON	
Camila	NOR-Q-D	
Camrese, - Lo		
Caziant-28	CYCLESSA	
Cesia	CYCLESSA	
Chateal		
Cryselle	LO/OVRAL-28	
Cyclafem	ORTHO-NOVUM 1/35	
Daysee		
Dasetta		
Ella		QL: 1 pkg/1 month; 3 pkgs/year
Elinest		
Emoquette	DESOGEN	
Enpresse	TRI-LEVLEN 28	
Enskyce		
Errin		
Estarylla		
Falmina		
Gianvi		
Gildagia	OVCON	
Gildess		
Heather		
Introvale		
Jencycla		
Jolessa		
Jolivette	NOR-Q-D	
Junel	LOESTRIN	
Junel Fe	LOESTRIN FE	
Junel Fe 24	LOESTRIN 24 FE	
Kaitlib FE		
Kariva	MIRCETTE	
Kelnor 1/35	DEMULEN 1/35-28	
Kimidess	MIRCETTE	

Kurvelo		
Larin 1.5/30		
Larin 1/20		
Larin FE		
Larin 24 Fe (norethindrone/ethinyl estradiol)		
Layolis FE Chew	GENERESS FE CHEWABLE	
Leena	TRI-NORINYL	
Lessina	ALESSE-28	
Levonest	TRIPHASIL	
Levonorgestrel 0.75mg (Next Choice, Plan B)	PLAN B	QL: 1 pkg/1 month; 3 pkgs/year
Levnorgestrel 1.5mg (Next Choice, My Way)	PLAN B ONE-STEP	QL: 1 pkg/1 month; 3 pkgs/year
Levora-28	NORDETTE-28	
Lomedia 24 FE	LOESTRIN 24 FE	
Loryna	YAZ	
Low-Ogestrel	LO/OVRAL-28	
Lo Loestrin		
Lo Minastrin FE		
Lutera	ALESSE-28	
Lyza		
Marlissa		
Medroxyprogesterone AC Inj 150mg/ml		
Microgestin	LOESTRIN	
Microgestin Fe	LOESTRIN FE	
Mirena		
Mono-Linyah		
Mononessa	ORTHO-CYCLEN	
Myzilra	TRI-LEVLEN 28	
NATAZIA		
Necon	MODICON	
Nexplanon		
Next Choice One Dose		QL: 1 package/1 month; 3 packages/yr
Nikki	YAZ	
Nora-Be	NOR-Q-D	
Norethindrone/Ethinyl estradiol FE Chewable	GENERESS FE CHEWABLE	
Norgestimate/ethinyl estradiol triphasic	ORTHO TRI CYCLEN LO	QL = #28/28 days
Nortrel	ORTHO-NOVUM	
NuvaRing		QL: 1 ring/month
Ocella 28	Yasmin	
Ogestrel	OVRAL-28	
Orsythia		
Paragard		
Philith	OVCON	



Pimtreea		
Pirmella 1/35		
Portia	NORDETTE-28	
Previfem	ORTHO-CYCLEN	
Quartette		
Quasense		
Reclipsen	DESOGEN	
SAFYRAL		
Solia	DESOGEN	
Sprintec	ORTHO-CYCLEN	
Sronyx	ALESSE-28	
Skyla		
Syeda	YASMIN	
Tarina FE 1/20	LOESTRIN FE 1/20	
Tilia-FE		
Tri-Estaryll		
Tri-Legest-FE		
Trinessa	ORTHO TRI-CYCLEN	
Tri-Linyah		
Tri-Lo-Estarylla		
Tri-Lo-Marzia	ORTHO TRI-CYCLEN	
Tri-Lo-Sprintec	ORTHO TRI-CYCLEN	
Tri-Estarylla		
Tri-Previfem	ORTHO TRI-CYCLEN	
Tri-Sprintec	ORTHO TRI-CYCLEN	
Trivora-28	TRI-LEVLEN 28	
Velivet	CYCLESSA	
Vestura	YAZ	
Viorele		
Vyfemla	OVCON-35	
Wera		
Wymzya FE		
xulane	Ortho Evra Patch	QL 3 patches / month
Zarah	YASMIN	
Zenchent, - FE		
Zovia	DEMULEN 1/35-28	

## OPHTHALMIC MEDICATIONS

### OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

bacitracin/polymyxin ophth ointment	AK-Poly Bac	
ciprofloxacin hcl (ophth drops)	Ciloxan	
CILOXAN OPHTHALMIC OINTMENT		
erythromycin		
gatifloxacin	Zymaxid	
levofloxacin 0.5% ophth soln	Quixin	
neomycin/polymyxin/bacitracin	Neosporin	
ofloxacin	Ocuflox	

polymyxin/trimethoprim	Polytrim	
sulfacetamide sodium	Bleph-10	
tobramycin sulfate	Tobrex	
TOBREX OINTMENT		
VIGAMOX		
<b>OPHTHALMIC CORTICOSTEROID DRUGS</b>		
dexamethasone 0.1%		
fluorometholone 0.1%		
PRED MILD 0.12%		
prednisolone acetate 1%	Omnipred/Pred Forte	
Prednisolone sodium phosphate 1%		
Vexol 1%		
<b>OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS</b>		
Bacitracin/neomycin/polymyxin B/hydrocortisone ophthalmic ointment		
neomycin/polymyxin/dexamethasone	Methadex/Maxitrol	
Sulfacetamide w/ prednisolone		
TOBRADEX OINTMENT		
tobramycin/dexamethasone susp	Tobradex	
<b>ANTIGLAUCOMA DRUGS</b>		
AZOPT		<b>STEP</b> QL=1 bottle/30 days
brimonidine tartrate	Alphagan, Alphagan P	
carteolol hcl		
COMBIGAN		
dorzolamide	Trusopt	
dorzolamide/timolol	Cosopt	
latanoprost	Xalatan	
levobunolol hcl	Betagan	
pilocarpine hcl	Isopto Carpine	
timolol maleate	Timoptic/Timoptic-XE	
Timoptic Ocudose		
travoprost	Travatan	
TRAVATAN Z		
<b>OTHER OPHTHALMIC DRUGS</b>		
azelastine ophthalmic		<b>STEP</b>
cromolyn sodium	Crolom	
epinastine		<b>STEP</b>
ketorolac tromethamine	Acular, Acular LS	
OTC ketotifen	Zaditor	
REFRESH TEARS, LIQUIGEL (5ML, 15 ML AND 30 ML BOTTLE ONLY)		
tropicamide	Tropicacyl	
<b>PULMONARY ARTERIAL HYPERTENSION MEDICATIONS</b>		

ADEMPAS		PA
ADCIRCA		PA
Epoprostenol	FLOLAN	PA
LETAIRIS		PA
OPSUMIT		PA
REMODULIN		PA
sildenafil	REVATIO	PA
TRACLEER		PA
TYVASO		PA
VENTAVIS		PA
<b>RESPIRATORY MEDICATIONS</b>		
<b>BETA-2 ADRENERGIC DRUGS</b>		
albuterol sulfate (inhalation soln, syrup, tablet)		QL=375 ml/30 days for inhalation soln 0.5% solution: 60 ml/month
ARCAPTA NEOHALER		QL = 1 inhaler / 30 days
FORADIL		STEP
metaproterenol		
STRIVERDI RESPIMAT		QL = 1 inhaler / 30 days
VENTOLIN HFA		QL= 2 inhalers/30 days
<b>INHALED CORTICOSTEROIDS</b>		
ADVAIR DISKUS		<b>Covered for ages 4-11 years; all others require PA</b> QL= 60 blisters/month
ADVAIR HFA		PA QL = 2 inhalers/30 days
budesonide respules 0.25 mg/2 ml, 0.50 mg/2 ml, 1 mg/2ml	Pulmicort Respules	PA required > 5 years of age QL=120 ml/30 days (60 respules/30 days)
DULERA		
FLOVENT DISKUS		QL: 50 mcg – 1x60/month
PULMICORT FLEXHALER/INHALER		QL=1 inhaler or flexhaler/30 days
QVAR		QL = 1 inhaler/30 days
SYMBICORT		
<b>LEUKOTRIENE MODIFIERS</b>		
montelukast 4 mg, 5 mg 10 mg tabs tablets, 4mg granules	Singulair	QL: 30/30days
zafirlukast	Accolate	QL 60/30days Please note: No ST required for members with use of an asthma medication within the past 6 months; zafirlukast is currently not FDA-approved for allergic rhinitis
<b>METHYL XANTHINE DRUGS</b>		
Theophylline anhydrous		
Theochron		
<b>OTHER DRUGS FOR ASTHMA</b>		

ATROVENT		QL: 2 / month
COMBIVENT RESPIMAT	ipratropium bromide/albuterol	QL: 3/month
cromolyn sodium nebulizer solution		
Epinephrine 0.3 mg/0.3mL & 0.15 mL single pens and twin packs	ADRENALICK	
EIPEN, EIPEN JR		<b>STEP</b>
ipratropium bromide		
<b>OTHER RESPIRATORY DRUGS</b>		
INCRUSE ELLIPTA		QL = 1 inhaler / 30 days
SPIRIVA, SPIRIVA RESPIMAT		<b>STEP</b> QL=1 pack of 30 / month; QL = 1 inhaler (4 gm) / 30 days
TUDORZA		QL = 1 inhaler / 30 days
<b>ANTI-HISTAMINES AND DECONGESTANTS</b>		
Bromax ER tablets	brompheniramine maleate	
cetirizine, cetirizine-D OTC	OTC Zyrtec	cetirizine-D12hr tabs QL=60 tabs/30 days cetirizine syrup/solution: Age < 6 yrs = 150ml/month Age ≥ 6 yrs = 300ml/month
OTC chlorpheniramine maleate		
cyproheptadine hcl	Periactin	
OTC diphenhydramine hcl	Benadryl	
OTC fexofenadine, fexofenadine-D OTC	Allegra, Allegra-D	
OTC fexofenadine suspension 30 mg/mL	Allegra 30mg/mL suspension	
loratadine, loratadine-D OTC	OTC Claritin, Claritin D	QL: Loratadine: 30 tabs/month oral solution/syrup – 300 ml/month QL: Loratadine-D 12 hr tab - 60/month 24 hr tab - 30/month
promethazine		
<b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>		
LoHist D Syrup	chlorpheniramine-pseudoephedrine	
promethazine vc plain syrup (promethazine-phenylephrine)	Phenergan VC	
Sildec syrup (brompheniramine/pseudoephedrine)	Rondec, Cardec syrup	
R-Tanna pediatric suspension (chlorpheniramine/phenylephrine)	Rondec drops	
<b>ANTITUSSIVE AND EXPECTORANT DRUGS</b>		
benzonatate	Tessalon	
CHERATUSSIN AC OTC (guaifenesin-codeine)		
guaifenesin OTC		
Guaifenesin tab SR 12 HR 600 mg	Mucinex OTC	
guaifenesin w/codeine syrup	Tussi-Organidin NR	
guaifenesin-dextromethorphan SR 12 hr. 60-1200 mg	OTC Mucinex DM ER	
Hydrocodone w/ chlorpheniramine		

OTCMucinex D ER, Mucinex Fast-Max DM Max, Mucinex Fast-Max Cold & Sinus		
promethazine-codeine	Phenergan w/Codeine	
promethazine vc w/codeine syrup (promethazine-phenylephrine-codeine)	Phenergan VC w/Codeine	
promethazine-dm	Phenergan DM	
<b>TOXICOLOGY MEDICATIONS</b>		
acetylcysteine		
<b>UROLOGICAL MEDICATIONS</b>		
<b>ANTICHOLINERGIC ANTISPASMODICS DRUGS</b>		
flavoxate	Urispas	
oxybutynin chloride	Ditropan	
oxybutynin chloride er	Ditropan XL	
tropium	Sanctura	STEP
tropium ER	Sanctura XR	STEP QL = 30 tabs/30 days
<b>URINARY ANESTHETICS</b>		
phenazopyridine hcl	Pyridium/UrodoI	
<b>OTHER GENITOURINARY PRODUCTS</b>		
alfuzosin	Uroxatral	
finasteride	Proscar	
tamsulosin	Flomax	QL=60 caps/30 days
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
<b>TEST STRIPS COMBINED QL=150 TEST STRIPS/30 DAYS; All Glucometers QL= 1 meter/ 365 days</b>		
MICROLET LANCING DEVICE/LANCETS		
ONE TOUCH DELICA LANCET DEVICE/ LANCETS		
ONE TOUCH ULTRA SOFT LANCET DEVICE/ LANCETS		
ONE TOUCH ULTRA CONTROL SOLUTION		
ONE TOUCH BASIC, ULTRA, ULTRA2, ULTRALINK, ULTRAMINI, ULTRASMART, VERIO GLUCOMETERS/TEST STRIPS		Combined QL for test strips= 150 strips/30 days
<b>OTHER SUPPLIES</b>		
AEROCHAMBER, MICROCHAMBER		QL=2 spacers/ 365days
OTC ALCOHOL PREP PADS		
ASSESS, MICROLIFE, PERSONAL BEST PEAK FLOW METER		QL: 1 peak flow meter/365 days
OTC CHEMSTRIP TEST STRIPS		
OTC KETOSTIX URINE TEST STRIPS		
OTC LATEX CONDOMS		

