



# **AETNA BETTER HEALTH<sup>®</sup>**

## **Illinois formulary**

This Formulary is up to date through its date of publication, January 1, 2017. Please notify Aetna Better Health of Illinois at [AetnaBetterHealthIL-MemberServices2@AETNA.com](mailto:AetnaBetterHealthIL-MemberServices2@AETNA.com) or 1-866-212-2851 with any mistakes in the formulary.

---

### **What is the Aetna Better Health Illinois Formulary?**

This is a drug list created by Aetna Better Health (“plan”). Aetna Better Health will cover drugs on this list. Some drugs may have coverage rules. If the rules for that drug are met, Aetna Better Health will cover the drug. Drugs must also be filled at an Aetna Better Health network pharmacy.

### **Can Aetna Better Health’s Drug List change?**

Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan’s website.

### **How do I use Aetna Better Health’s formulary?**

- **Column #1:** lists the covered drug.
- **Column #2:** lists the brand name of the drug when a generic is covered
- **Column #3:** shows coverage rules for the drug

Drugs are also grouped by the type of condition they treat. Drugs used to treat an earache are listed under the section, Ear-Nose-Throat Medications. If you know what your drug is used for, please look for that section name on the drug list. Then look under that section for your drug.

How much will I pay for covered drugs? You do not have to pay for covered drugs. What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug. Call Member Services team at 1-866-212-2851 for more information.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.

- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition.

After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

### **What if my drug is not on Aetna Better Health's formulary?**

First, please call your doctor and ask if your drug is covered. If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process.

### **What are generic drugs?**

Aetna Better Health covers both brand and generic drugs. Generic drugs cost less and are approved by the Food and Drug Administration (FDA).

### **Are Over-The-Counter (OTC) drugs covered?**

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Most OTC drugs need a prescription from a doctor if they are to be covered by the plan.

### **¿Qué es el formulario de Aetna Better Health para Illinois?**

Es una lista de medicamentos creada por Aetna Better Health (el “plan”). Aetna Better Health ofrece cobertura para los medicamentos de esta lista. Es posible que para algunos medicamentos se apliquen reglas de cobertura. Si se cumplen las reglas para esos medicamentos, Aetna Better Health los cubrirá. Además, los medicamentos deben adquirirse en una farmacia de la red de Aetna Better Health.

### **¿Puede cambiar la lista de medicamentos de Aetna Better Health?**

El plan puede agregar o quitar medicamentos de la lista. Todas las eliminaciones de medicamentos del formulario se enviarán al estado, donde se revisarán antes de que se realice el cambio. Los miembros y proveedores que utilizan el formulario recibirán un aviso como mínimo 30 días antes de que se elimine un medicamento del formulario. Encontrará todos los cambios del formulario en el sitio en Internet del plan.

### **¿Cómo utilizo el formulario de Aetna Better Health?**

- **Columna Nº 1:** enumera los medicamentos cubiertos.
- **Columna Nº 2:** enumera los medicamentos de marca cuando una opción genérica está cubierta.
- **Columna Nº 3:** muestra las reglas de cobertura de los medicamentos.

Los medicamentos también están agrupados según el tipo de condición que tratan. Por ejemplo, los medicamentos que se usan para tratar un dolor de oído figuran en la sección, Ear-Nose-Throat Medications. Si sabe para qué se usa el medicamento que usted toma, busque el nombre de esa sección en la lista de medicamentos y luego busque el medicamento en esa sección.

### **¿Cuánto pagaré por los medicamentos cubiertos?**

Usted no tiene que pagar por los medicamentos cubiertos.

### ¿Cuáles son algunos de los tipos de reglas de cobertura?

- **Aprobación previa (PA):** significa que su médico primero deberá obtener la aprobación del plan antes de que se pueda adquirir el medicamento en la farmacia. Si no se aprueba, el plan no cubrirá el medicamento.
- **Límites de cantidad (QLL):** significa que el plan cubre hasta una cierta cantidad del medicamento. Por ejemplo, en el caso de algunos medicamentos, el plan cubre 60 píldoras en 30 días.
- **Terapia escalonada (ST):** significa que posiblemente primero deba probar ciertos medicamentos para tratar su condición. Después de probar el primer medicamento, el plan cubrirá el otro medicamento para la misma condición. Por ejemplo, el Medicamento A y el Medicamento B pueden tratar su condición. Es posible que el plan no cubra el Medicamento B a menos que usted primero pruebe el Medicamento A. Si el Medicamento A no funciona en su caso, entonces se cubrirá el Medicamento B.

### ¿Qué sucede si el medicamento que tomo no está incluido en el formulario de Aetna Better Health?

Primero, llame a su médico y pregúntele si su medicamento está cubierto. Si el plan no lo cubre, usted tiene dos opciones:

- Pida a su médico un medicamento similar que esté cubierto.
- Su médico puede solicitar que el plan cubra el medicamento a través del proceso de aprobación previa.

### ¿Qué son los medicamentos genéricos?

Aetna Better Health cubre tanto medicamentos de marca como genéricos. Los medicamentos genéricos cuestan menos y están aprobados por la Administración de Drogas y Alimentos (FDA).

### ¿Los medicamentos de venta libre están cubiertos?

El plan cubrirá los medicamentos de venta libre que figuren en el formulario. Es posible que para algunos medicamentos de venta libre se apliquen reglas de cobertura. Si se cumplen las reglas para esos medicamentos de venta libre, el plan los cubrirá. Al igual que con otros medicamentos, se requiere una receta del médico para que el plan brinde cobertura para los medicamentos de venta libre.

Table of Contents

.....	3
*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*	3
*ALTERNATIVE MEDICINES*	4
*AMEBICIDES*	12
*AMINOGLYCOSIDES*	13
*ANALGESICS - ANTI-INFLAMMATORY*	13
*ANALGESICS - NONNARCOTIC*	19
*ANALGESICS - OPIOID*	31
*ANDROGENS-ANABOLIC*	35
*ANORECTAL AGENTS*	35
*ANTACIDS*	36
*ANTHELMINTICS*	42
*ANTIANGINAL AGENTS*	42
*ANTIANKXIETY AGENTS*	42
*ANTIARRHYTHMICS*	43
*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	44
*ANTICOAGULANTS*	46
*ANTICONVULSANTS*	47
*ANTIDEPRESSANTS*	49
*ANTIDIABETICS*	51
*ANTIDIARRHEALS*	55
*ANTIDOTES AND SPECIFIC ANTAGONISTS*	60
*ANTIDOTES*	60
*ANTIEMETICS*	60
*ANTIFUNGALS*	62
*ANTI HISTAMINES*	62
*ANTIHYPERLIPIDEMICS*	72
*ANTIHYPERTENSIVES*	73
*ANTI-INFECTIVE AGENTS - MISC.*	75
*ANTIMALARIALS*	75
*ANTIMYASTHENIC AGENTS*	75
*ANTIMYCOBACTERIAL AGENTS*	76
*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	76
*ANTIPARKINSON AGENTS*	79
*ANTIPSYCHOTICS/ANTIMANIC AGENTS*	80
*ANTISEPTICS & DISINFECTANTS*	82
*ANTIVIRALS*	82
*ASSORTED CLASSES*	86
*BETA BLOCKERS*	89
*CALCIUM CHANNEL BLOCKERS*	89
*CARDIOTONICS*	91
*CARDIOVASCULAR AGENTS - MISC.*	91
*CEPHALOSPORINS*	91
*CHEMICALS*	92
*CONTRACEPTIVES*	93
*CORTICOSTEROIDS*	99

*COUGH/COLD/ALLERGY*	100
*DERMATOLOGICALS*	117
*DIAGNOSTIC PRODUCTS*	144
*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*	146
*DIGESTIVE AIDS*	147
*DIURETICS*	148
*ENDOCRINE AND METABOLIC AGENTS - MISC.*	149
*ESTROGENS*	150
*FLUOROQUINOLONES*	151
*GASTROINTESTINAL AGENTS - MISC.*	151
*GENITOURINARY AGENTS - MISCELLANEOUS*	153
*GOUT AGENTS*	155
*HEMATOLOGICAL AGENTS - MISC.*	155
*HEMATOPOIETIC AGENTS*	155
*HEMOSTATICS*	158
*HEPATITIS C AGENT - COMBINATIONS***	159
*HYPNOTICS*	159
*LAXATIVES*	161
*MACROLIDES*	174
*MEDICAL DEVICES*	175
*MIGRAINE PRODUCTS*	201
*MINERALS & ELECTROLYTES*	201
*MOUTH/THROAT/DENTAL AGENTS*	211
*MULTIVITAMINS*	214
*MUSCULOSKELETAL THERAPY AGENTS*	241
*NASAL AGENTS - SYSTEMIC AND TOPICAL*	241
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	246
*NEUROMUSCULAR AGENTS*	246
*NUTRIENTS*	246
*OPHTHALMIC AGENTS*	249
*OTIC AGENTS*	258
*PASSIVE IMMUNIZING AGENTS*	259
*PENICILLINS*	259
*PHARMACEUTICAL ADJUVANTS*	260
*POTASSIUM REMOVING AGENTS***	260
*PROGESTINS*	261
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*	261
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	263
*SULFONAMIDES*	263
*TETRACYCLINES*	263
*THYROID AGENTS*	263
*ULCER DRUGS*	264
*URINARY ANTI-INFECTIVES*	268
*URINARY ANTISPASMODICS*	269
*VAGINAL PRODUCTS*	269
*VASOPRESSORS*	272
*VITAMINS*	272

**Aetna Better Health Illinois**

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>b complex formula 1 oral tablet</i>		OTC
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<b>STRATTERA ORAL CAPSULE</b>		PA; QLL (60 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	Adderall XR	PA; QLL (30 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet</i>	Adderall	PA; QLL (90 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Dexedrine	PA; AL (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate oral tablet</i>	Zenzedi	PA; AL (Min 6 Years and Max 18 Years)
<b>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG</b>		
<b>*Analeptics***</b>		
<i>awake maximum strength oral tablet</i>	No Doz Maximum Strength	OTC
<i>caffeine citrate oral solution</i>	Cafcit	
<i>caffeine citrated powder</i>		
<i>cvs caffeine oral tablet</i>	No Doz Maximum Strength	OTC
<i>keep alert oral tablet</i>	No Doz Maximum Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
 AL = Age Limit, OTC = Over The Counter  
 Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Stimulants - Misc.***</b>		
<i>dexmethylphenidate hcl oral tablet</i>	Focalin	AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release*</i>	Metadate CD	PA; QLL (60 Capsules per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	Ritalin LA	QLL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release* 10 mg</i>		PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release* 20 mg</i>	Ritalin SR	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Methylin	PA; QLL (600 ML per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Methylin	PA; QLL (300 ML per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet</i>	Ritalin	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet</i>	Provigil	PA; QLL (30 GM per 30 days)
<b>METHYLIN ORAL TABLET CHEWABLE</b>	Methylphenidate HCl	PA; QLL (120 Tablets per 30 days); AL (Min 6 Years and Max 18 Years)
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*Alternative Medicine - Ac's***</b>		
<i>acai berry oral capsule</i>		OTC
<i>acai oral capsule</i>		OTC
<b>*Alternative Medicine - Al's***</b>		
<i>aloe vera juice oral liquid†</i>		OTC
<i>alpha-lipoic acid oral capsule 100 mg</i>	Tyler Lipoic Acid	OTC
<i>alpha-lipoic acid oral capsule 300 mg, 50 mg, 600 mg</i>		OTC
<i>alpha-lipoic acid oral tablet 200 mg, 300 mg</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Alternative Medicine - An's***</b>		
<i>anamu oral capsule 400 mg</i>		OTC
<b>*Alternative Medicine - Ap's***</b>		
<i>apple cider vinegar oral tablet 300 mg</i>		OTC
<b>*Alternative Medicine - As's***</b>		
<i>astaxanthin oral capsule 4 mg</i>		OTC
<b>*Alternative Medicine - Bl's***</b>		
<i>black cohosh extract oral capsule 80 mg</i>		OTC
<b>*Alternative Medicine - Ch's***</b>		
<i>charcoal oral capsule 200 mg</i>		OTC
<i>chia oil oral capsule</i>		OTC
<i>chitosan oral tablet</i>		OTC
<i>chondroitin sulfate oral capsule 150 mg</i>		OTC
<b>*Alternative Medicine - Ci's***</b>		
<i>cinnamon oral capsule</i>		OTC
<i>eql cinnamon oral capsule</i>		OTC
<i>hm cinnamon oral capsule</i>		OTC
<b>*Alternative Medicine - Co's***</b>		
<i>co q 10 oral capsule 10 mg</i>		OTC
<i>co q-10 oral capsule 100 mg</i>	Pronutrients CoQ10	OTC
<i>co q-10 oral capsule 200 mg, 50 mg, 75 mg</i>	Q-Sorb	OTC
<i>co q-10 oral capsule 300 mg</i>		OTC
<i>colostrum oral capsule</i>		OTC
<i>coq-10 fast dissolve oral tablet dispersible</i>		OTC
<i>coq10 maximum strength oral capsule</i>	Q-Sorb	OTC
<i>coq10 oral capsule 100 mg</i>	Pronutrients CoQ10	OTC
<i>coq-10 oral capsule 100 mg</i>	Pronutrients CoQ10	OTC
<i>coq-10 oral capsule 150 mg, 30 mg, 400 mg, 50 mg</i>	Q-Sorb	OTC
<i>coq10 oral capsule 200 mg</i>	Q-Sorb	OTC
<i>coq-10 oral capsule extended release*</i>		OTC
<i>cvs coenzyme q-10 oral capsule</i>	Pronutrients CoQ10	OTC
<i>cvs coenzyme q10 oral capsule 400 mg, 50 mg</i>	Q-Sorb	OTC
<i>eql coq10 oral capsule 100 mg</i>	Pronutrients CoQ10	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql coq10 oral capsule 200 mg</i>	Q-Sorb	OTC
<b>GUIZAZO DE CABALLO ORAL CAPSULE</b>		OTC
<b>*Alternative Medicine - Cr's***</b>		
<i>cranberry extract oral tablet</i>		OTC
<i>cranberry juice powder oral capsule</i>		OTC
<i>cranberry oral capsule 400 mg, 450 mg</i>		OTC
<i>cranberry oral tablet 125 mg</i>		OTC
<i>cranberry oral tablet 450 mg</i>	Azo-Cranberry	OTC
<i>cvs cranberry oral capsule 500 mg</i>	Cran-Max	OTC
<i>hm cranberry oral tablet</i>		OTC
<b>CRAN-MAX ORAL CAPSULE</b>	CVS Cranberry	OTC
<b>*Alternative Medicine - Do's***</b>		
<i>dong quai oral capsule 500 mg</i>		OTC
<b>*Alternative Medicine - Ec's***</b>		
<i>echinacea herb oral capsule</i>		OTC
<i>echinacea oral tablet 125 mg</i>		OTC
<b>*Alternative Medicine - Fe's***</b>		
<i>feverfew oral capsule 380 mg</i>		OTC
<b>*Alternative Medicine - Fl's***</b>		
<i>cold milled golden flax seed oral powder</i>		OTC
<i>cvs flaxseed oil oral capsule</i>	Bio-Flax	OTC
<i>eql flaxseed oil oral capsule</i>		OTC
<i>flax oral oil</i>		OTC
<i>flax seed oil oral capsule 1000 mg</i>	Bio-Flax	OTC
<i>flaxseed oil oral capsule 1000 mg</i>	Bio-Flax	OTC
<i>hm flaxseed oil oral capsule</i>	Bio-Flax	OTC
<b>*Alternative Medicine - Ga's***</b>		
<i>cvs odorless garlic oral tablet</i>		OTC
<i>garlic oil oral capsule 3 mg</i>		OTC
<i>garlic oral capsule 10 mg, 1500 mg</i>		OTC
<i>garlic oral tablet 400 mg</i>		OTC
<i>odorless garlic oral tablet 500 mg</i>	SM Garlic	OTC
<b>OPTI-GAR ORAL TABLET</b>	OK-Garlic	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Alternative Medicine - Ge's***</b>		
STAY COOL ORAL TABLET		OTC
<b>*Alternative Medicine - Gi's***</b>		
<i>ginger root oral capsule 500 mg</i>		OTC
<i>ginkgo biloba oral capsule 120 mg</i>		OTC
<i>ginkgo biloba oral tablet 120 mg, 40 mg</i>		OTC
<i>ginkgo biloba oral tablet 60 mg</i>	BioGinkgo 27/7	OTC
<b>*Alternative Medicine - Gl's***</b>		
<i>cvs glucosamine oral tablet</i>		OTC
<i>cvs glucosamine sulfate oral capsule</i>		OTC
<i>glucosamine hcl oral tablet 1500 mg</i>		OTC
<i>glucosamine oral tablet 750 mg</i>		OTC
<i>glucosamine sulfate oral capsule 1000 mg, 750 mg</i>		OTC
<i>glucosamine sulfate oral capsule 500 mg</i>	Glucosamine Relief	OTC
<i>glucosamine sulfate oral tablet 750 mg</i>	OptiFlex-G	OTC
<i>gnp glucosame maximum strength oral tablet</i>	Glucosamine Relief	OTC
<b>*Alternative Medicine - Gr's***</b>		
<i>cvs super green tea extract oral capsule</i>	Tegreen 97	OTC
<i>grape seed extract oral capsule 30 mg</i>		OTC
<i>grape seed extract oral tablet</i>		OTC
<i>grape seed oral tablet</i>		OTC
<i>green tea oral capsule 200 mg</i>		OTC
<b>*Alternative Medicine - Gu's***</b>		
GUGULIPID ORAL CAPSULE		OTC
<b>*Alternative Medicine - Hy***</b>		
<i>5-htp oral capsule 100 mg</i>		OTC
<i>5-htp oral capsule 50 mg</i>	NF Formulas 5-HTP	OTC
<b>*Alternative Medicine - Ka's***</b>		
<i>kava kava oral capsule 200 mg</i>		OTC
<b>*Alternative Medicine - Kr's***</b>		
<i>cvs omega-3 krill oil oral capsule</i>	SM MegaKrill	OTC
<i>omega-3 krill oil oral capsule 1000 mg</i>		OTC
<i>omega-3 krill oil oral capsule 300 mg</i>	SM MegaKrill	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>omega-3 krill oil oral capsule 500 mg</i>	MegaRed Omega-3 Krill Oil	OTC
<b>*Alternative Medicine - Lu's***</b>		
<i>cvs lutein oral capsule</i>		OTC
<i>cvs natural lutein eye health oral capsule</i>		OTC
<i>hm lutein oral capsule</i>		OTC
<i>lutein oral capsule 20 mg, 6 mg</i>		OTC
<i>lutein oral tablet 20 mg</i>		OTC
<b>*Alternative Medicine - Ma's***</b>		
<i>maca oral capsule</i>	Femmenessence MacaLife	OTC
<b>*Alternative Medicine - Me's***</b>		
<i>cvs melatonin extra strength oral liquid†</i>		OTC
<i>cvs melatonin extra strength oral tablet</i>		OTC
<i>cvs melatonin oral capsule 10 mg</i>		OTC
<i>cvs melatonin oral tablet</i>		OTC
<i>cvs melatonin oral tablet chewable 2.5 mg</i>	VitaJoy Gummies	OTC
<i>cvs sleep aid oral tablet 5 mg</i>		OTC
<i>melatonin er oral tablet extendedrelease* 10 mg</i>		OTC
<i>melatonin extra strength oral liquid†</i>		OTC
<i>melatonin gummies oral tablet chewable</i>	VitaJoy Gummies	OTC
<i>melatonin maximum strength oral tablet</i>		OTC
<i>melatonin oral liquid† 1 mg/4ml</i>		OTC
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>		OTC
<i>melatonin oral tablet dispersible 3 mg, 5 mg</i>		OTC
<i>melatonin tr oral tablet extendedrelease* 10 mg</i>		OTC
<i>msm oral capsule 500 mg</i>		OTC
<b>*Alternative Medicine - Mi's***</b>		
<i>eql milk thistle oral capsule</i>		OTC
<i>milk thistle extract oral tablet</i>		OTC
<i>milk thistle oral capsule 175 mg</i>		OTC
<b>*Alternative Medicine - Ne's***</b>		
<i>nettle leaf oral capsule</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Alternative Medicine - Ol***</b>		
<i>olive leaf extract oral capsule 500 mg</i>		OTC
<b>*Alternative Medicine - Pl's***</b>		
<b>CHOLESTOFF ORAL TABLET</b>		OTC
<b>*Alternative Medicine - Po***</b>		
<i>pomegranate oral capsule 150 mg</i>		OTC
<b>*Alternative Medicine - Pr's***</b>		
<i>dhea oral capsule 25 mg</i>		OTC
<i>dhea oral tablet</i>		OTC
<b>*Alternative Medicine - Re's***</b>		
<i>cvs red yeast rice oral capsule</i>		OTC
<i>red yeast rice extract oral capsule 600 mg</i>		OTC
<b>*Alternative Medicine - Rh***</b>		
<i>rhodiola oral capsule</i>		OTC
<b>*Alternative Medicine - Sa's***</b>		
<i>cvs saw palmetto oral capsule 450 mg</i>		OTC
<i>sam-e oral tablet 400 mg</i>		OTC
<i>sam-e oral tablet delayed release 200 mg</i>	SAM-e Complete	OTC
<i>saw palmetto extract oral capsule 160 mg</i>		OTC
<i>saw palmetto oral capsule 160 mg, 450 mg, 500 mg</i>		OTC
<b>*Alternative Medicine - Sc's***</b>		
<i>schisandra oral capsule</i>		OTC
<b>*Alternative Medicine - Sh's***</b>		
<i>shark cartilage oral capsule 750 mg</i>		OTC
<b>*Alternative Medicine - So's***</b>		
<i>soy isoflavones oral capsule 100 mg, 55 mg</i>		OTC
<b>*Alternative Medicine - St's***</b>		
<i>st johns wort oral tablet</i>		OTC
<b>*Alternative Medicine - Te***</b>		
<i>tea tree external oil</i>		OTC
<b>*Alternative Medicine - Tu***</b>		
<i>turmeric oral capsule 450 mg</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Alternative Medicine - Ub***</b>		
<i>ubiquinol oral capsule</i>	UBQH	OTC
<b>*Alternative Medicine - Va's***</b>		
<i>cvs valerian oral capsule</i>		OTC
<i>valerian root oral capsule 500 mg</i>		OTC
<b>*Alternative Medicine - Yo's***</b>		
<i>yohimbe bark oral capsule</i>		OTC
<b>*Alternative Medicine Combinations - Five Ingredients***</b>		
<i>5-htp oral capsule</i>		OTC
<i>sleep oral capsule</i>		OTC
<b>FLEXI JOINT ORAL TABLET</b>		OTC
<b>*Alternative Medicine Combinations - Four Ingredients***</b>		
<i>cvs glucosamine-chondroitin oral tablet</i>	EZ Flex GC	OTC
<i>cvs gripe water for colic oral liquid†</i>		OTC
<i>glucosamine chondroitin plus oral capsule</i>		OTC
<i>glucosamine-chondroitin oral tablet</i>	EZ Flex GC	OTC
<i>glucosamine-chondroitin-msm oral tablet 500-400-422-83 mg</i>		OTC
<i>triple flex 50+ oral tablet</i>		OTC
<b>*Alternative Medicine Combinations - Six Ingredients***</b>		
<b>AVORIA GC+ ORAL PACKET</b>		OTC
<b>*Alternative Medicine Combinations - Three Ingredients***</b>		
<i>advanced eye health oral capsule</i>		OTC
<i>cranberry oral capsule 140-100-3 mg-mg-unit</i>		OTC
<i>cranberry plus vitamin c oral capsule 140-100-3 mg-mg-unit, 4200-20-3 mg-mg-unit</i>		OTC
<i>cvs glucosamine-chondroitin-msm oral tablet</i>		OTC
<i>cvs urinary health/cranberry oral tablet</i>	Cranberry/Probiotic/Vit C	OTC
<i>fish oil-flax oil-borage oil oral capsule</i>		OTC
<i>flax + dha oral capsule</i>	Super Omega-3	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>flax oil-fish oil-borage oil oral capsule</i>		OTC
<i>glucosamine complex oral tablet</i>	Osteo Bi-Flex/5-Loxin Advanced	OTC
<i>glucosamine-chondroitin-msm oral tablet , 500-400-167 mg</i>		OTC
<i>glucosamine-chondroitin-msm oral tablet 500-400-166 mg</i>	Neoflex	OTC
<i>glucosamine-chondroitin-vit c oral liquid†</i>		OTC
<i>hm glucosamine &amp; vitamin d3 oral tablet</i>	Osteo Bi-Flex/5-Loxin Advanced	OTC
<i>hm omega-3-6-9 fatty acids oral capsule</i>	Super Omega-3	OTC
<i>hyaluronic acid oral capsule 400-80-40 mg</i>		OTC
<i>omega 3-6-9 complex oral capsule</i>	Super Omega-3	OTC
<i>omega-3 fusion oral liquid†</i>		OTC
<i>omega-3-6-9 oral capsule</i>	Super Omega-3	OTC
<i>triple omega complex oral capsule delayed release</i>		OTC
<i>triple omega-3-6-9 oral capsule</i>	Super Omega-3	OTC
<b>TRIPLE FLEX ORAL TABLET</b>		OTC
<b>*Alternative Medicine Combinations - Two Ingredients***</b>		
<i>bee pollen plus ginseng oral capsule</i>		OTC
<i>cayenne plus garlic oral capsule</i>		OTC
<i>cinnamon plus chromium oral capsule 200-1000 mcg-mg</i>		OTC
<i>co q-10 plus oral capsule</i>		OTC
<i>cranberry-vitamin c oral capsule 84-20 mg</i>		OTC
<i>cvs cranberry oral capsule 84-20 mg</i>		OTC
<i>cvs glucosamine-chondroitin oral capsule 500-400 mg</i>	Flex Able Maximum Strength	OTC
<i>cvs glucosamine-chondroitin oral tablet 500-400 mg</i>	Cosamin DS	OTC
<i>cvs glucosamine-chondroitin oral tablet chewable</i>		OTC
<i>cvs melatonin oral tablet extendedrelease*</i>		OTC
<i>cvs super cranberry urinary oral capsule</i>		OTC
<i>echinacea-vitamin c oral capsule</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql glucosamine chondroitin oral tablet 750-600 mg</i>		OTC
<i>fish oil-vitamin d oral capsule</i>		OTC
<i>glucosamine sulfate-msm oral tablet</i>		OTC
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Flex Able Maximum Strength	OTC
<i>glucosamine-chondroitin oral liquid†</i>		OTC
<i>glucosamine-chondroitin oral tablet 750-600 mg</i>		OTC
<i>glucosamine-chondroitin oral tablet chewable 750-600 mg</i>		OTC
<i>glucosamine-chondroitin pm oral tablet</i>	Cosamin DS	OTC
<i>glucosamine-msm ds oral tablet</i>		OTC
<i>glucosamine-msm oral tablet 500-500 mg</i>		OTC
<i>glucosamine-vitamin d oral tablet</i>		OTC
<i>gnp glucosamine/chondroitin oral tablet</i>	Cosamin DS	OTC
<i>hm melatonin oral tablet</i>		OTC
<i>lutein-zeaxanthin oral capsule 25-5 mg</i>		OTC
<i>melatonin oral tablet 3-10 mg</i>		OTC
<i>melatonin tr oral tablet extendedrelease* 5-10 mg</i>		OTC
<i>melatonin tr with vitamin b6 oral tablet extendedrelease*</i>	Melatonex	OTC
<i>melatonin-pyridoxine er oral tablet extendedrelease*</i>		OTC
<i>melatonin-pyridoxine oral tablet</i>		OTC
<i>msm-glucosamine external cream</i>		OTC
<i>msm-glucosamine oral capsule</i>		OTC
<i>omega-3 gummies oral tablet chewable</i>		OTC
<i>resveratrol plus oral tablet</i>		OTC
<i>vitamin c plus echinacea oral tablet</i>		OTC
<b>*AMEBICIDES*</b>		
<b>*Amebicides***</b>		
<i>iodoquinol powder</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*AMINOGLYCOSIDES*</b>		
<b>*Aminoglycosides***</b>		
<i>neomycin sulfate oral tablet</i>		
<i>paromomycin sulfate oral capsule</i>		
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN SUBCUTANEOUS*</b>		PA
<b>HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*</b>		PA
<b>HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*</b>		PA
<b>HUMIRA SUBCUTANEOUS*</b>		PA
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML</b>		PA
<b>HUMIRA PEN SUBCUTANEOUS*</b>		PA
<b>HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*</b>		PA
<b>HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*</b>		PA
<b>HUMIRA SUBCUTANEOUS*</b>		PA
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral capsule</i>	CeleBREX	ST
<b>*Gold Compounds***</b>		
<b>RIDAURA ORAL CAPSULE</b>		PA
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>		
<i>addaprin oral tablet</i>	Motrin IB	OTC
<i>all day pain relief oral tablet</i>	Pamprin All Day Relief Max St	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>all day relief oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>childrens ibuprofen 100 oral suspension</i>	Childrens Advil	OTC
<i>childrens ibuprofen oral suspension</i>	Motrin	OTC
<i>childs ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>cvs all day pain relief oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>cvs childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>cvs ibuprofen ib oral tablet</i>	Motrin IB	OTC
<i>cvs ibuprofen infants oral suspension</i>	Motrin	OTC
<i>cvs ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>cvs ibuprofen oral capsule</i>	Midol	OTC
<i>cvs ibuprofen oral tablet</i>	Motrin IB	OTC
<i>cvs naproxen sodium oral capsule</i>	Aleve	OTC
<i>cvs naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>diclofenac potassium oral tablet</i>	Cataflam	
<i>diclofenac sodium er oral tablet extended release 24 hr*</i>	Voltaren-XR	
<i>diclofenac sodium oral tablet delayed release</i>		
<i>dyspel oral tablet</i>	Motrin IB	OTC
<i>eq childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>eq ibuprofen infants oral suspension</i>	Motrin	OTC
<i>eq ibuprofen junior oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>eq ibuprofen oral capsule</i>	Midol	OTC
<i>eq ibuprofen oral tablet</i>	Motrin IB	OTC
<i>eq naproxen sodium oral capsule</i>	Aleve	OTC
<i>eq naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>eql childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>eql ibuprofen infants oral suspension</i>	Motrin	OTC
<i>eql ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>eql ibuprofen oral capsule</i>	Midol	OTC
<i>eql ibuprofen oral tablet</i>	Motrin IB	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>etodolac er oral tablet extended release 24 hr*</i>		
<i>etodolac oral capsule</i>		
<i>etodolac oral tablet</i>	Lodine	
<i>fenoprofen calcium oral tablet</i>		
<i>flurbiprofen oral tablet</i>		
<i>flurbiprofen powder</i>		
<i>genpril oral tablet</i>	Motrin IB	OTC
<i>gnp all day pain relief oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>gnp childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>gnp ibuprofen infants oral suspension</i>	Motrin	OTC
<i>gnp ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>gnp ibuprofen oral capsule</i>	Midol	OTC
<i>gnp ibuprofen oral tablet</i>	Motrin IB	OTC
<i>gnp naproxen sodium oral capsule</i>	Aleve	OTC
<i>hm ibuprofen childrens oral suspension</i>	Childrens Advil	OTC
<i>hm ibuprofen ib oral tablet</i>	Motrin IB	OTC
<i>hm ibuprofen infants oral suspension</i>	Motrin	OTC
<i>hm ibuprofen oral capsule</i>	Midol	OTC
<i>hm ibuprofen oral tablet</i>	Motrin IB	OTC
<i>hm naproxen sodium oral capsule</i>	Aleve	OTC
<i>hm naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>hy-vee all day relief oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>ibu-200 oral tablet</i>	Motrin IB	OTC
<i>ibu-drops oral suspension</i>	Motrin	OTC
<i>ibuprofen childrens oral suspension</i>	Childrens Advil	OTC
<i>ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>ibuprofen oral capsule</i>	Midol	OTC
<i>ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>ibuprofen oral tablet 200 mg</i>	Motrin IB	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		
<i>ibuprofen powder</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>indomethacin er oral capsule extended release*</i>		
<i>indomethacin oral capsule</i>		
<i>indomethacin powder</i>		
<i>infants ibuprofen oral suspension</i>	Motrin	OTC
<i>i-prin oral tablet</i>	Motrin IB	OTC
<i>ketoprofen er oral capsule extended release 24 hour</i>		
<i>ketoprofen oral capsule</i>		
<i>ketoprofen powder</i>		
<i>ketorolac tromethamine oral tablet</i>		* (Max benefit of 2 Rxs per 90 days); QLL (20 Tablets per 30 days)
<i>kls ibuprofen ib oral tablet</i>	Motrin IB	OTC
<i>kls ibuprofen oral tablet</i>	Motrin IB	OTC
<i>kls naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>ks ibuprofen oral capsule</i>	Midol	OTC
<i>meclofenamate sodium oral capsule</i>		
<i>meclofenamate sodium powder</i>		
<i>meijer ibuprofen oral tablet</i>	Motrin IB	OTC
<i>meloxicam oral tablet</i>	Mobic	
<i>nabumetone oral tablet</i>		
<i>naproxen dr oral tablet delayed release</i>	EC-Naprosyn	
<i>naproxen oral suspension</i>	Naprosyn	
<i>naproxen oral tablet</i>	Naprosyn	
<i>naproxen powder</i>		
<i>naproxen sodium oral capsule</i>	Aleve	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Pamprin All Day Relief Max St	OTC
<i>naproxen sodium oral tablet 275 mg</i>	Anaprox	
<i>naproxen sodium oral tablet 550 mg</i>	Anaprox DS	
<i>naproxen sodium powder</i>		
<i>oxaprozin oral tablet</i>	Daypro	
<i>piroxicam oral capsule</i>	Feldene	
<i>piroxicam powder</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>px all day relief oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>px childrens profen ib oral suspension</i>	Childrens Advil	OTC
<i>px ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>px ibuprofen oral tablet</i>	Motrin IB	OTC
<i>px infants profen ib oral suspension</i>	Motrin	OTC
<i>qc childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>qc ibuprofen ib oral tablet</i>	Motrin IB	OTC
<i>qc ibuprofen infants oral suspension</i>	Motrin	OTC
<i>qc ibuprofen oral tablet</i>	Motrin IB	OTC
<i>qc naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>ra ibuprofen childrens oral suspension</i>	Childrens Advil	OTC
<i>ra ibuprofen infants oral suspension</i>	Motrin	OTC
<i>ra ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>ra ibuprofen oral capsule</i>	Midol	OTC
<i>ra ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>ra ibuprofen oral tablet</i>	Motrin IB	OTC
<i>ra naproxen sodium oral capsule</i>	Aleve	OTC
<i>ra naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>sb childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>sb ibuprofen oral tablet</i>	Motrin IB	OTC
<i>sb infants ibuprofen oral suspension</i>	Motrin	OTC
<i>sb naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>sm all day pain relief oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>sm childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>sm ibuprofen ib oral tablet</i>	Motrin IB	OTC
<i>sm ibuprofen ib oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>sm ibuprofen jr oral tablet</i>	Motrin Junior Strength	OTC
<i>sm ibuprofen oral capsule</i>	Midol	OTC
<i>sm ibuprofen oral tablet</i>	Motrin IB	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm infants ibuprofen oral suspension</i>	Motrin	OTC
<i>sm naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>sulindac oral tablet</i>		
<i>sulindac powder</i>		
<i>tgt childrens ibuprofen oral suspension</i>	Childrens Advil	OTC
<i>tgt ibuprofen childrens oral suspension</i>	Childrens Advil	OTC
<i>tgt ibuprofen junior strength oral tablet chewable</i>	Motrin Junior Strength	OTC
<i>tgt ibuprofen oral capsule</i>	Midol	OTC
<i>tgt ibuprofen oral tablet</i>	Motrin IB	OTC
<i>tgt infants ibuprofen oral suspension</i>	Motrin	OTC
<i>tgt naproxen sodium oral capsule</i>	Aleve	OTC
<i>tgt naproxen sodium oral tablet</i>	Pamprin All Day Relief Max St	OTC
<i>tolmetin sodium oral capsule</i>		
<i>tolmetin sodium oral tablet</i>		
<b>ADVIL JUNIOR STRENGTH ORAL TABLET</b>	SM Ibuprofen Jr	OTC
<b>ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE</b>	Ibuprofen Junior Strength	OTC
<b>CHILDRENS MEDI-PROFEN ORAL SUSPENSION</b>	Childs Ibuprofen	OTC
<b>FLANAX PAIN RELIEF ORAL TABLET</b>	SM All Day Pain Relief	OTC
<b>MEDI-PROFEN ORAL CAPSULE</b>	Ibuprofen	OTC
<b>MEDI-PROFEN ORAL SUSPENSION</b>	CVS Infants Conc Ibuprofen	OTC
<b>MEDI-PROFEN ORAL TABLET</b>	RA Ibuprofen	OTC
<b>MEDIPROXEN ORAL TABLET</b>	SM All Day Pain Relief	OTC
<b>MIDOL ORAL CAPSULE</b>	Ibuprofen	OTC
<b>MOTRIN IB ORAL TABLET</b>	RA Ibuprofen	OTC
<b>PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET</b>	SM All Day Pain Relief	OTC
<b>PROVIL ORAL TABLET</b>	RA Ibuprofen	OTC
<b>WAL-PROFEN ORAL CAPSULE</b>	Ibuprofen	OTC
<b>WAL-PROFEN ORAL TABLET</b>	RA Ibuprofen	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral tablet</i>	Arava	
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
<b>ENBREL SUBCUTANEOUS*</b>		PA
<b>ENBREL SURECLICK SUBCUTANEOUS*</b>		PA
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*Analgesic Combinations***</b>		
<i>cvs back &amp; body oral tablet</i>	Bayer Back & Body Pain Ex St	OTC
<i>cvs headache relief added st oral tablet</i>	Pamprin Max	OTC
<i>cvs headache relief oral tablet</i>	Pamprin Max	OTC
<i>cvs migraine relief oral tablet</i>	Pamprin Max	OTC
<i>eql menstrual relief max st oral tablet</i>	Midol Max St Menstrual Formula	OTC
<i>eql migraine formula oral tablet</i>	Pamprin Max	OTC
<i>headache relief oral tablet</i>	Pamprin Max	OTC
<i>menstrual relief max strength oral tablet</i>	Midol Max St Menstrual Formula	OTC
<b>GOODYS EXTRA STRENGTH ORAL PACKET 520-260-32.5 MG</b>		OTC
<b>*Analgesics Other***</b>		
<i>8 hour pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>8 hour pain reliever oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>acetaminophen er oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>acetaminophen extra strength oral liquid†</i>	Tylenol Sore Throat Daytime	OTC
<i>acetaminophen extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>acetaminophen oral capsule</i>		OTC
<i>acetaminophen oral solution 160 mg/5ml</i>	Little Fevers Fever-Pain Rel	OTC
<i>acetaminophen oral tablet</i>	Medi-Tabs	OTC
<i>acetaminophen suppository 120 mg, 650 mg</i>	Feverall	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>aminofen oral tablet</i>	Medi-Tabs	OTC
<i>apap extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>apap oral tablet 325 mg</i>	Medi-Tabs	OTC
<i>apap oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>aphen oral tablet</i>	Medi-Tabs	OTC
<i>apra oral elixir</i>	Medi-Tabs Childrens	OTC
<i>arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>arthritis pain reliever oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>betatemp childrens oral suspension</i>	Tylenol Childrens	OTC
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Tylenol Childrens	OTC
<i>childrens acetaminophen oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>childrens aspirin free oral elixir</i>	Medi-Tabs Childrens	OTC
<i>childrens aspirin free oral suspension</i>	Tylenol Childrens	OTC
<i>childrens mapap rapid tabs oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>childrens non-asa pain relief oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>childrens non-aspirin oral suspension</i>	Tylenol Childrens	OTC
<i>childrens non-aspirin oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>childrens pain reliever oral suspension</i>	Tylenol Childrens	OTC
<i>childrens pain reliever oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>childrens pain reliever oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>childrens silapap oral liquid†</i>	Little Remedies for Fever	OTC
<i>childrens tactinal oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>cvs 8 hour pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>cvs acetaminophen oral tablet</i>	Medi-Tabs	OTC
<i>cvs arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>cvs childs non-aspirin oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>cvs fever reducing childrens suppository</i>	Feverall	OTC
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	Tylenol Childrens	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs non-aspirin childrens oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>cvs non-aspirin extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>cvs non-aspirin jr oral tablet chewable</i>	Medi-Tabs Junior Strength	OTC
<i>cvs pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>cvs pain relief adult oral liquid†</i>	Tylenol Sore Throat Daytime	OTC
<i>cvs pain relief childrens oral suspension</i>	Tylenol Childrens	OTC
<i>cvs pain relief extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>ed-apap oral liquid†</i>	Little Remedies for Fever	OTC
<i>eq acetaminophen childrens oral suspension</i>	Tylenol Childrens	OTC
<i>eq acetaminophen childrens oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>eq acetaminophen junior oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>eq acetaminophen oral tablet 500 mg</i>	Pharbetol Extra Strength	OTC
<i>eq arthritis pain oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>eq childrens pain reliever oral suspension</i>	Tylenol Childrens	OTC
<i>eq childrens pain reliever oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>eq pain &amp; fever childrens oral suspension</i>	Tylenol Childrens	OTC
<i>eq pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>eq pain reliever ex st oral capsule</i>		OTC
<i>eq pain reliever junior oral tablet chewable</i>	Medi-Tabs Junior Strength	OTC
<i>eql acetaminophen oral tablet dispersible 160 mg</i>	Tylenol Jr Meltaways	OTC
<i>eql acetaminophen rapid tabs oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>eql pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>extra strength acetaminophen oral capsule</i>		OTC
<i>extra strength pain relief oral tablet</i>	Pharbetol Extra Strength	OTC
<i>fever reducer childrens suppository</i>	Feverall	OTC
<i>gnp 8 hour pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>gnp 8 hour pain reliever oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>gnp arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>gnp childrens easy-melts oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp childrens pain relief oral suspension</i>	Tylenol Childrens	OTC
<i>gnp infants pain relief oral suspension</i>	Tylenol Childrens	OTC
<i>gnp infants pain/fever oral suspension</i>	Tylenol Childrens	OTC
<i>gnp pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Tylenol Childrens	OTC
<i>gnp pain relief extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>gnp pain relief oral tablet</i>	Medi-Tabs	OTC
<i>gnp pain reliever ex st oral tablet</i>	Pharbetol Extra Strength	OTC
<i>goodsense pain &amp; fever child oral suspension</i>	Tylenol Childrens	OTC
<i>hm arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>hm pain &amp; fever childrens oral suspension</i>	Tylenol Childrens	OTC
<i>hm pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>hm pain relief childrens oral suspension</i>	Tylenol Childrens	OTC
<i>hm pain relief extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>hm pain reliever oral tablet</i>	Medi-Tabs	OTC
<i>hm rapid melts junior oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>infants pain &amp; fever oral suspension</i>	Tylenol Childrens	OTC
<i>infants pain reliever oral suspension</i>	Infants Medi-Tabs	OTC
<i>kls acetaminophen ex st oral tablet</i>	Pharbetol Extra Strength	OTC
<i>kls arthritis pain oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>kls non aspirin oral tablet</i>	Pharbetol Extra Strength	OTC
<i>kls pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>kls pain relief childrens oral suspension</i>	Tylenol Childrens	OTC
<i>kls rapid release pain oral tablet</i>	Pharbetol Extra Strength	OTC
<i>liquid pain relief oral liquid†</i>	Little Remedies for Fever	OTC
<i>mapap arthritis pain oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>mapap oral capsule</i>		OTC
<i>mapap oral liquid†</i>	Little Remedies for Fever	OTC
<i>mapap oral tablet</i>	Medi-Tabs	OTC
<i>mapap oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>maxapap maximum strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>maxapap regular strength oral tablet</i>	Medi-Tabs	OTC
<i>meijer aspirin free oral tablet</i>	Medi-Tabs	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>meijer jr st aspirin free oral tablet chewable</i>	Medi-Tabs Junior Strength	OTC
<i>non-aspirin childrens oral suspension</i>	Tylenol Childrens	OTC
<i>non-aspirin extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>non-aspirin jr strength oral tablet chewable</i>	Medi-Tabs Junior Strength	OTC
<i>non-aspirin oral tablet</i>	Medi-Tabs	OTC
<i>non-aspirin pain relief oral tablet</i>	Medi-Tabs	OTC
<i>nortemp infants oral suspension</i>	Infants Medi-Tabs	OTC
<i>pain &amp; fever childrens oral solution</i>	Little Fevers Fever-Pain Rel	OTC
<i>pain &amp; fever childrens oral suspension</i>	Tylenol Childrens	OTC
<i>pain &amp; fever childrens oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>pain &amp; fever extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>pain &amp; fever oral tablet</i>	Medi-Tabs	OTC
<i>pain relief 8 hour oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>pain relief childrens oral suspension</i>	Tylenol Childrens	OTC
<i>pain relief extra strength oral capsule</i>		OTC
<i>pain relief extra strength oral tablet 500 mg</i>	Pharbetol Extra Strength	OTC
<i>pain relief oral tablet 325 mg</i>	Medi-Tabs	OTC
<i>pain relief oral tablet 500 mg</i>	Pharbetol Extra Strength	OTC
<i>pain relief regular strength oral tablet</i>	Medi-Tabs	OTC
<i>pain reliever extra strength oral tablet 500 mg</i>	Pharbetol Extra Strength	OTC
<i>pain reliever oral tablet 325 mg</i>	Medi-Tabs	OTC
<i>pain reliever/fever reducer suppository</i>	Feverall	OTC
<i>px arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>px childrens pain relief oral suspension</i>	Tylenol Childrens	OTC
<i>px pain relief extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>qc arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>qc non-aspirin 8 hour oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>qc non-aspirin childrens oral suspension</i>	Tylenol Childrens	OTC
<i>qc non-aspirin extra strength oral tablet</i>	Pharbetol Extra Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc non-aspirin jr strength oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>q-pap childrens oral suspension</i>	Tylenol Childrens	OTC
<i>q-pap extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>q-pap oral liquid†</i>	Little Remedies for Fever	OTC
<i>q-pap oral tablet</i>	Medi-Tabs	OTC
<i>ra 8 hour pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>ra acetaminophen ex st oral tablet</i>	Pharbetol Extra Strength	OTC
<i>ra acetaminophen oral tablet</i>	Medi-Tabs	OTC
<i>ra acetaminophen oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>ra acetaminophen rapid melts oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>ra arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>ra childrens non-aspirin oral suspension</i>	Tylenol Childrens	OTC
<i>ra fever reducer/pain reliever oral suspension</i>	Tylenol Childrens	OTC
<i>sb arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>sb childrens non-aspirin oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>sb non-aspirin extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>sb non-aspirin jr strength oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>sb non-aspirin oral tablet</i>	Medi-Tabs	OTC
<i>sb non-aspirin oral tablet chewable</i>	Childrens Medi-Tabs	OTC
<i>sb pain reliever childrens oral suspension</i>	Tylenol Childrens	OTC
<i>sb pain reliever ex st oral tablet</i>	Pharbetol Extra Strength	OTC
<i>sm 8 hour pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>sm arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>sm infants pain reliever oral suspension</i>	Tylenol Childrens	OTC
<i>sm pain &amp; fever childrens oral suspension</i>	Tylenol Childrens	OTC
<i>sm pain &amp; fever infants oral suspension</i>	Tylenol Childrens	OTC
<i>sm pain relief extra strength oral tablet</i>	Pharbetol Extra Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm pain reliever 8 hour ex st oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>sm pain reliever childrens oral suspension</i>	Tylenol Childrens	OTC
<i>sm pain reliever ex st oral capsule</i>		OTC
<i>sm pain reliever ex st oral tablet</i>	Pharbetol Extra Strength	OTC
<i>sm pain reliever oral tablet</i>	Medi-Tabs	OTC
<i>sm rapid melts junior oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>tactinal extra strength oral tablet</i>	Pharbetol Extra Strength	OTC
<i>tactinal oral tablet</i>	Medi-Tabs	OTC
<i>tgt acetaminophen childrens oral suspension</i>	Tylenol Childrens	OTC
<i>tgt acetaminophen ex st oral tablet</i>	Pharbetol Extra Strength	OTC
<i>tgt acetaminophen infants oral suspension</i>	Infants Medi-Tabs	OTC
<i>tgt acetaminophen melts child oral tablet dispersible</i>	Tylenol Childrens Meltaways	OTC
<i>tgt arthritis pain relief oral tablet extendedrelease*</i>	Tylenol Arthritis Pain	OTC
<i>tgt childrens acetaminophen oral suspension</i>	Tylenol Childrens	OTC
<i>tgt pain reliever jr st oral tablet dispersible</i>	Tylenol Jr Meltaways	OTC
<i>tgt pain/fever acetaminophen oral suspension</i>	Tylenol Childrens	OTC
<b>ACEPHEN SUPPOSITORY</b>	Pain Reliever/Fever Reducer	OTC
<b>CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE</b>	CVS Non-Aspirin Childrens	OTC
<b>CHLORASEPTIC SORE THROAT ORAL LIQUID†</b>	CVS Pain Relief Adult	OTC
<b>FEVERALL ADULTS SUPPOSITORY</b>	Acetaminophen	OTC
<b>FEVERALL CHILDRENS SUPPOSITORY</b>	Pain Reliever/Fever Reducer	OTC
<b>FEVERALL JUNIOR STRENGTH SUPPOSITORY</b>	Acetaminophen	OTC
<b>HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET</b>	SM Pain Reliever Ex St	OTC
<b>JUNIOR MAPAP ORAL TABLET DISPERSIBLE</b>	RA Acetaminophen Rapid Melts	OTC
<b>LITTLE REMEDIES FOR FEVER ORAL LIQUID†</b>	Liquid Pain Relief	OTC
<b>MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID†</b>	Tylenol Sore Throat Daytime	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MAPAP CHILDRENS ORAL SUSPENSION</b>	Tylenol Childrens	OTC
<b>MAPAP CHILDRENS ORAL TABLET DISPERSIBLE</b>	Tylenol Childrens Meltaways	OTC
<b>MAPAP EXTRA STRENGTH ORAL TABLET</b>	SM Pain Reliever Ex St	OTC
<b>MEDI-TABS CHILDRENS ORAL ELIXIR</b>	Childrens Aspirin Free	OTC
<b>MEDI-TABS EXTRA STRENGTH ORAL TABLET</b>	SM Pain Reliever Ex St	OTC
<b>MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE</b>	SB Non-Aspirin	OTC
<b>NORTEMP ORAL SUSPENSION</b>	Childrens Pain Reliever	OTC
<b>PEDIACARE CHILDREN ORAL SUSPENSION</b>	Childrens Pain Reliever	OTC
<b>PEDIACARE INFANTS ORAL SUSPENSION</b>	Childrens Pain Reliever	OTC
<b>PHARBETOL EXTRA STRENGTH ORAL TABLET</b>	SM Pain Reliever Ex St	OTC
<b>PHARBETOL ORAL TABLET</b>	Aphen	OTC
<b>TRIAMINIC FEVER REDUCER ORAL SYRUP</b>		OTC
<b>*Analgesics-Sedatives***</b>		
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Esgic	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Fioricet	
<i>butalbital-aspirin-caffeine oral capsule</i>	Fiorinal	
<b>*Salicylate Combinations***</b>		
<i>choline &amp; mag trisalicylate oral tablet 1000 mg</i>		
<i>choline-mag trisalicylate oral liquid†</i>		
<i>cvs buffered aspirin oral tablet</i>	Bufferin	OTC
<i>cvs effervescent antacid oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>effervescent pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eq antacid &amp; pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>eq effervescent pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>eql antacid/pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>gnp effervescent antacid/pain oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>neutralin oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>px effervescent oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>qc effervescent antacid/pain oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>ra antacid pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>sb effervescent pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC
<i>sm effervescent pain relief oral tablet effervescent</i>	Alka-Seltzer	OTC
<b>*Salicylates***</b>		
<i>adult aspirin ec low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspir-81 oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspirin adult low strength oral tablet chewable</i>	Bayer Low Dose	OTC
<i>aspirin adult low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspirin childrens oral tablet chewable</i>	Bayer Low Dose	OTC
<i>aspirin ec low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspirin ec low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspirin ec oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspirin low dose oral tablet chewable</i>	Bayer Low Dose	OTC
<i>aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>aspirin low strength oral tablet chewable</i>	Bayer Low Dose	OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Aspirin	OTC
<i>aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin Regimen	OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Bayer Low Dose	OTC
<i>aspirin suppository 300 mg, 600 mg</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>aspirin maximum strength oral tablet</i>	Bayer Advanced Aspirin Ex St	OTC
<i>aspirin oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>childrens aspirin low strength oral tablet chewable</i>	Bayer Low Dose	OTC
<i>childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>cvs aspirin adult low dose oral tablet chewable</i>	Bayer Low Dose	OTC
<i>cvs aspirin adult low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>cvs aspirin ec oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>cvs aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>cvs aspirin oral tablet 325 mg</i>	Bayer Aspirin	OTC
<i>cvs aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>cvs backache relief oral tablet</i>		OTC
<i>cvs childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>diflunisal oral tablet</i>		
<i>ec-81 aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>eq adult aspirin low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>eq aspirin adult low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>eq aspirin low dose oral tablet chewable</i>	Bayer Low Dose	OTC
<i>eq aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>eq aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>eq aspirin oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>eq childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>eq aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin Regimen	OTC
<i>eq aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>gnp adult aspirin low strength oral tablet chewable</i>	Bayer Low Dose	OTC
<i>gnp adult aspirin low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>gnp aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp aspirin oral tablet 325 mg</i>	Bayer Aspirin	OTC
<i>gnp aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>goodsense aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>hm aspirin ec low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>hm aspirin ec oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>hm aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>hm aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>kls aspirin ec oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>kls aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>kp aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>meijer aspirin ec oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>mm aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>px aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>px aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>px enteric aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>qc aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>qc aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>qc aspirin oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>qc childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>ra aspirin adult low dose oral tablet chewable</i>	Bayer Low Dose	OTC
<i>ra aspirin adult low strength oral tablet chewable</i>	Bayer Low Dose	OTC
<i>ra aspirin adult low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>ra aspirin childrens oral tablet chewable</i>	Bayer Low Dose	OTC
<i>ra aspirin ec adult low st oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>ra aspirin ec oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>ra aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>ra childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>salsalate oral tablet</i>	Disalcid	
<i>sb aspirin ec oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>sb aspirin oral tablet</i>	Bayer Aspirin	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sb aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>sb childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>sb low dose asa ec oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>sm aspirin adult low strength oral tablet chewable</i>	Bayer Low Dose	OTC
<i>sm aspirin adult low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>sm aspirin ec low strength oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>sm aspirin ec oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>sm aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>sm childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>tgt aspirin ec oral tablet delayed release</i>	Bayer Aspirin Regimen	OTC
<i>tgt aspirin low dose oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>tgt aspirin oral tablet</i>	Bayer Aspirin	OTC
<i>tgt aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<i>tgt aspirin oral tablet delayed release</i>	Bayer Low Dose	OTC
<i>tgt childrens aspirin oral tablet chewable</i>	Bayer Low Dose	OTC
<b>ASPIR-LOW ORAL TABLET DELAYED RELEASE</b>	Bayer Low Dose	OTC
<b>BAYER ADVANCED ASPIRIN EX ST ORAL TABLET</b>	RA Aspirin	OTC
<b>BAYER ADVANCED ASPIRIN REG ST ORAL TABLET</b>	Aspirin	OTC
<b>BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC
<b>BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET</b>	RA Aspirin	OTC
<b>BAYER ASPIRIN ORAL TABLET</b>	Aspirin	OTC
<b>BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE</b>	Aspirtab	OTC
<b>BAYER LOW DOSE ORAL TABLET CHEWABLE</b>	Aspirin	OTC
<b>BAYER LOW DOSE ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC
<b>ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ECOTRIN ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC
<b>ECPIRIN ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC
<b>MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC
<b>NORWICH ASPIRIN ORAL TABLET 325 MG</b>	Aspirin	OTC
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE</b>	Aspirin	OTC
<b>*ANALGESICS - OPIOID*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine #2 oral tablet</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine #3 oral tablet</i>	Tylenol with Codeine #3	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine #4 oral tablet</i>	Tylenol with Codeine #4	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine oral solution</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>acetaminophen-codeine oral tablet</i>		* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Fioricet/Codeine	
<i>butalbital-asa-caff-codeine oral capsule</i>	Ascomp-Codeine	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ASCOMP-CODEINE ORAL CAPSULE</b>	Butalbital Compound/Codeine	
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Hycet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Norco	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Vicoprofen	QLL (240 Tablets per 30 days)
<b>*Opioid Agonists***</b>		
<i>codeine sulfate oral tablet</i>		QLL (30 Tablets per 30 days)
<i>fentanyl citrate buccal lollipop</i>	Actiq	QLL (90 lozenges per 30 days)
<i>fentanyl citrate powder</i>		
<i>fentanyl transdermal patch 72 hr 100 mcg/hr</i>	Duragesic-100	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 12 mcg/hr</i>	Duragesic-12	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 25 mcg/hr</i>	Duragesic-25	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		PA
<i>fentanyl transdermal patch 72 hr 50 mcg/hr</i>	Duragesic-50	PA; QLL (10 patches per 30 days)
<i>fentanyl transdermal patch 72 hr 75 mcg/hr</i>	Duragesic-75	PA; QLL (10 patches per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (120 Tablets per 30 days)
<i>hydromorphone hcl powder</i>		
<i>hydromorphone hcl suppository</i>		
<i>methadone hcl oral concentrate</i>	Methadose	
<i>methadone hcl oral solution</i>		
<i>methadone hcl oral tablet</i>	Dolophine	PA; QLL (540 Tablets per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methadone hcl oral tablet soluble</i>	Methadose	PA; QLL (540 Tablets per 30 days)
<i>methadone hcl powder</i>		
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		
<i>morphine sulfate er oral tablet extendedrelease*</i>	MS Contin	PA; QLL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>		
<i>morphine sulfate oral tablet</i>		
<i>morphine sulfate powder</i>		
<i>morphine sulfate suppository</i>		
<i>oxycodone hcl er oral</i>	OxyCONTIN	QLL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>		QLL (240 Tablets per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		
<i>oxycodone hcl oral solution</i>		
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	Roxicodone	QLL (150 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Roxicodone	QLL (240 Tablets per 30 days)
<i>oxycodone hcl powder</i>		
<i>oxymorphone hcl er oral tablet extended release 12 hr*</i>		PA; QLL (60 EA per 2 days)
<i>tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg</i>	Ultram ER	PA; * (Requires PA for children under 16yrs of age.); QLL (30 EA per 30 days)
<i>tramadol hcl oral tablet</i>	Ultram	PA; * (Requires PA for children under 16yrs of age.); QLL (240 Tablets per 30 days)
<b>OXYCONTIN ORAL</b>	OxyCODONE HCl ER	PA; QLL (90 EA per 30 days)
<b>*Opioid Combinations***</b>		
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Endocet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>oxycodone-acetaminophen oral tablet</i> 2.5-325 mg, 5-325 mg, 7.5-325 mg	Percocet	* (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization)
<i>oxycodone-aspirin oral tablet</i> 4.8355-325 mg	Percodan	QLL (240 Tablets per 30 days)
<b>ENDOCET ORAL TABLET 5-325 MG</b>	Oxycodone-Acetaminophen	
<b>*Opioid Partial Agonists***</b>		
<i>buprenorphine hcl sublingual tablet</i> sublingual 2 mg		QLL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet</i> sublingual 8 mg		QLL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual</i> tablet sublingual	Suboxone	QLL (90 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>		QLL (1 bottle per 30 days)
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG</b>		QLL (180 EA per 30 days)
<b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG</b>		QLL (90 EA per 30 days)
<b>BUNAVAIL BUCCAL FILM 6.3-1 MG</b>		QLL (60 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>		QLL (60 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG</b>		QLL (90 EA per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>		QLL (180 EA per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET</b> SUBLINGUAL 1.4-0.36 MG		QLL (390 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET</b> SUBLINGUAL 11.4-2.9 MG		QLL (45 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET</b> SUBLINGUAL 2.9-0.71 MG		QLL (180 EA per 30 Days)
<b>ZUBSOLV SUBLINGUAL TABLET</b> SUBLINGUAL 5.7-1.4 MG		QLL (90 EA per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET</b> SUBLINGUAL 8.6-2.1 MG		QLL (60 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Tramadol Combinations***</b>		
<i>tramadol-acetaminophen oral tablet</i>	Ultracet	PA; * (All quantities are limited to a max daily limit of 4 grams of acetaminophen. Quantities and doses above this limit will require a Prior Authorization); * (Requires PA for children under 16yrs of age.)
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*Androgens***</b>		
<i>danazol oral capsule</i>		
<i>danazol powder</i>		
<i>testosterone cypionate intramuscular* solution 200 mg/ml</i>	Depo-Testosterone	PA
<i>testosterone enanthate intramuscular* solution</i>		PA; QLL (5 ML per 60 days)
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	Fortesta	PA; QLL (2 canisters per 30 days)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	AndroGel Pump	PA; QLL (4 canisters per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Testim	PA; QLL (60 GM per 30 days)
<b>*ANORECTAL AGENTS*</b>		
<b>*Intrarectal Steroids***</b>		
<i>hydrocortisone enema</i>	Cortenema	
<b>CORTIFOAM FOAM</b>		
<b>*Nitrate Vasodilating Agents***</b>		
<b>RECTIV OINTMENT</b>		PA; QLL (30 GM per 30 days)
<b>*Rectal Anesthetic Combinations***</b>		
<i>eq hemorrhoidal max st cream</i>	Preparation H Totables	OTC
<i>eql hemorrhoidal cream 1-0.25-14.4-15 %</i>	Preparation H Totables	OTC
<i>hemorrhoidal cream 1-0.25-14.4-15 %</i>	Preparation H Totables	OTC
<i>hemorrhoidal max st/aloe cream</i>	Preparation H Totables	OTC
<i>px hemorrhoidal cream</i>	Preparation H Totables	OTC
<i>ra hemorrhoidal cream 1-0.25-14.4-15 %</i>	Preparation H Totables	OTC
<i>sm hemorrhoidal cream 1-0.25-14.4-15 %</i>	Preparation H Totables	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>tgt hemorrhoidal cream</i>	Preparation H Totables	OTC
<b>*Rectal Anesthetic/Steroids***</b>		
<i>lidocaine-hydrocortisone ace cream</i>	LidaZone HC	
<i>lidocaine-hydrocortisone ace kit 3-0.5 %, 3-1 %</i>		
<b>LIDAZONE HC CREAM</b>	Lidocaine-Hydrocortisone Ace	
<b>PROCTOFOAM HC FOAM</b>		
<b>*Rectal Combinations - Misc.***</b>		
<i>cvs hemorrhoidal suppository 0.25-88.44 %</i>	Preparation H	OTC
<i>eql hemorrhoidal cooling gel</i>	Preparation H Totables	OTC
<i>hemorrhoidal ointment 0.25-3-14-71.9 %</i>	Preparation H	OTC
<b>*Rectal Steroids***</b>		
<b>PROCTOSOL HC CREAM</b>	Hemorrhoidal-HC	
<b>*ANTACIDS*</b>		
<b>*Antacid &amp; Simethicone***</b>		
<i>antacid &amp; antigas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid anti-gas max strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Flanax Heartburn Relief	OTC
<i>antacid anti-gas reg strength oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid extra strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>antacid fast acting oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid fast relief oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid i oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid iii oral suspension</i>	Mylanta Double-Strength	OTC
<i>antacid liquid oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid m oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid maximum strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>antacid multi-symptom oral tablet chewable</i>	Rolaids Multi-Symptom	OTC
<i>antacid oral suspension 200-200-20 mg/5ml</i>	Flanax Heartburn Relief	OTC
<i>antacid oral suspension 400-400-40 mg/5ml</i>	Mylanta Double-Strength	OTC
<i>antacid plus anti-gas fast act oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid plus anti-gas relief oral suspension</i>	Flanax Heartburn Relief	OTC
<i>antacid/simethicone ds oral suspension</i>	Mylanta Double-Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>comfort gel antacid &amp; anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>comfort gel antacid anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>comfort gel oral suspension</i>	Flanax Heartburn Relief	OTC
<i>cvs antacid &amp; anti-gas oral tablet chewable</i>	Maalox Max	OTC
<i>cvs antacid fast relief oral suspension</i>	Flanax Heartburn Relief	OTC
<i>cvs antacid oral suspension</i>	Mylanta Double-Strength	OTC
<i>cvs antacid plus antigas oral suspension</i>	Mylanta Double-Strength	OTC
<i>cvs antacidlanti-gas oral suspension 400-400-40 mg/5ml</i>	Mylanta Double-Strength	OTC
<i>cvs antacidlsimethicone oral suspension</i>	Flanax Heartburn Relief	OTC
<i>eq antacid maximum strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>eq antacid oral suspension</i>	Flanax Heartburn Relief	OTC
<i>eq antacidlanti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>eql antacid advanced max st oral suspension</i>	Mylanta Double-Strength	OTC
<i>eql antacidlanti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>fast acting antacidlanti-gas oral suspension</i>	Mylanta Double-Strength	OTC
<i>geri-lanta oral suspension</i>	Flanax Heartburn Relief	OTC
<i>gnp antacid &amp; anti-gas oral tablet chewable</i>	Maalox Max	OTC
<i>gnp antacid anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>gnp antacid maximum strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>hm advanced antacid max st oral suspension</i>	Mylanta Double-Strength	OTC
<i>hm antacid anti-gas ex st oral suspension</i>	Mylanta Double-Strength	OTC
<i>hm antacidlantigas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>mag-al plus oral liquid†</i>	Flanax Heartburn Relief	OTC
<i>mag-al plus xs oral liquid†</i>	Mylanta Double-Strength	OTC
<i>meijer antacid anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>meijer antacid oral suspension 400-400-40 mg/5ml</i>	Mylanta Double-Strength	OTC
<i>mi-acid maximum strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>milantex extra strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>milantex oral suspension</i>	Flanax Heartburn Relief	OTC
<i>mintox maximum strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>px antacid maximum strength oral suspension</i>	Mylanta Double-Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>px antacid regular strength oral suspension</i>	Flanax Heartburn Relief	OTC
<i>qc antacid oral suspension</i>	Flanax Heartburn Relief	OTC
<i>qc antacid/anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>ra antacid/anti-gas max st oral suspension</i>	Mylanta Double-Strength	OTC
<i>ra antacid/anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>ra antacid/gas relief max st oral suspension</i>	Mylanta Double-Strength	OTC
<i>ra liquid antacid oral suspension</i>	Flanax Heartburn Relief	OTC
<i>rulox oral suspension 200-200-20 mg/5ml</i>	Flanax Heartburn Relief	OTC
<i>sb antacid anti-gas double st oral suspension</i>	Mylanta Double-Strength	OTC
<i>sb antacid anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>sb antacid/antigas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>sm antacid advanced max st oral suspension</i>	Mylanta Double-Strength	OTC
<i>sm antacid anti-gas ex st oral suspension</i>	Mylanta Double-Strength	OTC
<i>sm antacid anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>sm antacid maximum strength oral suspension</i>	Mylanta Double-Strength	OTC
<i>sm antacid/antigas oral suspension</i>	Flanax Heartburn Relief	OTC
<i>tgt antacid anti-gas oral suspension</i>	Flanax Heartburn Relief	OTC
<b>ALMACONE DOUBLE STRENGTH ORAL SUSPENSION</b>	Antacid Maximum Strength	OTC
<b>ALMACONE ORAL SUSPENSION</b>	TGT Antacid Anti-Gas	OTC
<b>DI-GEL ORAL SUSPENSION</b>		OTC
<b>FLANAX HEARTBURN RELIEF ORAL SUSPENSION</b>	TGT Antacid Anti-Gas	OTC
<b>GNP MASANTI MAXIMUM STRENGTH ORAL SUSPENSION</b>	Antacid Maximum Strength	OTC
<b>GNP MASANTI REGULAR STRENGTH ORAL SUSPENSION</b>	TGT Antacid Anti-Gas	OTC
<b>MAALOX ADVANCED MAX ST ORAL SUSPENSION</b>	Antacid Maximum Strength	OTC
<b>MAALOX MAX ORAL SUSPENSION</b>	Antacid Maximum Strength	OTC
<b>MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION</b>	Antacid Maximum Strength	OTC
<b>MI-ACID ORAL SUSPENSION</b>	TGT Antacid Anti-Gas	OTC
<b>MINTOX ORAL SUSPENSION</b>	TGT Antacid Anti-Gas	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antacid Combinations***</b>		
<i>antacid extra strength oral tablet chewable 675-135 mg</i>	Rolaids Extra Strength	OTC
<i>antacid oral tablet chewable 550-110 mg</i>	Rolaids	OTC
<i>cvs antacid supreme oral suspension</i>	Mylanta Supreme	OTC
<i>eq antacid extra strength oral tablet chewable 160-105 mg</i>	Gaviscon Extra Strength	OTC
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Gaviscon Extra Strength	OTC
<i>gnp foaming antacid oral suspension</i>	Gaviscon	OTC
<i>heartburn antacid ex st oral tablet chewable</i>	Gaviscon Extra Strength	OTC
<i>qc heartburn antacid oral tablet chewable</i>	Gaviscon Extra Strength	OTC
<i>sm antacid extra strength oral tablet chewable</i>	Gaviscon Extra Strength	OTC
<b>ACID GONE ORAL SUSPENSION</b>	GNP Foaming Antacid	OTC
<b>ACID GONE ORAL TABLET CHEWABLE 160-105 MG</b>	SM Antacid Extra Strength	OTC
<b>*Antacids - Aluminum Salts***</b>		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>		OTC
<b>*Antacids - Bicarbonate***</b>		
<i>sodium bicarbonate oral powder</i>		OTC
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
<b>*Antacids - Calcium Salts***</b>		
<i>antacid calcium extra strength oral tablet chewable</i>	Tums E-X 750	OTC
<i>antacid calcium oral tablet chewable</i>	Tums	OTC
<i>antacid extra strength oral tablet chewable 750 mg</i>	Tums E-X 750	OTC
<i>antacid maximum oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>antacid oral tablet chewable 1177 mg</i>	Rolaids Extra Strength	OTC
<i>antacid oral tablet chewable 500 mg</i>	Tums	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>calcium antacid extra strength oral tablet chewable</i>	Tums E-X 750	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>calcium antacid oral tablet chewable</i>	Tums	OTC
<i>calcium antacid ultra max st oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>calcium antacid ultra oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>calcium antacid ultra strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>calcium carbonate antacid oral tablet chewable</i>	Tums	OTC
<i>childrens pepto oral tablet chewable</i>	Childrens Soothe	OTC
<i>cvs antacid extra oral tablet chewable</i>	Tums E-X 750	OTC
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	Tums E-X 750	OTC
<i>cvs antacid kids oral tablet chewable</i>	Tums E-X 750	OTC
<i>cvs antacid maximum strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>cvs antacid ultra strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>eq antacid extra strength oral tablet chewable 750 mg</i>	Tums E-X 750	OTC
<i>eq antacid oral tablet chewable</i>	Tums	OTC
<i>eq antacid ultra strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>eql antacid ultra strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Tums E-X 750	OTC
<i>gnp antacid oral tablet chewable 500 mg</i>	Tums	OTC
<i>gnp antacid ultra strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>hm calcium antacid ex st oral tablet chewable</i>	Tums E-X 750	OTC
<i>hm calcium antacid oral tablet chewable 500 mg</i>	Tums	OTC
<i>kls antacid oral tablet chewable</i>	Tums	OTC
<i>long lasting antacid oral tablet chewable</i>	Tums	OTC
<i>px antacid extra strength oral tablet chewable</i>	Tums E-X 750	OTC
<i>px antacid maximum strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>px calcium antacid oral tablet chewable</i>	Tums	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc antacid extra strength oral tablet chewable</i>	Tums E-X 750	OTC
<i>ra antacid extra strength oral tablet chewable</i>	Tums E-X 750	OTC
<i>ra antacid oral tablet chewable</i>	Tums	OTC
<i>ra antacid ultra strength oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>ra smooth antacid ex st oral tablet chewable</i>	Tums E-X 750	OTC
<i>ra stomach relief kids oral tablet chewable</i>	Childrens Soothe	OTC
<i>sb antacid extra strength oral tablet chewable</i>	Tums E-X 750	OTC
<i>sb antacid oral tablet chewable</i>	Tums	OTC
<i>sm calcium antacid ex st oral tablet chewable</i>	Tums E-X 750	OTC
<i>sm calcium antacid oral tablet chewable</i>	Tums	OTC
<i>sm calcium antacid ultra st oral tablet chewable</i>	Tums Ultra 1000	OTC
<i>sm smooth antacid ex st oral tablet chewable</i>	Tums E-X 750	OTC
<i>tgt antacid extra strength oral tablet chewable 750 mg</i>	Tums E-X 750	OTC
<i>tgt antacid oral tablet chewable</i>	Tums Ultra 1000	OTC
<b>CAL-GEST ANTACID ORAL TABLET CHEWABLE</b>	Tums	OTC
<b>CHILDRENS SOOTHE ORAL TABLET CHEWABLE</b>	RA Stomach Relief Kids	OTC
<b>CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE</b>	CVS Antacid Extra	OTC
<b>HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE</b>	Calcium Antacid	OTC
<b>MAALOX CHILDRENS ORAL TABLET CHEWABLE</b>	RA Stomach Relief Kids	OTC
<b>TITRALAC ORAL TABLET CHEWABLE</b>	Alcalak	OTC
<b>TUMS E-X 750 ORAL TABLET CHEWABLE</b>	CVS Antacid Extra	OTC
<b>TUMS FRESHERS ORAL TABLET CHEWABLE</b>	Calcium Antacid	OTC
<b>TUMS LASTING EFFECTS ORAL TABLET CHEWABLE</b>	Calcium Antacid	OTC
<b>*Antacids - Magnesium Salts***</b>		
<i>gnp magnesium oxide oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm magnesium oral tablet</i>		OTC
<i>magnesium oxide oral tablet 250 mg</i>		OTC
<i>magnesium oxide oral tablet 400 mg</i>	Mag-Oxide	OTC
<i>magnesium oxide oral tablet 420 mg</i>	Maox	OTC
<i>magnesium oxide powder</i>		OTC
<b>MAOX ORAL TABLET</b>	Magnesium Oxide	OTC
<b>*ANTHELMINTICS*</b>		
<b>*Anthelmintics***</b>		
<i>ivermectin oral tablet</i>	Stromectol	
<i>mebendazole powder</i>		
<b>ALBENZA ORAL TABLET</b>		
<b>*ANTIANGINAL AGENTS*</b>		
<b>*Nitrates***</b>		
<i>isosorbide dinitrate er oral tablet extended release*</i>		
<i>isosorbide dinitrate oral tablet</i>	Isordil Titradoso	
<i>isosorbide mononitrate er oral tablet extended release 24 hr*</i>	Imdur	
<i>isosorbide mononitrate oral tablet</i>		
<i>nitroglycerin er oral capsule extended release*</i>	Nitro-Time	
<i>nitroglycerin sublingual tablet sublingual</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hr</i>	Nitro-Dur	
<b>NITRO-BID TRANSDERMAL OINTMENT</b>		
<b>*ANTIANSIETY AGENTS*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>bupirone hcl oral tablet</i>		QLL (90 Tablets per 30 days)
<i>hydroxyzine hcl oral syrup</i>		
<i>hydroxyzine hcl oral tablet</i>		
<i>hydroxyzine pamoate oral capsule</i>	Vistaril	
<i>hydroxyzine pamoate powder</i>		
<i>meprobamate oral tablet</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Benzodiazepines***</b>		
<i>alprazolam er oral tablet extended release 24 hr*</i>	Xanax XR	
<i>alprazolam oral tablet</i>	Xanax	
<i>alprazolam oral tablet dispersible</i>	Niravam	
<i>chlordiazepoxide hcl oral capsule</i>		
<i>clorazepate dipotassium oral tablet</i>	Tranxene-T	
<i>diazepam oral solution 1 mg/ml</i>		
<i>diazepam oral tablet</i>	Valium	
<i>lorazepam injection solution 2 mg/ml</i>	Ativan	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>lorazepam oral concentrate</i>	LORazepam Intensol	
<i>lorazepam oral tablet</i>	Ativan	
<i>oxazepam oral capsule</i>		
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE</b>		
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE</b>	LORazepam	
<b>*ANTIARRHYTHMICS*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral capsule</i>	Norpace	
<i>quinidine gluconate er oral tablet extended release*</i>		
<i>quinidine sulfate oral tablet</i>		
<b>*Antiarrhythmics Type I-B***</b>		
<i>mexiletine hcl oral capsule</i>		PA
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate oral tablet</i>	Tambocor	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Rythmol SR	PA
<i>propafenone hcl oral tablet</i>	Rythmol	PA
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral tablet</i>	Cordarone	
<b>MULTAQ ORAL TABLET</b>		PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*Adrenergic Combinations***</b>		
<i>ipratropium-albuterol inhalation solution</i>	DuoNeb	
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>		PA; ST; * (Covered for ages 4-11 years, PA required otherwise)
<b>ADVAIR HFA INHALATION AEROSOL†</b>		PA; ST; * (Covered for ages 4-11 years, PA required otherwise)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>		QLL (1 inhaler per 30 days)
<b>COMBIVENT RESPIMAT INHALATION AEROSOL, SOLUTION</b>		
<b>STIOLTO RESPIMAT INHALATION AEROSOL, SOLUTION</b>		ST; QLL (1 inhaler per 30 days)
<b>SYMBICORT INHALATION AEROSOL†</b>		
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation nebulization solution</i>		
<i>cromolyn sodium powder</i>		
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate inhalation nebulization solution</i>		QLL (390 ML per 30 days)
<i>albuterol sulfate oral syrup</i>		
<i>albuterol sulfate oral tablet</i>		
<i>albuterol sulfate powder</i>		
<i>metaproterenol sulfate oral syrup</i>		
<i>metaproterenol sulfate oral tablet</i>		
<i>terbutaline sulfate oral tablet</i>		
<i>terbutaline sulfate powder</i>		
<b>ARCAPTA NEOHALER INHALATION CAPSULE</b>		
<b>STRIVERDI RESPIMAT INHALATION AEROSOL, SOLUTION</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>VENTOLIN HFA INHALATION AEROSOL, SOLUTION</b>		QLL (2 Inhalers per 30 days)
<b>*Bronchodilators - Anticholinergics***</b>		
<i>ipratropium bromide inhalation solution</i>		
<i>ipratropium bromide powder</i>		
<b>ATROVENT HFA INHALATION AEROSOL, SOLUTION</b>		
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>		
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>		ST; QLL (30 Tablets per 30 days)
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT</b>		
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral packet</i>	Singulair	QLL (30 Tablets per 30 days)
<i>montelukast sodium oral tablet</i>	Singulair	QLL (30 Tablets per 30 days)
<i>montelukast sodium oral tablet chewable</i>	Singulair	QLL (30 Tablets per 30 days)
<i>zafirlukast oral tablet</i>	Accolate	ST; QLL (60 Tablets per 30 days)
<b>*Steroid Inhalants***</b>		
<i>budesonide inhalation suspension</i>	Pulmicort	QLL (120 ML per 30 days)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>		
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>		QLL (1 Inhaler per 30 days)
<b>QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT, 80 MCG/ACT</b>		
<b>*Xanthines***</b>		
<i>aminophylline anhydrous powder</i>		
<i>theophylline er oral tablet extended release 12 hr*</i>	Theochron	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<i>theophylline er oral tablet extended release 24 hr*</i>		
<i>theophylline oral solution</i>		
<b>*ANTICOAGULANTS*</b>		
<b>*Coumarin Anticoagulants***</b>		
<i>warfarin sodium oral tablet</i>	Coumadin	
<i>warfarin sodium powder</i>		
<b>*Direct Factor Xa Inhibitors***</b>		
<b>ELIQUIS ORAL TABLET</b>		PA; * (Covered for first 45 days without PA)
<b>XARELTO ORAL TABLET</b>		PA; * (Covered for first 45 days without PA)
<b>XARELTO STARTER PACK ORAL</b>		PA; * (Covered for first 45 days without PA)
<b>*Heparins And Heparinoid-Like Agents***</b>		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution</i>		
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution</i>	Lovenox	QLL (42 EA per 180 days)
<i>enoxaparin sodium subcutaneous* solution</i>	Lovenox	QLL (42 EA per 180 days)
<b>FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML</b>		QLL (21 ML per 180 days)
<b>FRAGMIN SUBCUTANEOUS* SOLUTION 95000 UNIT/3.8ML</b>		QLL (21 ML per 180 Days)
<b>*Synthetic Heparinoid-Like Agents***</b>		
<i>fondaparinux sodium subcutaneous* solution</i>	Arixtra	PA; QLL (21 ML per 180 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTICONVULSANTS*</b>		
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clonazepam oral tablet</i>	KlonoPIN	
<i>clonazepam oral tablet dispersible</i>		
<i>diazepam gel</i>	Diastat Pediatric	QLL (2 Packages per 30 days)
<b>DIASTAT ACUDIAL GEL</b>	Diazepam	PA
<b>DIASTAT PEDIATRIC GEL</b>	Diazepam	PA
<b>*Anticonvulsants - Misc.***</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	Carbatrol	
<i>carbamazepine er oral tablet extended release 12 hr* 100 mg</i>	TEGretol XR	PA; QLL: 10/day for members age 6-15, 12/day for members age 16 and older; QLL (10 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hr* 200 mg, 400 mg</i>	TEGretol XR	QLL (120 EA per 30 days)
<i>carbamazepine oral suspension</i>	TEGretol	
<i>carbamazepine oral tablet</i>	TEGretol	
<i>carbamazepine oral tablet chewable</i>		
<i>carbamazepine powder</i>		
<i>gabapentin oral capsule</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	
<i>gabapentin oral tablet 600 mg</i>	Neurontin	QLL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	QLL (4.5 EA per 1 day)
<i>lamotrigine oral tablet</i>	LaMICtal	
<i>lamotrigine oral tablet chewable</i>	LaMICtal	
<i>levetiracetam oral solution</i>	Keppra	
<i>levetiracetam oral tablet</i>	Keppra	
<i>oxcarbazepine oral suspension</i>	Trileptal	
<i>oxcarbazepine oral tablet</i>	Trileptal	
<i>primidone oral tablet</i>	Mysoline	
<i>topiramate oral capsule sprinkle</i>	Topamax Sprinkle	
<i>topiramate oral tablet</i>	Topiragen	
<i>zonisamide oral capsule</i>	Zonegran	QLL (180 units per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	CarBAMazepine ER	
<b>EPITOL ORAL TABLET</b>	CarBAMazepine	
<b>KEPPRA ORAL TABLET</b>	LevETIRAcetam	PA
<b>LAMICTAL ORAL TABLET</b>	LamoTRIGine	PA
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	LamoTRIGine	PA
<b>MYSOLINE ORAL TABLET</b>	Primidone	PA
<b>NEURONTIN ORAL CAPSULE</b>	Gabapentin	PA
<b>NEURONTIN ORAL TABLET</b>	Gabapentin	PA
<b>ROWEEPRA ORAL TABLET</b>	LevETIRAcetam	PA
<b>TEGRETOL ORAL TABLET</b>	CarBAMazepine	PA
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HR*</b>	CarBAMazepine ER	PA
<b>TOPAMAX ORAL TABLET</b>	Topiramate	PA
<b>TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE</b>	Topiramate	PA
<b>TRILEPTAL ORAL TABLET</b>	OXcarbazepine	PA
<b>ZONEGRAN ORAL CAPSULE</b>	Zonisamide	PA
<b>*Carbamates***</b>		
<i>felbamate oral suspension</i>	Felbatol	
<i>felbamate oral tablet</i>	Felbatol	
<b>*Gaba Modulators***</b>		
<i>tiagabine hcl oral tablet</i>	Gabitril	QLL (60 Tablets per 30 days)
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>		QLL (60 Tablets per 30 days)
<b>GABITRIL ORAL TABLET 2 MG, 4 MG</b>	TiaGABine HCl	PA
<b>*Hydantoins***</b>		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable</i>	Dilantin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE</b>	Phenytoin	
<b>DILANTIN ORAL CAPSULE 30 MG</b>		
<b>PHENYTEK ORAL CAPSULE</b>	Phenytoin Sodium Extended	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE</b>	Phenytoin	
<b>*Succinimides***</b>		
<i>ethosuximide oral capsule</i>	Zarontin	
<i>ethosuximide oral solution</i>	Zarontin	
<b>CELONTIN ORAL CAPSULE</b>		
<b>*Valproic Acid***</b>		
<i>divalproex sodium er oral tablet extended release 24 hr*</i>	Depakote ER	
<i>divalproex sodium oral tablet delayed release</i>	Depakote	
<i>valproic acid oral capsule</i>	Depakene	
<i>valproic acid oral solution</i>	Depakene	
<b>DEPAKENE ORAL CAPSULE</b>	Valproic Acid	PA
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Divalproex Sodium ER	
<b>DEPAKOTE ORAL TABLET DELAYED RELEASE</b>	Divalproex Sodium	
<b>*ANTIDEPRESSANTS*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral tablet 15 mg</i>	Remeron	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	Remeron	QLL (60 Tablets per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	Remeron	QLL (45 Tablets per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>		QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 45 mg</i>	Remeron SolTab	QLL (30 Tablets per 30 days)
<i>mirtazapine oral tablet dispersible 30 mg</i>	Remeron SolTab	QLL (60 Tablets per 30 days)
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hr* 100 mg</i>	Budeprion SR	QLL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hr* 150 mg</i>	Budeprion SR	QLL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hr* 200 mg</i>	Wellbutrin SR	QLL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg</i>	Wellbutrin XL	QLL (90 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>bupropion hcl er (xl) oral tablet extended release 24 hr* 300 mg</i>	Wellbutrin XL	QLL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	Wellbutrin	QLL (135 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	Wellbutrin	QLL (180 EA per 30 days)
<i>maprotiline hcl oral tablet</i>		
<b>*Modified Cyclics***</b>		
<i>trazodone hcl oral tablet</i>		
<i>trazodone hcl powder</i>		
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
<i>phenelzine sulfate oral tablet</i>	Nardil	
<i>tranylcypromine sulfate oral tablet</i>	Parnate	
<b>MARPLAN ORAL TABLET</b>		
<b>NARDIL ORAL TABLET</b>	Phenelzine Sulfate	
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)***</b>		
<i>citalopram hydrobromide oral solution</i>		QLL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet</i>	CeleXA	QLL (30 Tablets per 30 days)
<i>escitalopram oxalate oral solution</i>	Lexapro	QLL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet</i>	Lexapro	QLL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	PROzac	QLL (30 Capsules per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	QLL (120 EA per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	PROzac	QLL (60 EA per 30 days)
<i>fluoxetine hcl oral solution</i>		QLL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>		QLL (30 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>		QLL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>		QLL (90 EA per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg</i>		QLL (30 EA per 30 days)
<i>fluvoxamine maleate oral tablet 50 mg</i>		QLL (60 EA per 30 days)
<i>paroxetine hcl oral tablet</i>	Paxil	QLL (60 Tablets per 30 days)
<i>sertraline hcl oral concentrate</i>	Zoloft	QLL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	QLL (75 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	Zoloft	QLL (30 Tablets per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	Zoloft	QLL (60 EA per 30 days)
<b>PEXEVA ORAL TABLET</b>		PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Effexor XR	
<i>venlafaxine hcl er oral tablet extended release 24 hr*</i>		
<i>venlafaxine hcl oral tablet</i>		
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR*</b>		PA
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral tablet</i>		
<i>amoxapine oral tablet</i>		
<i>clomipramine hcl oral capsule</i>	Anafranil	
<i>desipramine hcl oral tablet</i>	Norpramin	
<i>desipramine hcl powder</i>		
<i>doxepin hcl oral capsule</i>		
<i>doxepin hcl oral concentrate</i>		
<i>doxepin hcl powder</i>		
<i>imipramine hcl oral tablet</i>	Tofranil	
<i>imipramine hcl powder</i>		
<i>imipramine pamoate oral capsule</i>	Tofranil-PM	PA
<i>nortriptyline hcl oral capsule</i>	Pamelor	
<i>nortriptyline hcl oral solution</i>		
<i>nortriptyline hcl powder</i>		
<i>protriptyline hcl oral tablet</i>	Vivactil	
<i>trimipramine maleate oral capsule</i>	Surmontil	
<b>*ANTIDIABETICS*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral tablet</i>	Precose	
<b>*Biguanides***</b>		
<i>metformin hcl er oral tablet extended release 24 hr*</i>	Glucophage XR	
<i>metformin hcl oral tablet</i>	Glucophage	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Diabetic Other - Combinations***</b>		
<i>cvs glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<i>hm glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>hy-vee glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>groger glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>leader glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>longs glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<i>preferred plus glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>px glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>ra glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<i>tgt glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>up &amp; up glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>value plus glucose oral tablet chewable</i>	Smart Sense Glucose	OTC
<i>walgreens glucose oral tablet chewable 4-6 gm-mg</i>	Smart Sense Glucose	OTC
<b>DEX4 NATURALS ORAL TABLET CHEWABLE</b>	HM Glucose	OTC
<b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>	HM Glucose	OTC
<b>DEX4 POUCH PACK ORAL TABLET CHEWABLE</b>	HM Glucose	OTC
<b>RELION GLUCOSE ORAL TABLET CHEWABLE</b>	HM Glucose	OTC
<b>SMART SENSE GLUCOSE ORAL TABLET CHEWABLE</b>	HM Glucose	OTC
<b>*Diabetic Other***</b>		
<i>cvs glucose bits oral tablet chewable</i>	Dex4	OTC
<i>cvs glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
<i>glucose oral gel</i>	Insta-Glucose	OTC
<i>glucose oral liquid† 15 gm/59ml</i>	Dex4 Glucose	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
<i>gnp glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
<i>gnp quick dissolve glucose oral tablet chewable</i>	Dex4 Quick Dissolve Glucose	OTC
<i>leader quick dissolve glucose oral tablet chewable</i>	Dex4 Quick Dissolve Glucose	OTC
<i>sm glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
<i>walgreens glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
<b>BD GLUCOSE ORAL TABLET CHEWABLE</b>		OTC
<b>DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE</b>	Walgreens Glucose	OTC
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>		
<b>GLUCAGON EMERGENCY INJECTION KIT</b>		
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
<i>alogliptin benzoate oral tablet</i>	Nesina	QLL (30 EA per 30 days)
<b>TRADJENTA ORAL TABLET</b>		ST; QLL (30 EA per 30 days)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
<i>alogliptin-metformin hcl oral tablet</i>	Kazano	QLL (60 EA per 30 days)
<b>JENTADUETO ORAL TABLET</b>		ST; QLL (60 EA per 30 days)
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>		
<i>alogliptin-pioglitazone oral tablet</i>	Oseni	QLL (30 EA per 30 days)
<b>*Human Insulin***</b>		
<b>BASAGLAR KWIKPEN SUBCUTANEOUS*</b>		
<b>HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION</b>		QLL (6 Vials per 30 days)
<b>HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION</b>		QLL (6 Vials per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>HUMALOG SUBCUTANEOUS*</b>		QLL (6 Vials per 30 days)
<b>HUMALOG SUBCUTANEOUS* SOLUTION</b>		QLL (6 Vials per 30 days)
<b>HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION</b>		OTC; QLL (6 Vials per 30 days)
<b>HUMULIN N SUBCUTANEOUS* SUSPENSION</b>		OTC; QLL (6 Vials per 30 days)
<b>HUMULIN R INJECTION SOLUTION</b>		OTC; QLL (6 Vials per 30 days)
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION</b>		QLL (6 Vials per 30 days)
<b>LANTUS SOLOSTAR SUBCUTANEOUS*</b>		
<b>LANTUS SUBCUTANEOUS* SOLUTION</b>		QLL (6 Vials per 30 days)
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS*</b>		
<b>LEVEMIR SUBCUTANEOUS* SOLUTION</b>		QLL (6 Vials per 30 days)
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS* SUSPENSION</b>		OTC; QLL (6 Vials per 30 days)
<b>NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION</b>		OTC; QLL (6 Vials per 30 days)
<b>NOVOLIN N RELION SUBCUTANEOUS* SUSPENSION</b>		OTC; QLL (6 Vials per 30 days)
<b>NOVOLIN N SUBCUTANEOUS* SUSPENSION</b>		OTC; QLL (6 Vials per 30 days)
<b>NOVOLIN R INJECTION SOLUTION</b>		OTC; QLL (6 Vials per 30 days)
<b>NOVOLIN R RELION INJECTION SOLUTION</b>		OTC; QLL (6 Vials per 30 days)
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION</b>		QLL (6 Vials per 30 days)
<b>NOVOLOG SUBCUTANEOUS* SOLUTION</b>		QLL (6 Vials per 30 days)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
<b>TANZEUM SUBCUTANEOUS*</b>		ST
<b>TRULICITY SUBCUTANEOUS*</b>		ST

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Meglitinide Analogues***</b>		
<i>nateglinide oral tablet</i>	Starlix	
<i>repaglinide oral tablet</i>	Prandin	
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>		
<b>FARXIGA ORAL TABLET</b>		ST; QLL (30 EA per 30 days)
<b>INVOKANA ORAL TABLET</b>		ST; QLL (30 EA per 30 days)
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl oral tablet</i>	Metaglip	
<i>glyburide-metformin oral tablet</i>	Glucovance	
<b>*Sulfonylureas***</b>		
<i>chlorpropamide oral tablet</i>		
<i>glimepiride oral tablet</i>	Amaryl	
<i>glipizide er oral tablet extended release 24 hr*</i>	GlipiZIDE XL	
<i>glipizide oral tablet</i>	Glucotrol	
<i>glipizide powder</i>		
<i>glipizide xl oral tablet extended release 24 hr*</i>	GlipiZIDE XL	
<i>glyburide oral tablet</i>	Diabeta	
<i>tolazamide oral tablet</i>		
<i>tolbutamide oral tablet</i>		
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>		
<i>pioglitazone hcl-glimepiride oral tablet</i>	Duetact	QLL (30 Tablets per 30 days)
<b>*Thiazolidinedione-Biguanide Combinations***</b>		
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Actoplus Met	QLL (90 Tablets per 30 days)
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl oral tablet</i>	Actos	QLL (30 Tablets per 30 days)
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>		QLL (30 Tablets per 30 days)
<b>*ANTIDIARRHEALS*</b>		
<b>*Antidiarrheal Agents - Misc.***</b>		
<i>4x probiotic oral tablet</i>	Provella	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>acidophilus extra strength oral capsule</i>	RepHresh Pro-B	OTC
<i>acidophilus oral capsule , 100 mg</i>	RepHresh Pro-B	OTC
<i>acidophilus oral tablet</i>	Floranex	OTC
<i>acidophilus probiotic blend oral capsule</i>	Phillips Colon Health	OTC
<i>acidophilus probiotic oral capsule</i>	RepHresh Pro-B	OTC
<i>bismatrol maximum strength oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>bismatrol oral suspension</i>	Pepto-Bismol	OTC
<i>bismatrol oral tablet chewable</i>	Soothe	OTC
<i>bismuth oral tablet chewable</i>	Soothe	OTC
<i>cvs acidophilus probiotic oral tablet</i>	Floranex	OTC
<i>cvs adult 50+ probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>cvs adult probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>cvs anti-diarrheal oral suspension</i>	Pepto-Bismol	OTC
<i>cvs bismuth maximum strength oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>cvs bismuth oral suspension</i>	Pepto-Bismol	OTC
<i>cvs bismuth oral tablet</i>	Pepto-Bismol	OTC
<i>cvs bismuth oral tablet chewable</i>	Soothe	OTC
<i>cvs digestive probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>cvs probiotic (lactobacillus) oral capsule</i>	Culturelle	OTC
<i>cvs probiotic acidophilus oral capsule</i>	RepHresh Pro-B	OTC
<i>cvs probiotic childrens oral tablet chewable</i>	Diff-Stat	OTC
<i>cvs probiotic maximum strength oral capsule</i>	Phillips Colon Health	OTC
<i>cvs probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>cvs probiotic oral tablet chewable</i>	Diff-Stat	OTC
<i>cvs probiotic pearls ex st oral capsule</i>	Phillips Colon Health	OTC
<i>cvs senior probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>cvs stomach relief oral suspension 525 mg/15ml</i>	Pepto-Bismol Max Strength	OTC
<i>cvs stomach relief oral tablet chewable</i>	Soothe	OTC
<i>diarrhea oral suspension</i>	Pepto-Bismol	OTC
<i>diotame oral tablet chewable</i>	Soothe	OTC
<i>eq pink-bismuth oral tablet chewable</i>	Soothe	OTC
<i>eq stomach relief max st oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>eq stomach relief oral suspension</i>	Pepto-Bismol	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eq stomach relief oral tablet chewable</i>	Soothe	OTC
<i>eql probiotic colon support oral capsule</i>	Phillips Colon Health	OTC
<i>eql stomach relief oral suspension 262 mg/15ml</i>	Pepto-Bismol	OTC
<i>geri-pectate oral suspension</i>	Pepto-Bismol	OTC
<i>gnp k-pec oral suspension</i>	Pepto-Bismol	OTC
<i>gnp pink bismuth oral tablet</i>	Pepto-Bismol	OTC
<i>gnp pink bismuth oral tablet chewable</i>	Soothe	OTC
<i>gnp probiotic colon support oral capsule</i>	Phillips Colon Health	OTC
<i>gnp stomach relief max st oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>gnp stomach relief oral suspension</i>	Pepto-Bismol	OTC
<i>hm 4x probiotic oral tablet</i>	Provella	OTC
<i>hm acidophilus oral capsule</i>	Phillips Colon Health	OTC
<i>hm stomach relief max strength oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>hm stomach relief oral suspension 262 mg/15ml</i>	Pepto-Bismol	OTC
<i>hm stomach relief oral tablet chewable</i>	Soothe	OTC
<i>lactobacillus extra strength oral capsule</i>	RepHresh Pro-B	OTC
<i>medi-bismuth oral tablet chewable</i>	Soothe	OTC
<i>peptic relief oral suspension</i>	Pepto-Bismol	OTC
<i>peptic relief oral tablet chewable</i>	Soothe	OTC
<i>pink bismuth maximum strength oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>pink bismuth oral suspension 262 mg/15ml</i>	Pepto-Bismol	OTC
<i>pink bismuth oral tablet chewable 262 mg</i>	Soothe	OTC
<i>probiotic + omega-3 oral capsule</i>	Phillips Colon Health	OTC
<i>probiotic acidophilus oral capsule</i>	Phillips Colon Health	OTC
<i>probiotic colon support oral capsule</i>	Phillips Colon Health	OTC
<i>probiotic daily oral capsule</i>	Phillips Colon Health	OTC
<i>probiotic mature adult oral capsule</i>	Phillips Colon Health	OTC
<i>probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>px stomach relief max st oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>px stomach relief oral suspension</i>	Pepto-Bismol	OTC
<i>px stomach relief oral tablet chewable</i>	Soothe	OTC
<i>qc diarrhea relief oral suspension</i>	Pepto-Bismol	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc pink bismuth oral suspension</i>	Pepto-Bismol	OTC
<i>qc pink bismuth oral tablet chewable</i>	Soothe	OTC
<i>ra k-pec oral suspension</i>	Pepto-Bismol	OTC
<i>ra pink bismuth oral tablet</i>	Pepto-Bismol	OTC
<i>ra pink bismuth oral tablet chewable</i>	Soothe	OTC
<i>ra stomach relief max st oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>ra stomach relief oral suspension</i>	Pepto-Bismol	OTC
<i>ra stomach relief oral tablet chewable</i>	Soothe	OTC
<i>sb bismuth maximum strength oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>sb bismuth oral suspension</i>	Pepto-Bismol	OTC
<i>sb bismuth oral tablet</i>	Pepto-Bismol	OTC
<i>sm stomach relief max st oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>sm stomach relief oral suspension 262 mg/15ml, 527 mg/30ml</i>	Pepto-Bismol	OTC
<i>sm stomach relief oral tablet</i>	Pepto-Bismol	OTC
<i>sm stomach relief oral tablet chewable</i>	Soothe	OTC
<i>stomach relief max st oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>stomach relief oral suspension 262 mg/15ml, 527 mg/30ml</i>	Pepto-Bismol	OTC
<i>stomach relief oral tablet chewable</i>	Soothe	OTC
<i>stomach relief plus oral suspension</i>	Pepto-Bismol Max Strength	OTC
<i>super probiotic digestive oral capsule</i>	Phillips Colon Health	OTC
<i>super probiotic oral capsule</i>	Phillips Colon Health	OTC
<i>tgt stomach relief oral tablet</i>	Pepto-Bismol	OTC
<i>triple probiotic oral tablet</i>	Provella	OTC
<b>BIOGAIA ORAL TABLET CHEWABLE</b>		OTC
<b>BIOGAIA PROBIOTIC ORAL</b>		OTC
<b>BIOGAIA PROBIOTIC ORAL LIQUID†</b>		OTC
<b>KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION</b>	Stomach Relief Max St	OTC
<b>KAOPECTATE ORAL SUSPENSION</b>	CVS Stomach Relief	OTC
<b>KAO-TIN ORAL SUSPENSION</b>	Pepto-Bismol	OTC
<b>SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION</b>	Stomach Relief Max St	OTC
<b>SOOTHE ORAL SUSPENSION</b>	CVS Stomach Relief	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
SOOTHE ORAL TABLET	CVS Bismuth	OTC
SOOTHE ORAL TABLET CHEWABLE	QC Pink Bismuth	OTC
<b>*Antidiarrheal Combinations***</b>		
BIOGAIA PROTECTIS/VITAMIN D ORAL LIQUID†		OTC
<b>*Antiperistaltic Agents***</b>		
<i>anti-diarrheal oral capsule</i>	Imodium A-D	OTC
<i>anti-diarrheal oral liquid†</i>		OTC
<i>anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>cvs anti-diarrheal oral capsule</i>	Imodium A-D	OTC
<i>cvs anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>cvs loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>diamode oral tablet</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine oral liquid†</i>		
<i>diphenoxylate-atropine oral tablet</i>	Lonox	
<i>eq anti-diarrheal oral capsule</i>	Imodium A-D	OTC
<i>eq anti-diarrheal oral liquid†</i>		OTC
<i>eq anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>eq loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>eql anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>eql loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>gnp anti-diarrheal oral capsule</i>	Imodium A-D	OTC
<i>gnp anti-diarrheal oral liquid†</i>		OTC
<i>gnp anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>gnp loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>hm anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>hm loperamide hcl oral capsule</i>	Imodium A-D	OTC
<i>hm loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>kls anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>loperamide hcl oral capsule</i>	Imodium A-D	
<i>loperamide hcl oral liquid†</i>		OTC
<i>loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>loperamide hcl powder</i>		
<i>meijer anti-diarrheal oral liquid†</i>		OTC
<i>meijer anti-diarrheal oral tablet</i>	Imodium A-D	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>px anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>qc anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>ra anti-diarrheal oral capsule</i>	Imodium A-D	OTC
<i>ra anti-diarrheal oral liquid†</i>		OTC
<i>ra anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>ra loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>sb anti-diarrhea oral tablet</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral capsule</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral liquid†</i>		OTC
<i>sm anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>sm loperamide hcl oral suspension</i>	Imodium A-D	OTC
<i>tgt anti-diarrheal oral tablet</i>	Imodium A-D	OTC
<i>tgt loperamide hcl oral capsule</i>	Imodium A-D	OTC
<b>LOPERAMIDE A-D ORAL TABLET</b>	QC Anti-Diarrheal	OTC
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*Antidotes And Specific Antagonists***</b>		
<i>sm ipecac syrup oral syrup</i>		OTC
<b>*ANTIDOTES*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<b>CHEMET ORAL CAPSULE</b>		
<b>*Antidotes***</b>		
<i>sm ipecac syrup oral syrup</i>		OTC
<b>*Opioid Antagonists***</b>		
<i>naltrexone hcl oral tablet</i>	Depade	
<b>EVZIO INJECTION 0.4 MG/0.4ML</b>		
<b>NARCAN NASAL LIQUID†</b>		
<b>VIVITROL INTRAMUSCULAR* SUSPENSION RECONSTITUTED</b>		QLL (1 EA per 30 days)
<b>*ANTIEMETICS*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<i>granisetron hcl oral tablet</i>		PA
<i>ondansetron hcl oral solution</i>	Zofran	PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ondansetron hcl oral tablet</i>	Zofran	
<i>ondansetron oral tablet dispersible</i>	Zofran ODT	
<b>*Antiemetic Combinations***</b>		
<i>anti-nausea oral solution</i>	Emetrol	OTC
<i>anti-nausea/rekematom oral solution</i>	Emetrol	OTC
<i>cvs nausea relief oral liquid†</i>	Emetrol	OTC
<i>eq anti-nausea oral solution</i>	Emetrol	OTC
<i>eql anti-nausea oral solution</i>	Emetrol	OTC
<i>formula em oral solution</i>	Emetrol	OTC
<i>gnp anti-nausea oral solution</i>	Emetrol	OTC
<i>hm anti-nausea oral solution</i>	Emetrol	OTC
<i>nausatrol oral solution</i>	Emetrol	OTC
<i>nausea control oral solution</i>	Emetrol	OTC
<i>ra anti-nausea oral solution</i>	Emetrol	OTC
<i>sb anti-nausea oral solution</i>	Emetrol	OTC
<i>sm anti-nausea oral solution</i>	Emetrol	OTC
<b>LITTLE TUMMYS NAUSEA RELIEF ORAL SOLUTION</b>	EQL Anti-Nausea	OTC
<b>*Antiemetics - Anticholinergic***</b>		
<i>cvs motion sickness ii oral tablet</i>	Medi-Meclizine	OTC
<i>cvs motion sickness oral tablet</i>	Triptone	OTC
<i>cvs motion sickness relief oral tablet chewable</i>		OTC
<i>eq motion sickness relief oral tablet</i>	Medi-Meclizine	OTC
<i>gnp motion sickness relief oral tablet 25 mg</i>	Medi-Meclizine	OTC
<i>hm motion relief oral tablet</i>	Medi-Meclizine	OTC
<i>motion sickness relief oral tablet chewable</i>		OTC
<i>motion-time oral tablet chewable</i>		OTC
<i>ra motion sickness relief oral tablet 25 mg</i>	Medi-Meclizine	OTC
<i>ra motion sickness relief oral tablet chewable</i>		OTC
<i>sm motion sickness oral tablet</i>	Medi-Meclizine	OTC
<i>travel sickness oral tablet chewable</i>		OTC
<i>trav-tabs oral tablet</i>	Triptone	OTC
<b>DRAMAMINE LESS DROWSY ORAL TABLET</b>	Meclizine HCl	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
WAL-DRAM II ORAL TABLET	Meclizine HCl	OTC
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
EMEND ORAL CAPSULE	Aprepitant	QLL (6 EA per 30 days)
<b>*ANTIFUNGALS*</b>		
<b>*Antifungals***</b>		
<i>bio-statin oral powder</i>		
<i>griseofulvin microsize oral suspension</i>		
<i>griseofulvin microsize oral tablet</i>	Grifulvin V	
<i>griseofulvin ultramicrosize oral tablet</i>	Gris-PEG	
<i>nystatin oral powder</i>		
<i>nystatin oral tablet</i>		
<i>terbinafine hcl oral tablet</i>	LamISIL	QLL (84 Tablets per 365 days)
<b>*Imidazoles***</b>		
<i>ketoconazole oral tablet</i>		
<b>*Triazoles***</b>		
<i>fluconazole oral suspension reconstituted</i>	Diflucan	
<i>fluconazole oral tablet</i>	Diflucan	
<i>itraconazole oral capsule</i>	Sporanox Pulsepak	
SPORANOX ORAL SOLUTION		ST
<b>*ANTIHISTAMINES*</b>		
<b>*Antihistamines - Alkylamines***</b>		
<i>aller-chlor oral syrup</i>	Chlor-Trimeton	OTC
<i>aller-chlor oral tablet</i>	Chlor-Trimeton	OTC
<i>allergy 4 hour oral tablet</i>	Chlor-Trimeton	OTC
<i>allergy oral tablet 4 mg</i>	Chlor-Trimeton	OTC
<i>allergy oral tablet extendedrelease*</i>	Chlor-Trimeton Allergy	OTC
<i>allergy relief oral tablet 4 mg</i>	Chlor-Trimeton	OTC
<i>allergy-time oral tablet</i>	Chlor-Trimeton	OTC
<i>brompheniramine maleate powder</i>		
<i>brompheniramine tannate oral tablet chewable</i>		
<i>chlorhist oral tablet</i>	Chlor-Trimeton	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>chlorpheniramine maleate er oral tablet extendedrelease*</i>	Chlor-Trimeton Allergy	OTC
<i>chlorpheniramine maleate oral tablet</i>	Chlor-Trimeton	OTC
<i>chlorpheniramine maleate powder</i>		
<i>cvs allergy relief oral tablet 4 mg</i>	Chlor-Trimeton	OTC
<i>cvs allergy relief oral tablet extendedrelease*</i>	Chlor-Trimeton Allergy	OTC
<i>ed chlorped jr oral syrup</i>	Chlor-Trimeton	OTC
<i>ed-chlortan oral tablet</i>	Chlor-Trimeton	OTC
<i>eq chlortabs oral tablet</i>	Chlor-Trimeton	OTC
<i>gnp allergy oral tablet 4 mg</i>	Chlor-Trimeton	OTC
<i>hm allergy relief oral tablet 4 mg</i>	Chlor-Trimeton	OTC
<i>pharbechlor oral tablet</i>	Chlor-Trimeton	OTC
<i>qc chlor-pheniramine oral tablet</i>	Chlor-Trimeton	OTC
<i>ra chlorpheniramine maleate oral tablet</i>	Chlor-Trimeton	OTC
<i>sb chlorpheniramine oral tablet</i>	Chlor-Trimeton	OTC
<i>sm allergy 4 hour oral tablet</i>	Chlor-Trimeton	OTC
<b>ALA-HIST IR ORAL TABLET</b>		OTC
<b>DIABETIC TUSSIN ALLERGY ORAL SYRUP</b>	Ed Chlorped Jr	OTC
<b>WAL-FINATE ORAL TABLET</b>	Chlorpheniramine Maleate	OTC
<b>*Antihistamines - Ethanolamines***</b>		
<i>aler-cap oral capsule</i>	Benadryl	OTC
<i>alertab oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>allergy childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>allergy medication childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>allergy medication oral capsule</i>	Benadryl	OTC
<i>allergy medication oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>allergy oral capsule</i>	Benadryl	OTC
<i>allergy oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>allergy relief childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Wal-Dryl Allergy Rel Childrens	OTC
<i>allergy relief oral capsule</i>	Benadryl	OTC
<i>allergy relief oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>allerhist-1 oral tablet</i>	Tavist Allergy	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>altaryl oral elixir</i>	Medi-Phedryl	OTC
<i>altaryl oral syrup</i>		OTC
<i>anti-hist allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>carbinoxamine maleate oral solution</i>	Palgic	
<i>carbinoxamine maleate oral tablet</i>	Arbinoxa	
<i>childrens allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tavist Allergy	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>clemastine fumarate powder</i>		
<i>complete allergy medication oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>complete allergy medicine oral capsule</i>	Benadryl	OTC
<i>complete allergy medicine oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>complete allergy relief oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>cvs allergy childrens oral tablet chewable</i>	Benadryl Allergy Childrens	OTC
<i>cvs allergy oral capsule</i>	Benadryl	OTC
<i>cvs allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>cvs allergy oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>cvs childrens allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>cvs dye-free allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>diphen oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>diphenhist oral capsule</i>	Benadryl	OTC
<i>diphenhist oral liquid†</i>	Total Allergy Medicine	OTC
<i>diphenhist oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>diphenhydramine hcl oral capsule</i>	Benadryl	OTC
<i>diphenhydramine hcl oral elixir</i>	Medi-Phedryl	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>diphenhydramine hcl powder</i>		
<i>eq allergy oral capsule</i>	Benadryl	OTC
<i>eq allergy relief childrens oral elixir</i>	Medi-Phedryl	OTC
<i>eq allergy relief childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>eq allergy relief childrens oral tablet dispersible</i>	Wal-Dryl Allergy Rel Childrens	OTC
<i>eq allergy relief oral capsule</i>	Benadryl	OTC
<i>eq allergy relief oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>eq allergy oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql childrens allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>genahist oral capsule</i>	Benadryl	OTC
<i>geri-dryl oral capsule</i>	Benadryl	OTC
<i>geri-dryl oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>gnp allergy oral capsule</i>	Benadryl	OTC
<i>gnp allergy oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>gnp childrens allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>gnp dayhist allergy oral tablet</i>	Tavist Allergy	OTC
<i>hm allergy childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>hm allergy multi symptom oral capsule</i>	Benadryl	OTC
<i>hm allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>kls allergy medicine oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>kp diphenhydramine hcl oral capsule</i>	Banophen	OTC
<i>meijer antihistamine allergy oral capsule</i>	Benadryl	OTC
<i>multi-symptom allergy oral capsule</i>	Benadryl	OTC
<i>ormir oral capsule</i>	Banophen	OTC
<i>pharbedryl oral capsule</i>	Benadryl	OTC
<i>px allergy oral capsule</i>	Benadryl	OTC
<i>px allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>px allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>qc complete allergy medicine oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>q-dryl oral capsule</i>	Benadryl	OTC
<i>q-dryl oral liquid†</i>	Total Allergy Medicine	OTC
<i>ra allergy medication oral capsule</i>	Benadryl	OTC
<i>ra allergy medication oral liquid†</i>	Total Allergy Medicine	OTC
<i>ra allergy medication oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>ra allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>ra allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>ra allergy relief childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>ra allergy relief childrens oral tablet dispersible</i>	Wal-Dryl Allergy Rel Childrens	OTC
<i>ra allergy relief oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>ra complete allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>sb allergy medicine oral liquid†</i>	Total Allergy Medicine	OTC
<i>sb allergy medicine oral tablet</i>	Alka-Seltzer Plus Allergy	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sb allergy oral capsule</i>	Benadryl	OTC
<i>siladryl allergy oral liquid†</i>	Total Allergy Medicine	OTC
<i>silphen cough oral syrup</i>		OTC
<i>sm allergy relief oral capsule</i>	Benadryl	OTC
<i>sm allergy relief oral liquid†</i>	Total Allergy Medicine	OTC
<i>sm allergy relief oral tablet</i>	Tavist Allergy	OTC
<i>tgt allergy childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>tgt allergy melts childrens oral tablet dispersible</i>	Wal-Dryl Allergy Rel Childrens	OTC
<i>tgt allergy relief childrens oral liquid†</i>	Total Allergy Medicine	OTC
<i>tgt allergy relief oral capsule</i>	Benadryl	OTC
<i>tgt allergy relief oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>total allergy oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
<i>wal-hist oral tablet</i>	Tavist Allergy	OTC
<b>ALKA-SELTZER PLUS ALLERGY ORAL TABLET</b>	Allergy	OTC
<b>BANOPHEN ORAL CAPSULE</b>	GNP Allergy	OTC
<b>BANOPHEN ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>BANOPHEN ORAL TABLET</b>	Allergy	OTC
<b>DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET</b>	SM Allergy Relief	OTC
<b>EQ DAYHIST ALLERGY ORAL TABLET</b>	SM Allergy Relief	OTC
<b>MEDI-PHEDRYL ORAL CAPSULE</b>	GNP Allergy	OTC
<b>NARAMIN ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>PEDIACARE CHILDRENS ALLERGY ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>PX DAYHIST ALLERGY ORAL TABLET</b>	SM Allergy Relief	OTC
<b>RA DIPHEDRYL ALLERGY ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>SCOT-TUSSIN ALLERGY RELIEF ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>TOTAL ALLERGY MEDICINE ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>WAL-DRYL ALLERGY ORAL CAPSULE</b>	GNP Allergy	OTC
<b>WAL-DRYL ALLERGY ORAL LIQUID†</b>	TGT Allergy Relief Childrens	OTC
<b>WAL-DRYL ALLERGY ORAL TABLET</b>	Allergy	OTC
<b>WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE</b>	RA Allergy Relief Childrens	OTC
<b>*Antihistamines - Non-Sedating***</b>		
<i>all day allergy childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>all day allergy childrens oral tablet chewable 10 mg</i>	ZyrTEC Childrens Allergy	OTC
<i>all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>allergy oral tablet 10 mg</i>	Claritin	OTC
<i>allergy oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>allergy relief child oral syrup</i>	Claritin	OTC
<i>allergy relief childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>allergy relief childrens oral syrup</i>	Claritin	OTC
<i>allergy relief childrens oral tablet dispersible 10 mg</i>	Wal-itin Allergy Reditabs	OTC
<i>allergy relief for kids oral syrup</i>	Claritin	OTC
<i>allergy relief oral tablet 10 mg</i>	Claritin	OTC
<i>allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>cetirizine hcl allergy child oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>cetirizine hcl childrens alrgy oral syrup 1 mg/ml</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>cetirizine hcl childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>cetirizine hcl hives relief oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>cetirizine hcl oral solution</i>	Wal-Zyr Childrens	QLL (150 ML per 30 days)
<i>cetirizine hcl oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cetirizine hcl oral tablet</i>		OTC
<i>cetirizine hcl oral tablet chewable</i>	ZyrTEC Childrens Allergy	OTC
<i>childrens loratadine oral solution</i>	Claritin	OTC
<i>childrens loratadine oral syrup</i>	Claritin	OTC
<i>cvs allergy relief childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>cvs allergy relief childrens oral suspension</i>	Allegra Allergy Childrens	OTC
<i>cvs allergy relief childrens oral syrup</i>	Claritin	OTC
<i>cvs allergy relief oral capsule</i>	ZyrTEC Allergy	OTC
<i>cvs allergy relief oral tablet 10 mg</i>	Claritin	OTC
<i>cvs allergy relief oral tablet 180 mg, 60 mg</i>	Wal-Fex Allergy	OTC
<i>cvs allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>cvs indoor/outdoor allergy rlf oral tablet</i>	KLS Aller-Tec	OTC
<i>cvs indoor/outdoor allergy rlf oral tablet chewable</i>	ZyrTEC Childrens Allergy	OTC
<i>cvs loratadine oral tablet</i>	Claritin	OTC
<i>eq allergy relief (cetirizine) oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>eq allergy relief (cetirizine) oral tablet</i>	KLS Aller-Tec	OTC
<i>eq allergy relief childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>eq allergy relief childrens oral syrup</i>	Claritin	OTC
<i>eq allergy relief oral tablet 10 mg</i>	Claritin	OTC
<i>eq childrens loratadine oral syrup</i>	Claritin	OTC
<i>eq loratadine oral tablet</i>	Claritin	OTC
<i>eql all day allergy childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>eql all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>eql aller-ease oral tablet</i>	Wal-Fex Allergy	OTC
<i>eql allergy relief oral tablet 10 mg</i>	Claritin	OTC
<i>gnp all day allergy childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>gnp all day allergy childrens oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>gnp all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>gnp allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp loratadine childrens oral syrup</i>	Claritin	OTC
<i>gnp loratadine oral syrup</i>	Claritin	OTC
<i>gnp loratadine oral tablet</i>	Claritin	OTC
<i>goodsense all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>hm all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>hm allergy complete childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>hm allergy relief oral tablet 10 mg</i>	Claritin	OTC
<i>hm allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>hm cetirizine hcl childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>hm loratadine childrens oral syrup</i>	Claritin	OTC
<i>kp cetirizine hcl oral tablet</i>		OTC
<i>kp loratadine oral tablet</i>	Claritin	OTC
<i>loradamed oral tablet</i>	Claritin	OTC
<i>loratadine allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>loratadine childrens oral solution</i>	Claritin	OTC
<i>loratadine childrens oral syrup</i>	Claritin	OTC
<i>loratadine hives relief oral solution</i>	Claritin	OTC
<i>loratadine oral tablet</i>	Claritin	OTC
<i>meijer allergy relief oral tablet</i>	Claritin	OTC
<i>meijer allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>meijer loratadine oral syrup</i>	Claritin	OTC
<i>px allergy relief cetirizine oral tablet</i>	KLS Aller-Tec	OTC
<i>px allergy relief loratadine oral tablet</i>	Claritin	OTC
<i>px allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>px childrens allergy oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>qc all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>qc allergy relief childrens oral syrup 5 mg/5ml</i>	Claritin	OTC
<i>qc allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>qc loratadine allergy relief oral tablet</i>	Claritin	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ra allergy relief childrens oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>ra allergy relief oral tablet 10 mg</i>	KLS Aller-Tec	OTC
<i>ra allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>ra cetirizine childrens oral tablet chewable</i>	ZyrTEC Childrens Allergy	OTC
<i>ra cetirizine hcl child allrgy oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>ra cetirizine oral tablet</i>	KLS Aller-Tec	OTC
<i>ra loratadine childrens oral syrup</i>	Claritin	OTC
<i>ra loratadine oral syrup</i>	Claritin	OTC
<i>ra loratadine oral tablet</i>	Claritin	OTC
<i>ra loratadine oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>sb allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>sb allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>sb cetirizine hcl childrens oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>sb loratadine allergy relief oral tablet</i>	Claritin	OTC
<i>sb loratadine oral syrup</i>	Claritin	OTC
<i>sb loratadine oral tablet</i>	Claritin	OTC
<i>sm all day allergy childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>sm all day allergy oral tablet</i>	KLS Aller-Tec	OTC
<i>sm allergy relief loratadine oral tablet</i>	Claritin	OTC
<i>sm allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>sm childrens loratadine oral syrup</i>	Claritin	OTC
<i>sm loratadine allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>sm loratadine oral syrup</i>	Claritin	OTC
<i>sm loratadine oral tablet</i>	Claritin	OTC
<i>sm loratadine oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>sw allergy relief oral tablet</i>	KLS Aller-Tec	OTC
<i>tgt all day allergy childrens oral solution</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>tgt all day allergy childrens oral syrup</i>	Wal-Zyr Childrens	OTC; QLL (150 ML per 30 days)
<i>tgt all day allergy relief oral tablet</i>	KLS Aller-Tec	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>tgt allergy relief oral tablet 10 mg</i>	Claritin	OTC
<i>tgt allergy relief oral tablet dispersible</i>	Wal-itin Allergy Reditabs	OTC
<i>tgt loratadine childrens oral syrup</i>	Claritin	OTC
<b>ALAVERT ORAL TABLET</b>	Loratadine	OTC
<b>ALAVERT ORAL TABLET DISPERSIBLE</b>	Allergy Relief	OTC
<b>CLARITIN ORAL CAPSULE</b>	Loratadine	OTC
<b>CLARITIN ORAL TABLET</b>	Loratadine	OTC
<b>CLARITIN ORAL TABLET CHEWABLE</b>		OTC
<b>CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG</b>	Allergy Relief	OTC
<b>KLS ALLERCLEAR ORAL TABLET</b>	Loratadine	OTC
<b>KLS ALLER-TEC CHILDRENS ORAL SOLUTION 1 MG/ML</b>	Allergy Relief Childrens	OTC; QLL (150 ML per 30 days)
<b>KLS ALLER-TEC ORAL TABLET</b>	All Day Allergy	OTC
<b>TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE</b>	Allergy Relief	OTC
<b>WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE</b>	Allergy Relief	OTC
<b>WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE</b>	Allergy Relief	OTC
<b>WAL-ITIN ORAL SYRUP</b>	Loratadine Hives Relief	OTC
<b>WAL-ITIN ORAL TABLET</b>	Loratadine	OTC
<b>WAL-VERT ORAL TABLET DISPERSIBLE</b>	Allergy Relief	OTC
<b>WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION</b>	Allergy Relief Childrens	OTC; QLL (150 ML per 30 days)
<b>WAL-ZYR CHILDRENS ORAL SOLUTION</b>	Allergy Relief Childrens	OTC; QLL (150 ML per 30 days)
<b>WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE</b>	Cetirizine HCl	OTC
<b>WAL-ZYR ORAL TABLET</b>	All Day Allergy	OTC
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral solution</i>		
<i>promethazine hcl oral syrup</i>		
<i>promethazine hcl oral tablet</i>		
<i>promethazine hcl suppository</i>	Phenadoz	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral syrup</i>		
<i>cyproheptadine hcl oral tablet</i>		
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light oral packet</i>	Questran Light	
<i>cholestyramine light oral powder</i>	Questran Light	
<i>cholestyramine oral packet</i>	Questran	
<i>cholestyramine oral powder</i>	Questran	
<i>colestipol hcl oral granules</i>	Colestid Flavored	
<i>colestipol hcl oral packet</i>	Colestid	
<i>colestipol hcl oral tablet</i>	Colestid	
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Lofibra	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Lofibra	
<i>fenofibric acid oral capsule delayed release</i>	Trilipix	
<i>gemfibrozil oral tablet</i>	Lopid	QLL (60 EA per 30 days)
<i>gemfibrozil powder</i>		
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet</i>	Lipitor	QLL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hr*</i>	Lescol XL	QLL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule</i>	Lescol	QLL (30 Tablets per 30 days)
<i>lovastatin oral tablet 10 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	Mevacor	QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Mevacor	QLL (60 EA per 30 days)
<i>pravastatin sodium oral tablet</i>		QLL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet</i>	Crestor	PA; QLL (30 EA per 30 days)
<i>simvastatin oral tablet</i>	Zocor	QLL (30 EA per 30 days)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<b>ZETIA ORAL TABLET</b>	Ezetimibe	ST

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTIHYPERTENSIVES*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Lotrel	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>benazepril-hydrochlorothiazide oral tablet</i>		
<i>captopril-hydrochlorothiazide oral tablet</i>		
<i>enalapril-hydrochlorothiazide oral tablet</i>		
<i>fosinopril sodium-hctz oral tablet</i>		
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Zestoretic	
<i>moexipril-hydrochlorothiazide oral tablet</i>	Uniretic	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Accuretic	
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral tablet</i>		
<i>captopril oral tablet</i>		
<i>enalapril maleate oral tablet</i>	Vasotec	
<i>fosinopril sodium oral tablet</i>		
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i>	Zestril	QLL (30 EA per 30 days)
<i>lisinopril oral tablet 40 mg</i>	Zestril	QLL (60 EA per 30 days)
<i>moexipril hcl oral tablet</i>	Univasc	
<i>perindopril erbumine oral tablet</i>		
<i>quinapril hcl oral tablet</i>	Accupril	
<i>ramipril oral capsule</i>	Altace	
<i>trandolapril oral tablet</i>	Mavik	
<b>*Adrenolytics-Central &amp; Thiazide/Thiazide-Like Comb***</b>		
<i>methyldopa-hydrochlorothiazide oral tablet</i>		
<b>*Angiotensin Ii Receptor Antag &amp; Ca Channel Blocker Comb***</b>		
<i>amlodipine besylate-valsartan oral tablet</i>	Exforge	
<b>*Angiotensin Ii Receptor Antag &amp; Thiazide/Thiazide-Like***</b>		
<i>candesartan cilexetil-hctz oral tablet</i>	Atacand HCT	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>losartan potassium-hctz oral tablet</i>	Hyzaar	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Diovan HCT	QLL (60 EA per 30 days)
<b>*Angiotensin II Receptor Antagonists***</b>		
<i>candesartan cilexetil oral tablet</i>	Atacand	
<i>losartan potassium oral tablet</i>	Cozaar	
<i>valsartan oral tablet</i>	Diovan	QLL (60 EA per 30 days)
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>		
<i>amlodipine-valsartan-hctz oral tablet</i>	Exforge HCT	
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine hcl oral tablet</i>	Catapres	
<i>clonidine hcl powder</i>		
<i>clonidine hcl transdermal patch weekly</i>	Catapres-TTS-1	
<i>guanfacine hcl oral tablet</i>	Tenex	
<i>methyldopa oral tablet</i>		
<b>*Antiadrenergics - Peripherally Acting***</b>		
<i>doxazosin mesylate oral tablet</i>	Cardura	QLL (30 EA per 30 days)
<i>prazosin hcl oral capsule</i>	Minipress	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>terazosin hcl oral capsule 10 mg</i>		QLL (60 EA per 30 days)
<b>*Beta Blocker &amp; Diuretic Combinations***</b>		
<i>atenolol-chlorthalidone oral tablet</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Ziac	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Lopressor HCT	
<i>propranolol-hctz oral tablet</i>		
<b>*Reserpine***</b>		
<i>reserpine powder</i>		
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral tablet</i>		
<i>minoxidil oral tablet</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
<i>metronidazole oral capsule</i>	Flagyl	
<i>metronidazole oral tablet</i>	Flagyl	
<i>trimethoprim oral tablet</i>		
<i>trimethoprim powder</i>		
<b>FIRST-VANCOMYCIN 25 ORAL SOLUTION</b>		
<b>FIRST-VANCOMYCIN 50 ORAL SOLUTION</b>		
<b>*Anti-Infective Misc. - Combinations***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<b>SULFATRIM PEDIATRIC ORAL SUSPENSION</b>	Sulfamethoxazole-Trimethoprim	
<b>*Leprostatics***</b>		
<i>dapsone oral tablet</i>		
<b>*Lincosamides***</b>		
<i>clindamycin hcl oral capsule</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Cleocin	
<b>*ANTIMALARIALS*</b>		
<b>*Antimalarials***</b>		
<i>chloroquine phosphate oral tablet</i>		
<i>chloroquine phosphate powder</i>		
<i>hydroxychloroquine sulfate oral tablet</i>	Plaquenil	
<i>mefloquine hcl oral tablet</i>		
<b>DARAPRIM ORAL TABLET</b>		
<b>*ANTIMYASTHENIC AGENTS*</b>		
<b>*Antimyasthenic Agents***</b>		
<i>pyridostigmine bromide oral tablet</i>	Mestinon	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>ethambutol hcl oral tablet</i>	Myambutol	
<i>ethambutol hcl powder</i>		
<i>isoniazid oral syrup</i>		
<i>isoniazid oral tablet</i>		
<i>isoniazid powder</i>		
<i>pyrazinamide oral tablet</i>		
<i>rifabutin oral capsule</i>	Mycobutin	
<i>rifampin oral capsule</i>	Rifadin	
<i>rifampin powder</i>		
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*Alkylating Agents***</b>		
<b>HEXALEN ORAL CAPSULE</b>		
<b>*Antiadrenals***</b>		
<b>LYSODREN ORAL TABLET</b>		
<b>*Antiandrogens***</b>		
<i>bicalutamide oral tablet</i>	Casodex	
<i>flutamide oral capsule</i>		
<i>nilutamide oral tablet</i>	Nilandron	QLL (60 EA per 30 days)
<b>*Antiestrogens***</b>		
<i>tamoxifen citrate oral tablet</i>		
<b>FARESTON ORAL TABLET</b>		
<b>*Antimetabolites***</b>		
<i>capecitabine oral tablet 150 mg</i>	Xeloda	PA; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Xeloda	PA; QLL (154 EA per 21 days)
<i>mercaptopurine oral tablet</i>	Purinethol	
<i>methotrexate oral tablet</i>		
<b>TABLOID ORAL TABLET</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Antineoplastic - Monoclonal Antibodies***</b>		
RITUXAN INTRAVENOUS* SOLUTION		PA
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
NEXAVAR ORAL TABLET		PA; QLL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG		PA
SUTENT ORAL CAPSULE 37.5 MG		PA; QLL (30 EA per 30 days)
SUTENT ORAL CAPSULE 50 MG		PA; QLL (28 EA per 42 Days)
<b>*Antineoplastic - Tyrosine Kinase Inhibitors***</b>		
<i>imatinib mesylate oral tablet</i>	Gleevec	PA
CABOMETYX ORAL TABLET		PA; QLL (30 EA per 30 days)
TARCEVA ORAL TABLET		PA
TASIGNA ORAL CAPSULE		PA; QLL (60 EA per 30 days)
TYKERB ORAL TABLET		PA; QLL (180 EA per 30 Days)
VOTRIENT ORAL TABLET		PA; QLL (120 EA per 30 Days)
<b>*Antineoplastics Misc.***</b>		
<i>hydroxyurea oral capsule</i>	Hydrea	
MATULANE ORAL CAPSULE		
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral tablet</i>	Arimidex	
<i>exemestane oral tablet</i>	Aromasin	
<i>letrozole oral tablet</i>	Femara	
<b>*Estrogens-Antineoplastic***</b>		
EMCYT ORAL CAPSULE		
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral tablet</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Lhrh Analogs***</b>		
ELIGARD SUBCUTANEOUS* KIT 22.5 MG		
ELIGARD SUBCUTANEOUS* KIT 30 MG, 45 MG, 7.5 MG		PA
LUPRON DEPOT INTRAMUSCULAR* KIT		PA
TRELSTAR INTRAMUSCULAR* SUSPENSION RECONSTITUTED		PA
TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED		PA
VANTAS SUBCUTANEOUS* KIT		PA
ZOLADEX SUBCUTANEOUS* IMPLANT		PA
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral capsule</i>		
<b>*Nitrogen Mustards***</b>		
<i>cyclophosphamide oral capsule</i>		
LEUKERAN ORAL TABLET		
<b>*Nitrosoureas***</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Lomustine	
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	Megace Oral	
<i>megestrol acetate oral tablet</i>		
<i>megestrol acetate powder</i>		
<b>*Retinoids***</b>		
<i>tretinoin oral capsule</i>		
<b>*Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene oral capsule</i>	Targretin	
<b>*Urinary Tract Protective Agents***</b>		
MESNEX ORAL TABLET		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTIPARKINSON AGENTS*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate injection solution</i>	Cogentin	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>benztropine mesylate oral tablet</i>		
<i>trihexyphenidyl hcl oral elixir</i>		
<i>trihexyphenidyl hcl oral tablet</i>		
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule</i>		
<i>amantadine hcl oral syrup</i>		
<i>amantadine hcl oral tablet</i>		
<i>bromocriptine mesylate oral capsule</i>	Parlodel	
<i>bromocriptine mesylate oral tablet</i>	Parlodel	
<i>bromocriptine mesylate powder</i>		
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>selegiline hcl oral capsule</i>	Eldepryl	
<i>selegiline hcl oral tablet</i>		
<i>selegiline hcl powder</i>		
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release* 25-100 mg, 50-200 mg</i>	Sinemet CR	
<i>carbidopa-levodopa oral tablet</i>	Sinemet	
<i>carbidopa-levodopa oral tablet dispersible</i>	Parcopa	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Stalevo 50	PA; QLL (270 EA per 30 days)
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
<i>pramipexole dihydrochloride oral tablet</i>	Mirapex	
<i>ropinirole hcl oral tablet</i>	Requip	QLL (90 EA per 30 days)
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone oral tablet</i>	Comtan	PA; QLL (120 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er oral tablet extended release*</i>	Lithobid	
<i>lithium carbonate oral capsule</i>		
<i>lithium carbonate oral tablet</i>		
<i>lithium carbonate powder</i>		
<i>lithium oral solution</i>		
<b>*Antipsychotics - Misc.***</b>		
<i>ziprasidone hcl oral capsule</i>	Geodon	ST
<b>LATUDA ORAL TABLET</b>		PA
<b>*Benzisoxazoles***</b>		
<i>risperidone oral solution</i>	RisperDAL	
<i>risperidone oral tablet</i>	RisperDAL	QLL (60 Tablets per 30 days)
<i>risperidone oral tablet dispersible</i>		ST; QLL (60 Tablets per 30 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION</b>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
<b>INVEGA TRINZA INTRAMUSCULAR* SUSPENSION</b>		PA
<b>RISPERDAL CONSTA INTRAMUSCULAR* SUSPENSION RECONSTITUTED</b>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (1 EA per 14 days)
<b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE</b>	RisperiDONE	ST; QLL (60 Tablets per 30 days)
<b>*Butyrophenones***</b>		
<i>haloperidol decanoate intramuscular* solution</i>	Haldol Decanoate	
<i>haloperidol lactate injection solution</i>	Haldol	PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 ML per 34 days)
<i>haloperidol oral tablet</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet</i>	Clozaril	
<b>*Dibenzo-Oxepino Pyrroles***</b>		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL		PA
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 400 mg, 50 mg</i>	SEROquel	QLL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	SEROquel	QLL (60 EA per 30 days)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral capsule</i>	Loxitane	
<b>*Phenothiazines***</b>		
<i>chlorpromazine hcl injection solution 25 mg/ml</i>		PA; * (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA); QLL (3 Ampules per 34 days)
<i>chlorpromazine hcl oral tablet</i>		
<i>chlorpromazine hcl powder</i>		
<i>fluphenazine decanoate injection solution</i>		
<i>fluphenazine hcl injection solution</i>		PA; QLL (1 Vial per 34 days)
<i>fluphenazine hcl oral concentrate</i>		* (COVERED FOR LTC RESIDENTS; ALL OTHERS REQUIRE PA)
<i>fluphenazine hcl oral elixir</i>		
<i>fluphenazine hcl oral tablet</i>		
<i>perphenazine oral tablet</i>		
<i>prochlorperazine maleate oral tablet</i>	Compazine	
<i>prochlorperazine maleate powder</i>		
<i>prochlorperazine suppository</i>	Compro	
<i>thioridazine hcl oral tablet</i>		
<i>trifluoperazine hcl oral tablet</i>		
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral tablet</i>	ZyPREXA	
<i>olanzapine oral tablet dispersible</i>	ZyPREXA Zydis	PA
<b>*Thioxanthenes***</b>		
<i>thiothixene oral capsule</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*Antiseptic Combinations***</b>		
<i>iv prep wipes external pad</i>	Uni-Solve Wipes	OTC
<b>MICROCLENS WIPES EXTERNAL PAD</b>	IV Prep Wipes	OTC
<b>UNI-SOLVE EXTERNAL PAD</b>	IV Prep Wipes	OTC
<b>UNI-SOLVE WIPES EXTERNAL PAD</b>	IV Prep Wipes	OTC
<b>*Antiseptics &amp; Disinfectants***</b>		
<i>cvs hydrogen peroxide external solution</i>		OTC
<i>eql hydrogen peroxide external solution</i>		OTC
<i>hydrogen peroxide external solution</i>		OTC
<b>*Chlorine Antiseptic Combinations***</b>		
<i>dakins (1/4 strength) external solution</i>	H-Chlor 12	OTC
<b>*Chlorine Antiseptics***</b>		
<i>chlorhexidine gluconate solution 20 %</i>		
<i>cvs antiseptic skin cleanser external solution</i>		OTC
<b>CURECHROME EXTERNAL SOLUTION</b>		OTC
<b>*Iodine Antiseptics***</b>		
<i>cvs povidone-iodine external solution</i>	GRX Dyne	OTC
<i>eq povidone-iodine external solution</i>	GRX Dyne	OTC
<i>iodine external tincture 2 %</i>		OTC
<i>iodine tincture external tincture 2 %</i>		OTC
<i>povidone-iodine external solution 10 %</i>	GRX Dyne	OTC
<b>*ANTIVIRALS*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine oral tablet</i>	Epzicom	PA; QLL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Trizivir	PA
<i>lamivudine-zidovudine oral tablet</i>	Combivir	PA
<b>ATRIPLA ORAL TABLET</b>		PA
<b>COMPLERA ORAL TABLET</b>		PA
<b>DESCOVY ORAL TABLET</b>		PA; QLL (30 EA per 30 days)
<b>GENVOYA ORAL TABLET</b>		PA; QLL (30 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>KALETRA ORAL SOLUTION</b>		PA
<b>KALETRA ORAL TABLET</b>		PA
<b>STRIBILD ORAL TABLET</b>		PA; QLL (30 EA per 30 days)
<b>TRIUMEQ ORAL TABLET</b>		PA
<b>TRUVADA ORAL TABLET</b>		PA; QLL (30 EA per 30 days)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
<b>SELZENTRY ORAL TABLET</b>		PA
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
<b>FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED</b>		PA
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
<b>ISENTRESS ORAL TABLET</b>		PA; QLL (120 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE</b>		PA; QLL (180 EA per 30 days)
<b>TIVICAY ORAL TABLET</b>		PA; QLL (60 EA per 30 days)
<b>VITEKTA ORAL TABLET</b>		PA
<b>*Antiretrovirals - Protease Inhibitors***</b>		
<b>APTIVUS ORAL CAPSULE</b>		PA
<b>APTIVUS ORAL SOLUTION</b>		PA
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>		PA
<b>INVIRASE ORAL CAPSULE</b>		PA
<b>INVIRASE ORAL TABLET</b>		PA
<b>LEXIVA ORAL SUSPENSION</b>		PA
<b>LEXIVA ORAL TABLET</b>		PA
<b>NORVIR ORAL CAPSULE</b>		PA
<b>NORVIR ORAL SOLUTION</b>		PA
<b>NORVIR ORAL TABLET</b>		PA
<b>PREZISTA ORAL SUSPENSION</b>		PA
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>		PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>		PA
<b>VIRACEPT ORAL TABLET</b>		PA
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
<i>nevirapine er oral tablet extended release 24 hr* 400 mg</i>	Viramune XR	PA
<i>nevirapine oral suspension</i>	Viramune	PA
<i>nevirapine oral tablet</i>	Viramune	PA
<b>EDURANT ORAL TABLET</b>		PA
<b>INTELENCE ORAL TABLET</b>		PA
<b>RESCRIPTOR ORAL TABLET</b>		PA
<b>SUSTIVA ORAL CAPSULE</b>		PA
<b>SUSTIVA ORAL TABLET</b>		PA
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral tablet</i>	Ziagen	PA
<i>didanosine oral capsule delayed release</i>	Videx EC	PA
<b>VIDEX ORAL SOLUTION RECONSTITUTED</b>		PA
<b>ZIAGEN ORAL SOLUTION</b>		PA
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>lamivudine oral solution</i>	Epivir	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Epivir	PA
<b>EMTRIVA ORAL CAPSULE</b>		PA
<b>EMTRIVA ORAL SOLUTION</b>		PA
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>stavudine oral capsule</i>	Zerit	PA
<i>stavudine oral solution reconstituted</i>	Zerit	PA
<i>zidovudine oral capsule</i>	Retrovir	PA
<i>zidovudine oral syrup</i>	Retrovir	PA
<i>zidovudine oral tablet</i>	Retrovir	PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
VIREAD ORAL POWDER		PA
VIREAD ORAL TABLET		PA; QLL (30 EA per 30 days)
<b>*Hepatitis B Agents***</b>		
<i>entecavir oral tablet</i>	Baraclude	QLL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Epivir HBV	PA; QLL (30 EA per 30 days)
BARACLUDGE ORAL SOLUTION		
EPIVIR HBV ORAL SOLUTION		QLL (300 ML per 30 days)
<b>*Hepatitis C Agents***</b>		
<i>ribavirin oral capsule</i>	Rebetol	ST
<i>ribavirin oral tablet 200 mg</i>	Copegus	ST
MODERIBA 1200 DOSE PACK ORAL TABLET		ST
MODERIBA 800 DOSE PACK ORAL TABLET		ST
MODERIBA ORAL		ST
MODERIBA ORAL TABLET	Ribavirin	ST
PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION		PA
PEGASYS SUBCUTANEOUS* SOLUTION		PA
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML		PA
PEG-INTRON REDIPEN SUBCUTANEOUS* KIT		PA
PEGINTRON SUBCUTANEOUS* KIT		PA
REBETOL ORAL SOLUTION		ST
RIBASPHERE ORAL CAPSULE	Ribavirin	ST
RIBASPHERE ORAL TABLET	Ribavirin	ST
RIBASPHERE RIBAPAK ORAL TABLET		ST
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral capsule</i>	Zovirax	QLL (90 EA per 30 days)
<i>acyclovir oral suspension</i>	Zovirax	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>acyclovir oral tablet</i>	Zovirax	QLL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	QLL (30 Tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	QLL (60 Tablets per 30 days)
<b>*Herpes Agents - Thymidine Analogues***</b>		
<i>famciclovir oral tablet</i>	Famvir	
<b>*Influenza Agents***</b>		
<i>rimantadine hcl oral tablet</i>	Flumadine	QLL (7 Tablets per 30 days)
<b>*Neuraminidase Inhibitors***</b>		
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED</b>		QLL (20 Inhalations Max Qty Per Fill Retail)
<b>TAMIFLU ORAL CAPSULE 30 MG</b>	Oseltamivir Phosphate	QLL (20 EA Max Qty Per Fill Retail)
<b>TAMIFLU ORAL CAPSULE 45 MG</b>	Oseltamivir Phosphate	QLL (10 EA Max Qty Per Fill Retail)
<b>TAMIFLU ORAL CAPSULE 75 MG</b>	Oseltamivir Phosphate	QLL (10 Capsules Max Qty Per Fill Retail)
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>		QLL (180 ML per 30 days)
<b>*ASSORTED CLASSES*</b>		
<b>*Antileptotics***</b>		
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>		PA; QLL (30 EA per 30 Days)
<b>THALOMID ORAL CAPSULE 150 MG, 200 MG</b>		PA; QLL (60 EA per 30 Days)
<b>*Chelating Agents***</b>		
<i>penicillamine powder</i>		
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>		
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified oral capsule</i>	Gengraf	
<i>cyclosporine modified oral solution</i>	Gengraf	
<i>cyclosporine oral capsule</i>	SandIMMUNE	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	CycloSPORINE Modified	
<b>GENGRAF ORAL SOLUTION</b>	CycloSPORINE Modified	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Enzymes***</b>		
<i>papaya oral tablet</i>		OTC
<b>*Homeopathic Products***</b>		
<i>cvs cold remedy oral tablet dispersible</i>	Coldcalm	OTC
<i>cvs ear pain relief otic solution</i>	Similasan Earache Relief Child	OTC
<i>cvs flu relief oral pellet</i>	Flu Relief	OTC
<i>cvs irritated eye ophthalmic solution</i>	Similasan Cataract Care	OTC
<i>cvs leg cramps pain relief oral tablet</i>	Humphreys Delayed Menses #11	OTC
<i>cvs nerve pain relief external ointment</i>	Arnicare Arnica	OTC
<i>zinc mouth/throat lozenge</i>		OTC
<b>EARACHE DROPS OTIC SOLUTION</b>	Earache Relief	OTC
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<b>REVLIMID ORAL CAPSULE</b>		PA; QLL (30 EA per 30 days)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral capsule</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted</i>	CellCept	
<i>mycophenolate mofetil oral tablet</i>	CellCept	
<b>*Macrolide Immunosuppressants***</b>		
<i>sirolimus oral tablet</i>	Rapamune	
<i>tacrolimus oral capsule</i>	Hecoria	
<b>RAPAMUNE ORAL SOLUTION</b>		
<b>*Misc Natural Products***</b>		
<i>acai+superfruit/green tea oral tablet</i>	R.N.A. - 180	OTC
<i>advanced joint relief oral capsule</i>	Tart Cherry Advanced	OTC
<i>cholesterol relief oral capsule</i>	Tart Cherry Advanced	OTC
<i>cvs glucos-chondroit-msm ts oral tablet</i>	R.N.A. - 180	OTC
<i>eczema &amp; psoriasis spray oral liquid†</i>	Deep Sleep	OTC
<i>eql glucosamine chondroitin oral tablet</i>	R.N.A. - 180	OTC
<i>glucosamine chond complex/msm oral tablet</i>	R.N.A. - 180	OTC
<i>glucosamine chondroitin complx oral tablet</i>	R.N.A. - 180	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>glucosamine-chondroitin ds oral tablet</i>	R.N.A. - 180	OTC
<i>glucos-chondroitin-msm complex oral tablet</i>	R.N.A. - 180	OTC
<i>gnp glucosamine chondroitin ds oral tablet</i>	R.N.A. - 180	OTC
<i>gnp glucosamine chondroitin ds oral tablet</i>	R.N.A. - 180	OTC
<i>gnp glucosamine chondroitin oral tablet</i>	R.N.A. - 180	OTC
<i>gnp glucosamine complex oral tablet</i>	R.N.A. - 180	OTC
<i>green tea oral tablet</i>	R.N.A. - 180	OTC
<i>hm estroplus oral tablet</i>	R.N.A. - 180	OTC
<i>hm glucosamine chondroitin oral tablet</i>	R.N.A. - 180	OTC
<i>hm saw palmetto complex oral capsule</i>	Tart Cherry Advanced	OTC
<i>joint support oral capsule</i>	Tart Cherry Advanced	OTC
<i>pau d arco oral capsule 500 mg</i>	Tart Cherry Advanced	OTC
<i>red wine extract oral capsule</i>	Tart Cherry Advanced	OTC
<i>resveratrol diet oral capsule</i>	Tart Cherry Advanced	OTC
<i>super-d3+ oral capsule</i>	Tart Cherry Advanced	OTC
<i>tgt glucosamine chondr complex oral tablet</i>	R.N.A. - 180	OTC
<i>total body cleanse oral tablet</i>	R.N.A. - 180	OTC
<i>vertigox external oil</i>		OTC
<b>ESTROVEN + ENERGY MAX STRENGTH ORAL TABLET</b>	Blood Sugar Balance	OTC
<b>HOT FLASHEX ORAL TABLET</b>	Blood Sugar Balance	OTC
<b>LYDIA PINKHAM ORAL LIQUID†</b>	Chelidonium Compound	OTC
<b>LYDIA PINKHAM ORAL TABLET</b>	Blood Sugar Balance	OTC
<b>TART CHERRY ADVANCED ORAL CAPSULE</b>	Adrenal	OTC
<b>*Potassium Removing Resins***</b>		
<i>sodium polystyrene sulfonate oral powder</i>	Kayexalate	
<i>sodium polystyrene sulfonate oral suspension</i>	SPS	
<b>KIONEX ORAL POWDER</b>	Kalexate	
<b>KIONEX ORAL SUSPENSION</b>	Sodium Polystyrene Sulfonate	
<b>SPS ORAL SUSPENSION</b>	Sodium Polystyrene Sulfonate	
<b>*Purine Analogs***</b>		
<i>azathioprine oral tablet</i>	Imuran	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>azathioprine powder</i>		
<b>*BETA BLOCKERS*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol oral tablet</i>	Coreg	
<i>labetalol hcl oral tablet</i>	Trandate	
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral capsule</i>	Sectral	
<i>acebutolol hcl powder</i>		
<i>atenolol oral tablet</i>	Tenormin	
<i>atenolol powder</i>		
<i>betaxolol hcl oral tablet</i>	Kerlone	
<i>bisoprolol fumarate oral tablet</i>	Zebeta	
<i>metoprolol succinate er oral tablet extended release 24 hr*</i>	Toprol XL	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
<i>metoprolol tartrate powder</i>		
<b>*Beta Blockers Non-Selective***</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Corgard	
<i>nadolol powder</i>		
<i>pindolol oral tablet</i>		
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Inderal LA	
<i>propranolol hcl oral solution 40 mg/5ml</i>		
<i>propranolol hcl oral tablet</i>		
<i>propranolol hcl powder</i>		
<i>sotalol hcl (af) oral tablet</i>	Betapace AF	
<i>sotalol hcl oral tablet</i>	Sorine	
<i>timolol maleate oral tablet</i>		
<i>timolol maleate powder</i>		
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg</i>	Norvasc	QLL (120 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>amlodipine besylate oral tablet 5 mg</i>	Norvasc	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tiazac	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hr*</i>	Matzim LA	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>		QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Dilacor XR	QLL (60 EA per 30 days)
<i>diltiazem hcl oral tablet</i>	Cardizem	QLL (120 EA per 30 days)
<i>dilt-xr oral capsule extended release 24 hour</i>		QLL (60 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hr*</i>		
<i>isradipine oral capsule</i>		
<i>nicardipine hcl oral capsule</i>		
<i>nifedipine er oral tablet extended release 24 hr*</i>	Nifediac CC	QLL (90 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hr*</i>	Nifedical XL	QLL (90 EA per 30 days)
<i>nifedipine oral capsule</i>	Procardia	
<i>nifedipine powder</i>		
<i>nimodipine oral capsule</i>	Nimotop	
<i>nisoldipine er oral tablet extended release 24 hr* 20 mg, 30 mg, 40 mg</i>		QLL (60 Tablets per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	QLL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release* 120 mg, 180 mg, 240 mg</i>	Calan SR	QLL (60 EA per 30 days)
<i>verapamil hcl oral tablet</i>		QLL (120 EA per 30 days)
<i>verapamil hcl powder</i>		
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Diltiazem HCl ER Coated Beads	QLL (60 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HR* 60 MG</b>	NIFEdipine ER Osmotic	QLL (90 EA per 30 days)
<b>*CARDIOTONICS*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digoxin oral solution</i>		
<i>digoxin oral tablet</i>	Lanoxin	
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG</b>	Digoxin	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*Peripheral Vasodilators***</b>		
<i>niacin flush free oral capsule 500 mg</i>		OTC
<i>no flush niacin oral tablet</i>		OTC
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>sildenafil citrate oral tablet</i>	Revatio	PA; QLL (90 EA per 30 days)
<b>ADCIRCA ORAL TABLET</b>		PA; QLL (60 EA per 30 days)
<b>*CEPHALOSPORINS*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil oral capsule</i>		
<i>cefadroxil oral suspension reconstituted</i>		
<i>cefadroxil oral tablet</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Keflex	
<i>cephalexin oral suspension reconstituted</i>		
<i>cephalexin oral tablet</i>		
<b>*Cephalosporins - 2Nd Generation***</b>		
<i>cefaclor er oral tablet extended release 12 hr*</i>		
<i>cefaclor oral capsule</i>		
<i>cefprozil oral suspension reconstituted</i>		
<i>cefprozil oral tablet</i>		
<i>cefuroxime axetil oral tablet</i>	Ceftin	
<b>*Cephalosporins - 3Rd Generation***</b>		
<i>cefdinir oral capsule</i>		
<i>cefdinir oral suspension reconstituted</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cefixime oral suspension reconstituted</i>	Suprax	
<i>cefpodoxime proxetil oral suspension reconstituted</i>		
<i>cefpodoxime proxetil oral tablet</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 500 mg</i>	Rocephin	QLL (2 Grams Max Qty Per Fill Retail)
<i>ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg</i>		QLL (2 Grams Max Qty Per Fill Retail)
<i>ceftriaxone sodium intravenous* solution reconstituted 1 gm, 2 gm</i>		QLL (2 Grams Max Qty Per Fill Retail)
<b>*CHEMICALS*</b>		
<b>*Bulk Chemicals - Be's***</b>		
<i>bethanechol chloride powder</i>		
<b>*Bulk Chemicals - Bu's***</b>		
<i>bupropion hcl powder</i>		
<b>*Bulk Chemicals - Cy's***</b>		
<i>cyclobenzaprine hcl powder</i>		
<b>*Bulk Chemicals - Gl's***</b>		
<i>glycopyrrolate powder</i>		
<b>*Bulk Chemicals - Hy's***</b>		
<i>hydroxyprogesterone caproate powder</i>		
<b>*Bulk Chemicals - Le's***</b>		
<i>leflunomide powder</i>		
<b>*Bulk Chemicals - Ox's***</b>		
<i>oxybutynin chloride powder</i>		
<b>*Bulk Chemicals - Pa's***</b>		
<i>paromomycin sulfate powder</i>		
<b>*Bulk Chemicals - Te's***</b>		
<i>testosterone cypionate powder</i>		
<b>*Fixed Oils***</b>		
<i>cvs castor oil oil</i>		OTC
<i>sweet oil oil</i>		OTC
<b>*Liquids***</b>		
<i>chlorhexidine gluconate solution</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>glycerin liquid†</i>		OTC
<i>glycerol formal liquid†</i>		OTC
<b>*Solids***</b>		
<i>pilocarpine hcl powder</i>		
<b>*Solvents***</b>		
<i>cvs ethyl alcohol solution</i>		OTC
<i>cvs isopropyl alcohol solution</i>		OTC
<i>cvs isopropyl rubbing alcohol solution</i>		OTC
<i>cvs rubbing alcohol solution</i>		OTC
<i>eql ethyl alcohol (rubbing) solution</i>		OTC
<i>eql isopropyl alcohol solution</i>		OTC
<i>eql isopropyl rubbing alcohol solution</i>		OTC
<i>ethyl alcohol (rubbing) solution</i>		OTC
<i>isopropyl alcohol (rubbing) solution</i>		OTC
<b>*CONTRACEPTIVES*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Kariva	
<i>viorele oral tablet</i>	Kariva	
<b>AZURETTE ORAL TABLET</b>	Viorele	
<b>KARIVA ORAL TABLET</b>	Viorele	
<b>NECON 10/11 (28) ORAL TABLET</b>		
<b>PIMTREA ORAL TABLET</b>	Viorele	
<b>*Combination Contraceptives - Oral***</b>		
<i>alyacen 1/35 oral tablet</i>	Necon 1/35 (28)	
<i>briellyn oral tablet</i>	Philith	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Reclipsen	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Lessina-28	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Kurvelo	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>marlissa oral tablet</i>	Kurvelo	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Microgestin FE 1/20	
<i>norethindrone acet-ethinyl est oral tablet</i>	Gildess 1/20	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Mono-Linyah	
<b>ALTAVERA ORAL TABLET</b>	Marlissa	
<b>APRI ORAL TABLET</b>	Desogestrel-Ethinyl Estradiol	
<b>AUBRA ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>AVIANE ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>BALZIVA ORAL TABLET</b>	Briellyn	
<b>CHATEAL ORAL TABLET</b>	Marlissa	
<b>CRYSELLE-28 ORAL TABLET</b>		
<b>CYCLAFEM 1/35 ORAL TABLET</b>	Alyacen 1/35	
<b>DASETTA 1/35 ORAL TABLET</b>	Alyacen 1/35	
<b>DELYLA ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>ELINEST ORAL TABLET</b>		
<b>EMOQUETTE ORAL TABLET</b>	Desogestrel-Ethinyl Estradiol	
<b>ENSKYCE ORAL TABLET</b>	Desogestrel-Ethinyl Estradiol	
<b>ESTARYLLA ORAL TABLET</b>	Norgestimate-Eth Estradiol	
<b>FALMINA ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>GIANVI ORAL TABLET</b>	Drospirenone-Ethinyl Estradiol	
<b>GILDAGIA ORAL TABLET</b>	Briellyn	
<b>GILDESS FE 1.5/30 ORAL TABLET</b>		
<b>GILDESS FE 1/20 ORAL TABLET</b>	Norethin Ace-Eth Estrad-FE	
<b>JUNEL 1.5/30 ORAL TABLET</b>		
<b>JUNEL 1/20 ORAL TABLET</b>	Norethindrone Acet-Ethinyl Est	
<b>JUNEL FE 1.5/30 ORAL TABLET</b>		
<b>JUNEL FE 1/20 ORAL TABLET</b>	Norethin Ace-Eth Estrad-FE	
<b>KELNOR 1/35 ORAL TABLET</b>		
<b>KURVELO ORAL TABLET</b>	Marlissa	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LARIN 1.5/30 ORAL TABLET</b>		
<b>LARIN 1/20 ORAL TABLET</b>	Norethindrone Acet-Ethinyl Est	
<b>LARIN FE 1.5/30 ORAL TABLET</b>		
<b>LARIN FE 1/20 ORAL TABLET</b>	Norethin Ace-Eth Estrad-FE	
<b>LESSINA ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>LEVORA 0.15/30 (28) ORAL TABLET</b>	Marlissa	
<b>LORYNA ORAL TABLET</b>	Drospirenone-Ethinyl Estradiol	
<b>LOW-OGESTREL ORAL TABLET</b>		
<b>LUTERA ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>MICROGESTIN 1.5/30 ORAL TABLET</b>		
<b>MICROGESTIN 1/20 ORAL TABLET</b>	Norethindrone Acet-Ethinyl Est	
<b>MICROGESTIN FE 1.5/30 ORAL TABLET</b>		
<b>MICROGESTIN FE 1/20 ORAL TABLET</b>	Norethin Ace-Eth Estrad-FE	
<b>MONO-LINYAH ORAL TABLET</b>	Norgestimate-Eth Estradiol	
<b>MONONESSA ORAL TABLET</b>	Norgestimate-Eth Estradiol	
<b>NECON 0.5/35 (28) ORAL TABLET</b>		
<b>NECON 1/35 (28) ORAL TABLET</b>	Alyacen 1/35	
<b>NECON 1/50 (28) ORAL TABLET</b>		
<b>NIKKI ORAL TABLET</b>	Drospirenone-Ethinyl Estradiol	
<b>NORTREL 0.5/35 (28) ORAL TABLET</b>		
<b>NORTREL 1/35 (21) ORAL TABLET</b>	Alyacen 1/35	
<b>NORTREL 1/35 (28) ORAL TABLET</b>	Alyacen 1/35	
<b>OCELLA ORAL TABLET</b>	Drospirenone-Ethinyl Estradiol	
<b>OGESTREL ORAL TABLET</b>		
<b>ORSYTHIA ORAL TABLET</b>	Levonorgestrel-Ethinyl Estrad	
<b>PHILITH ORAL TABLET</b>	Briellyn	
<b>PIRMELLA 1/35 ORAL TABLET</b>	Alyacen 1/35	
<b>PORTIA-28 ORAL TABLET</b>	Marlissa	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
PREVIFEM ORAL TABLET	Norgestimate-Eth Estradiol	
RECLIPSEN ORAL TABLET	Desogestrel-Ethinyl Estradiol	
SOLIA ORAL TABLET	Desogestrel-Ethinyl Estradiol	
SPRINTEC 28 ORAL TABLET	Norgestimate-Eth Estradiol	
SRONYX ORAL TABLET	Levonorgestrel-Ethinyl Estrad	
SYEDA ORAL TABLET	Drospirenone-Ethinyl Estradiol	
TARINA FE 1/20 ORAL TABLET	Norethin Ace-Eth Estrad-FE	
VESTURA ORAL TABLET	Drospirenone-Ethinyl Estradiol	
VYFEMLA ORAL TABLET	Briellyn	
WERA ORAL TABLET		
ZARAH ORAL TABLET	Drospirenone-Ethinyl Estradiol	
ZENCHENT ORAL TABLET	Briellyn	
ZOVIA 1/35E (28) ORAL TABLET		
ZOVIA 1/50E (28) ORAL TABLET	Ethinodiol Diac-Eth Estradiol	
<b>*Combination Contraceptives - Transdermal***</b>		
XULANE TRANSDERMAL PATCH WEEKLY		QLL (3 patches per 28 days)
<b>*Combination Contraceptives - Vaginal***</b>		
NUVARING VAGINAL RING		QLL (1 ring per 30 days)
<b>*Copper Contraceptives - Iud*** (New)</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		QLL (1 EA per 999 1/999 dayss)
<b>*Emergency Contraceptives***</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Next Choice One Dose	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
ELLA ORAL TABLET		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>FALLBACK SOLO ORAL TABLET</b>	Levonorgestrel	OTC; QLL (1 EA per 30 days); AL (Min 17 Years)
<b>MY WAY ORAL TABLET</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>NEXT CHOICE ONE DOSE ORAL TABLET</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>OPCICON ONE-STEP ORAL TABLET</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 days)
<b>PLAN B ONE-STEP ORAL TABLET</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
<b>REACT ORAL TABLET</b>	Levonorgestrel	* (QL; 3 packs per year on all brand and generic emergency contraceptives); OTC; QLL (2 EA per 30 Days)
<b>TAKE ACTION ORAL TABLET</b>	Levonorgestrel	OTC; QLL (1 EA per 30 days); AL (Min 17 Years)
<b>*Extended-Cycle Contraceptives - Oral***</b>		
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Introvale	
<b>INTROVALE ORAL TABLET</b>	Levonorgest-Eth Estrad 91-Day	
<b>JOLESSA ORAL TABLET</b>	Levonorgest-Eth Estrad 91-Day	
<b>QUASENSE ORAL TABLET</b>	Levonorgest-Eth Estrad 91-Day	
<b>*Progestin Contraceptives - Implants***</b>		
<b>NEXPLANON SUBCUTANEOUS* IMPLANT</b>		QLL (1 Implant per 3 Yearss)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular* suspension</i>	Depo-Provera	QLL (1 Injection per 90 days)
<b>*Progestin Contraceptives - Iud***</b>		
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE		QLL (1 EA per 5 Years)
<b>*Progestin Contraceptives - Oral***</b>		
<i>norethindrone oral tablet</i>	Jolivette	
CAMILA ORAL TABLET	Norethindrone	
DEBLITANE ORAL TABLET	Norethindrone	
ERRIN ORAL TABLET	Norethindrone	
HEATHER ORAL TABLET	Norethindrone	
JENCYCLA ORAL TABLET	Norethindrone	
JOLIVETTE ORAL TABLET	Norethindrone	
LYZA ORAL TABLET	Norethindrone	
NORA-BE ORAL TABLET	Norethindrone	
NORLYROC ORAL TABLET	Norethindrone	
SHAROBEL ORAL TABLET	Norethindrone	
<b>*Triphasic Contraceptives - Oral***</b>		
<i>alyacen 7/7/7 oral tablet</i>	Nortrel 7/7/7	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Ortho Tri-Cyclen (28)	
ARANELLE ORAL TABLET		
CAZIAN T ORAL TABLET		
CESIA ORAL TABLET		
CYCLAFEM 7/7/7 ORAL TABLET	Alyacen 7/7/7	
DASETTA 7/7/7 ORAL TABLET	Alyacen 7/7/7	
ENPRESSE-28 ORAL TABLET	Levonorg-Eth Estrad Triphasic	
LEENA ORAL TABLET		
LEVONEST ORAL TABLET	Levonorg-Eth Estrad Triphasic	
MYZILRA ORAL TABLET	Levonorg-Eth Estrad Triphasic	
NECON 7/7/7 ORAL TABLET	Alyacen 7/7/7	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>NORTREL 7/7/7 ORAL TABLET</b>	Alyacen 7/7/7	
<b>PIRMELLA 7/7/7 ORAL TABLET</b>	Alyacen 7/7/7	
<b>TILIA FE ORAL TABLET</b>		
<b>TRI-ESTARYLLA ORAL TABLET</b>	Norgestim-Eth Estrad Triphasic	
<b>TRI-LEGEST FE ORAL TABLET</b>		
<b>TRI-LINYAH ORAL TABLET</b>	Norgestim-Eth Estrad Triphasic	
<b>TRINESSA (28) ORAL TABLET</b>	Norgestim-Eth Estrad Triphasic	
<b>TRI-PREVIFEM ORAL TABLET</b>	Norgestim-Eth Estrad Triphasic	
<b>TRI-SPRINTEC ORAL TABLET</b>	Norgestim-Eth Estrad Triphasic	
<b>TRIVORA (28) ORAL TABLET</b>	Levonorg-Eth Estrad Triphasic	
<b>VELIVET ORAL TABLET</b>		
<b>*CORTICOSTEROIDS*</b>		
<b>*Glucocorticosteroids***</b>		
<i>cortisone acetate oral tablet</i>		
<i>cortisone acetate powder</i>		
<i>dexamethasone base powder</i>		
<i>dexamethasone oral elixir</i>	Baycadron	
<i>dexamethasone oral solution</i>		
<i>dexamethasone oral tablet</i>		
<i>dexamethasone powder</i>		
<i>hydrocortisone oral tablet</i>	Cortef	
<i>methylprednisolone oral tablet</i>	Medrol	
<i>methylprednisolone powder</i>		
<i>prednisolone anhydrous powder</i>		
<i>prednisolone oral solution</i>	Prelone	
<i>prednisolone oral syrup 15 mg/5ml</i>	Prelone	
<i>prednisolone powder</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	Orapred	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Orapred ODT	
<i>prednisolone sodium phosphate powder</i>		
<i>prednisone oral solution</i>		
<i>prednisone oral tablet</i>		
<i>prednisone powder</i>		
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral tablet</i>		
<i>fludrocortisone acetate powder</i>		
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg</i>	Tessalon Perles	
<i>benzonatate oral capsule 200 mg</i>	Tessalon	
<i>cvs tussin cough oral capsule</i>	Robitussin Lingering CoughGels	OTC
<i>cvs tussin maximum strength oral syrup</i>	Wal-Tussin Cough Long Acting	OTC
<i>dextromethorphan hbr monohyd powder</i>		
<i>dextromethorphan hbr powder</i>		
<i>eql tussin cough long-acting oral syrup</i>	Wal-Tussin Cough Long Acting	OTC
<b>ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP</b>		OTC
<b>TRIAMINIC LONG ACTING COUGH ORAL SYRUP</b>		OTC
<b>WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID†</b>	HM Cough Relief	OTC
<b>WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP</b>	EQL Tussin Cough Long-Acting	OTC
<b>*Antitussive-Antihistamine-Analgesic**</b>		
<i>childrens cough/runny nose oral suspension</i>	Childrens Tylenol Plus	OTC
<i>cvs cough &amp; runny nose child oral suspension</i>	Childrens Tylenol Plus	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs night time cold/flu relief oral liquid† 15-6.25-500 mg/15ml</i>	Delsym Night Time Cough/Cold	OTC
<i>cvs nighttime cold/flu relief oral liquid†</i>	Delsym Night Time Multi-Sympt	OTC
<i>eql nighttime cold &amp; flu oral liquid†</i>	Delsym Night Time Multi-Sympt	OTC
<b>CORICIDIN HBP NIGHTTIME COLD ORAL LIQUID† 15-6.25-500 MG/15ML</b>	TGT Cold/Flu Relief Nighttime	OTC
<b>*Antitussive-Decongestant-Analgesic*</b> **		
<i>cold multi-symptom daytime oral tablet</i>	Vicks Nature Fusion Cold & Flu	OTC
<i>cvs flulsevere cold daytime oral liquid†</i>	666 Cold Preparation	OTC
<i>eql cold multi-symptom daytime oral tablet</i>	Vicks Nature Fusion Cold & Flu	OTC
<b>*Antitussive-Expectorant - Decongest-Analgesic***</b>		
<i>cvs multi-symptoms cold/fever oral liquid†</i>	Mucinex Child Multi-Symptom	OTC
<i>eql cold multi-symptom severe oral tablet</i>	Tylenol Cold/Flu Severe	OTC
<b>WAL-PHED PE COLD &amp; COUGH ORAL TABLET</b>	CVS Cough & Cold PE	OTC
<b>*Antitussive-Expectorant***</b>		
<i>altarussin dm oral syrup</i>	Robitussin DM	OTC
<i>biocotron oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>cheratussin ac oral syrup</i>		OTC
<i>chest congestion relief dm oral tablet</i>	TabTussin DM	OTC
<i>chest congestion/cough relief oral tablet</i>	TabTussin DM	OTC
<i>childrens cough oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>childrens mucus relief cough oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>cvs chest congest/cough child oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>cvs chest congestion relief dm oral tablet</i>	TabTussin DM	OTC
<i>cvs tussin cough oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>cvs tussin dm cough/chest oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs tussin dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>dextromethorphan-guaifenesin oral solution</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>diabetic siltussin-dm max st oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>diabetic siltussin-dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>eq cough childrens oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>eq tussin dm cough/chest oral syrup</i>	Robitussin DM	OTC
<i>eq tussin dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>eql tussin cough/chest dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>eql tussin dm cough/chest cong oral syrup</i>	Robitussin DM	OTC
<i>extra action cough oral syrup</i>	Robitussin DM	OTC
<i>geri-tussin dm oral syrup</i>	Robitussin DM	OTC
<i>g-fen dm oral tablet</i>	TabTussin DM	OTC
<i>gnp mucus relief cough child oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>gnp mucus relief dm oral tablet</i>	TabTussin DM	OTC
<i>gnp tab tussin dm oral tablet</i>	TabTussin DM	OTC
<i>gnp tussin dm cough oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>gnp tussin dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>gnp tussin dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>guaiasorb dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>guaiatussin ac oral syrup</i>		OTC
<i>guaicon dms oral syrup</i>	Robitussin DM	OTC
<i>guaifenesin ac oral syrup</i>		OTC
<i>guaifenesin dm oral tablet</i>	TabTussin DM	OTC
<i>guaifenesin-codeine oral solution</i>		OTC
<i>guaifenesin-dm oral syrup</i>	Robitussin DM	OTC
<i>hm chest congestion relief dm oral tablet</i>	TabTussin DM	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm tussin adult dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>intense cough reliever oral liquid† 30-200 mg/5ml</i>		OTC
<i>iophen c-nr oral liquid†</i>		OTC
<i>iophen dm-nr oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>m-clear wc oral solution</i>	CGU WC	OTC
<i>medi-tussin dm diabetic oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>medi-tussin dm double strength oral liquid†</i>		OTC
<i>medi-tussin dm oral syrup</i>	Robitussin DM	OTC
<i>meijer cough syrup dm oral syrup</i>	Robitussin DM	OTC
<i>mucosa dm oral tablet</i>	TabTussin DM	OTC
<i>mucus relief cough childrens oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>mucus relief dm cough oral tablet</i>	TabTussin DM	OTC
<i>mucus relief dm max oral liquid† 5-100 mg/5ml</i>	Mucinex Fast-Max DM Max	OTC
<i>mucus relief dm oral tablet</i>	TabTussin DM	OTC
<i>mucus-dm max oral tablet extended release 12 hr*</i>	Mucinex DM Maximum Strength	OTC
<i>mucus-dm oral tablet extended release 12 hr*</i>	Mucinex DM	OTC
<i>neotuss oral liquid†</i>		OTC
<i>pediatric formula cough/congst oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>px tussin dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>qc medifin dm oral tablet</i>	TabTussin DM	OTC
<i>q-tussin dm oral syrup 100-10 mg/5ml</i>	Robitussin DM	OTC
<i>ra tussin cgh/chest congest dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>ra tussin cough dm sugar free oral syrup</i>	Robitussin DM	OTC
<i>ra tussin cough oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>ra tussin cough/chest dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>ra tussin dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>recofen d oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>refenesen dm oral tablet</i>	TabTussin DM	OTC
<i>relcof c oral solution</i>	CGU WC	OTC
<i>robafen dm oral syrup</i>	Robitussin DM	OTC
<i>sb cough control dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>sb cough control dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>siltussin dm das oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>siltussin-dm alcohol free oral syrup</i>	Robitussin DM	OTC
<i>sm chest congestion relief dm oral tablet</i>	TabTussin DM	OTC
<i>sm mucus relief cough children oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>sm tussin cough/chest congest oral syrup</i>	Robitussin DM	OTC
<i>sm tussin dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>sm tussin dm oral syrup</i>	Robitussin DM	OTC
<i>tgt cough formula dm max adult oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>tgt cough formula dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>tgt mucus relief cough child oral liquid†</i>	Mucinex Fast-Max DM Max	OTC
<i>tgt mucus/cough relief oral tablet</i>	TabTussin DM	OTC
<i>tgt tussin dm cough oral syrup</i>	Robitussin DM	OTC
<i>trymine cg oral liquid†</i>	Mar-Cof CG Expectorant	OTC
<i>tusnel diabetic oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>tussin cough dm oral syrup</i>	Robitussin DM	OTC
<i>tussin dm clear oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>tussin dm max adult oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>tussin dm max oral liquid†</i>	Wal-Tussin Cough/Chest DM Max	OTC
<i>tussin dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<i>tussin dm oral syrup</i>	Robitussin DM	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>virtussin alc oral solution</i>		OTC
<i>wal-tussin dm oral liquid†</i>	Robitussin To Go Cgh/Chest DM	OTC
<b>DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID†</b>	DM Max Maximum Strength	OTC
<b>DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID†</b>	DM Max Maximum Strength	OTC
<b>DIABETIC TUSSIN DM ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>DIABETIC TUSSIN FOR CHILDREN ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>DIABETIC TUSSIN MAX ST ORAL LIQUID†</b>	TGT Cough Formula DM Max Adult	OTC
<b>G-TRON ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>MUCINEX COUGH CHILDRENS ORAL LIQUID†</b>	DM Max Maximum Strength	OTC
<b>MUCINEX DM MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR*</b>	Mucus-DM Max	OTC
<b>MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR*</b>	Mucus-DM	OTC
<b>MUCINEX FAST-MAX DM MAX ORAL LIQUID†</b>	DM Max Maximum Strength	OTC
<b>ROBAFEN DM COUGH CLEAR ORAL SYRUP</b>	Q-Tussin DM	OTC
<b>ROBITUSSIN COLD COUGH+ CHEST ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>ROBITUSSIN TO GO CGH/CHEST DM ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>SAFE TUSSIN DM ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>SORBUGEN NR ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>TABTUSSIN DM ORAL TABLET</b>	TGT Mucus/Cough Relief	OTC
<b>TOLU-SED DM ORAL LIQUID†</b>	PX Tussin DM	OTC
<b>WAL-TUSSIN COUGH/CHEST DM MAX ORAL LIQUID†</b>	TGT Cough Formula DM Max Adult	OTC
<b>WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP</b>	Q-Tussin DM	OTC
<b>WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID†</b>	PX Tussin DM	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antitussive-Expectorants-Decongestant***</b>		
<i>biogtuss oral liquid†</i>		OTC
<i>bionel oral liquid†</i>	Tusnel	OTC
<i>brontuss sf nr oral liquid†</i>		OTC
<i>cvs multi-symptoms cold child oral liquid†</i>	Mucinex Child Cold	OTC
<i>cvs tussin cf oral liquid† 5-10-100 mg/5ml</i>	Robitussin Peak Cold Multi-Sym	OTC
<i>eql tussin cough &amp; cold cf oral liquid†</i>	Robitussin Peak Cold Multi-Sym	OTC
<i>guaifenesin dac oral solution</i>		OTC
<i>virtussin dac oral solution</i>		OTC
<b>TUSNEL C ORAL SYRUP</b>		OTC
<b>TUSNEL ORAL LIQUID†</b>	Bionel	OTC
<b>*Aromatic Inhalants***</b>		
<i>baby chest rub external ointment</i>		OTC
<i>cvs chest rub medicated external ointment</i>		OTC
<i>cvs hot steam inhalation liquid†</i>		OTC
<i>cvs nasal decongestant inhalation inhaler</i>	Vicks VapoInhaler	OTC
<i>vaporizing chest rub external ointment</i>	Vicks VapoRub	OTC
<i>vaporizing steam inhalation liquid†</i>	Vicks Vapo Steam	OTC
<b>*Decongestant &amp; Antihistamine***</b>		
<i>all day allergy d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>all day allergy d-12 oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>all day allergy-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>allergy d-12 oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>allergy relief d oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>allergy relief d-24 oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>allergy relief/nasal decongest oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>allergy/congestion relief oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>ambi 10peh/4cpm oral tablet</i>	Maxichlor PEH	OTC
<i>ambi 60pse/4cpm oral tablet</i>	Maxichlor PSE	OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>childrens cold &amp; allergy oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>cold &amp; allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>cold &amp; allergy oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>cold &amp; allergy oral tablet</i>	Maxichlor PEH	OTC
<i>cold/allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>cold/allergy pe oral tablet</i>	Maxichlor PEH	OTC
<i>cvs allergy relief d oral tablet extended release 12 hr*</i>	Wal-Fex D Allergy & Congestion	OTC
<i>cvs allergy relief-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>cvs allergy relief-d12 oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>cvs cold &amp; allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>cvs cold &amp; cough nighttime oral liquid†</i>	Delsym Night Cgh/Cold Children	OTC
<i>cvs loratadine-d 24 hour oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>cvs sinus &amp; allergy max st oral tablet</i>	Maxichlor PEH	OTC
<i>dimaphen childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>eq allergy &amp; congestion relief oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>eq allergy relief d 24 hour oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>eq cold/allergy childrens oral elixir</i>	Q-Tapp	OTC
<i>eq suphedrine pe oral tablet 4-10 mg</i>	Maxichlor PEH	OTC
<i>eq1 all day allergy-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>eq1 allergy/congestion relief oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>eq1 sinus &amp; allergy pe oral tablet</i>	Maxichlor PEH	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hr*</i>	Wal-Fex D Allergy & Congestion	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp all day allergy-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>gnp allergy &amp; congestion oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>gnp cold &amp; allergy oral tablet</i>	Maxichlor PEH	OTC
<i>gnp cold/allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>gnp cold/allergy pe oral tablet</i>	Maxichlor PEH	OTC
<i>gnp loratadine-d 12hr oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>gnp loratadine-d 24 hour oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>gnp sinus/allergy pe oral tablet</i>	Maxichlor PEH	OTC
<i>hm allergy &amp; congestion oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>hm allergy complete-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>hm allergy relief/nasal decong oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>hm cold &amp; allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>loratadine-d 12hr oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>meijer allergy relief-d oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>meijer allergy/congestion oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>mm loratadine-d 24 hour oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>promethazine vc plain oral syrup</i>		
<i>px allergy relief d (loratid) oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>px allergy relief d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>px allergy relief d oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>px dibromm cold/allergy child oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>qc loratadine-d oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (100 Tablets per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ra acta-tabs pe oral tablet</i>	Maxichlor PEH	OTC
<i>ra allergy/congestion relief oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>ra cetiri-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>ra childrens cold &amp; allergy oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>ra cold &amp; allergy oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>ra lorata-d oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>ra suphedrine oral tablet 4-60 mg</i>	Maxichlor PSE	OTC
<i>ra suphedrine pe oral tablet 4-10 mg</i>	Maxichlor PEH	OTC
<i>rynex pe oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>rynex pse oral liquid†</i>	Q-Tapp	OTC
<i>sb allergy relief/nasal decong oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>sb cold &amp; allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>sb pseudoephedrine plus oral tablet</i>	Maxichlor PSE	OTC
<i>sb sinus &amp; allergy max st oral tablet</i>	Maxichlor PEH	OTC
<i>sinus &amp; allergy pe max st oral tablet</i>	Maxichlor PEH	OTC
<i>sm all day allergy-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>sm cold &amp; allergy childrens oral elixir</i>	Dimetapp Cold/Allergy	OTC
<i>sm cold &amp; allergy pe oral tablet</i>	Maxichlor PEH	OTC
<i>sm loratadine d oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>sm lorata-dine d oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)
<i>sm sinus &amp; allergy max st oral tablet</i>	Maxichlor PSE	OTC
<i>sm sinus &amp; allergy pe max st oral tablet</i>	Maxichlor PEH	OTC
<i>sw allergy relief-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>tgt all day allergy-d oral tablet extended release 12 hr*</i>	KLS Aller-Tec D	OTC; QLL (60 Tablets per 30 days)
<i>tgt allergy/congestion relief oral tablet extended release 12 hr*</i>	Claritin-D 12 Hour	OTC
<i>tgt allergy/congestion relief oral tablet extended release 24 hr*</i>	KLS AllerClear D-24HR	OTC; QLL (30 Tablets per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>wal-tap cold/allergy oral elixir</i>	Q-Tapp	OTC
<b>ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HR*</b>	TGT Allergy/Congestion Relief	OTC
<b>BROTAPP ORAL LIQUID†</b>	Rynex PSE	OTC
<b>ED A-HIST ORAL TABLET</b>	EQL Cold & Allergy PE	OTC
<b>KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HR*</b>	TGT Allergy/Congestion Relief	OTC
<b>KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Loratadine-Pseudoephedrine ER	OTC; QLL (30 Tablets per 30 days)
<b>KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HR*</b>	All Day Allergy-D	OTC; QLL (60 Tablets per 30 days)
<b>LOHIST-D ORAL LIQUID†</b>		OTC
<b>SHOPKO ALLERGY RELIEF-D (CETI) ORAL TABLET EXTENDED RELEASE 12 HR*</b>	All Day Allergy-D	OTC; QLL (60 Tablets per 30 days)
<b>SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 12 HR*</b>	TGT Allergy/Congestion Relief	OTC
<b>SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Loratadine-Pseudoephedrine ER	OTC; QLL (30 Tablets per 30 days)
<b>SUDOGEST SINUS/ALLERGY ORAL TABLET</b>	RA Suphedrine	OTC
<b>WAL-FINATE-D ORAL TABLET</b>	RA Suphedrine	OTC
<b>WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR*</b>	Loratadine-Pseudoephedrine ER	OTC; QLL (30 Tablets per 30 days)
<b>WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HR*</b>	TGT Allergy/Congestion Relief	OTC
<b>WAL-PHED PE SINUS/ALLERGY ORAL TABLET</b>	EQL Cold & Allergy PE	OTC
<b>WAL-PHED SINUS/ALLERGY ORAL TABLET</b>	RA Suphedrine	OTC
<b>WAL-TAP CHILDRENS ORAL ELIXIR</b>	HM Cold & Allergy Childrens	OTC
<b>WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HR*</b>	All Day Allergy-D	OTC; QLL (60 Tablets per 30 days)
<b>*Decongestant W/ Expectorant***</b>		
<i>ambi 40pse/400gfn oral tablet</i>	Maxifed-G	OTC
<i>ambi 60pse/400gfn oral tablet</i>	Maxifed	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>bronchial asthma relief oral tablet</i>	Primatene Asthma	OTC
<i>cvs chest congestion relief pe oral tablet</i>	QC Medifin PE	OTC
<i>cvs non-drying sinus pe oral tablet</i>	Sudafed PE Non-Drying Sinus	OTC
<i>mucus relief d oral tablet 40-400 mg</i>	Maxifed-G	OTC
<i>sb sevlcongest oral capsule</i>	Medi-Tussin Severe Congestion	OTC
<b>MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR*</b>	CVS Mucus D Extended Release	OTC
<b>*Decongestant-Analgesic***</b>		
<i>cvs cold &amp; sinus relief oral tablet</i>	Wal-Profen Cold & Sinus	OTC
<i>cvs sinus &amp; cold-d oral tablet extended release 12 hr*</i>	Sudafed Pressure+Pain 12 HR	OTC
<i>cvs sinus headache pe oral tablet</i>	Robitussin Peak Cold Nasal Rlf	OTC
<i>cvs sinus pain/congestion day oral tablet</i>	Robitussin Peak Cold Nasal Rlf	OTC
<i>sinus congestion/pain daytime oral tablet</i>	Robitussin Peak Cold Nasal Rlf	OTC
<b>*Decongestant-Analgesic-Expectorant ***</b>		
<i>cvs cold &amp; sinus multi-symptom oral liquid†</i>	Mucinex Fast-Max Cold & Sinus	OTC
<i>mucus relief cold/sinus max st oral liquid†</i>	Mucinex Fast-Max Cold & Sinus	OTC
<b>*Decongestant-Antihistamine-Analgesic***</b>		
<i>allergy multi-symptom daytime oral tablet</i>	Coricidin D Cold/Flu/Sinus	OTC
<i>childrens plus cold oral suspension</i>	Tylenol Childrens Plus Cold	OTC
<i>cvs cough &amp; severe cold night oral packet</i>	Theraflu Severe Cold/Cgh Night	OTC
<i>cvs flulsevere cold nighttime oral liquid†</i>	Theraflu Warming Relief Night	OTC
<i>cvs sinus congest/pain dtlnt oral</i>	Comtrex Flu Therapy Day/Night	OTC
<i>wal-flu severe cold nighttime oral liquid†</i>	Theraflu Warming Relief Night	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>WAL-PHED PE SEVERE COLD ORAL TABLET</b>	Severe Cold	OTC
<b>*Expectorants***</b>		
<i>altarussin oral syrup</i>	Robitussin Chest Congestion	OTC
<i>chest congestion childrens oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>chest congestion relief oral tablet</i>	Bidex	OTC
<i>childrens mucus relief expect oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>cough syrup oral syrup</i>	Robitussin Chest Congestion	OTC
<i>coughtab oral tablet</i>		OTC
<i>cvs chest congestion childrens oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>cvs chest congestion relief oral tablet</i>	Bidex	OTC
<i>cvs mucus extended release oral tablet extended release 12 hr* 600 mg</i>	Mucus-ER	OTC
<i>cvs tussin adult chest congest oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>diabetic siltussin das-na oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>eq tussin oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>geri-tussin oral syrup</i>	Robitussin Chest Congestion	OTC
<i>g-fen ex oral tablet</i>	Bidex	OTC
<i>gnp mucus relief childrens oral liquid† 100 mg/5ml</i>	Robitussin Mucus+Chest Congest	OTC
<i>gnp mucus relief oral tablet</i>	Bidex	OTC
<i>gnp mucus-er oral tablet extended release 12 hr*</i>	Mucus-ER	OTC
<i>gnp tab tussin oral tablet</i>	Bidex	OTC
<i>gnp tussin oral syrup</i>	Robitussin Chest Congestion	OTC
<i>goodsense mucus relief oral tablet</i>	Bidex	OTC
<i>guaifenesin er oral tablet extended release 12 hr* 600 mg</i>	Mucus-ER	OTC
<i>guaifenesin oral solution</i>	Robitussin Mucus+Chest Congest	OTC
<i>guaifenesin oral syrup</i>	Robitussin Chest Congestion	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>guaifenesin oral tablet</i>		OTC
<i>guaifenesin powder</i>		
<i>hm chest congestion relief oral tablet</i>	Bidex	OTC
<i>hm mucus er oral tablet extended release 12 hr* 600 mg</i>	Mucus-ER	OTC
<i>hm tussin adult oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>iophen-nr oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>kls mucus relief chest oral tablet</i>	Bidex	OTC
<i>liquibid oral tablet</i>	Bidex	OTC
<i>mucosa oral tablet</i>	Bidex	OTC
<i>mucus relief chest congestion oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>mucus relief chest congestion oral tablet</i>	Bidex	OTC
<i>mucus relief childrens oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>mucus relief er oral tablet extended release 12 hr*</i>	Mucus-ER	OTC
<i>mucus relief oral tablet</i>	Bidex	OTC
<i>mucus-er oral tablet extended release 12 hr*</i>	Mucus-ER	OTC
<i>organ-i nr oral tablet</i>		OTC
<i>pa mucus relief oral tablet extended release 12 hr*</i>	Mucus-ER	OTC
<i>px tussin oral solution</i>	Robitussin Mucus+Chest Congest	OTC
<i>qc medifin 400 oral tablet</i>	Bidex	OTC
<i>qc medifin mucus relief child oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>ra mucus relief chest oral tablet</i>	Bidex	OTC
<i>ra mucus relief oral tablet</i>	Bidex	OTC
<i>ra mucus relief oral tablet extended release 12 hr*</i>	Mucus-ER	OTC
<i>ra tussin chest congestion oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>ra tussin chest congestion oral syrup</i>	Robitussin Chest Congestion	OTC
<i>ra tussin oral syrup</i>	Robitussin Chest Congestion	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>refenesen 400 oral tablet</i>	Bidex	OTC
<i>refenesen oral tablet</i>		OTC
<i>robafen oral syrup</i>	Robitussin Chest Congestion	OTC
<i>sb cough control oral syrup</i>	Robitussin Chest Congestion	OTC
<i>sb coughtab oral tablet</i>		OTC
<i>scot-tussin expectorant oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>siltussin das oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>siltussin sa oral syrup</i>	Robitussin Chest Congestion	OTC
<i>sm chest congestion relief oral tablet</i>	Bidex	OTC
<i>sm mucus er oral tablet extended release 12 hr*</i>	Mucus-ER	OTC
<i>sm mucus relief childrens oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>sm tussin oral syrup</i>	Robitussin Chest Congestion	OTC
<i>tgt mucus relief childrens oral liquid†</i>	Robitussin Mucus+Chest Congest	OTC
<i>tussin chest congestion oral syrup</i>	Robitussin Chest Congestion	OTC
<i>tussin mucus+chest congestion oral syrup</i>	Robitussin Chest Congestion	OTC
<i>tussin oral syrup</i>	Robitussin Chest Congestion	OTC
<i>wal-tussin oral syrup</i>	Robitussin Chest Congestion	OTC
<b>BIDEX ORAL TABLET</b>	GuaiFENesin	OTC
<b>BUCKLEYS CHEST CONGESTION ORAL LIQUID†</b>	CVS Tussin Adult Chest Congest	OTC
<b>DIABETIC TUSSIN EX ORAL SYRUP</b>	Tussin	OTC
<b>DIABETIC TUSSIN ORAL LIQUID†</b>	CVS Tussin Adult Chest Congest	OTC
<b>EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HR*</b>	PA Mucus Relief	OTC
<b>FENESIN IR ORAL TABLET</b>	GuaiFENesin	OTC
<b>MUCINEX CHEST CONGESTION CHILD ORAL LIQUID†</b>	CVS Tussin Adult Chest Congest	OTC
<b>MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR*</b>	GuaiFENesin ER	OTC
<b>MUCINEX ORAL TABLET EXTENDED RELEASE 12 HR*</b>	PA Mucus Relief	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ROBITUSSIN MUCUS+CHEST CONGEST ORAL LIQUID†</b>	CVS Tussin Adult Chest Congest	OTC
<b>TABTUSSIN ORAL TABLET</b>	GuaiFENesin	OTC
<b>XPECT ORAL TABLET</b>	GuaiFENesin	OTC
<b>*Misc. Respiratory Inhalants***</b>		
<i>nasal mist inhalation aerosol, solution</i>	Simply Saline Baby	OTC
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		
<b>BRONCHO SALINE INHALATION AEROSOL, SOLUTION</b>	CVS Nasal Mist	OTC
<b>SIMPLY SALINE BABY INHALATION AEROSOL, SOLUTION</b>	CVS Nasal Mist	OTC
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation solution</i>		
<i>acetylcysteine powder</i>		OTC
<i>n-acetyl-l-cysteine powder</i>		
<b>*Non-Narc Antitussive-Analgesic***</b>		
<i>cvs cough &amp; sore throat child oral liquid†</i>	Triaminic Cough/Sore Throat	OTC
<b>*Non-Narc Antitussive-Antihistamine***</b>		
<i>cvs daytime/nighttime cough oral</i>	Vicks DayQuil/NyQuil Cough	OTC
<i>cvs nighttime cough oral liquid†</i>	Vicks NyQuil Cough	OTC
<i>promethazine-dm oral syrup</i>		
<b>*Non-Narc Antitussive-Decongestant***</b>		
<i>cough syrup d oral syrup</i>		OTC
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>		
<i>brotapp dm oral liquid†</i>	Q-Tapp DM	OTC
<i>cold &amp; cough childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>cold/cough childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>cold/cough dm childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>cvs cold &amp; cough dm childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs cold/cough dm childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>eq cold/cough dm childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>gnp cold/cough childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>hm cold &amp; cough childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>lohist-dm oral syrup</i>		OTC
<i>px dibromm dm cold/cough child oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>ra cold &amp; cough childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>ra cold/cough dm oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>rynex dm oral liquid†</i>	Dimetapp DM Cold/Cough	OTC
<i>sb cold &amp; cough dm childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>sm cold &amp; cough dm childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<i>tgt cold/cough childrens oral elixir</i>	Wal-Tap DM Cold/Cough	OTC
<b>ENDACOF-DM ORAL LIQUID†</b>	Rynex DM	OTC
<b>WAL-TAP DM COLD/COUGH ORAL ELIXIR</b>	TGT Cold/Cough Childrens	OTC
<b>*Non-Narc Antitussive-Decongestant-Antihistamine-Analg***</b>		
<i>childrens plus flu oral suspension</i>	Tylenol Childrens Plus Flu	OTC
<i>childrens plus multi-sympt cld oral suspension</i>	Tylenol Childrens Plus Flu	OTC
<i>cold &amp; flu relief nighttime d oral liquid†</i>	Vicks NyQuil D Cold & Flu	OTC
<i>cold multi-symptom day/night oral</i>	Tylenol Cold Head Congestion	OTC
<i>cold multi-symptom nighttime oral tablet</i>	Theraflu Severe Cold Nighttime	OTC
<i>cvs childrens multi-sympt cld oral suspension</i>	Tylenol Childrens Plus Flu	OTC
<i>cvs cold relief day/night oral</i>	Tylenol Cold Head Congestion	OTC
<i>cvs daytime/nighttime cold/flu oral</i>	Vicks DayQuil/NyQuil Cld & Flu	OTC
<i>cvs flu relief childrens oral suspension</i>	Tylenol Childrens Plus Flu	OTC
<b>*Opioid Antitussive-Antihistamine***</b>		
<i>promethazine-codeine oral syrup</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>		
<i>m-end wc oral liquid†</i>	Rydex	OTC
<i>promethazine w/codeine oral syrup</i>		
<b>*DERMATOLOGICALS*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindamycin phosphate external gel</i>	ClindaMax	
<i>clindamycin phosphate external lotion</i>	ClindaMax	
<i>clindamycin phosphate external solution</i>	Cleocin-T	
<i>clindamycin phosphate external swab</i>	Clindacin-P	
<i>erythromycin external gel</i>	Erygel	
<i>erythromycin external solution</i>		
<i>sulfacetamide sodium (acne) external lotion</i>	Klaron	
<i>sulfacetamide sodium external suspension</i>	Klaron	
<b>*Acne Combinations***</b>		
<i>benzoyl peroxide-erythromycin external gel</i>	Benzamycin	
<i>bp cleansing wash external emulsion</i>	Claris Clarifying Wash	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	BenzaClin	
<i>sulfacetamide sodium-sulfur external emulsion</i>	Rosanil Cleanser	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		
<i>sulfacetamide-sulfur in urea external emulsion</i>		
<b>ADULT ACNOMEL EXTERNAL CREAM</b>		OTC
<b>AVAR CLEANSER EXTERNAL EMULSION</b>	Sulfacetamide Sodium-Sulfur	
<b>ROSANIL CLEANSER EXTERNAL EMULSION</b>	Sulfacetamide Sodium-Sulfur	
<b>*Acne Products***</b>		
<i>acne maximum strength external cream</i>	Clean & Clear Continuous	OTC
<i>acne medication 5 external lotion</i>	Clean & Clear Advantage 3-in-1	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>adapalene external cream</i>	Differin	
<i>adapalene external gel 0.1 %</i>	Differin	
<i>cvs acne cleansing external bar</i>	PanOxyl	OTC
<i>cvs acne control cleanser external cream</i>	Clean & Clear Continuous	OTC
<i>cvs acne external cream</i>	Clean & Clear Continuous	OTC
<i>cvs acne foaming face wash external liquid†</i>	PanOxyl Wash	OTC
<i>cvs acne treatment external gel</i>	Clean & Clear Persa-Gel Max St	OTC
<i>cvs targeted acne spot external cream</i>	Neutrogena On-The-Spot	OTC
<i>gnp acne treatment external cream</i>	Clean & Clear Continuous	OTC
<i>invisible acne treatment external cream</i>	Clean & Clear Continuous	OTC
<i>ra acne treatment external cream</i>	Clean & Clear Continuous	OTC
<i>ra vanishing acne treatment external cream</i>	Clean & Clear Continuous	OTC
<i>tretinoin external cream</i>	Retin-A	QLL (20 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Retin-A	QLL (20 GM per 30 days)
<b>CLARAVIS ORAL CAPSULE</b>		
<b>CLEAN &amp; CLEAR ADVANTAGE 3-IN-1 EXTERNAL LOTION</b>	Benzoyl Peroxide	OTC
<b>CLEAN &amp; CLEAR CONTINUOUS EXTERNAL CREAM</b>	CVS Acne Control Cleanser	OTC
<b>CLEARPLEX V EXTERNAL GEL</b>	BP Gel	OTC
<b>CLEARSKIN EXTERNAL CREAM</b>	CVS Acne Control Cleanser	OTC
<b>NEUTROGENA ON-THE-SPOT EXTERNAL CREAM</b>	CVS Targeted Acne Spot	OTC
<b>PANOXYL-4 CREAMY WASH EXTERNAL LIQUID†</b>	CVS Creamy Acne Face Wash	OTC
<b>TRETIN-X EXTERNAL CREAM 0.075 %</b>		
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>		
<b>*Agents For Facial Wrinkles - Retinoids***</b>		
<i>tretinoin (emollient) external cream</i>	Refissa	
<b>REFISSA EXTERNAL CREAM</b>	Tretinoin (Emollient)	
<b>*Analgesics - Topical***</b>		
<i>cold therapy pain relief external gel</i>	Perform Pain Relieving	OTC
<i>cool &amp; heat patch external pad</i>	Icy Hot Back	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cool n heat arm/neck/leg external pad</i>	Icy Hot Back	OTC
<i>cool n heat maximum strength external liquid†</i>	Icy Hot Medicated Spray	OTC
<i>cool n heat patch ex st external pad</i>	Icy Hot Back	OTC
<i>cool n heat/back external pad</i>	Icy Hot Back	OTC
<i>cvs cold &amp; hot medicated patch external pad</i>	Icy Hot Back	OTC
<i>cvs pain pads external pad</i>		OTC
<i>cvs pain relieving ultra st external pad</i>	Icy Hot Back	OTC
<i>cvs sore muscle rub external gel</i>	Bengay Vanishing Scent	OTC
<i>cvs therapeutic menthol external gel</i>	Mineral Ice	OTC
<i>ice blue external gel</i>	Mineral Ice	OTC
<i>pain relieving patch ultra st external pad</i>	Icy Hot Back	OTC
<b>*Antibiotic Mixtures Topical***</b>		
<i>bacitracin-neomycin-polymyxin external ointment</i>	Neosporin Original	OTC
<i>cvs antibiotic external ointment</i>	Neosporin Original	OTC
<i>cvs antibiotic plus external cream</i>	Neosporin Plus Pain Relief MS	OTC
<i>cvs poly bacitracin external ointment</i>	Polysporin	OTC
<i>cvs triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>cvs triple antibiotic max str external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>eq triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>eql antibiotic + pain relief external cream</i>	Neosporin Plus Pain Relief MS	OTC
<i>first aid antibiotic external ointment 3.5-500-10000</i>	Neosporin Original	OTC
<i>gnp triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>gnp triple antibiotic plus external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>hm triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>hm triple antibiotic max st external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>medi-first triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>meijer triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>multi antibiotic plus external cream</i>	Neosporin Plus Pain Relief MS	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>px triple external ointment</i>	Neosporin Original	OTC
<i>ra antibiotic/pain relief external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>ra triple antibiotic external ointment</i>	Neosporin Original	OTC
<i>ra triple antibiotic plus external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>sb triple antibiotic external ointment 3.5-400-5000</i>	Neosporin Original	OTC
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Neosporin Original	OTC
<i>sm triple antibiotic max st external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>tgt antibiotic external ointment</i>	Neosporin Original	OTC
<i>tri-biozene external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>triple antibiotic external ointment 3.5-400-5000 , 5-400-5000</i>	Neosporin Original	OTC
<i>triple antibiotic pain relief external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>triple antibiotic plus external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>triple antibiotic plus max st external ointment</i>	Neosporin + Pain Relief Max St	OTC
<i>wal-sporin external ointment</i>	Polysporin	OTC
<b>LANABIOTIC EXTERNAL OINTMENT</b>	CVS Antibiotic	OTC
<b>NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT</b>	RA Antibiotic/Pain Relief	OTC
<b>*Antibiotics - Topical***</b>		
<i>bacitracin external ointment</i>	Bacitraycin Plus	OTC
<i>bacitracin powder</i>		
<i>cvs bacitracin external ointment</i>		OTC
<i>eql bacitracin zinc external ointment</i>		OTC
<i>gentamicin sulfata external cream</i>		
<i>gentamicin sulfata external ointment</i>		
<i>gentamicin sulfata powder</i>		
<i>gnp bacitracin zinc external ointment</i>		OTC
<i>hm bacitracin external ointment</i>	Bacitraycin Plus	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>kp bacitracin zinc external ointment</i>		OTC
<i>mupirocin calcium external cream</i>	Bactroban	
<i>mupirocin external ointment</i>	Bactroban	
<i>qc bacitracin external ointment</i>	Bacitraycin Plus	OTC
<i>ra bacitracin external ointment</i>		OTC
<i>sb bacitracin external ointment</i>	Bacitraycin Plus	OTC
<i>sm first aid antibiotic external ointment</i>	Bacitraycin Plus	OTC
<i>tgt bacitracin external ointment</i>	Bacitraycin Plus	OTC
<b>BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM</b>	CVS Bacitracin	OTC
<b>*Antifungals - Topical Combinations***</b>		
<i>athletes foot maximum strength external ointment</i>	Undelenic	OTC
<i>clotrimazole-betamethasone external cream</i>	Lotrisone	
<i>clotrimazole-betamethasone external lotion</i>		
<i>nystatin-triamcinolone external cream</i>		
<i>nystatin-triamcinolone external ointment</i>		
<b>*Antifungals - Topical***</b>		
<i>antifungal external cream 1 %</i>	Medi-First Anti-Fungal	OTC
<i>anti-fungal external liquid†</i>		OTC
<i>athletes foot external cream</i>	LamISIL AT	OTC
<i>ciclopirox external gel</i>	Loprox	
<i>ciclopirox external shampoo</i>	Loprox	
<i>ciclopirox external solution</i>	Ciclodan	
<i>ciclopirox olamine external cream</i>	Ciclodan	
<i>ciclopirox olamine external suspension</i>	Loprox	
<i>ciclopirox olamine powder</i>		
<i>cvs af spray powder external aerosol, powder</i>	LamISIL AF Defense	OTC
<i>cvs antifungal external cream</i>	Medi-First Anti-Fungal	OTC
<i>cvs antifungal maximum str external liquid†</i>	Hongo Cura Anti-Fungal	OTC
<i>cvs athletes foot external cream</i>	LamISIL AT	OTC
<i>cvs foot &amp; sneaker external aerosol, powder</i>	LamISIL AF Defense	OTC
<i>cvs jock itch external cream</i>	LamISIL AT	OTC
<i>eq athletes foot (tolnaftate) external cream</i>	Medi-First Anti-Fungal	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql antifungal (tolnaftate) external cream</i>	Medi-First Anti-Fungal	OTC
<i>eql athletes foot(terbinafine) external cream</i>	LamISIL AT	OTC
<i>fungi-guard external cream</i>	Medi-First Anti-Fungal	OTC
<i>gnp tolnaftate external cream</i>	Medi-First Anti-Fungal	OTC
<i>medicated anti-fungal external solution</i>	Blis-To-Sol	OTC
<i>nystatin external cream</i>		
<i>nystatin external ointment</i>		
<i>nystatin external powder</i>	Nyamyc	
<i>nystatin powder</i>		
<i>odor control foot &amp; sneaker external aerosol, powder</i>	LamISIL AF Defense	OTC
<i>qc tolnaftate external cream</i>	Medi-First Anti-Fungal	OTC
<i>ra athletes foot (tolnaftate) external cream</i>	Medi-First Anti-Fungal	OTC
<i>sb anti-fungal external cream</i>	Medi-First Anti-Fungal	OTC
<i>sm antifungal tolnaftate external cream</i>	Medi-First Anti-Fungal	OTC
<i>terbinafine hcl external cream</i>	LamISIL AT	OTC
<i>tgt antifungal external cream</i>	Medi-First Anti-Fungal	OTC
<i>tolnaftate antifungal external cream</i>	Medi-First Anti-Fungal	OTC
<i>tolnaftate external aerosol, powder</i>	LamISIL AF Defense	OTC
<i>tolnaftate external cream</i>	Medi-First Anti-Fungal	OTC
<i>tolnaftate powder</i>		OTC
<b>FUNGOID-D EXTERNAL CREAM</b>	Tolnaftate Antifungal	OTC
<b>MEDI-FIRST ANTI-FUNGAL EXTERNAL CREAM</b>	Tolnaftate Antifungal	OTC
<b>NYAMYC EXTERNAL POWDER</b>	Nystatin	
<b>NYSTOP EXTERNAL POWDER</b>	Nystatin	
<b>*Antihistamines - Topical***</b>		
<i>anti-itch maximum strength external cream 2 %</i>		OTC
<i>anti-itch maximum strength external solution</i>	Benadryl Maximum Strength	OTC
<i>cvs anti-itch max str external cream</i>		OTC
<i>cvs itch relief external gel</i>	Dermarest	OTC
<i>itch relief external cream</i>		OTC
<i>ra anti-itch extra strength external gel</i>	Dermarest	OTC
<i>sb itch relief max st external solution</i>	Benadryl Maximum Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BENADRYL ITCH STOPPING EXTERNAL GEL</b>	CVS Itch Relief	OTC
<b>*Antihistamine-Topical Combinations***</b>		
<i>anti-itch external cream 1-0.1 %</i>	Benadryl Itch Stopping	OTC
<i>cvs instant itch relief external liquid†</i>	Benadryl Readymist	OTC
<i>cvs itch relief external cream 1-0.1 %</i>	Benadryl Itch Stopping	OTC
<i>cvs itch relief max st external liquid†</i>	Benadryl Readymist	OTC
<i>gnp itch relief extra strength external liquid†</i>	Benadryl Readymist	OTC
<i>ra anti-itch extra strength external liquid†</i>	Benadryl Readymist	OTC
<b>WAL-DRYL ANTI-ITCH EXTERNAL LIQUID†</b>	GNP Itch Relief Extra Strength	OTC
<b>WAL-DRYL EXTERNAL CREAM</b>	Diphenhydramine-Zinc Acetate	OTC
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution</i>		
<b>*Antipruritic Combinations - Topical***</b>		
<i>anti-itch external lotion</i>	Sarna	OTC
<i>antiseptic pain relief external liquid†</i>	Campho-Phenique	OTC
<i>cold sore treatment external gel</i>	Campho-Phenique	OTC
<i>cvs anti-itch external lotion</i>	Sarna	OTC
<b>*Antipsoriatics - Systemic***</b>		
<b>OXSORALEN ULTRA ORAL CAPSULE</b>	Methoxsalen Rapid	
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream</i>	Dovonex	
<i>calcipotriene external ointment</i>	Calcitrene	
<i>calcipotriene external solution</i>		
<b>*Antiseborrheic Combinations***</b>		
<i>selenium sulf-pyrithione-urea external shampoo</i>		
<i>sodium sulfacetamide wash external liquid†</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Antiseborrheic Products***</b>		
<i>cvs anti-dandruff external lotion</i>	Selsun Blue Moisturizing	OTC
<i>cvs dandruff everyday clean external shampoo</i>	Selsun Blue Salon	OTC
<i>eql medicated dandruff external lotion</i>	Selsun Blue Moisturizing	OTC
<i>selenium sulfide external lotion</i>	Selsun	
<i>sulfacetamide sodium external liquid†</i>	Seb-Prev Wash	
<b>SEB-PREV WASH EXTERNAL LIQUID†</b>	Sulfacetamide Sodium	
<b>*Antivirals - Topical***</b>		
<i>acyclovir external ointment</i>	Zovirax	ST; QLL (1 tube per 30 days)
<b>ABREVA EXTERNAL CREAM</b>		OTC; QLL (2 GM per 30 days)
<b>*Astringents***</b>		
<i>cvs diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>cvs hygienic cleansing external pad</i>	A.E.R. Traveler	OTC
<i>cvs zinc oxide external ointment</i>		OTC
<i>diaper rash external cream</i>	Huggies Diaper Rash	OTC
<i>diaper rash external ointment</i>	Boudreauxs Butt Paste	OTC
<i>gnp diaper rash creamy external ointment</i>	Cottontails Diaper Rash Creamy	OTC
<i>gnp zinc oxide external ointment</i>		OTC
<i>hygienic cleansing external pad</i>	A.E.R. Traveler	OTC
<i>meijer zinc oxide external ointment</i>		OTC
<i>ra diaper rash external ointment</i>	Boudreauxs Butt Paste	OTC
<i>ra zinc oxide external ointment</i>		OTC
<i>soothing ointment external ointment</i>	Cottontails Diaper Rash Creamy	OTC
<i>zinc oxide external ointment</i>		OTC
<b>BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT</b>	EQL Baby Basics Diaper Rash	OTC
<b>COTTONTAILS DIAPER RASH CREAMY EXTERNAL OINTMENT</b>	Soothing Ointment	OTC
<b>COTTONTAILS DIAPER RASH EXTERNAL OINTMENT</b>	EQL Baby Basics Diaper Rash	OTC
<b>TRIPLE PASTE EXTERNAL OINTMENT</b>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Burn Products***</b>		
<i>silver sulfadiazine external cream</i>	Thermazene	
<b>SSD EXTERNAL CREAM</b>	Silver Sulfadiazine	
<b>*Corticosteroids - Topical***</b>		
<i>alclometasone dipropionate external cream</i>	Aclovate	
<i>alclometasone dipropionate external ointment</i>		
<i>alphatrex external gel</i>		
<i>amcinonide external cream</i>		
<i>amcinonide external lotion</i>		
<i>amcinonide external ointment</i>		
<i>anti-itch maximum strength external cream 1 %</i>	Preparation H Hydrocortisone	OTC
<i>beta hc external lotion</i>	Aquanil HC	OTC
<i>betamethasone dipropionate aug external cream</i>	Diprolene AF	
<i>betamethasone dipropionate aug external gel</i>		
<i>betamethasone dipropionate aug external lotion</i>	Diprolene	
<i>betamethasone dipropionate aug external ointment</i>	Diprolene	
<i>betamethasone dipropionate external cream</i>		
<i>betamethasone dipropionate external lotion</i>		
<i>betamethasone dipropionate external ointment</i>		
<i>betamethasone valerate external cream</i>		
<i>betamethasone valerate external lotion</i>		
<i>betamethasone valerate external ointment</i>		
<i>clobetasol 17 propionate powder</i>		
<i>clobetasol propionate e external cream</i>	Temovate E	
<i>clobetasol propionate emulsion external foam</i>	Olux-E	
<i>clobetasol propionate external cream</i>	Temovate	
<i>clobetasol propionate external foam</i>	Olux	
<i>clobetasol propionate external gel</i>	Temovate	
<i>clobetasol propionate external lotion</i>	Clobex	
<i>clobetasol propionate external ointment</i>	Temovate	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>clobetasol propionate external shampoo</i>	Clobex	
<i>clobetasol propionate external solution</i>	Cormax Scalp Application	
<i>clobetasol propionate powder</i>		
<i>cvs anti-itch maximum strength external cream</i>	Preparation H Hydrocortisone	OTC
<i>cvs cortisone cooling relief external gel</i>	Corticoool	OTC
<i>cvs cortisone intense healing external cream</i>	Preparation H Hydrocortisone	OTC
<i>cvs cortisone long-lasting external lotion</i>	Aquanil HC	OTC
<i>cvs cortisone maximum strength external cream</i>	Preparation H Hydrocortisone	OTC
<i>cvs cortisone maximum strength external ointment</i>	Cortizone-10	OTC
<i>cvs eczema anti-itch external cream</i>	Preparation H Hydrocortisone	OTC
<i>cvs hydrocortisone acetate external cream</i>		OTC
<i>cvs hydrocortisone anti-itch external cream</i>	Preparation H Hydrocortisone	OTC
<i>cvs hydrocortisone max st external cream</i>	Preparation H Hydrocortisone	OTC
<i>desonide external cream</i>	DesOwen	
<i>desonide external lotion</i>	DesOwen	
<i>desonide external ointment</i>	DesOwen	
<i>desoximetasone external cream</i>	Topicort	
<i>desoximetasone external gel</i>	Topicort	
<i>desoximetasone external ointment 0.25 %</i>	Topicort	
<i>diflorasone diacetate external cream</i>		
<i>diflorasone diacetate external ointment</i>	ApexiCon	
<i>eq anti-itch max strength external cream</i>	Preparation H Hydrocortisone	OTC
<i>eq hydrocortisone max st external cream</i>	Preparation H Hydrocortisone	OTC
<i>eq hydrocortisone plus external cream</i>	Preparation H Hydrocortisone	OTC
<i>eql anti-itch intensive heal external cream</i>	Preparation H Hydrocortisone	OTC
<i>eql anti-itch maximum strength external cream</i>	Preparation H Hydrocortisone	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql anti-itch maximum strength external ointment</i>	Cortizone-10	OTC
<i>fluocinolone acetonide external cream</i>		
<i>fluocinolone acetonide external ointment</i>	Synalar	
<i>fluocinolone acetonide external solution</i>	Synalar	
<i>fluocinonide external cream 0.05 %</i>		
<i>fluocinonide external gel</i>		
<i>fluocinonide external ointment</i>		
<i>fluocinonide external solution</i>		
<i>fluocinonide-e external cream</i>		
<i>fluticasone propionate external cream</i>	Cutivate	
<i>fluticasone propionate external ointment</i>	Cutivate	
<i>gnp hydrocortisone external cream 0.5 %</i>		OTC
<i>gnp hydrocortisone max st external ointment</i>	Cortizone-10	OTC
<i>gnp hydrocortisone plus external cream</i>	Preparation H Hydrocortisone	OTC
<i>gnp hydro-lotion external lotion</i>	Aquanil HC	OTC
<i>halobetasol propionate external cream</i>	Ultravate	
<i>halobetasol propionate external ointment</i>	Ultravate	
<i>hydrocortisone acetate external cream</i>	Medi-Cortisone	OTC
<i>hydrocortisone butyrate external solution</i>	Locoid	
<i>hydrocortisone external cream 0.5 %</i>		OTC
<i>hydrocortisone external cream 1 %</i>	Preparation H Hydrocortisone	OTC
<i>hydrocortisone external cream 2.5 %</i>	Proctozone-HC	
<i>hydrocortisone external lotion 1 %</i>	Aquanil HC	OTC
<i>hydrocortisone external lotion 2.5 %</i>		
<i>hydrocortisone external ointment 0.5 %</i>		OTC
<i>hydrocortisone external ointment 1 %</i>	Cortizone-10	OTC
<i>hydrocortisone external ointment 2.5 %</i>		
<i>hydrocortisone intensive heal external cream</i>	Preparation H Hydrocortisone	OTC
<i>hydrocortisone max st external cream</i>	Preparation H Hydrocortisone	OTC
<i>hydrocortisone max st/12 moist external cream</i>	Preparation H Hydrocortisone	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydrocortisone plus external cream</i>	Preparation H Hydrocortisone	OTC
<i>hydrocortisone valerate external cream</i>		
<i>hydrocortisone valerate external ointment</i>	Westcort	
<i>instacort 5 external cream</i>		OTC
<i>kp hydrocortisone external cream</i>	Preparation H Hydrocortisone	OTC
<i>kp hydrocortisone max st external ointment</i>	Cortizone-10	OTC
<i>med-derm hydrocortisone external cream</i>		OTC
<i>medi-first hydrocortisone external cream</i>	Medi-Cortisone	OTC
<i>meijer hydrocortisone external cream</i>	Preparation H Hydrocortisone	OTC
<i>mometasone furoate external cream</i>	Elocon	
<i>mometasone furoate external ointment</i>	Elocon	
<i>mometasone furoate external solution</i>	Elocon	
<i>prednicarbate external cream</i>	Dermatop	
<i>prednicarbate external ointment</i>	Dermatop	
<i>px hydrocream external cream</i>	Preparation H Hydrocortisone	OTC
<i>qc hydrocortisone external cream</i>	Preparation H Hydrocortisone	OTC
<i>qc hydrocortisone max st external cream</i>	Preparation H Hydrocortisone	OTC
<i>ra anti-itch maximum strength external cream</i>	Preparation H Hydrocortisone	OTC
<i>ra anti-itch maximum strength external ointment</i>	Cortizone-10	OTC
<i>ra first aid anti-itch spray external solution</i>	Scalpicin Maximum Strength	OTC
<i>ra hydrocortisone max st external cream</i>	Preparation H Hydrocortisone	OTC
<i>ra hydrocortisone plus 12 external cream</i>	Preparation H Hydrocortisone	OTC
<i>recort plus external cream</i>	Preparation H Hydrocortisone	OTC
<i>rederm external lotion</i>	Aquanil HC	OTC
<i>sb hydrocortisone external cream</i>	Preparation H Hydrocortisone	OTC
<i>sb hydrocortisone max st external ointment</i>	Cortizone-10	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>scalp relief maximum strength external solution</i>	Scalpicin Maximum Strength	OTC
<i>sm hydrocortisone external cream</i>		OTC
<i>sm hydrocortisone external ointment</i>		OTC
<i>sm hydrocortisone max st external ointment</i>	Cortizone-10	OTC
<i>tgt anti-itch maximum strength external cream</i>	Preparation H Hydrocortisone	OTC
<i>tgt anti-itch maximum strength external ointment</i>	Cortizone-10	OTC
<i>tgt anti-itch plus oatmeal external cream</i>	Preparation H Hydrocortisone	OTC
<i>tgt anti-itch laloelvit e external cream</i>	Preparation H Hydrocortisone	OTC
<i>triamcinolone acetonide external cream</i>		
<i>triamcinolone acetonide external lotion</i>		
<i>triamcinolone acetonide external ointment</i>		
<b>ANTI-ITCH INTENSIVE HEALING EXTERNAL LOTION</b>	CVS Cortisone Long-Lasting	OTC
<b>AQUANIL HC EXTERNAL LOTION</b>	CVS Cortisone Long-Lasting	OTC
<b>AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>CORTAID MAXIMUM STRENGTH EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>CORTIZONE-10 ECZEMA EXTERNAL LOTION</b>	CVS Cortisone Long-Lasting	OTC
<b>CORTIZONE-10 EXTERNAL OINTMENT</b>	Hydrocortisone	OTC
<b>CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION</b>	CVS Cortisone Long-Lasting	OTC
<b>GYNECORT 10 EXTERNAL CREAM</b>	Medi-First Hydrocortisone	OTC
<b>HYDROSKIN EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>KERICORT 10 EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>LANACORT 10 EXTERNAL CREAM</b>	Medi-First Hydrocortisone	OTC
<b>LOCOID EXTERNAL CREAM</b>	Hydrocortisone Butyrate	
<b>LOCOID EXTERNAL LOTION</b>		
<b>LOCOID EXTERNAL OINTMENT</b>	Hydrocortisone Butyrate	
<b>LOCOID EXTERNAL SOLUTION</b>	Hydrocortisone Butyrate	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LOCOID LIPOCREAM EXTERNAL CREAM</b>	Hydrocortisone Butyr Lipo Base	
<b>LOKARA EXTERNAL LOTION</b>	Desonide	
<b>MONISTAT SOOTHING CARE ITCH EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>NEOSPORIN ECZEMA ESSENT MAX ST EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>NOBLE FORMULA HC EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>NOBLE FORMULA HC EXTERNAL SOLUTION</b>	EQL Scalp Relief Max Strength	OTC
<b>PREPARATION H HYDROCORTISONE EXTERNAL CREAM</b>	Hydrocortisone	OTC
<b>SARNOL-HC EXTERNAL LOTION</b>	CVS Cortisone Long-Lasting	OTC
<b>SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION</b>	EQL Scalp Relief Max Strength	OTC
<b>TRIANEX EXTERNAL OINTMENT</b>		
<b>TRIDERM EXTERNAL CREAM</b>	Triamcinolone Acetonide	
<b>*Depigmenting Agents***</b>		
<b>ESOTERICA FACIAL EXTERNAL CREAM</b>		OTC
<b>ESOTERICA SENSITIVE SKIN EXTERNAL CREAM</b>		OTC
<b>*Diaper Rash Products***</b>		
<i>cvs pediatric ointment external ointment</i>	Medi-Paste	OTC
<b>A+D PREVENT EXTERNAL OINTMENT</b>	CVS Pediatric Ointment	OTC
<b>COTTONTAILS A + D EXTERNAL OINTMENT</b>	CVS Pediatric Ointment	OTC
<b>DESITIN EXTERNAL OINTMENT</b>	CVS Pediatric Ointment	OTC
<b>MEDI-PASTE EXTERNAL OINTMENT</b>	CVS Pediatric Ointment	OTC
<b>PALADIN EXTERNAL OINTMENT</b>	CVS Pediatric Ointment	OTC
<b>PINXAV EXTERNAL OINTMENT</b>	CVS Pediatric Ointment	OTC
<b>*Emollient/Keratolytic Agents***</b>		
<b>AQUA CARE EXTERNAL CREAM</b>	Urea	OTC
<b>AQUA CARE EXTERNAL LOTION</b>	Ureacin-10	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Emollients***</b>		
<i>ammonium lactate external cream</i>	Lac-Hydrin	OTC
<i>ammonium lactate external lotion</i>	LAClotion	OTC
<i>collagen external cream</i>	Hydro-Lan	OTC
<i>cvs advanced healing external ointment</i>	Hydrolatum	OTC
<i>cvs dry skin care external lotion</i>	Nutraderm-30	OTC
<i>cvs eczema relief external cream</i>	Neosporin Eczema Essentials	OTC
<i>cvs extra moisturizing external lotion</i>	Nutraderm-30	OTC
<i>cvs gentle skin cleanser external lotion</i>	Nutraderm-30	OTC
<i>cvs hydrating skin treatment external lotion</i>	LAClotion	OTC
<i>cvs moisturizing external cream</i>	Hydro-Lan	OTC
<i>cvs moisturizing external lotion</i>	Nutraderm-30	OTC
<i>cvs moisturizing extra dry external cream</i>	Hydro-Lan	OTC
<i>cvs pure glycerin external liquid†</i>		OTC
<i>cvs skin treatment external lotion</i>	LAClotion	OTC
<i>cvs special care external lotion</i>	Nutraderm-30	OTC
<i>cvs vitamin e external oil 28000 unit/29ml</i>		OTC
<i>cvs vitamin e moisturizing external cream</i>	GRX Vitamin E	OTC
<i>cvs vitamin e moisturizing external oil</i>		OTC
<i>eczema moisturizing external lotion</i>		OTC
<i>eq therapeutic moisturizing external cream</i>	Hydro-Lan	OTC
<i>eql vitamin e ultra strength external oil</i>		OTC
<i>gel lined heel sleeves external</i>		OTC
<i>gel lined moisturizing booties external</i>		OTC
<i>gel lined moisturizing gloves external</i>		OTC
<i>glycerin external liquid†</i>		OTC
<i>gnp glycerin external liquid†</i>		OTC
<i>hm glycerin external liquid†</i>		OTC
<i>qc glycerin external liquid†</i>		OTC
<i>ra glycerin external liquid†</i>		OTC
<i>sm glycerin external liquid†</i>		OTC
<i>vitamin e skin external oil</i>		OTC
<i>vitamins a &amp; d external ointment</i>	Baza Clear	OTC
<b>AL12 EXTERNAL LOTION</b>	CVS Skin Treatment	OTC
<b>ALBOLENE EXTERNAL CREAM</b>	RA Renewal Moisturizing	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>AMLACTIN EXTERNAL LOTION</b>	CVS Skin Treatment	OTC
<b>GERI-HYDROLAC 12 EXTERNAL CREAM</b>	Ammonium Lactate	OTC
<b>GERI-HYDROLAC 12 EXTERNAL LOTION</b>	CVS Skin Treatment	OTC
<b>GERI-HYDROLAC 5 EXTERNAL LOTION</b>		OTC
<b>LAC-HYDRIN FIVE EXTERNAL LOTION</b>		OTC
<b>LANOLOR EXTERNAL CREAM</b>	RA Renewal Moisturizing	OTC
<b>SARATOGA EXTERNAL OINTMENT</b>	Hydrophor	OTC
<b>*Enzymes - Topical***</b>		
<b>SANTYL EXTERNAL OINTMENT</b>		
<b>*Eyelid Cleansers &amp; Lubricants***</b>		
<i>cleansing eyelid external pad</i>	Eye-Scrub	OTC
<i>cvs cleansing eyelid wipes external pad</i>	Eye-Scrub	OTC
<i>hm eyelid wipes external pad</i>	Eye-Scrub	OTC
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>anti-fungal external cream 1 %</i>	Lotrimin AF	OTC
<i>antifungal external cream 2 %</i>	Secura Antifungal	OTC
<i>baza antifungal external cream</i>	Secura Antifungal	OTC
<i>clotrimazole af external cream</i>	Lotrimin AF	OTC
<i>clotrimazole anti-fungal external cream</i>	Lotrimin AF	OTC
<i>clotrimazole external cream</i>	Lotrimin AF	OTC
<i>clotrimazole external solution</i>	FungiCure Intensive/NailGuard	OTC
<i>cvs anti-fungal external powder</i>	Zeasorb-AF	OTC
<i>cvs athletes foot spray external aerosol, powder</i>	Lotrimin AF Deodorant Powder	OTC
<i>cvs clotrimazole external cream</i>	Lotrimin AF	OTC
<i>cvs ringworm external cream</i>	Lotrimin AF	OTC
<i>econazole nitrate external cream</i>		
<i>eq antifungal external cream</i>	Lotrimin AF	OTC
<i>eq athletes foot external cream</i>	Lotrimin AF	OTC
<i>eq jock itch external cream</i>	Lotrimin AF	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql antifungal external cream</i>	Lotrimin AF	OTC
<i>eql athletes foot external cream</i>	Lotrimin AF	OTC
<i>gnp athletes foot external cream</i>	Lotrimin AF	OTC
<i>gnp miconazorb af external powder</i>	Zeasorb-AF	OTC
<i>jock itch external cream</i>	Lotrimin AF	OTC
<i>jock itch relief external cream</i>	Lotrimin AF	OTC
<i>ketoconazole external cream</i>		
<i>ketoconazole external shampoo</i>	Nizoral	
<i>kp clotrimazole external cream</i>	Lotrimin AF	OTC
<i>kp miconazole nitrate external cream</i>	Secura Antifungal	OTC
<i>micaderm external cream</i>	Secura Antifungal	OTC
<i>miconazole nitrate external cream</i>	Secura Antifungal	OTC
<i>miconazorb af external powder</i>	Zeasorb-AF	OTC
<i>podactin external cream</i>	Secura Antifungal	OTC
<i>px athletic foot external cream</i>	Lotrimin AF	OTC
<i>qc clotrimazole external cream</i>	Lotrimin AF	OTC
<i>ra antifungal external cream</i>	Secura Antifungal	OTC
<i>ra athletes foot external cream</i>	Lotrimin AF	OTC
<i>ra clotrimazole external cream</i>	Lotrimin AF	OTC
<i>ra jock itch external cream</i>	Lotrimin AF	OTC
<i>sb clotrimazole foot external cream</i>	Lotrimin AF	OTC
<i>sm antifungal clotrimazole external cream</i>	Lotrimin AF	OTC
<i>sm antifungal miconazole external cream</i>	Secura Antifungal	OTC
<i>tgt clotrimazole external cream</i>	Lotrimin AF	OTC
<i>triple paste af external ointment</i>	DermaFungal	OTC
<b>AZOLEN TINCTURE EXTERNAL SOLUTION</b>		OTC
<b>CARRINGTON ANTIFUNGAL EXTERNAL CREAM</b>	Miconazole Nitrate	OTC
<b>CLOTRIMAZOLE GRX EXTERNAL CREAM</b>	CVS Ringworm	OTC
<b>CRITIC-AID CLEAR AF EXTERNAL OINTMENT</b>	Triple Paste AF	OTC
<b>DERMAFUNGAL EXTERNAL OINTMENT</b>	Triple Paste AF	OTC
<b>DESENEX EXTERNAL CREAM</b>	CVS Ringworm	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DESENEX EXTERNAL POWDER</b>	CVS Anti-Fungal	OTC
<b>FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION</b>	Clotrimazole	OTC
<b>FUNGOID TINCTURE EXTERNAL SOLUTION</b>		OTC
<b>LOTRIMIN AF EXTERNAL POWDER</b>	CVS Anti-Fungal	OTC
<b>MICRO GUARD EXTERNAL POWDER</b>	CVS Anti-Fungal	OTC
<b>REMEDY ANTIFUNGAL CLEAR EXTERNAL OINTMENT</b>	Triple Paste AF	OTC
<b>REMEDY ANTIFUNGAL EXTERNAL CREAM</b>	Miconazole Nitrate	OTC
<b>REMEDY ANTIFUNGAL EXTERNAL POWDER</b>	CVS Anti-Fungal	OTC
<b>SECURA ANTIFUNGAL EXTERNAL CREAM</b>	Miconazole Nitrate	OTC
<b>SECURA ANTIFUNGAL EXTRA THICK EXTERNAL CREAM</b>	Miconazole Nitrate	OTC
<b>SOOTHE &amp; COOL INZO ANTIFUNGAL EXTERNAL CREAM</b>	Miconazole Nitrate	OTC
<b>TETTERINE EXTERNAL OINTMENT</b>	Triple Paste AF	OTC
<b>ZEASORB-AF EXTERNAL POWDER</b>	CVS Anti-Fungal	OTC
<b>*Immunomodulators</b>		
<b>Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream</i>	Aldara	
<b>*Insect Repellents***</b>		
<b>OFF DEEP WOODS DRY EXTERNAL AEROSOL†</b>	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
<b>OFF DEEP WOODS EXTERNAL AEROSOL†</b>	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
<b>OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL†</b>	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
<b>OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID†</b>		OTC; QLL (1 bottle per 30 days)
<b>OFF SMOOTH &amp; DRY EXTERNAL AEROSOL†</b>	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
<b>SAWYER INSECT REPELLENT EXTERNAL LIQUID†</b>		OTC; QLL (1 bottle per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL†</b>	CVS Insect Repellent	OTC; QLL (1 bottle per 30 days)
<b>*Keratolytic And/Or Antimitotic Combinations***</b>		
<i>exfoliating moisturizer external ointment</i>		OTC
<b>*Keratolytic/Antimitotic Agents***</b>		
<i>callus removers external pad</i>	Mediplast	OTC
<i>callus removers extra thick external pad</i>	Mediplast	OTC
<i>corn remover one-step external strip</i>	Compound W One Step Invisible	OTC
<i>cvs acne spot treatment external gel</i>	Clean & Clear Blemish Treatmnt	OTC
<i>cvs corn remover external pad</i>	Mediplast	OTC
<i>cvs liquid corn/callus remover external solution</i>		OTC
<i>cvs medicated spot external gel</i>	Clean & Clear Blemish Treatmnt	OTC
<i>cvs one step wart remover external strip</i>	Compound W One Step Invisible	OTC
<i>cvs plantar wart remover external pad</i>	Mediplast	OTC
<i>cvs therapeutic max st external shampoo</i>	Denorex Extra Strength 2-in-1	OTC
<i>cvs wart remover external liquid†</i>	Tinamed Wart Remover	OTC
<i>cvs wart remover external pad</i>	Mediplast	OTC
<i>gel callus removers external pad</i>	Mediplast	OTC
<i>gnp scalp relief external liquid†</i>	Psoriasisin	OTC
<i>liquid corn &amp; callus remover external liquid†</i>	Tinamed Wart Remover	OTC
<i>medicated wart removers external pad</i>	Mediplast	OTC
<i>podofilox external solution</i>	Condylox	
<i>ra scalp itch/dandruff relief external liquid†</i>	Psoriasisin	OTC
<i>ultra thin corn removers external pad</i>	Mediplast	OTC
<i>wart remover external gel</i>	Sal-Plant	OTC
<i>wart remover maximum strength external gel</i>	Sal-Plant	OTC
<i>wart remover maximum strength external liquid†</i>	Tinamed Wart Remover	OTC
<b>CONDYLOX EXTERNAL GEL</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PSORIASIN EXTERNAL LIQUID†</b>	RA Scalp Itch/Dandruff Relief	OTC
<b>SCALPICIN 2 IN 1 EXTERNAL LIQUID†</b>	RA Scalp Itch/Dandruff Relief	OTC
<b>SCALPICIN EXTERNAL LIQUID†</b>	RA Scalp Itch/Dandruff Relief	OTC
<b>*Liniment Combinations***</b>		
<i>cool &amp; heat extra strength external cream</i>	Thera-Gesic Plus	OTC
<i>cool &amp; heat extra strength external ointment</i>	Icy Hot Balm Extra Strength	OTC
<i>cool n heat external stick</i>	Icy Hot Extra Strength	OTC
<i>cvs cold &amp; hot pain relieving external cream</i>	Thera-Gesic Plus	OTC
<i>cvs muscle rub external cream</i>	Thera-Gesic Plus	OTC
<i>eql cool heat extra strength external cream</i>	Thera-Gesic Plus	OTC
<i>muscle rub ultra strength external cream 4-10-30 %</i>	Bengay Ultra Strength	OTC
<i>pain relieving external liquid†</i>		OTC
<b>*Liniments***</b>		
<i>analgesic cremelaloe external cream</i>	Mobisyl	OTC
<i>arthritis relieflaloe external aerosol†</i>		OTC
<i>cvs arthricream external cream</i>	Mobisyl	OTC
<b>*Local Anesthetics - Topical***</b>		
<i>aloe vera burn relief external aerosol†</i>		OTC
<i>boil pain relief external ointment</i>	Boil Ease Maximum Strength	OTC
<i>capsaicin external cream 0.025 %</i>	Zostrix	OTC
<i>capsaicin external cream 0.1 %</i>	Capzasin-HP	OTC
<i>capsaicin hot patch external pad</i>	Salonpas-Hot	OTC
<i>capsaicin hp external cream</i>	Capzasin-HP	OTC
<i>cvs aftersun aloellidocaine external gel</i>		OTC
<i>cvs anti-itch sensitive external lotion</i>	Prax	OTC
<i>cvs boil relief external ointment</i>	Boil Ease Maximum Strength	OTC
<i>cvs capsaicin hp external cream</i>	Capzasin-HP	OTC
<i>cvs instant burn relief external aerosol†</i>		OTC
<i>cvs medicated heat patch external pad</i>	Salonpas-Hot	OTC
<i>gnp capsaicin external cream</i>	Capzasin-HP	OTC
<i>lidocaine external ointment</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>lidocaine hcl external cream</i>	Lidopin	
<i>lidocaine hcl external gel 2 %</i>	Regenecare HA	
<i>lidocaine hcl external lotion</i>		
<i>lidocaine hcl external solution</i>	Xylocaine	
<i>ra arthritis pain relief external cream</i>	Zostrix HP	OTC
<b>CAPZASIN-P EXTERNAL CREAM</b>		OTC
<b>REGENECARE HA EXTERNAL GEL</b>	Lidocaine HCl	OTC
<b>*Lubricants***</b>		
<i>cvs lubricating jelly external gel</i>	Surgilube	OTC
<i>cvs personal lubricant/moist external gel</i>	Surgilube	OTC
<i>feminine moisturizer/lubricant external gel</i>	Surgilube	OTC
<i>lubricating jelly external gel</i>	Surgilube	OTC
<i>massagelubricant warming external liquid†</i>	K-Y Natural	OTC
<i>personal lubricant external gel</i>	Surgilube	OTC
<i>personal lubricant warming external gel</i>	Surgilube	OTC
<i>personal lubricant warming external liquid†</i>	K-Y Natural	OTC
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>tacrolimus external ointment</i>	Protopic	
<b>ELIDEL EXTERNAL CREAM</b>		ST; QLL (30 GM per 30 days)
<b>*Misc. Dermatological Products***</b>		
<i>liquid bandage external liquid†</i>	Nexcare Liquid Bandage Drops	OTC
<b>5 DAY EXTERNAL LIQUID†</b>	Liquid Bandage	OTC
<b>5 DAY FRESH EXTERNAL PAD</b>	Headache Relief	OTC
<b>FRESHN FEMININE DEODORANT EXTERNAL AEROSOL†</b>		OTC
<b>YODORA DEODORANT EXTERNAL CREAM</b>	Moisture	OTC
<b>*Misc. Topical Combinations***</b>		
<i>calamine external lotion 8-8 %</i>		OTC
<i>cvs body powder medicated external powder</i>	Gold Bond Extra Strength	OTC
<i>cvs protective external powder</i>		OTC
<i>cvs zinc oxide diaper external cream</i>	A & D Zinc Oxide	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DR SMITHS RASH-N-ALL EXTERNAL OINTMENT</b>		OTC
<b>*Misc. Topical***</b>		
<i>cvs aftersun aloe vera soothing external gel</i>	Aloe Aftersun	OTC
<i>cvs medicated wipes external pad</i>	Preparation H Totables Wipes	OTC
<i>cvs saline wound wash external solution</i>	Saljet	OTC
<i>cvs witch hazel external liquid†</i>	Dickinsons Witch Hazel	OTC
<i>medicated wipes external pad 50 %</i>	Preparation H Totables Wipes	OTC
<i>saline wound wash external solution</i>	Saljet	OTC
<i>witch hazel external solution 86 %</i>		OTC
<b>*Nit Removers***</b>		
<b>LICEMD EXTERNAL GEL</b>	RA Lice Egg Remover	OTC
<b>*Podiatric Products***</b>		
<i>cracked heel skin softener external ointment</i>	Flexitol Heel Balm	OTC
<i>foot treatment advanced external ointment</i>	Flexitol Heel Balm	OTC
<i>heel balm external ointment</i>	Flexitol Heel Balm	OTC
<b>*Poison Ivy Product Combinations***</b>		
<i>poison ivy treatment external aerosol†</i>	Ivy-Dry Super Continuous Spray	OTC
<b>*Poison Ivy Products***</b>		
<i>poison ivy wash external</i>	Zanfel	OTC
<b>*Powders***</b>		
<i>baby cornstarch external powder</i>	Johnsons Baby Cornstarch	OTC
<i>baby powder external powder</i>	Zeasorb	OTC
<i>cvs baby powder external powder</i>	Zeasorb	OTC
<i>cvs oatmeal bath external powder</i>	Lady Anti Monkey Butt	OTC
<i>hm baby cornstarch external powder</i>	Johnsons Baby Cornstarch	OTC
<b>B.F.I. EXTERNAL POWDER</b>	CVS Oatmeal Bath	OTC
<b>VAGISIL DEODORANT EXTERNAL POWDER</b>	CVS Oatmeal Bath	OTC
<b>*Rosacea Agents***</b>		
<i>metronidazole external cream</i>	Rosadan	
<i>metronidazole external gel</i>	Rosadan	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>metronidazole external lotion</i>	MetroLotion	
<b>ROSADAN EXTERNAL CREAM</b>	MetroNIDAZOLE	
<b>ROSADAN EXTERNAL GEL</b>	MetroNIDAZOLE	
<b>*Scabicide Combinations***</b>		
<i>cvs lice killing external shampoo</i>	Licide	OTC
<i>eq lice killing max st external shampoo</i>	Licide	OTC
<i>eql lice killing max st external shampoo</i>	Licide	OTC
<i>gnp lice treatment external shampoo</i>	Licide	OTC
<i>hm lice killing max st external shampoo</i>	Licide	OTC
<i>lice killing maximum strength external shampoo</i>	Licide	OTC
<i>lice treatment external liquid† 0.33-4 %</i>	A-200 Maximum Strength	OTC
<i>ra lice maximum strength external liquid†</i>	A-200 Maximum Strength	OTC
<i>ra lice maximum strength external shampoo</i>	Licide	OTC
<i>sb lice killing max st external shampoo</i>	Licide	OTC
<i>sm lice killing external shampoo</i>	A-200 Maximum Strength	OTC
<i>sm lice killing max strength external shampoo</i>	Licide	OTC
<i>stop lice maximum strength external liquid†</i>	A-200 Maximum Strength	OTC
<i>stop lice maximum strength external shampoo</i>	Licide	OTC
<i>tgt lice killing max st external shampoo</i>	Licide	OTC
<b>CVS LICE SOLUTION COMBINATION KIT</b>	RID Complete Lice Elimination	OTC
<b>LICIDE EXTERNAL SHAMPOO</b>	Lice Killing Maximum Strength	OTC
<b>LICIDE MAXIMUM STRENGTH EXTERNAL LIQUID†</b>	SM Lice Killing	OTC
<b>RID ESSENTIAL LICE ELIMINATION EXTERNAL KIT</b>		OTC
<b>*Scabicides &amp; Pediculicides***</b>		
<i>bedding spray lice treatment aerosol†</i>	RID	OTC
<i>cvs bedding spray lice treat aerosol†</i>	RID	OTC
<i>cvs permethrin external lotion</i>		OTC
<i>gnp lice bedding aerosol†</i>	RID	OTC
<i>gnp lice treatment external liquid†</i>	Nix Creme Rinse	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm lice treatment external lotion</i>		OTC
<i>lice treatment external liquid† 1 %</i>	Nix Creme Rinse	OTC
<i>lice treatment external lotion</i>		OTC
<i>malathion external lotion</i>	Ovide	
<i>permethrin external cream</i>	Elimite	
<i>ra lice bedding aerosol†</i>	RID	OTC
<i>sb lice treatment external liquid† 1 %</i>	Nix Creme Rinse	OTC
<i>sm bedding lice treatment aerosol†</i>	RID	OTC
<i>sm lice treatment external lotion</i>		OTC
<i>stop lice aerosol†</i>	RID	OTC
<b>LICIDE AEROSOL†</b>	Bedding Spray Lice Treatment	OTC
<b>ULESFIA EXTERNAL LOTION</b>		
<b>*Scar Treatment Products***</b>		
<i>cvs scar external gel</i>	Kelo-cote	OTC
<b>*Skin Cleansers***</b>		
<i>cvs hygienic cleansing external lotion</i>	Balneol	OTC
<i>cvs instant hand sanitizer external liquid†</i>	RA Germ Defense	OTC
<i>cvs isopropyl alcohol wipes external</i>	Pharmacist Choice Alcohol	OTC
<i>gnp isopropyl alcohol wipes external</i>	Pharmacist Choice Alcohol	OTC
<i>instant hand sanitizer external liquid†</i>	RA Germ Defense	OTC
<i>isopropyl alcohol external</i>	Pharmacist Choice Alcohol	OTC
<i>isopropyl alcohol external liquid†</i>		OTC
<i>isopropyl alcohol wipes external</i>	Pharmacist Choice Alcohol	OTC
<i>ra isopropyl alcohol wipes external</i>	Pharmacist Choice Alcohol	OTC
<b>*Skin Oils***</b>		
<i>baby oil external oil</i>	Johnsons Baby Oil	OTC
<i>cvs baby oil external oil</i>	Johnsons Baby Oil	OTC
<i>cvs bath oil external oil</i>	Johnsons Baby Oil	OTC
<i>hm baby oil external oil</i>	Johnsons Baby Oil	OTC
<b>*Skin Protectants***</b>		
<i>adult wash cloths with aloe external</i>	Comfort Shield	OTC
<i>beeswax lip balm external stick</i>	Chap-et	OTC
<i>cvs daily moisturizing external lotion</i>	Aveeno Skin Relief Calming	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cv's skin relief external lotion</i>	Aveeno Skin Relief Calming	OTC
<i>dermadrox external ointment</i>	RA Renewal Advanced Healing	OTC
<i>geri protect external ointment 74 %</i>	RA Renewal Advanced Healing	OTC
<i>lip balm external ointment</i>	RA Renewal Advanced Healing	OTC
<i>lip balm external stick</i>	Chap-et	OTC
<i>mineral oil light external oil</i>		OTC
<i>petroleum jelly lip treatment external ointment</i>	RA Renewal Advanced Healing	OTC
<b>A+D FIRST AID EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>ABSORBASE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>ALOE VESTA PROTECTIVE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>AQUAPHOR LIP REPAIR EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CHAP-AID EXTERNAL STICK</b>	RA Lip Care Medicated	OTC
<b>CHAPSTICK OVERNIGHT EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CHAPSTICK ULTRA MOISTURE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CHAPSTICK ULTRASMMOOTH FORTIFY EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CHAPSTICK ULTRASMMOOTH NOURISH EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CHAPSTICK ULTRASMMOOTH REJUVEN EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CHAPSTICK ULTRASMMOOTH SOOTHE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>CRITIC-AID CLEAR EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>LANTISEPTIC SKIN PROTECTANT EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>NEOSPORIN LIP HEALTH OVERNIGHT EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>PALOMAR E EXTERNAL OINTMENT</b>	CVS First Aid	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RA RENEWAL ADVANCED HEALING EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>REMEDY CLEAR-AID EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>SOOTHE &amp; COOL FREE MEDSEPTIC EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>SOOTHE &amp; COOL FREE MOISTURE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>SOOTHE &amp; COOL FREE SKIN PASTE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>SOOTHE &amp; COOL MOISTURE BARRIER EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>SOOTHE &amp; COOL PROTECT MOISTURE EXTERNAL OINTMENT</b>	CVS First Aid	OTC
<b>*Soaps***</b>		
<i>cvs cleansing skin external cream</i>	Tena Wash	OTC
<i>cvs daily facial cleanser external liquid†</i>	Basis Cleanser	OTC
<b>CONTI CASTILE SOAP EXTERNAL BAR</b>	RA Beauty Bar	OTC
<b>*Sunscreens***</b>		
<i>cvs sensitive skin sun external lotion</i>	Coppertone Sunblock SPF30	OTC
<i>cvs sunscreen spf 30 external lotion</i>	Coppertone Sunblock SPF30	OTC
<b>CHAP-AID SPF15 EXTERNAL STICK</b>	EQL Lip Balm	OTC
<b>CHAP-AID SPF4 EXTERNAL STICK</b>	EQL Lip Balm	OTC
<b>*Tar Combinations***</b>		
<b>POLYTAR EXTERNAL BAR</b>		OTC
<b>POLYTAR EXTERNAL SHAMPOO</b>		OTC
<b>*Tar Products***</b>		
<i>cvs therapeutic external shampoo</i>	DHS Tar Gel	OTC
<i>eql therapeutic external shampoo</i>	DHS Tar Gel	OTC
<i>pc-tar external shampoo</i>	Theraplex T	OTC
<i>ra therapeutic external shampoo</i>	DHS Tar Gel	OTC
<i>sm anti-dandruff coal tar external shampoo</i>	DHS Tar Gel	OTC
<i>therapeutic external shampoo</i>	DHS Tar Gel	OTC
<b>BETA CARE BETATAR GEL EXTERNAL SHAMPOO</b>	RA Therapeutic	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>IONIL-T EXTERNAL SHAMPOO</b>	PC-Tar	OTC
<b>MG217 MEDICATED TAR EXTERNAL SHAMPOO</b>		OTC
<b>TERA-GEL TAR EXTERNAL SHAMPOO</b>	EQL Therapeutic	OTC
<b>THERAPEUTIC T+PLUS EXTERNAL SHAMPOO</b>	EQL Therapeutic	OTC
<b>X-SEB T PEARL EXTERNAL SHAMPOO</b>		OTC
<b>X-SEB T PLUS EXTERNAL SHAMPOO 10 %</b>		OTC
<b>*Topical Anesthetic Combinations***</b>		
<i>alcohol swabs with benzocaine external pad</i>		OTC
<i>burn relief lidocaine/aloe external gel</i>		OTC
<i>calahist clear external lotion</i>		OTC
<i>calahist external lotion</i>	Calagesic	OTC
<i>cooling burn relief external aerosol†</i>	Solarcaine	OTC
<i>cvs itch relief external lotion</i>	Caladryl Clear	OTC
<i>cvs medicated anti-itch external cream</i>	Gold Bond Maximum Relief	OTC
<i>cvs medicated first aid spray external aerosol†</i>	Solarcaine	OTC
<i>first aid antiseptic external liquid† 2.5-0.13 %</i>	GNP Mercuroclear	OTC
<i>first aid antiseptic spray external aerosol†</i>	Solarcaine	OTC
<i>lidocaine-prilocaine external cream</i>	EMLA	
<i>lidocaine-prilocaine external kit</i>	Relador Pak Plus	
<b>LANACANE ANTI-BACTERIAL EXTERNAL AEROSOL†</b>		OTC
<b>LANACANE EXTERNAL CREAM</b>		OTC
<b>*Topical Selective Retinoid X Receptor Agonists***</b>		
<b>TARGRETIN EXTERNAL GEL</b>		
<b>*Topical Steroid Combinations***</b>		
<i>gnp hydrocortisone/aloe external cream</i>	Cortizone-10 Plus	OTC
<i>hm hydrocortisone plus external cream</i>	Cortizone-10 Plus	OTC
<i>hm hydrocortisone-aloe max st external cream</i>	Cortizone-10 Plus	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydrocortisone-aloe external cream 1 %</i>	Cortizone-10 Plus	OTC
<i>kls hydrocortisone plus external cream</i>	Cortizone-10 Plus	OTC
<i>ra hydrocortisone plus external cream 1 %</i>	Cortizone-10 Plus	OTC
<i>sm hydrocortisone plus external cream</i>	Cortizone-10 Plus	OTC
<i>sm hydrocortisone-aloe max st external cream</i>	Cortizone-10 Plus	OTC
<i>tgt anti-itchlalo max st external cream</i>	Cortizone-10 Plus	OTC
<b>CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM</b>	SM Hydrocortisone Plus	OTC
<b>CORTIZONE-10 PLUS EXTERNAL CREAM</b>	SM Hydrocortisone Plus	OTC
<b>CORTIZONE-10/ALOE EXTERNAL CREAM</b>	SM Hydrocortisone Plus	OTC
<b>*Vascular Agents***</b>		
<i>cvs hair regrowth womens external solution</i>	Rogaine	OTC
<i>eql hair regrowth for men external solution</i>	Rogaine Extra Strength for Men	OTC
<b>*Wound Cleansers/Decubitus Ulcer Therapy***</b>		
<i>cvs wound wash advanced external liquid†</i>	PeleVerus	OTC
<b>*Wound Dressings***</b>		
<i>cvs silver external gel</i>	Medihoney Wound/Burn Dressing	OTC
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*Diagnostic Drugs***</b>		
<b>GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED</b>		
<b>*Diagnostic Tests***</b>		
<i>cvs daily ovulation predictor in vitro kit</i>	Reveal Ovulation	OTC
<i>cvs pregnancy test kit in vitro diagnostic test†</i>	Reveal Urine Pregnancy	OTC
<i>daily ovulation predictor in vitro strip</i>	Reveal Ovulation Predictor	OTC
<i>digital pregnancy in vitro diagnostic test†</i>	Reveal Urine Pregnancy	OTC
<i>early pregnancy in vitro diagnostic test†</i>	Reveal Urine Pregnancy	OTC
<i>ketone test in vitro strip</i>	Ketostix	OTC
<i>one step ovulation test in vitro kit</i>	Reveal Ovulation	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>one-step pregnancy in vitro diagnostic test†</i>	Reveal Urine Pregnancy	OTC
<i>ovulation predictor one step in vitro diagnostic test†</i>	Clearblue Easy Ovulation Combo	OTC
<i>universal ph in vitro strip</i>	WFHC pH Paper	OTC
<b>ALBUSTIX IN VITRO STRIP</b>		OTC
<b>ASCENSIA AUTODISC TEST IN VITRO DISK</b>		OTC
<b>BAYER BREEZE 2 TEST IN VITRO DISK</b>		OTC
<b>CHEK-STIX CONTROL IN VITRO STRIP</b>	Ketone Test	OTC
<b>CHEMSTRIP 2 IN VITRO STRIP</b>	Universal pH	OTC
<b>CHEMSTRIP K IN VITRO STRIP</b>	Ketone Test	OTC
<b>CHEMSTRIP MICRAL IN VITRO STRIP</b>		OTC
<b>KETOCARE IN VITRO STRIP</b>	Ketone Test	OTC
<b>KETOSTIX IN VITRO STRIP</b>	Ketone Test	OTC
<b>NITRATEST PAPER IN VITRO DIAGNOSTIC TEST†</b>	Universal pH	OTC
<b>ONETOUCH ULTRA BLUE IN VITRO STRIP</b>	EasyPlus Blood Glucose Test	All One Touch brands are covered.; Quantity Limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	EasyPlus Blood Glucose Test	All One Touch brands are covered.; Quantity Limit applies to members older than 12 years old; OTC; QLL (150 EA per 30 days)
<b>RELION KETONE IN VITRO STRIP</b>	Ketone Test	OTC
<b>*Infection Tests***</b>		
<i>urinary tract infection test in vitro strip</i>	Reveal Urinary Tract	OTC
<b>*Multiple Urine Tests***</b>		
<b>CHEMSTRIP 10 MD IN VITRO STRIP</b>		OTC
<b>CHEMSTRIP 10/SG IN VITRO STRIP</b>		OTC
<b>CHEMSTRIP 2 GP IN VITRO STRIP</b>		OTC
<b>CHEMSTRIP 5 OB IN VITRO STRIP</b>		OTC
<b>CHEMSTRIP 7 IN VITRO STRIP</b>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CHEMSTRIP 9 IN VITRO STRIP</b>		OTC
<b>CHEMSTRIP UGK IN VITRO STRIP</b>		OTC
<b>COMBISTIX IN VITRO STRIP</b>		OTC
<b>CVS KETONE CARE IN VITRO STRIP</b>		OTC
<b>HEMA-COMBISTIX IN VITRO STRIP</b>		OTC
<b>KETO-DIASTIX IN VITRO STRIP</b>		OTC
<b>LABSTIX IN VITRO STRIP</b>		OTC
<b>MULTISTIX 10 SG IN VITRO STRIP</b>		OTC
<b>MULTISTIX 5 IN VITRO STRIP</b>		OTC
<b>MULTISTIX 7 IN VITRO STRIP</b>		OTC
<b>MULTISTIX 8 IN VITRO STRIP</b>		OTC
<b>MULTISTIX 9 IN VITRO STRIP</b>		OTC
<b>MULTISTIX 9 SG IN VITRO STRIP</b>		OTC
<b>MULTISTIX IN VITRO STRIP</b>		OTC
<b>URISTIX 4 IN VITRO STRIP</b>		OTC
<b>URISTIX IN VITRO STRIP</b>		OTC
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>		
<b>*Infant Foods***</b>		
<i>cvs advantageliron oral powder</i>	Similac for Spit-Up	OTC
<i>cvs sensitivityliron oral powder</i>	Similac for Spit-Up	OTC
<i>cvs tenderliron oral powder</i>	Similac for Spit-Up	OTC
<i>cvs toddler &amp; infantliron oral powder</i>	Similac for Spit-Up	OTC
<i>premium infant formulaliron oral powder</i>	Similac for Spit-Up	OTC
<b>ADVANTAGE INFANT FORMULA/IRON ORAL POWDER</b>	RA Soy Infant Formula/Iron	OTC
<b>*Nutritional Supplements - Diet Aids***</b>		
<i>minus weight plus energy oral capsule</i>	Carb Intercept/Phase 2	OTC
<b>CARB INTERCEPT/PHASE 2 ORAL CAPSULE</b>	Ultra Diet Aid	OTC
<b>*Nutritional Supplements***</b>		
<i>balanced nutritional drink oral liquid†</i>	Criticare HN	OTC
<i>balanced nutritional drink pls oral liquid†</i>	Criticare HN	OTC
<i>high-protein nutritional shake oral liquid†</i>	Criticare HN	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>nutritional drink oral liquid†</i>	Criticare HN	OTC
<i>nutritional drink plus oral liquid†</i>	Criticare HN	OTC
<i>nutritional drink shake mix oral powder</i>	Calcilo XD	OTC
<i>nutritional shake complete oral liquid†</i>	Criticare HN	OTC
<i>nutritional shake oral liquid†</i>	Criticare HN	OTC
<i>nutritional shake plus oral liquid†</i>	Criticare HN	OTC
<i>pediatric drink oral liquid†</i>	Criticare HN	OTC
<b>ESTRONATURAL EXTRA STRENGTH ORAL TABLET</b>	Chlorella-Spirulina Complex	OTC
<b>ESTRONATURAL ORAL TABLET</b>	Chlorella-Spirulina Complex	OTC
<b>*Sweeteners***</b>		
<b>SWEETA ORAL SOLUTION</b>		OTC
<b>*DIGESTIVE AIDS*</b>		
<b>*Digestive Enzyme Combinations***</b>		
<i>enzyme digest oral capsule</i>	Tyler Similase Sensitive	OTC
<i>papaya and enzymes oral tablet chewable</i>		OTC
<i>papayalpineapple enzymes oral tablet chewable</i>		OTC
<b>*Digestive Enzymes***</b>		
<i>cvs dairy relief ex st oral tablet</i>		OTC
<i>cvs dairy relief fast acting oral tablet</i>	Lactaid Fast Act	OTC
<i>cvs dairy relief fast acting oral tablet chewable</i>	Lactaid Fast Act	OTC
<i>cvs lactase enzyme ultra str oral tablet</i>	Lactaid Fast Act	OTC
<i>cvs lactase oral tablet</i>	Lac-Dose	OTC
<i>dairy digestive ultra oral tablet</i>	Lactaid Fast Act	OTC
<i>eql dairy digest fast acting oral tablet</i>	Lactaid Fast Act	OTC
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 6000 UNIT</b>		
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT	Pancrelipase (Lip-Prot-Amyl)	
<b>*DIURETICS*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Diamox Sequels	
<i>acetazolamide oral tablet</i>		
<i>methazolamide oral tablet</i>	Neptazane	
<i>methazolamide powder</i>		
<b>*Diuretic Combinations***</b>		
<i>amiloride-hydrochlorothiazide oral tablet</i>		
<i>spironolactone-hctz oral tablet</i>	Aldactazide	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Dyazide	
<i>triamterene-hctz oral tablet</i>	Maxzide-25	
<b>*Diuretics - Miscellaneous***</b>		
<i>cvs diuretic maximum strength oral capsule</i>		OTC
<b>*Loop Diuretics***</b>		
<i>bumetanide oral tablet</i>	Bumex	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet</i>	Lasix	
<i>furosemide powder</i>		
<i>torseamide oral tablet</i>	Demadex	
<b>*Potassium Sparing Diuretics***</b>		
<i>amiloride hcl oral tablet</i>		
<i>spironolactone oral tablet</i>	Aldactone	
<i>spironolactone powder</i>		
DYRENIUM ORAL CAPSULE		
<b>*Thiazides And Thiazide-Like Diuretics***</b>		
<i>chlorothiazide oral tablet</i>		
<i>chlorthalidone oral tablet</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hydrochlorothiazide oral capsule</i>	Microzide	
<i>hydrochlorothiazide oral tablet</i>		
<i>hydrochlorothiazide powder</i>		
<i>indapamide oral tablet</i>		
<i>methyclothiazide oral tablet</i>		
<i>metolazone oral tablet</i>	Zaroxolyn	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*Bisphosphonates***</b>		
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Fosamax	QLL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Fosamax	QLL (4 Tablets per 30 days)
<i>etidronate disodium oral tablet</i>		
<i>ibandronate sodium intravenous* solution 3 mg/3ml</i>	Boniva	
<i>pamidronate disodium intravenous* solution</i>		
<i>pamidronate disodium intravenous* solution reconstituted</i>		
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) nasal solution</i>	Fortical	
<b>*Carnitine Replenisher - Agents***</b>		
<i>levocarnitine intravenous* solution</i>	Carnitor	
<i>levocarnitine oral solution</i>	Carnitor SF	PA; OTC
<i>levocarnitine oral tablet</i>	Carnitor	PA
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline oral tablet</i>		PA
<b>*Growth Hormones***</b>		
<b>OMNITROPE SUBCUTANEOUS* SOLUTION</b>		PA
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol intravenous* solution 1 mcg/ml</i>	Calcijex	
<i>calcitriol oral capsule</i>	Rocaltrol	
<i>calcitriol oral solution</i>	Rocaltrol	
<i>paricalcitol oral capsule</i>	Zemplar	ST

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>		
<b>LUPRON DEPOT-PED INTRAMUSCULAR* KIT</b>		PA
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<i>raloxifene hcl oral tablet</i>	Evista	QLL (30 Tablets per 30 days)
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT</b>		PA
<b>*Vasopressin***</b>		
<i>desmopressin ace rhinal tube nasal solution</i>	DDAVP Rhinal Tube	QLL (1 Bottle per 30 days)
<i>desmopressin ace spray refrig nasal solution</i>	Minirin	QLL (1 Bottle per 30 days)
<i>desmopressin acetate oral tablet</i>	DDAVP	QLL (90 Tablets per 30 days)
<i>desmopressin acetate spray nasal solution</i>	DDAVP	QLL (1 Bottle per 30 days)
<b>*ESTROGENS*</b>		
<b>*Estrogen &amp; Progestin***</b>		
<i>estradiol-norethindrone acet oral tablet</i>	Activella	
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>		
<b>COMBIPATCH TRANSDERMAL PATCH BIWEEKLY</b>		
<b>FEMHRT LOW DOSE ORAL TABLET</b>	Norethindrone-Eth Estradiol	
<b>JINTELI ORAL TABLET</b>	Norethindrone-Eth Estradiol	
<b>MIMVEY LO ORAL TABLET</b>	Estradiol-Norethindrone Acet	
<b>MIMVEY ORAL TABLET</b>	Estradiol-Norethindrone Acet	
<b>PREFEST ORAL TABLET</b>		
<b>PREMPHASE ORAL TABLET</b>		
<b>PREMPRO ORAL TABLET</b>		
<b>*Estrogens***</b>		
<i>estradiol oral tablet</i>	Estrace	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>estradiol powder</i>		
<i>estradiol transdermal patch weekly</i>	Climara	QLL (4 EA per 30 days)
<i>estropipate oral tablet</i>	Ortho-Est 0.625	
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>		
<b>*FLUOROQUINOLONES*</b>		
<b>*Fluoroquinolones***</b>		
<i>ciprofloxacin hcl oral tablet</i>		QLL (28 Tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr*</i>	Cipro XR	QLL (3 Grams Max Qty Per Fill Retail)
<i>levofloxacin oral solution</i>	Levaquin	
<i>levofloxacin oral tablet</i>	Levaquin	QLL (14 Tablets per 90 days)
<i>ofloxacin oral tablet 400 mg</i>		
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*Antiflatulents***</b>		
<i>anti-gas oral capsule</i>	Gas-X Prevention	OTC
<i>cvs gas relief drops ex st oral liquid†</i>	Gas-X Infant Drops	OTC
<i>cvs gas relief extra strength oral tablet chewable</i>	Gas-X Extra Strength	OTC
<i>cvs gas relief oral capsule</i>	Gas-X Extra Strength	OTC
<i>cvs gas relief oral tablet chewable</i>	Gas-X	OTC
<i>cvs gas relief ultra strength oral capsule</i>	Phazyme	OTC
<i>cvs infants gas relief oral suspension</i>	Mylicon	OTC
<i>eq infants gas relief oral suspension</i>	Mylicon	OTC
<i>eql gas gone oral tablet chewable</i>	Gas-X Extra Strength	OTC
<i>eql gas relief oral capsule</i>	Gas-X Extra Strength	OTC
<i>eql infants gas relief oral suspension</i>	Mylicon	OTC
<i>gas relief extra strength oral tablet chewable</i>	Gas-X Extra Strength	OTC
<i>gas relief oral suspension</i>	Mylicon	OTC
<i>gnp infants gas relief oral suspension</i>	Mylicon	OTC
<i>hm gas relief infants drops oral suspension</i>	Mylicon	OTC
<i>infants gas relief oral suspension</i>	Mylicon	OTC
<i>infants simethicone oral suspension 20 mg/0.3ml</i>	Mylicon	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>px gas relief infants oral suspension</i>	Mylicon	OTC
<i>ra gas relief oral suspension</i>	Mylicon	OTC
<i>ra gas relief infants oral suspension</i>	Mylicon	OTC
<i>sb gas relief oral suspension</i>	Mylicon	OTC
<i>simeped oral suspension</i>	Mylicon	OTC
<i>simethicone liquid†</i>		OTC
<i>simethicone oral suspension</i>	Mylicon	OTC
<i>sm gas relief infants drops oral suspension</i>	Mylicon	OTC
<i>sm gas relief infants oral suspension</i>	Mylicon	OTC
<i>tgt gas relief infants oral liquid†</i>	Gas-X Infant Drops	OTC
<b>BEANO ORAL TABLET</b>		OTC
<b>GAS-X INFANT DROPS ORAL LIQUID†</b>	CVS Gas Relief Drops Ex St	OTC
<b>LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION</b>	CVS Infants Gas Relief	OTC
<b>LITTLE TUMMYS GAS RELIEF ORAL SUSPENSION</b>	CVS Infants Gas Relief	OTC
<b>PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION</b>	CVS Infants Gas Relief	OTC
<b>PHAZYME ULTRA STRENGTH ORAL CAPSULE</b>	Simethicone	OTC
<b>*Gallstone Solubilizing Agents***</b>		
<i>ursodiol oral capsule</i>	Actigall	
<i>ursodiol oral tablet</i>	Urso 250	
<b>*Gastrointestinal Chloride Channel Activators***</b>		
<b>AMITIZA ORAL CAPSULE</b>		ST; QLL (60 Capsules per 30 days)
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet</i>	Reglan	
<i>metoclopramide hcl powder</i>		
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>		
<b>LINZESS ORAL CAPSULE</b>		ST; QLL (30 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Inflammatory Bowel Agents***</b>		
<i>aminosalicylic acid-5 powder</i>		OTC
<i>mesalamine enema</i>		
<i>mesalamine powder</i>		
<i>sulfasalazine oral tablet</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release</i>	Sulfazine EC	
<i>sulfasalazine powder</i>		
<b>ASACOL HD ORAL TABLET DELAYED RELEASE</b>	Mesalamine	
<b>CANASA SUPPOSITORY</b>		
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE</b>		
<b>DIPENTUM ORAL CAPSULE</b>		
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE*</b>		
<b>SFROWASA ENEMA</b>		
<b>SULFAZINE ORAL TABLET</b>	SulfaSALazine	
<b>*Intestinal Acidifiers***</b>		
<i>enulose oral solution</i>		
<i>generlac oral solution</i>		
<i>lactulose encephalopathy oral solution</i>		
<b>*Peripheral Opioid Receptor Antagonists***</b>		
<b>MOVANTIK ORAL TABLET</b>		PA; QLL (30 EA per 30 days)
<b>*Phosphate Binder Agents***</b>		
<b>RENVELA ORAL PACKET</b>		
<b>RENVELA ORAL TABLET</b>	Sevelamer Carbonate	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>finasteride oral tablet 5 mg</i>	Proscar	
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hr*</i>	Uroxatral	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>tamsulosin hcl oral capsule</i>	Flomax	QLL (60 Capsules per 30 days)
<b>*Citrates***</b>		
<i>citric acid-sodium citrate oral solution</i>	Shohls Modified	
<i>cytra k crystals oral packet</i>	Polycitra-K	
<i>potassium citrate er oral tablet extendedrelease* 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extendedrelease* 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate powder</i>		
<i>potassium citrate-citric acid oral packet</i>	Polycitra-K	
<i>potassium citrate-citric acid oral solution</i>		
<i>tricitrates oral solution</i>		
<i>virtrate-3 oral solution</i>		
<b>TARON-CRYSTALS ORAL PACKET</b>	Cytra K Crystals	
<b>*Interstitial Cystitis Agents***</b>		
<b>ELMIRON ORAL CAPSULE</b>		
<b>*Phosphates***</b>		
<b>K-PHOS NO 2 ORAL TABLET</b>		
<b>*Urinary Analgesics***</b>		
<i>azo tabs oral tablet</i>	Phenazo	OTC
<i>azo-standard oral tablet</i>	Phenazo	OTC
<i>cvs urinary pain relief oral tablet</i>	Phenazo	OTC
<i>eq urinary pain relief oral tablet</i>	Phenazo	OTC
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Pyridium	
<i>phenazopyridine hcl powder</i>		
<i>qc azo oral tablet</i>	Phenazo	OTC
<i>ra urinary pain relief oral tablet</i>	Phenazo	OTC
<i>ra urinary tract pain relief oral tablet</i>	Phenazo	OTC
<i>sb urinary pain relief oral tablet</i>	Phenazo	OTC
<i>sm urinary pain relief oral tablet</i>	Phenazo	OTC
<i>urinary pain relief oral tablet 95 mg</i>	Phenazo	OTC
<b>AZO URINARY PAIN RELIEF ORAL TABLET 95 MG</b>	QC Azo	OTC
<b>PHENAZO ORAL TABLET 200 MG</b>	Phenazopyridine HCl	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
PHENAZO ORAL TABLET 95 MG	QC Azo	OTC
<b>*GOUT AGENTS*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid oral tablet</i>		
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet</i>	Zyloprim	
<i>colchicine oral tablet</i>	Colcrys	
<i>colchicine powder</i>		
ULORIC ORAL TABLET		ST
<b>*Uricosurics***</b>		
<i>probenecid oral tablet</i>		
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*Complement Inhibitors***</b>		
SOLIRIS INTRAVENOUS* SOLUTION		PA
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er oral tablet extendedrelease*</i>	TRENTal	
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol oral tablet</i>	Pletal	
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral tablet</i>	Persantine	
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl oral capsule</i>	Agrylin	
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Plavix	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 Tablets per 30 days)
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*Cobalamins***</b>		
<i>b-12 oral tablet 100 mcg, 500 mcg</i>		OTC
<i>b-12 oral tablet dispersible</i>		OTC
<i>b-12 sublingual tablet sublingual 2500 mcg, 3000 mcg, 5000 mcg</i>		OTC
<i>b-12 tr oral tablet extendedrelease*</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs b-12 oral liquid†</i>		OTC
<i>cvs b-12 oral tablet</i>		OTC
<i>cvs b-12 oral tablet dispersible</i>	VitaMelts Energy Vitamin B-12	OTC
<i>cvs b-12 oral tablet extendedrelease*</i>		OTC
<i>cvs b-12 sublingual tablet sublingual</i>	B-12 Microlozenge	OTC
<i>cvs vitamin b-12 oral tablet 1000 mcg, 2000 mcg, 500 mcg</i>		OTC
<i>eql vitamin b-12 oral tablet</i>		OTC
<i>gnp vitamin b-12 oral tablet</i>		OTC
<i>gnp vitamin b-12 oral tablet extendedrelease*</i>		OTC
<i>hm vitamin b12 oral tablet</i>		OTC
<i>hm vitamin b12 oral tablet extendedrelease*</i>		OTC
<i>hm vitamin b-12 tr oral tablet extendedrelease*</i>		OTC
<i>vitamin b-12 er oral tablet extendedrelease* 1000 mcg, 2000 mcg</i>		OTC
<i>vitamin b-12 oral liquid†</i>		OTC
<i>vitamin b12 oral tablet</i>		OTC
<i>vitamin b-12 oral tablet 100 mcg, 250 mcg, 50 mcg, 500 mcg</i>		OTC
<i>vitamin b-12 sublingual tablet sublingual 5000 mcg</i>		OTC
<b>*Cytotoxic Agents***</b>		
<b>DROXIA ORAL CAPSULE</b>		
<b>*Folic Acid/Folate Combinations***</b>		
<b>RX SUPPORT HB/REFLUX/ALOE ORAL TABLET</b>		OTC
<b>*Folic Acid/Folates***</b>		
<i>cvs folic acid oral tablet 800 mcg</i>	FA-8	OTC
<i>folic acid oral tablet 1 mg, 400 mcg</i>		OTC
<i>folic acid oral tablet 800 mcg</i>	FA-8	OTC
<i>gnp folic acid oral tablet</i>		OTC
<i>hm folic acid oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
NEUPOGEN INJECTION		PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		PA
<b>*Iron Combinations***</b>		
<i>fe c tab plus oral tablet</i>	FE C Plus	OTC
<i>iron 100 plus oral tablet</i>	FE C Plus	OTC
<b>ICAR-C PLUS ORAL TABLET</b>	Iron 100 Plus	
<b>*Iron***</b>		
<i>cvs iron oral tablet 240 (27 fe) mg</i>	Fergon	OTC
<i>cvs iron oral tablet 325 (65 fe) mg</i>	Feosol	OTC
<i>cvs slow release iron oral tablet extendedrelease*</i>		OTC
<i>eql iron supplement therapy oral tablet</i>	Feosol	OTC
<i>eql slow release iron oral tablet extendedrelease*</i>	Slow Fe	OTC
<i>fe tabs oral tablet delayed release</i>		OTC
<i>fer-iron oral solution</i>	Fer-In-Sol	OTC
<i>ferretts oral tablet</i>	Hemocyte	OTC
<i>ferro-bob oral tablet</i>	Feosol	OTC
<i>ferrotabs oral tablet</i>	Fergon	OTC
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	Fergon	OTC
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg, 325 (36 fe) mg</i>		OTC
<i>ferrous sulfate oral elixir</i>	FeroSul	OTC
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Fer-In-Sol	OTC
<i>ferrous sulfate oral tablet 27 mg</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Feosol	OTC
<i>ferrous sulfate oral tablet delayed release</i>		OTC
<i>ferrousul oral tablet</i>	Feosol	OTC
<i>gnp iron oral tablet</i>	Feosol	OTC
<i>gnp iron oral tablet extendedrelease*</i>	Slow Fe	OTC
<i>gnp slow release iron oral tablet extendedrelease*</i>		OTC
<i>high potency iron oral capsule</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm iron oral tablet</i>	Feosol	OTC
<i>hm iron slow release oral tablet extendedrelease*</i>	Slow Fe	OTC
<i>iron (ferrous gluconate) oral tablet</i>	Ferate	OTC
<i>iron oral tablet 240 (27 fe) mg</i>	Fergon	OTC
<i>iron oral tablet 28 mg</i>		OTC
<i>iron oral tablet 325 (65 fe) mg</i>	Feosol	OTC
<i>iron supplement childrens oral solution</i>	Fer-In-Sol	OTC
<i>kp ferrous gluconate oral tablet</i>		OTC
<i>kp ferrous sulfate oral tablet</i>	Feosol	OTC
<i>meijer ferrous sulfate oral tablet</i>	Feosol	OTC
<i>px iron oral tablet</i>		OTC
<i>qc ferrous sulfate oral tablet</i>	Feosol	OTC
<i>ra high potency iron oral tablet</i>		OTC
<i>ra iron oral tablet</i>		OTC
<i>ra slow release iron oral tablet extendedrelease* 47.5 mg</i>		OTC
<i>slow iron oral tablet extendedrelease*</i>	Slow Fe	OTC
<i>slow release iron oral tablet extendedrelease* 160 (50 fe) mg</i>	Slow Fe	OTC
<i>slow release iron oral tablet extendedrelease* 45 mg, 47.5 mg</i>		OTC
<i>sm iron oral tablet 325 (65 fe) mg</i>	Feosol	OTC
<i>sm iron slow release oral tablet extendedrelease* 160 (50 fe) mg</i>	Slow Fe	OTC
<i>sm slow release iron oral tablet extendedrelease* 143 (45 fe) mg</i>		OTC
<b>BPROTECTED PEDIA IRON ORAL SOLUTION</b>	Iron Supplement Childrens	OTC
<b>FEOSOL ORAL TABLET 325 (65 FE) MG</b>	Ferrous Sulfate	OTC
<b>FERATE ORAL TABLET 240 (27 FE) MG</b>	CVS Iron	OTC
<b>FEROSUL ORAL ELIXIR</b>	Ferrous Sulfate	OTC
<b>*HEMOSTATICS*</b>		
<b>*Hemostatics - Systemic***</b>		
<b>AMICAR ORAL SOLUTION</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
AMICAR ORAL TABLET	Aminocaproic Acid	
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<b>*Hepatitis C Agent - Combinations***</b>		
ZEPATIER ORAL TABLET		PA
<b>*HYPNOTICS*</b>		
<b>*Antihistamine Hypnotic Combinations***</b>		
<i>cvs ibuprofen pm oral tablet</i>	Advil PM	OTC
<i>cvs non-aspirin headache pm oral tablet</i>	Excedrin PM	OTC
<i>cvs non-aspirin pm oral tablet</i>	Tylenol PM Extra Strength	OTC
<i>cvs pain relief pm ex st oral tablet</i>	Tylenol PM Extra Strength	OTC
<i>eq ibuprofen pm oral tablet</i>	Advil PM	OTC
<i>eql pain relief pm ex st oral tablet</i>	Tylenol PM Extra Strength	OTC
<i>gnp ibuprofen pm oral tablet</i>	Advil PM	OTC
<i>ibuprofen pm oral tablet</i>	Advil PM	OTC
<i>pain reliever pm oral tablet 500-25 mg</i>	Tylenol PM Extra Strength	OTC
<i>ra ibuprofen pm oral tablet</i>	Advil PM	OTC
<i>sm ibuprofen pm oral tablet</i>	Advil PM	OTC
<i>sm pain reliever pm ex st oral tablet</i>	Tylenol PM Extra Strength	OTC
<i>tgt ibuprofen pm oral tablet</i>	Advil PM	OTC
MOTRIN PM ORAL TABLET	Ibuprofen PM	OTC
<b>*Antihistamine Hypnotics***</b>		
<i>compoz oral capsule</i>	Unisom Sleepgels	OTC
<i>compoz oral tablet</i>	Sominex Maximum Strength	OTC
<i>cvs sleep aid nighttime oral capsule</i>	Unisom Sleepgels	OTC
<i>cvs sleep aid nighttime oral tablet</i>	Nytol	OTC
<i>cvs sleep aid oral capsule</i>	Unisom Sleepgels	OTC
<i>cvs sleep aid oral tablet 25 mg</i>	Nytol	OTC
<i>cvs ultra sleep oral tablet</i>	Unisom	OTC
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Sominex Maximum Strength	OTC
<i>eq nighttime sleep aid max st oral capsule</i>	Unisom Sleepgels	OTC
<i>eq nighttime sleep aid oral tablet</i>	Nytol	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql nighttime sleep aid oral tablet</i>	Nytol	OTC
<i>eql sleep aid oral capsule</i>	Unisom Sleepgels	OTC
<i>gnp nighttime sleep aid oral tablet</i>	Nytol	OTC
<i>gnp sleep time oral liquid†</i>	ZzzQuil	OTC
<i>hm nighttime sleep aid oral capsule</i>	Unisom Sleepgels	OTC
<i>hm nighttime sleep aid oral tablet</i>	Nytol	OTC
<i>night time sleep aid oral tablet</i>	Nytol	OTC
<i>nighttime sleep aid oral tablet 25 mg</i>	Nytol	OTC
<i>nighttime sleep oral tablet</i>	Nytol	OTC
<i>qc rest simply oral tablet</i>	Nytol	OTC
<i>qc sleep aid max st oral capsule</i>	Unisom Sleepgels	OTC
<i>ra nighttime sleep aid oral capsule</i>	Unisom Sleepgels	OTC
<i>ra nighttime sleep aid oral tablet</i>	Nytol	OTC
<i>ra sleep aid (diphenhydramine) oral tablet</i>	Nytol	OTC
<i>ra sleep aid oral capsule</i>	Unisom Sleepgels	OTC
<i>ra sleep aid oral liquid†</i>	ZzzQuil	OTC
<i>sb sleep oral tablet</i>	Nytol	OTC
<i>sleep aid (diphenhydramine) oral tablet</i>	Nytol	OTC
<i>sleep ii oral tablet</i>	Nytol	OTC
<i>sleep tabs oral tablet 25 mg</i>	Nytol	OTC
<i>sleep-aid maximum strength oral capsule</i>	Unisom Sleepgels	OTC
<i>sleep-tabs oral tablet</i>	Nytol	OTC
<i>sm sleep aid maximum strength oral capsule</i>	Unisom Sleepgels	OTC
<i>sm sleep aid night time oral tablet</i>	Nytol	OTC
<i>sm z-sleep oral liquid†</i>	ZzzQuil	OTC
<i>tetra-formula nighttime sleep oral tablet</i>	Sominex Maximum Strength	OTC
<i>tgt nighttime sleep aid oral tablet</i>	Nytol	OTC
<i>tgt sleep aid max strength oral capsule</i>	Unisom Sleepgels	OTC
<i>wal-som maximum strength oral capsule</i>	Unisom Sleepgels	OTC
<b>HM Z-SLEEP ORAL LIQUID†</b>	RA Sleep Aid	OTC
<b>NYTOL ORAL TABLET</b>	Sleep Tabs	OTC
<b>RESTFULLY SLEEP ORAL TABLET</b>	Sleep Tabs	OTC
<b>SIMPLY SLEEP ORAL TABLET</b>	Sleep Tabs	OTC
<b>SOMINEX ORAL TABLET</b>	Sleep Tabs	OTC
<b>WAL-SLEEP Z ORAL LIQUID†</b>	RA Sleep Aid	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital oral elixir</i>		
<i>phenobarbital oral solution</i>		
<i>phenobarbital oral tablet</i>		
<i>phenobarbital powder</i>		
<b>*Benzodiazepine Hypnotics***</b>		
<i>estazolam oral tablet</i>		QLL (30 Tablets per 30 days)
<i>flurazepam hcl oral capsule</i>		QLL (30 Tablets per 30 days)
<i>temazepam oral capsule 15 mg</i>	Restoril	QLL (1 EA per 1 day)
<i>temazepam oral capsule 30 mg</i>	Restoril	QLL (30 Tablets per 30 days)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>zaleplon oral capsule</i>	Sonata	QLL (30 Tablets per 30 days)
<i>zolpidem tartrate oral tablet</i>	Ambien	QLL (30 Tablets per 30 days)
<b>*Selective Melatonin Receptor Agonists***</b>		
<b>ROZEREM ORAL TABLET</b>		ST; QLL (30 Tablets per 30 days)
<b>*LAXATIVES*</b>		
<b>*Bowel Evacuant Combinations***</b>		
<i>peg 3350/electrolytes oral solution reconstituted</i>	Colyte with Flavor Packs	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Nulytely with Flavor Packs	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Golytely	
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED</b>	PEG 3350/Electrolytes	
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED</b>	PEG-3350/Electrolytes	
<b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED</b>	PEG 3350-KCl-Na Bicarb-NaCl	
<b>TRILYTE ORAL SOLUTION RECONSTITUTED</b>	PEG 3350-KCl-Na Bicarb-NaCl	
<b>*Bulk Laxatives***</b>		
<i>advanced fiber complex oral capsule</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>clear soluble fiber oral powder</i>	Benefiber For Children	OTC
<i>cvs easy fiber oral powder</i>		OTC
<i>cvs fiber laxative oral tablet</i>	FiberCon	OTC
<i>cvs fiber oral capsule</i>	Wal-Mucil	OTC
<i>cvs natural daily fiber oral powder</i>	Metamucil	OTC
<i>cvs natural fiber supplement oral packet</i>		OTC
<i>cvs soluble fiber therapy oral tablet</i>	Citrucel	OTC
<i>eq fiber laxative oral tablet</i>	FiberCon	OTC
<i>eq fiber therapy oral capsule</i>	Wal-Mucil	OTC
<i>eq fiber therapy oral powder</i>	Metamucil	OTC
<i>eq fiber therapy oral tablet 625 mg</i>	FiberCon	OTC
<i>eq natural fiber laxative oral powder</i>	Konsyl	OTC
<i>eql fiber supplement oral powder</i>		OTC
<i>eql fiber therapy oral tablet</i>	Citrucel	OTC
<i>eql natural fiber oral powder 28.3 %</i>	Konsyl	OTC
<i>eql natural fiber oral powder 58.6 %</i>	Metamucil MultiHealth Fiber	OTC
<i>fiber (corn dextrin) oral powder</i>		OTC
<i>fiber laxative oral capsule</i>	Wal-Mucil	OTC
<i>fiber laxative oral tablet</i>	FiberCon	OTC
<i>fiber oral capsule</i>	Wal-Mucil	OTC
<i>fiber oral tablet</i>	FiberCon	OTC
<i>fiber therapy oral tablet</i>	Citrucel	OTC
<i>fiber-lax oral tablet</i>	FiberCon	OTC
<i>geri-mucil oral powder</i>	Reguloid	OTC
<i>gnp fiber-caps oral tablet</i>	FiberCon	OTC
<i>gnp natural fiber oral capsule</i>	Wal-Mucil	OTC
<i>gnp natural fiber oral powder</i>	Konsyl	OTC
<i>goodsense natural fiber oral powder</i>	Konsyl	OTC
<i>hm fiber oral capsule 0.52 gm</i>	Wal-Mucil	OTC
<i>hm fiber oral powder</i>	Konsyl	OTC
<i>kls fiber-tabs oral tablet</i>	FiberCon	OTC
<i>kls natural psyllium fiber oral powder</i>	Metamucil MultiHealth Fiber	OTC
<i>natrul colon care oral powder</i>	Wal-Mucil	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>natural fiber laxative oral powder 28.3 %</i>	Konsyl	OTC
<i>natural fiber laxative oral powder 30.9 %, 48.57 %</i>	Metamucil	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil MultiHealth Fiber	OTC
<i>natural fiber oral powder 58.6 %</i>	Metamucil MultiHealth Fiber	OTC
<i>natural fiber therapy oral powder 30.9 %, 48.57 %</i>	Metamucil	OTC
<i>natural psyllium seed oral powder</i>	Wal-Mucil	OTC
<i>natural vegetable fiber oral powder 48.57 %</i>	Metamucil	OTC
<i>psyl dex oral powder</i>		OTC
<i>psyllium husk oral powder</i>	Wal-Mucil	OTC
<i>px fiber oral capsule</i>	Wal-Mucil	OTC
<i>px fiber oral tablet</i>	FiberCon	OTC
<i>qc fiber laxative oral capsule</i>	Wal-Mucil	OTC
<i>qc natural vegetable oral powder</i>	Hydrocil	OTC
<i>ra fiber laxative oral powder</i>	Metamucil	OTC
<i>ra fiber oral capsule</i>	Wal-Mucil	OTC
<i>ra fiber oral powder</i>	Metamucil MultiHealth Fiber	OTC
<i>ra fiber supplement oral powder</i>	Konsyl	OTC
<i>ra fiber therapy oral capsule</i>	Wal-Mucil	OTC
<i>ra fiber therapy oral tablet</i>	FiberCon	OTC
<i>ra fiber-cap oral tablet</i>	FiberCon	OTC
<i>ra fiber-tab oral tablet</i>	FiberCon	OTC
<i>sb fib lax orange oral powder</i>		OTC
<i>sb fiber laxative oral powder</i>	Metamucil	OTC
<i>sb fiber laxative oral tablet</i>	FiberCon	OTC
<i>sm fiber laxative oral capsule</i>	Wal-Mucil	OTC
<i>sm fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>sm fiber oral powder</i>	Konsyl	OTC
<i>sorbulax oral powder</i>	Wal-Mucil	OTC
<i>tgt fiber laxative oral tablet</i>	FiberCon	OTC
<i>tgt fiber therapy oral powder</i>	Konsyl	OTC
<i>tgt psyllium fiber oral capsule</i>	Wal-Mucil	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EQUALACTIN ORAL TABLET CHEWABLE</b>		OTC
<b>FIBER CHOICE ORAL TABLET CHEWABLE</b>		OTC
<b>FIBER SELECT GUMMIES ORAL TABLET CHEWABLE</b>	Little Tummys Fiber Gummies	OTC
<b>FIBERGEN ORAL TABLET</b>	CVS Fiber Laxative	OTC
<b>HYDROCIL ORAL PACKET</b>		OTC
<b>HYDROCIL ORAL POWDER</b>	QC Natural Vegetable	OTC
<b>KONSYL FIBER ORAL TABLET</b>	CVS Fiber Laxative	OTC
<b>KONSYL ORAL CAPSULE</b>	HM Fiber	OTC
<b>KONSYL ORAL PACKET 100 %, 28.3 %</b>		OTC
<b>KONSYL ORAL POWDER 28.3 %</b>	EQL Natural Fiber	OTC
<b>KONSYL ORAL POWDER 30.9 %</b>	HM Fiber	OTC
<b>KONSYL ORAL POWDER 60.3 %, 71.67 %</b>		OTC
<b>KONSYL-D ORAL POWDER</b>		OTC
<b>MEDI-MUCIL ORAL CAPSULE</b>	HM Fiber	OTC
<b>METAMUCIL MULTIHEALTH FIBER ORAL PACKET</b>		OTC
<b>METAMUCIL MULTIHEALTH FIBER ORAL POWDER 63 %</b>		OTC
<b>METAMUCIL SMOOTH TEXTURE ORAL PACKET</b>		OTC
<b>METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %</b>	EQL Natural Fiber	OTC
<b>REGULOID ORAL CAPSULE</b>	Wal-Mucil	OTC
<b>REGULOID ORAL POWDER 28.3 %</b>	EQL Natural Fiber	OTC
<b>REGULOID ORAL POWDER 48.57 %</b>	HM Fiber	OTC
<b>REGULOID ORAL POWDER 58.6 %</b>	Metamucil MultiHealth Fiber	OTC
<b>WAL-MUCIL ORAL CAPSULE</b>	HM Fiber	OTC
<b>WAL-MUCIL ORAL POWDER</b>	EQL Natural Fiber	OTC
<b>*Laxative Combinations***</b>		
<i>cvs easy fiber/calcium oral tablet chewable</i>	Benefiber Plus Calcium	OTC
<b>WAL-MUCIL PLUS CALCIUM ORAL CAPSULE</b>	Fiber Plus Calcium	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Laxatives - Miscellaneous***</b>		
<i>constulose oral solution</i>		
<i>cvs glycerin adult suppository</i>	Sani-Supp Adult	OTC
<i>cvs glycerin child suppository 1 gm</i>	Pedia-Lax	OTC
<i>gavilax oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>gentlelax oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>glycerin (adult) suppository 2 gm</i>	Sani-Supp Adult	OTC
<i>glycerin (adult) suppository 2.1 gm</i>		OTC
<i>glycerin (infants &amp; children) suppository</i>	Pedia-Lax	OTC
<i>glycerin (pediatric) suppository 1.2 gm</i>	Sani-Supp Pediatric	OTC
<i>glycerin adult suppository</i>	Sani-Supp Adult	OTC
<i>gnp glycerin (adult) suppository 2.1 gm</i>		OTC
<i>gnp glycerin (infant) suppository</i>	Sani-Supp Pediatric	OTC
<i>gnp glycerin child suppository</i>	Sani-Supp Pediatric	OTC
<i>lactulose oral solution</i>		
<i>peg 3350 oral packet</i>	CVS Purelax	OTC
<i>peg 3350 oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>polyethylene glycol 3350 oral packet</i>	CVS Purelax	OTC
<i>polyethylene glycol 3350 oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>px glycerin suppository</i>		OTC
<i>qc natura-lax oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>ra glycerin adult suppository</i>		OTC
<i>ra glycerin child suppository</i>		OTC
<i>ra laxative oral packet</i>	CVS Purelax	OTC
<i>ra laxative oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>sb glycerin adult suppository</i>		OTC
<i>sb glycerin pediatric suppository</i>	Sani-Supp Pediatric	OTC
<i>sb polyethylene glycol 3350 oral powder</i>	MiraLax	OTC; QLL (527 GM per 30 days)
<i>sm glycerin pediatric suppository</i>	Sani-Supp Pediatric	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sorbitol oral solution</i>		OTC
<i>sorbitol solution 70 %</i>		OTC
<b>CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC
<b>CVS PURELAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>DOVER ENEMA BAG AND TUBE 24FR KIT</b>	Seamless Enema Bag	OTC
<b>DULCOLAX BALANCE ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>EQ CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>EQL CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>FLEET LIQUID GLYCERIN SUPP ENEMA</b>		OTC
<b>GLYCOLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>GNP CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>HEALTHYLAX ORAL PACKET</b>	GaviLAX	OTC
<b>HM CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>KLS LAXACLEAR ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>MIRALAX ORAL PACKET</b>	GaviLAX	OTC
<b>MIRALAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC
<b>PEGYLAX ORAL POWDER</b>	Polyethylene Glycol 3350	QLL (527 GM per 30 days)
<b>SANI-SUPP ADULT SUPPOSITORY</b>	CVS Glycerin Adult	OTC
<b>SANI-SUPP PEDIATRIC SUPPOSITORY</b>	GNP Glycerin (Infant)	OTC
<b>SM CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>SMOOTH LAX ORAL PACKET</b>	GaviLAX	OTC
<b>SMOOTH LAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC
<b>SW CLEARLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)
<b>TGT POWDERLAX ORAL POWDER</b>	Polyethylene Glycol 3350	OTC; QLL (527 GM per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Laxatives &amp; Dss***</b>		
<i>cvs senna plus oral tablet</i>	Senokot S	OTC
<i>cvs stool softener oral tablet</i>	Senokot S	OTC
<i>cvs stool softener/laxative oral tablet</i>	Senokot S	OTC
<i>easy-lax plus oral tablet</i>	Senokot S	OTC
<i>eq senna-s oral tablet</i>	Senokot S	OTC
<i>eq stool softener/laxative oral tablet</i>	Senokot S	OTC
<i>eql senna-s oral tablet</i>	Senokot S	OTC
<i>eql stool softener/stimulant oral tablet</i>	Senokot S	OTC
<i>gnp senna plus oral tablet</i>	Senokot S	OTC
<i>gnp stool softener/laxative oral tablet</i>	Senokot S	OTC
<i>goodsense stimulant laxative oral tablet</i>	Senokot S	OTC
<i>hm senna-s oral tablet</i>	Senokot S	OTC
<i>hm stool softener/laxative oral tablet</i>	Senokot S	OTC
<i>laxacin oral tablet</i>	Senokot S	OTC
<i>medi-natural plus oral tablet</i>	Senokot S	OTC
<i>qc senna-s oral tablet</i>	Senokot S	OTC
<i>qc stool softener pls laxative oral tablet</i>	Senokot S	OTC
<i>ra laxative &amp; stool softener oral tablet</i>	Senokot S	OTC
<i>ra p col-rite oral tablet</i>	Senokot S	OTC
<i>ra senna plus oral tablet</i>	Senokot S	OTC
<i>sb docusate sodium/senna oral tablet</i>	Senokot S	OTC
<i>senna plus oral tablet</i>	Senokot S	OTC
<i>senna s oral tablet</i>	Senokot S	OTC
<i>senna-docusate sodium oral tablet</i>	Senokot S	OTC
<i>senna-plus oral tablet</i>	Senokot S	OTC
<i>senna-s oral tablet</i>	Senokot S	OTC
<i>senna-time s oral tablet</i>	Senokot S	OTC
<i>senosides-docusate sodium oral tablet</i>	Senokot S	OTC
<i>sm natural laxative/stool soft oral tablet</i>	Senokot S	OTC
<i>sm stool softener/laxative oral tablet</i>	Senokot S	OTC
<i>stool softener &amp; laxative oral tablet</i>	Senokot S	OTC
<i>stool softener laxative oral tablet</i>	Senokot S	OTC
<i>stool softener plus laxative oral tablet</i>	Senokot S	OTC
<i>tgt senna lax/stool softener oral tablet</i>	Senokot S	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>tgt senna laxative oral tablet 8.6-50 mg</i>	Senokot S	OTC
<i>tgt stool softener &amp; stimulant oral tablet</i>	Senokot S	OTC
<b>DOC-Q-LAX ORAL TABLET</b>	Senna S	OTC
<b>DOK PLUS ORAL TABLET 50-8.6 MG</b>	Senna S	OTC
<b>PERI-COLACE ORAL TABLET</b>	Senna S	OTC
<b>SENEXON-S ORAL TABLET</b>	Senna S	OTC
<b>SENNALAX-S ORAL TABLET</b>	Senna S	OTC
<b>SEKOKOT S ORAL TABLET</b>	Senna S	OTC
<b>*Lubricant Laxatives***</b>		
<i>cvs mineral oil enema enema</i>	Fleet Oil	OTC
<i>cvs mineral oil oral oil</i>		OTC
<i>enema mineral oil enema</i>	Fleet Oil	OTC
<i>gnp mineral oil enema</i>	Fleet Oil	OTC
<i>gnp mineral oil heavy oral oil</i>		OTC
<i>hm enema mineral oil enema</i>	Fleet Oil	OTC
<i>hm mineral oil oral oil</i>		OTC
<i>mineral oil enema</i>	Fleet Oil	OTC
<i>mineral oil heavy oil</i>		OTC
<i>mineral oil heavy oral oil</i>		
<i>mineral oil light oil</i>	Muri-Lube	OTC
<i>mineral oil oil</i>		OTC
<i>mineral oil oral oil</i>		OTC
<i>qc mineral oil heavy oral oil</i>		OTC
<i>ra mineral oil oral oil</i>		OTC
<i>sm mineral oil enema</i>	Fleet Oil	OTC
<i>sm mineral oil oral oil</i>		OTC
<b>MURI-LUBE OIL</b>	Mineral Oil Light	
<b>*Saline Laxative Mixtures***</b>		
<i>cvs enema disposable enema</i>	Fleet Pediatric	OTC
<i>cvs phosphate saline laxative oral solution</i>		OTC
<i>enema disposable enema</i>	Fleet Pediatric	OTC
<i>enema enema 7-19 gm/118ml</i>	Fleet Pediatric	OTC
<i>eql ready-to-use enema enema</i>	Fleet Pediatric	OTC
<i>phosphate laxative oral solution 0.9-2.4 gm/5ml</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Saline Laxatives***</b>		
<i>cvs citrate of magnesia oral solution</i>	Citroma	OTC
<i>cvs epsom salt granules</i>		OTC
<i>cvs epsom salt oral granules</i>		OTC
<i>cvs laxative dietary supplement oral tablet</i>	Phillips	OTC
<i>cvs magnesium citrate oral solution</i>	Citroma	OTC
<i>cvs milk of magnesia oral suspension</i>	Phillips Milk of Magnesia	OTC
<i>epsom salt granules</i>		OTC
<i>epsom salt oral granules</i>		OTC
<i>eql milk of magnesia oral suspension</i>	Phillips Milk of Magnesia	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	Phillips Milk of Magnesia	OTC
<b>*Stimulant Laxatives***</b>		
<i>bisacodyl ec oral tablet delayed release</i>	Carters Little Pills	OTC
<i>bisacodyl laxative suppository</i>	Bisac-Evac	OTC
<i>bisacodyl suppository</i>	Bisac-Evac	OTC
<i>biscolax suppository</i>	Bisac-Evac	OTC
<i>cascara sagrada oral fluid extract</i>		
<i>castor oil stimulant laxative oral oil</i>		OTC
<i>chocolated laxative oral tablet chewable</i>	Ex-Lax	OTC
<i>correct oral tablet delayed release</i>	Carters Little Pills	OTC
<i>cvs bisacodyl oral tablet delayed release</i>	Carters Little Pills	OTC
<i>cvs bisacodyl suppository</i>	Bisac-Evac	OTC
<i>cvs chocolate laxative pieces oral tablet chewable</i>	Ex-Lax	OTC
<i>cvs gentle laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>cvs gentle laxative suppository</i>	Bisac-Evac	OTC
<i>cvs gentle laxative womens oral tablet delayed release</i>	Carters Little Pills	OTC
<i>cvs laxative pills oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>cvs senna oral tablet</i>	Evac-U-Gen	OTC
<i>cvs senna-extra oral tablet</i>	Senokot XTRA	OTC
<i>ducodyl oral tablet delayed release</i>	Carters Little Pills	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eq gentle laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>eq laxative maximum strength oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>eq laxative oral tablet chewable</i>	Ex-Lax	OTC
<i>eq natural vegetable laxative oral tablet</i>	Evac-U-Gen	OTC
<i>eq vegetable laxative oral tablet</i>	Evac-U-Gen	OTC
<i>eq womans laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>eq womens laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>eql laxative maximum strength oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>eql laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>eql senna laxative oral tablet</i>	Evac-U-Gen	OTC
<i>gentle laxative for women oral tablet delayed release</i>	Carters Little Pills	OTC
<i>gentle laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>gentle laxative suppository</i>	Bisac-Evac	OTC
<i>geri-kot oral tablet</i>	Evac-U-Gen	OTC
<i>gnp laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>gnp laxative pills oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>gnp laxative suppository</i>	Bisac-Evac	OTC
<i>gnp senna-lax oral tablet</i>	Evac-U-Gen	OTC
<i>gnp womens laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>goodsense senna laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>hm laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>hm senna oral tablet</i>	Evac-U-Gen	OTC
<i>kp bisacodyl oral tablet delayed release</i>	Carters Little Pills	OTC
<i>laxative feminine oral tablet delayed release</i>	Carters Little Pills	OTC
<i>laxative oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>laxative pills oral tablet</i>	Ex-Lax	OTC
<i>laxative suppository</i>	Bisac-Evac	OTC
<i>medi-natural oral tablet</i>	Evac-U-Gen	OTC
<i>px laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>px vegetable laxative oral tablet</i>	Evac-U-Gen	OTC
<i>qc gentle laxative oral tablet delayed release</i>	Carters Little Pills	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc gentle laxative suppository</i>	Bisac-Evac	OTC
<i>qc laxative oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>qc natural vegetable laxative oral tablet</i>	Evac-U-Gen	OTC
<i>qc senna oral tablet</i>	Evac-U-Gen	OTC
<i>ra fast relief laxative suppository</i>	Bisac-Evac	OTC
<i>ra laxative extra strength oral tablet</i>	Senokot XTRA	OTC
<i>ra laxative maximum strength oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>ra laxative oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>ra laxative oral tablet chewable</i>	Ex-Lax	OTC
<i>ra laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>ra senna oral tablet</i>	Evac-U-Gen	OTC
<i>ra stimulant laxative suppository</i>	Bisac-Evac	OTC
<i>ra womens laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	Carters Little Pills	OTC
<i>sb gentle lax-women oral tablet delayed release</i>	Carters Little Pills	OTC
<i>sb laxative suppository</i>	Bisac-Evac	OTC
<i>sb senna-lax oral tablet</i>	Evac-U-Gen	OTC
<i>senexon oral liquid†</i>		OTC
<i>senexon oral tablet</i>	Evac-U-Gen	OTC
<i>senna lax oral tablet</i>	Evac-U-Gen	OTC
<i>senna laxative oral tablet</i>	Evac-U-Gen	OTC
<i>senna oral capsule</i>		OTC
<i>senna oral syrup</i>		OTC
<i>senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna-grx oral syrup</i>		OTC
<i>senna-lax oral tablet</i>	Evac-U-Gen	OTC
<i>senna-tabs oral tablet</i>	Evac-U-Gen	OTC
<i>senna-time oral tablet</i>	Evac-U-Gen	OTC
<i>sennazon oral syrup</i>		OTC
<i>sm gentle laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>sm laxative suppository</i>	Bisac-Evac	OTC
<i>sm senna laxative max st oral tablet</i>	Ex-Lax Maximum Strength	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm senna laxative oral tablet</i>	Evac-U-Gen	OTC
<i>sm womans laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>stimulant laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>tgt gentle laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>tgt laxative pills max st oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>tgt natural laxative pills oral tablet</i>	Ex-Lax Maximum Strength	OTC
<i>tgt senna laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>tgt senna oral tablet</i>	Evac-U-Gen	OTC
<i>tgt womens laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>veracolate oral tablet delayed release</i>	Carters Little Pills	OTC
<i>womans laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<i>womens laxative oral tablet delayed release</i>	Carters Little Pills	OTC
<b>AGORAL MAXIMUM STRENGTH ORAL LIQUID†</b>		OTC
<b>ALOPHEN ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>BISAC-EVAC SUPPOSITORY</b>	Gentle Laxative	OTC
<b>CARTERS LITTLE PILLS ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>CORRECTOL ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>DR EDWARDS OLIVE LAXATIVE ORAL TABLET</b>	Senna	OTC
<b>EVAC-U-GEN ORAL TABLET</b>	Senna	OTC
<b>EX-LAX ULTRA ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>FEENAMINT ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>FLEET LAXATIVE ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>GNP BISA-LAX ORAL TABLET DELAYED RELEASE</b>	PX Laxative	OTC
<b>LITTLE TUMMYS LAXATIVE ORAL LIQUID†</b>		OTC
<b>MEDI-LAX ORAL TABLET</b>	Laxative Pills	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>PERDIEM OVERNIGHT RELIEF ORAL TABLET</b>	Laxative Pills	OTC
<b>SENNA SMOOTH ORAL TABLET</b>	Laxative Pills	OTC
<b>SENNACON ORAL TABLET</b>	Senna	OTC
<b>SENNO ORAL TABLET</b>	Senna	OTC
<b>SENOKOT ORAL TABLET</b>	Senna	OTC
<b>THE MAGIC BULLET SUPPOSITORY</b>	Gentle Laxative	OTC
<b>*Surfactant Laxatives***</b>		
<i>cvs stool softener oral capsule 100 mg, 50 mg</i>	Colace	OTC
<i>cvs stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>diocto oral liquid† 50 mg/5ml</i>		OTC
<i>diocto oral syrup</i>	Colace	OTC
<i>docqlace oral capsule</i>	Colace	OTC
<i>docu oral liquid† 50 mg/5ml</i>		OTC
<i>docu soft oral capsule</i>	Colace	OTC
<i>docuprene oral tablet</i>	Promolaxin	OTC
<i>docusate calcium oral capsule</i>	Surfak	OTC
<i>docusate sodium oral capsule</i>	Colace	OTC
<i>docusate sodium oral liquid† 50 mg/5ml</i>		OTC
<i>docusate sodium oral tablet</i>	Promolaxin	OTC
<i>dss oral capsule</i>	Colace	OTC
<i>easy-lax oral capsule</i>	Colace	OTC
<i>eq stool softener oral capsule</i>	Colace	OTC
<i>eql stool softener oral capsule</i>	Colace	OTC
<i>gnp docusate calcium oral capsule</i>	Surfak	OTC
<i>gnp stool softener ex st oral capsule</i>	DOK	OTC
<i>gnp stool softener oral capsule 100 mg</i>	Colace	OTC
<i>gnp stool softener oral liquid†</i>		OTC
<i>gnp stool softener oral syrup</i>	Colace	OTC
<i>hm stool softener oral capsule</i>	DOK	OTC
<i>kls stool softener oral capsule</i>	Colace	OTC
<i>ks stool softener oral capsule</i>	Colace	OTC
<i>laxa basic oral capsule 100 mg</i>	Colace	OTC
<i>px docusate sodium oral capsule</i>	Colace	OTC
<i>qc docusate calcium oral capsule</i>	Surfak	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc stool softener oral capsule</i>	Colace	OTC
<i>ra col-rite oral capsule</i>	Colace	OTC
<i>ra stool softener oral capsule</i>	Colace	OTC
<i>sb docusate sodium oral capsule</i>	Colace	OTC
<i>sb stool softener oral capsule</i>	Surfak	OTC
<i>silace oral liquid†</i>		OTC
<i>silace oral syrup</i>	Colace	OTC
<i>sm docusate calcium oral capsule</i>	Surfak	OTC
<i>sm stool softener oral capsule 100 mg</i>	Colace	OTC
<i>sm stool softener oral capsule 250 mg</i>	DOK	OTC
<i>stool softener oral capsule</i>	Surfak	OTC
<i>stool softener oral tablet</i>	Promolaxin	OTC
<i>tgt stool softener oral capsule</i>	Colace	OTC
<b>CORRECTOL EXTRA GENTLE ORAL CAPSULE</b>	Stool Softener	OTC
<b>DOCUSIL ORAL CAPSULE</b>	Stool Softener	OTC
<b>DOK ORAL CAPSULE</b>	Colace	OTC
<b>DOK ORAL TABLET</b>	Promolaxin	OTC
<b>DULCOLAX STOOL SOFTENER ORAL CAPSULE</b>	Stool Softener	OTC
<b>HEALTHY MAMA MOVE IT ALONG ORAL TABLET</b>	Docusate Sodium	OTC
<b>KAO-TIN ORAL CAPSULE</b>	Surfak	OTC
<b>PEDIA-LAX ORAL LIQUID†</b>		OTC
<b>PHILLIPS STOOL SOFTENER ORAL CAPSULE</b>	Stool Softener	OTC
<b>PROMOLAXIN ORAL TABLET</b>	Docusate Sodium	OTC
<b>SOF-LAX ORAL CAPSULE</b>	Stool Softener	OTC
<b>SURFAK ORAL CAPSULE</b>	Docusate Calcium	OTC
<b>*MACROLIDES*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral packet</i>	Zithromax	
<i>azithromycin oral suspension reconstituted</i>	Zithromax	
<i>azithromycin oral tablet 250 mg</i>	Zithromax Z-Pak	QLL (12 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Zithromax Tri-Pak	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>azithromycin oral tablet 600 mg</i>	Zithromax	QLL (8 Tablets per 30 days)
<b>*Clarithromycin***</b>		
<i>clarithromycin er oral tablet extended release 24 hr*</i>	Biaxin XL Pac	QLL (28 Tablets per 30 days)
<i>clarithromycin oral suspension reconstituted</i>		
<i>clarithromycin oral tablet</i>	Biaxin	QLL (28 Tablets per 30 days)
<b>*Erythromycins***</b>		
<i>erythromycin base oral capsule delayed release particles</i>		
<i>erythromycin base oral tablet</i>		
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	EryPed 200	
<i>erythromycin ethylsuccinate oral tablet</i>	E.E.S. 400	
<i>erythromycin ethylsuccinate powder</i>		
<i>erythromycin powder</i>		
<b>E.E.S. 400 ORAL TABLET</b>	Erythromycin Ethylsuccinate	
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED</b>		
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	Erythromycin Stearate	
<b>*MEDICAL DEVICES*</b>		
<b>*Glucose Monitor &amp; Blood Pressure Monitor Combinations***</b>		
<b>CLEVER CHEK AUTO-CODE DEVICE</b>		OTC
<b>*Glucose Monitoring Test Supplies***</b>		
<i>1st tier unilet comfortouch</i>	TRUEplus Safety Lancets 28G	OTC
<i>acti-lance 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>acti-lance lite lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>acti-lance special lancets 17g</i>	TRUEplus Safety Lancets 28G	OTC
<i>acti-lance universal 23g</i>	TRUEplus Safety Lancets 28G	OTC
<i>adjustable lancing device</i>	Glucotest 2 Automatic Lancing	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>alternate site lancing device</i>	Glucocet 2 Automatic Lancing	OTC
<i>aqua lance adjustable lancing device</i>	Glucocet 2 Automatic Lancing	OTC
<i>assure comfort lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>assure comfort lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>aurora lancet super thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>aurora lancet thin 23g</i>	TRUEplus Safety Lancets 28G	OTC
<i>bullseye mini safety lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>careone advanced lancing dev</i>	Glucocet 2 Automatic Lancing	OTC
<i>careone lancet thin 23g</i>	TRUEplus Safety Lancets 28G	OTC
<i>careone lancet ultra thin 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>comfort assured lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>comfort assured lancets 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>comfort lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>cvs lancets 21g</i>	TRUEplus Safety Lancets 28G	OTC
<i>cvs lancets micro thin 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>cvs lancets original</i>	TRUEplus Safety Lancets 28G	OTC
<i>cvs lancets thin 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>cvs lancets ultra thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>cvs lancing device</i>	Glucocet 2 Automatic Lancing	OTC
<i>cvs ultra thin lancets</i>	TRUEplus Safety Lancets 28G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>diascreen liquid urine control</i>	Urin-Tek	OTC
<i>drug mart lancets thin 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>easy comfort lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>easy mini lancing device</i>	Glucollet 2 Automatic Lancing	OTC
<i>easy plus blood glucose system device</i>	Bayer Contour Monitor	OTC
<i>easy plus blood glucose system kit</i>	EQL TRUE2go Blood Glucose	OTC
<i>easy plus ii control in vitro solution</i>	Eclipse Control	OTC
<i>easy plus ii glucose system device</i>	Bayer Contour Monitor	OTC
<i>easy talk blood glucose system device</i>	Bayer Contour Monitor	OTC
<i>easy talk blood glucose system kit</i>	EQL TRUE2go Blood Glucose	OTC
<i>easy talk control in vitro solution</i>	Eclipse Control	OTC
<i>easy trak blood glucose system device</i>	Bayer Contour Monitor	OTC
<i>easy trak blood glucose system kit</i>	EQL TRUE2go Blood Glucose	OTC
<i>easy trak control in vitro solution</i>	Eclipse Control	OTC
<i>eql color lancets 21g</i>	TRUEplus Safety Lancets 28G	OTC
<i>eql color lancets micro 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>eql super thin lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>eql thin lancets 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>freds pharmacy autolet lancing</i>	Glucollet 2 Automatic Lancing	OTC
<i>freds pharmacy unilet lanc 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>freds pharmacy unilet lanc 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>global inject ease lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>global inject ease lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>global lancing device</i>	Glucotest 2 Automatic Lancing	OTC
<i>gnp lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp lancets 21g</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp lancets micro thin 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp lancets super thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp lancets thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp lancets thin 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp micro thin lancets 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>gnp super thin lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>healthwise lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>healthwise lancing pen</i>	Glucotest 2 Automatic Lancing	OTC
<i>healthy accents lancing device</i>	Glucotest 2 Automatic Lancing	OTC
<i>healthy accents unilet lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>h-e-b incontrol adv lancing</i>	Glucotest 2 Automatic Lancing	OTC
<i>h-e-b incontrol lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>h-e-b incontrol lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>hy-vee thin lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>kinney lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>kinney thin lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancets</i>	TRUEplus Safety Lancets 28G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>kroger lancets 21g</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancets micro thin 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancets super thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancets thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancets thin 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancets ultrathin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>kroger lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>lancet device</i>	Gluculet 2 Automatic Lancing	OTC
<i>lancet transporter case</i>	Autolet Platforms	OTC
<i>lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancets micro thin 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancets super thin 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancets thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancets ultra thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>leader advanced lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>lite touch lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>live better adv lancing device</i>	Gluculet 2 Automatic Lancing	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>live better lancet super thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>live better lancet ultra thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>longs lancets standard</i>	TRUEplus Safety Lancets 28G	OTC
<i>longs lancets thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>longs lancets ultra thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>medichoice safety lancet</i>	TRUEplus Safety Lancets 28G	OTC
<i>medichoice safety lancet extra</i>	TRUEplus Safety Lancets 28G	OTC
<i>medichoice safety lancet norm</i>	TRUEplus Safety Lancets 28G	OTC
<i>mini lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>multi-lancet device</i>	Gluculet 2 Automatic Lancing	OTC
<i>pc lancets super thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>preferred plus lancets colored</i>	TRUEplus Safety Lancets 28G	OTC
<i>preferred plus lancets thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>px advanced lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>px lancet auto injector</i>	Gluculet 2 Automatic Lancing	OTC
<i>px lancets ultra thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>qc advanced lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>qc lancets super thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>qc lancets ultra thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>ra lancing device</i>	Gluculet 2 Automatic Lancing	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>reality lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>reality trigger lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>safety lancet 21g/pressure act</i>	TRUEplus Safety Lancets 28G	OTC
<i>safety lancet 28g/pressure act</i>	TRUEplus Safety Lancets 28G	OTC
<i>safety lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>sapsicare twist top lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>sb lancets thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>sb lancets ultra thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>select-lite devicelancets kit</i>	Autolet Lite Starter Pack	OTC
<i>select-lite lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>sm lancets 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>super thin lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>sure comfort lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>sure comfort lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>sure comfort lancing pen</i>	Gluculet 2 Automatic Lancing	OTC
<i>tgt lancet micro thin 33g</i>	TRUEplus Safety Lancets 28G	OTC
<i>tgt lancet thin 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>tgt lancet ultra thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>tgt lancing device</i>	Gluculet 2 Automatic Lancing	OTC
<i>today's health lancing device</i>	Gluculet 2 Automatic Lancing	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>today's health thin lancets 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>today's health thin lancets 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>travel lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>value plus lancet standard 21g</i>	TRUEplus Safety Lancets 28G	OTC
<i>value plus lancets super thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>value plus lancets thin 26g</i>	TRUEplus Safety Lancets 28G	OTC
<i>value plus lancing device</i>	Glucocet 2 Automatic Lancing	OTC
<i>valumark lancet super thin 30g</i>	TRUEplus Safety Lancets 28G	OTC
<i>valumark lancet ultra thin 28g</i>	TRUEplus Safety Lancets 28G	OTC
<i>walgreens adv travel lancets</i>	TRUEplus Safety Lancets 28G	OTC
<i>walgreens lancets micro thin</i>	TRUEplus Safety Lancets 28G	OTC
<i>walgreens lancets super thin</i>	TRUEplus Safety Lancets 28G	OTC
<b>ADVOCATE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ADVOCATE LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>ADVOCATE RAPID-SAFE LANCING</b>	Easy Mini Lancing Device	OTC
<b>ADVOCATE SAFETY LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>AGAMATRIX ULTRA-THIN LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE HAEMOLANCE PLUS HIGH</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE HAEMOLANCE PLUS LOW</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE HAEMOLANCE PLUS MICRO</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE HAEMOLANCE PLUS NORMAL</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE HAEMOLANCE PLUS PED</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE LANCE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ASSURE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>AT LAST LANCETS</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>AUTO-LANCET</b>	Easy Mini Lancing Device	OTC
<b>AUTO-LANCET MINI</b>	Easy Mini Lancing Device	OTC
<b>AUTOLET II CLINISAFE KIT</b>	Select-Lite Device/Lancets	OTC
<b>AUTOLET IMPRESSION</b>	Easy Mini Lancing Device	OTC
<b>AUTOLET LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>AUTOLET LITE CLINISAFE KIT</b>	Select-Lite Device/Lancets	OTC
<b>AUTOLET LITE STARTER PACK KIT</b>	Select-Lite Device/Lancets	OTC
<b>AUTOLET MINI</b>	Easy Mini Lancing Device	OTC
<b>AUTOLET PLATFORMS</b>	Lancet Transporter Case	OTC
<b>BAYER MICROLET 2 LANCING DEVIC</b>	Easy Mini Lancing Device	OTC
<b>BAYER MICROLET LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>BD LANCET DEVICE</b>	Easy Mini Lancing Device	OTC
<b>BD LANCET ULTRAFINE 30G</b>	TGT Lancet Thin 23G	OTC
<b>BD LANCET ULTRAFINE 33G</b>	TGT Lancet Thin 23G	OTC
<b>BD MICROTAINER LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>BULLSEYE SAFETY LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>CARDIOCOM LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>CHEMSTRIP BG LOG BOOK</b>	Supreme II Confidence Paddles	OTC
<b>CLEANLET LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>CLEVER CHEK AUTO-CODE SYSTEM DEVICE</b>	Easy Check Glucose Monitor	OTC
<b>CLEVER CHEK AUTO-CODE VOICE DEVICE</b>	Easy Check Glucose Monitor	OTC
<b>CLEVER CHEK LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>CLEVER CHEK SYSTEM KIT</b>	Blood Glucose Monitor System	OTC
<b>CLEVER CHOICE AUTO-CODE SYSTEM DEVICE</b>	Easy Check Glucose Monitor	OTC
<b>CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID†</b>	Easy Check Control	OTC
<b>CLEVER CHOICE MICRO SYSTEM KIT</b>	Blood Glucose Monitor System	OTC
<b>CLEVER CHOICE MINI SYSTEM DEVICE</b>	Easy Check Glucose Monitor	OTC
<b>CLOSERCARE</b>	Easy Mini Lancing Device	OTC
<b>COAGUCHEK LANCETS</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DIASCREEN 10</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 1B</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 1G STRIP</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 1K</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 1K STRIP</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 2GK STRIP</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 2GP</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 3</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 4NL</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 4OBL</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 4PH</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 5</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 6</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 7</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 8</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASCREEN 9</b>	DiaScreen Liquid Urine Control	OTC
<b>DIASTAR EASY TEST II LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>DIASTAR EASY TEST LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>DROPLET LANCETS ULTRA THIN 30G</b>	TGT Lancet Thin 23G	OTC
<b>DROPLET LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>DRUG MART LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>DRUG MART ON-THE-GO LANCET 30G</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>DRUG MART UNILET LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>DRUG MART UNILET LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>EASY STEP CONTROL IN VITRO SOLUTION</b>	Easy Check Control	OTC
<b>EASY STEP GLUCOSE MONITOR DEVICE</b>	Easy Check Glucose Monitor	OTC
<b>EASY STEP GLUCOSE MONITOR KIT</b>	Blood Glucose Monitor System	OTC
<b>EASY TOUCH LANCETS 21G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 23G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 26G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 28G/TWIST</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 30G/TWIST</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 32G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 32G/TWIST</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCETS 33G/TWIST</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>EASY TOUCH SAFETY LANCETS 21G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH SAFETY LANCETS 23G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH SAFETY LANCETS 26G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TOUCH SAFETY LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>EASY TWIST &amp; CAP LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>EASYTEST II LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>EASYTEST LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>EMBRACE LANCETS ULTRA THIN 30G</b>	TGT Lancet Thin 23G	OTC
<b>E-Z JECT LANCET MICRO-THIN 33G</b>	TGT Lancet Thin 23G	OTC
<b>E-Z JECT LANCET SUPER THIN 30G</b>	TGT Lancet Thin 23G	OTC
<b>E-Z JECT LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>E-Z JECT LANCETS 21G</b>	TGT Lancet Thin 23G	OTC
<b>E-Z JECT LANCETS THIN 26G</b>	TGT Lancet Thin 23G	OTC
<b>EZ SMART BLOOD GLUCOSE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>EZ-LETS LANCETS 21G</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EZ-LETS LANCETS 23G</b>	TGT Lancet Thin 23G	OTC
<b>EZ-LETS LANCETS 26G</b>	TGT Lancet Thin 23G	OTC
<b>EZ-LETS LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>EZ-LETS LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>FIFTY50 LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>FIFTY50 SAFETY SEAL LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>FINE 30</b>	TGT Lancet Thin 23G	OTC
<b>FINGERSTIX LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>FORA LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>FORA LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>FREESTYLE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>FREESTYLE UNISTICK II LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>GENTLE-LET GP LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>GENTLE-LET LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>GENTLE-LET PLATFORMS</b>	Lancet Transporter Case	OTC
<b>GLUCOCOM LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>GLUCOCOM LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>GLUCOCOM LANCETS 33G</b>	TGT Lancet Thin 23G	OTC
<b>GLUCOLET 2 AUTOMATIC LANCING</b>	Easy Mini Lancing Device	OTC
<b>GLUCOSOURCE LANCET DEVICE</b>	Easy Mini Lancing Device	OTC
<b>GLUCOSOURCE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>GMATE LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>GMATE LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>HAEMOLANCE</b>	TGT Lancet Thin 23G	OTC
<b>HAEMOLANCE LOW FLOW LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>HAEMOLANCE PLUS</b>	TGT Lancet Thin 23G	OTC
<b>HAEMOLANCE PLUS HIGH FLOW</b>	TGT Lancet Thin 23G	OTC
<b>HAEMOLANCE PLUS LOW FLOW</b>	TGT Lancet Thin 23G	OTC
<b>HAEMOLANCE PLUS MAX FLOW</b>	TGT Lancet Thin 23G	OTC
<b>HAEMOLANCE PLUS PEDIATRIC FLOW</b>	TGT Lancet Thin 23G	OTC
<b>HEALTH CARE LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>HYPOLANCE AST LANCING KIT</b>	Select-Lite Device/Lancets	OTC
<b>HY-VEE LANCETS</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>IN TOUCH</b>	Supreme II Confidence Paddles	OTC
<b>LANCETS ULTRA FINE</b>	TGT Lancet Thin 23G	OTC
<b>LANCETS ULTRA THIN</b>	TGT Lancet Thin 23G	OTC
<b>LANZO</b>	Easy Mini Lancing Device	OTC
<b>LIBERTY MINI LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>LIFESCAN UNISTIK 2</b>	TGT Lancet Thin 23G	OTC
<b>LIFESCAN UNISTIK II LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>LITE TOUCH LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>LITE TOUCH LANCING PEN</b>	Easy Mini Lancing Device	OTC
<b>LITETOUCH LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MEDISENSE THIN LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE EXTRA 21G</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE LITE 25G</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE PLUS EXTRA 21G</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE PLUS LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE PLUS LITE 25G</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE PLUS SPECIAL 0.8MM</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE PLUS SUPERLITE 30G</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE PLUS UNIVERSAL 21G</b>	TGT Lancet Thin 23G	OTC
<b>MEDLANCE UNIVERSAL 21G</b>	TGT Lancet Thin 23G	OTC
<b>MEIJER LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MEIJER LANCETS THIN</b>	TGT Lancet Thin 23G	OTC
<b>MEIJER LANCETS UNIVERSAL 21G</b>	TGT Lancet Thin 23G	OTC
<b>MEIJER LANCETS UNIVERSAL 30G</b>	TGT Lancet Thin 23G	OTC
<b>MEIJER LANCETS UNIVERSAL 33G</b>	TGT Lancet Thin 23G	OTC
<b>MEIJER SUPER THIN LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MICROLET LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MICROTAINER SAFETY FLOW LANCET</b>	TGT Lancet Thin 23G	OTC
<b>MONOJECTOR END CAPS</b>	Lancet Transporter Case	OTC
<b>MONOJECTOR OPD END CAPS</b>	Lancet Transporter Case	OTC
<b>MOLOLET LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MOLOLET OPD LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>MOLOLETTOR SAFETY LANCETS</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MYGLUCOHEALTH LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>NETGROUP LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>NOVA SAFETY LANCETS 23G</b>	TGT Lancet Thin 23G	OTC
<b>NOVA SAFETY LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>NOVA SUREFLEX LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>NOVA SUREFLEX LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>ON CALL LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ON CALL LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>ON CALL PLUS LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ON CALL PLUS LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>ONETOUCH CLUB LANCETS FINE PT</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH COMBO PACK</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH DELICA LANCETS 33G</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH DELICA LANCETS FINE</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH DELICA LANCING DEV</b>	Easy Mini Lancing Device	OTC
<b>ONETOUCH FINEPOINT LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH PING METER REMOTE</b>		OTC
<b>ONETOUCH SURESOFT LANCING DEV</b>	Lancet Transporter Case	OTC
<b>ONETOUCH ULTRA 2 KIT</b>	Blood Glucose Monitor System	OTC
<b>ONETOUCH ULTRA CONTROL IN VITRO SOLUTION</b>	Supreme II High/Low Control	OTC
<b>ONETOUCH ULTRA MINI KIT</b>	Blood Glucose Monitor System	OTC
<b>ONETOUCH ULTRALINK KIT</b>	Blood Glucose Monitor System	OTC
<b>ONETOUCH ULTRASOFT LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ONETOUCH VERIO IN VITRO SOLUTION</b>	Supreme II High/Low Control	OTC
<b>ONETOUCH VERIO IQ SYSTEM KIT</b>	Blood Glucose Monitor System	OTC
<b>PENLET II BLOOD SAMPLER KIT</b>	Select-Lite Device/Lancets	OTC
<b>PENLET II REPLACEMENT CAP</b>	Lancet Transporter Case	OTC
<b>PERFECT LANCETS 28G</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PERFECT LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>PHARMACIST CHOICE AUTOCODE SYS KIT</b>	Blood Glucose Monitor System	OTC
<b>PHARMACIST CHOICE LANCETS</b>	TRUEplus Safety Lancets 28G	OTC
<b>PHARMACY COUNTER LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>PRECISION THIN LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>PRECISION THINS GP LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>PRECISION ULTRA LANCET</b>	TGT Lancet Thin 23G	OTC
<b>PRODIGY LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>PRODIGY LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>PRODIGY TWIST TOP LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>PSS SELECT GP LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>PSS SELECT PLATFORMS</b>	Lancet Transporter Case	OTC
<b>PSS SELECT SAFETY LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>RA E-ZJECT COLOR LANCETS 33G</b>	TGT Lancet Thin 23G	OTC
<b>RA E-ZJECT LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>RA E-ZJECT LANCETS THIN 26G</b>	TGT Lancet Thin 23G	OTC
<b>RA E-ZJECT LANCETS THIN 28G</b>	TGT Lancet Thin 23G	OTC
<b>RA E-ZJECT LANCETS ULTRA THIN</b>	TGT Lancet Thin 23G	OTC
<b>RELION LANCETS MICRO-THIN 33G</b>	TGT Lancet Thin 23G	OTC
<b>RELION LANCETS STANDARD 21G</b>	TGT Lancet Thin 23G	OTC
<b>RELION LANCETS THIN 26G</b>	TGT Lancet Thin 23G	OTC
<b>RELION LANCETS ULTRA-THIN 30G</b>	TGT Lancet Thin 23G	OTC
<b>RELION LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>RELION LANCING DEVICE KIT</b>	Select-Lite Device/Lancets	OTC
<b>RELION ULTRA THIN LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>RELION ULTRA THIN PLUS LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>REXALL LANCETS ULTRA THIN 30G</b>	TGT Lancet Thin 23G	OTC
<b>RIGHTEST ALTERNATE SITE ADAPT</b>	Lancet Transporter Case	OTC
<b>RIGHTEST GD500 LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>RIGHTEST GL300 LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SAFE-T-LANCE</b>	TGT Lancet Thin 23G	OTC
<b>SAFE-T-LANCE PLUS</b>	TGT Lancet Thin 23G	OTC
<b>SAFETY LANCETS</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SAFETY LANCETS 21G</b>	TGT Lancet Thin 23G	OTC
<b>SAFETY LET LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SAFETY SEAL LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SHOPKO AUTOLET LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>SHOPKO ON-THE-GO LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>SHOPKO UNILET LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>SHOPKO UNILET LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>SIMPLE DIAGNOSTICS LANCING DEV</b>	Easy Mini Lancing Device	OTC
<b>SINGLE-LET</b>	TGT Lancet Thin 23G	OTC
<b>SMART DIABETES VANTAGE LANCING</b>	Easy Mini Lancing Device	OTC
<b>SMART SENSE COLOR LANCETS 33G</b>	TGT Lancet Thin 23G	OTC
<b>SMART SENSE STANDARD LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SMART SENSE SUPER THIN LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SMART SENSE THIN LANCETS 26G</b>	TGT Lancet Thin 23G	OTC
<b>SMARTTEST LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>SOLUS V2 LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>SOLUS V2 LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>SOLUS V2 TWIST LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>STERILANCE PA</b>	Lancet Transporter Case	OTC
<b>STERILANCE TL</b>	TGT Lancet Thin 23G	OTC
<b>SURE-LANCE FLAT LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SURE-LANCE LANCETS 26G</b>	TGT Lancet Thin 23G	OTC
<b>SURE-LANCE THIN LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>SURE-LANCE ULTRA THIN LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SURELITE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>SURE-PEN</b>	Easy Mini Lancing Device	OTC
<b>SURESTEP PRO LINEARITY KIT</b>	Supreme II Confidence Paddles	OTC
<b>SURE-TOUCH LANCETS UNIVERSAL</b>	TGT Lancet Thin 23G	OTC
<b>TAI DOC CONTROL IN VITRO SOLUTION</b>	Xpres Control	OTC
<b>TECHLITE AST LANCETS</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TECHLITE LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>TECHLITE LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>THINLETS GP LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>THINLETS LANCET</b>	TGT Lancet Thin 23G	OTC
<b>TRACER II 3 VOLT BATTERY</b>	Supreme II Confidence Paddles	OTC
<b>TRUE METRIX METER KIT</b>	Blood Glucose Monitor System	OTC
<b>TRUEDRAW LANCING DEVICE</b>	Easy Mini Lancing Device	OTC
<b>TRUEPLUS LANCETS 26G</b>	TGT Lancet Thin 23G	OTC
<b>TRUEPLUS LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>TRUEPLUS LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>TRUEPLUS LANCETS 33G</b>	TGT Lancet Thin 23G	OTC
<b>TRUEPLUS SAFETY LANCETS 28G</b>	TGT Lancet Thin 23G	OTC
<b>TRUERESULT BLOOD GLUCOSE KIT</b>	Blood Glucose Monitor System	OTC
<b>TRUETRACK BLOOD GLUCOSE KIT</b>	Blood Glucose Monitor System	OTC
<b>TRUETRACK SMART SYSTEM KIT</b>	Blood Glucose Monitor System	OTC
<b>ULTICARE THIN LANCETS 30G</b>	TGT Lancet Thin 23G	OTC
<b>ULTI-LANCE AUTOMATIC</b>	Easy Mini Lancing Device	OTC
<b>ULTILET CLASSIC LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ULTILET LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>ULTILET SAFETY LANCETS 23G</b>	TGT Lancet Thin 23G	OTC
<b>ULTRALANCE</b>	Lancet Transporter Case	OTC
<b>ULTRA-THIN II AUTO LANCET</b>	TGT Lancet Thin 23G	OTC
<b>ULTRA-THIN II LANCETS</b>	TGT Lancet Thin 23G	OTC
<b>UNILET COMFORTOUCH LANCET</b>	TGT Lancet Thin 23G	OTC
<b>UNILET EXCELITE</b>	TGT Lancet Thin 23G	OTC
<b>UNILET EXCELITE II</b>	TGT Lancet Thin 23G	OTC
<b>UNILET G.P. LANCET</b>	TGT Lancet Thin 23G	OTC
<b>UNILET G.P. SUPERLITE LANCET</b>	TGT Lancet Thin 23G	OTC
<b>UNILET GP 28 ULTRA THIN</b>	TGT Lancet Thin 23G	OTC
<b>UNILET LANCET</b>	TGT Lancet Thin 23G	OTC
<b>UNILET SUPERLITE LANCET</b>	TGT Lancet Thin 23G	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
UNISTIK 1	Lancet Transporter Case	OTC
UNISTIK 2	Lancet Transporter Case	OTC
UNISTIK 2 COMFORT	Lancet Transporter Case	OTC
UNISTIK 2 EXTRA	Lancet Transporter Case	OTC
UNISTIK 2 NEONATAL	Lancet Transporter Case	OTC
UNISTIK 2 NORMAL	Lancet Transporter Case	OTC
UNISTIK 2 SUPER	Lancet Transporter Case	OTC
UNISTIK 3	Lancet Transporter Case	OTC
UNISTIK 3 COMFORT	Lancet Transporter Case	OTC
UNISTIK 3 EXTRA	Lancet Transporter Case	OTC
UNISTIK 3 GENTLE	TGT Lancet Thin 23G	OTC
UNISTIK 3 NEONATAL	Lancet Transporter Case	OTC
UNISTIK 3 NORMAL	Lancet Transporter Case	OTC
UNISTIK CZT COMFORT	Lancet Transporter Case	OTC
UNISTIK CZT NORMAL	Lancet Transporter Case	OTC
UNIVERSAL 1 LANCETS THIN 26G	TGT Lancet Thin 23G	OTC
UNIVERSAL 1 LANCETS ULTRA THIN	TGT Lancet Thin 23G	OTC
URIN-TEK	DiaScreen Liquid Urine Control	OTC
VIDA MIA AUTOLET LANCING DEV	Easy Mini Lancing Device	OTC
VIDA MIA UNILET LANCETS 28G	TGT Lancet Thin 23G	OTC
VIDA MIA UNILET LANCETS 30G	TGT Lancet Thin 23G	OTC
VIALET PRO LANCETS	TGT Lancet Thin 23G	OTC
VIALET PRO PLUS LANCETS	TGT Lancet Thin 23G	OTC
W&F LANCETS 26G	TGT Lancet Thin 23G	OTC
W&F LANCETS COLORED 21G	TGT Lancet Thin 23G	OTC
WALGREENS LANCETS	TGT Lancet Thin 23G	OTC
WALGREENS THIN LANCETS	TGT Lancet Thin 23G	OTC
WALGREENS ULTRA THIN LANCETS	TGT Lancet Thin 23G	OTC
<b>*Hearing Aid Supplies-Batteries***</b>		
<i>cvs hearing aid batteries</i>	Duracell Hearing Aid Batteries	OTC
<b>*Nebulizers***</b>		
<i>easy air compressor nebulizer</i>	InnoSpire Elegance Nebulizer	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Needles &amp; Syringes***</b>		
<i>allergy syringe 27g x 1/2" 1 ml</i>	BD SafetyGlide Allergy Syringe	OTC
<i>allergy syringe 28g x 1/2" 1 ml</i>	Monoject TB Safety Syringe	OTC
<i>anti-stick allergy syringe</i>		OTC
<i>anti-stick immun syringe</i>	Monoject Magellan Syringe	OTC
<i>anti-stick insulin syringe</i>	TRUEplus Insulin Syringe	OTC
<i>anti-stick tuberculin syringe</i>	Monoject TB Syringe	OTC
<i>careone insulin syringe</i>	UltiCare Insulin Syringe	OTC
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml</i>	UltiGuard Insulin Syringe	OTC
<i>easy comfort insulin syringe 30g x 1/2" 1 ml</i>	UltiCare Insulin Syringe	OTC
<i>easy comfort insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>easy comfort pen needles</i>	Sure-Fine Pen Needles	OTC
<i>elite-thin insulin syringe</i>	TRUEplus Insulin Syringe	OTC
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Monoject Ultra Comfort Syringe	OTC
<i>eql insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>global inject ease insulin syr</i>	Monoject Ultra Comfort Syringe	OTC
<i>gnp insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>gnp ultra com insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>insulin syringe 29g x 1" 0.3 ml</i>		OTC
<i>insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Monoject Ultra Comfort Syringe	OTC
<i>insulin syringe 30g x 1/2" 0.5 ml</i>	UltiGuard Insulin Syringe	OTC
<i>insulin syringelneedle</i>	Easy Touch Insulin Syringe	OTC
<i>kinray insulin syringe</i>	TRUEplus Insulin Syringe	OTC
<i>kmart valu insulin syringe 29g</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>kmart valu insulin syringe 30g</i>		OTC
<i>kruger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Monoject Ultra Comfort Syringe	OTC
<i>kruger insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>leader insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	TRUEplus Insulin Syringe	OTC
<i>medic insulin syringe</i>	TRUEplus Insulin Syringe	OTC
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>preferred plus insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>px insulin syringe</i>	UltiCare Insulin Syringe	OTC
<i>ra insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>reality insulin syringe</i>	TRUEplus Insulin Syringe	OTC
<i>sb insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>schnucks insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>sm insulin syringe 31g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	TRUEplus Insulin Syringe	OTC
<i>sure comfort insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Monoject Ultra Comfort Syringe	OTC
<i>sure comfort insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml</i>	UltiCare Insulin Syringe	OTC
<i>sure comfort insulin syringe 30g x 1/2" 0.5 ml</i>	UltiGuard Insulin Syringe	OTC
<i>syringe luer slip 1 ml</i>	Monoject Syringe Pharmacy Tray	OTC
<i>syringe luer slip 25g x 5/8" 1 ml</i>	BD Integra Syringe	OTC
<i>syringe luer slip 26g x 3/8" 1 ml, 27g x 1/2" 1 ml</i>	Terumo SurGuard2 Syringe	OTC
<i>topcare ultra comfort ins syr</i>	Monoject Ultra Comfort Syringe	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>topco insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>tuberculin syringe</i>	Monoject Syringe Pharmacy Tray	OTC
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	TRUEplus Insulin Syringe	OTC
<i>ultra-comfort insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>value health insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<i>vp insulin syringe</i>	Monoject Ultra Comfort Syringe	OTC
<b>ADVOCATE INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>ALLERGIST SYRINGE</b>	Tuberculin Syringe	OTC
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	OTC
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	
<b>AUTOJECT 2</b>	Inject-Ease	OTC
<b>BD ALLERGY SYRINGE</b>	Allergy Syringe	OTC
<b>BD AUTOSHIELD DUO</b>		OTC
<b>BD ECLIPSE SYRINGE 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	
<b>BD ECLIPSE SYRINGE 27G X 1/2" 1 ML</b>	Syringe Luer Slip	OTC
<b>BD ECLIPSE SYRINGE 30G X 1/2" 1 ML</b>		OTC
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML</b>	Elite-Thin Insulin Syringe	OTC
<b>BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML</b>		OTC
<b>BD INSULIN SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC
<b>BD INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	OTC
<b>BD INSULIN SYRINGE 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	OTC
<b>BD INSULIN SYRINGE 31G X 5/16" 0.3 ML</b>	Drug Mart Ultra Comfort Syr	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BD INSULIN SYRINGE HALF-UNIT</b>	Drug Mart Ultra Comfort Syr	OTC
<b>BD INSULIN SYRINGE MICROFINE</b>		OTC
<b>BD INSULIN SYRINGE U-100 1 ML</b>	Kmart Valu Insulin Syringe 30G	OTC
<b>BD INSULIN SYRINGE U-40</b>		OTC
<b>BD INSULIN SYRINGE ULTRAFINE</b>	Kroger Insulin Syringe	OTC
<b>BD INTEGRA INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>BD INTEGRA SYRINGE 25G X 1" 1 ML</b>		OTC
<b>BD INTEGRA SYRINGE 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	OTC
<b>BD LUER-LOK SYRINGE 20G X 1" 1 ML</b>		OTC
<b>BD LUER-LOK SYRINGE 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	OTC
<b>BD PEN</b>	Autopen	OTC
<b>BD PEN MINI</b>	Autopen	OTC
<b>BD PLASTIPAK SYRINGES ALLERGY</b>	Allergy Syringe	OTC
<b>BD SAFETYGLIDE ALLERGY SYRINGE</b>	Tuberculin Syringe	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC
<b>BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML</b>		OTC
<b>BD SAFETY-LOK INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>BD SYRINGE LUER-LOK 1 ML</b>	Tuberculin Syringe	OTC
<b>BD SYRINGE SLIP TIP 1 ML</b>	Tuberculin Syringe	OTC
<b>BD SYRINGE/NEEDLE 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	OTC
<b>BD SYRINGE/NEEDLE SLIP TIP</b>	Anti-Stick Immun Syringe	OTC
<b>BD TB SYRINGE</b>		OTC
<b>BD TUBERCULIN SYRINGE</b>	Tuberculin Syringe	OTC
<b>COMFORT EZ INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>COMFORT EZ PEN NEEDLES 31G X 5 MM</b>	H-E-B inControl Pen Needles	OTC
<b>COMFORT EZ PEN NEEDLES 31G X 8 MM</b>	Clickfine Pen Needles	OTC
<b>EASY TOUCH ALLERGY SYRINGE</b>	Tuberculin Syringe	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>EASY TOUCH FLURINGE</b>	Anti-Stick Immun Syringe	OTC
<b>EASY TOUCH INSULIN SAFETY SYR</b>	Hy-Vee Insulin Syringe	OTC
<b>EASY TOUCH INSULIN SYRINGE</b>	Drug Mart Ultra Comfort Syr	OTC
<b>EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML</b>		OTC
<b>EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	OTC
<b>FIFTY50 SUPERIOR COMFORT SYR</b>	Drug Mart Ultra Comfort Syr	OTC
<b>FREESTYLE PRECISION INS SYR</b>	Drug Mart Ultra Comfort Syr	OTC
<b>GLASPAK TB SYRINGE</b>	Tuberculin Syringe	OTC
<b>GLUCOPRO INSULIN SYRINGE</b>	Drug Mart Ultra Comfort Syr	OTC
<b>LITETOUCH INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>MAGELLAN INSULIN SAFETY SYR</b>	Kroger Insulin Syringe	
<b>MAGELLAN TUBERCULIN SYRINGE</b>	Tuberculin Syringe	
<b>MAXI-COMFORT INSULIN SYRINGE</b>	Elite-Thin Insulin Syringe	OTC
<b>MEDSAVER SYRINGE 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	OTC
<b>MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML</b>		OTC
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 31G X 5/16" 1 ML</b>	Elite-Thin Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	
<b>MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	OTC
<b>MONOJECT INSULIN SYRINGE U-100 1 ML</b>	Kmart Valu Insulin Syringe 30G	
<b>MONOJECT LIFESHIELD SYRINGE 18G X 1" 1 ML</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML, 25G X 5/8" 1 ML</b>	Anti-Stick Immun Syringe	
<b>MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML</b>		
<b>MONOJECT PHARMACY TRAY 1 ML</b>	Tuberculin Syringe	OTC
<b>MONOJECT SYRINGE 27G X 1/2" 1 ML</b>	Tuberculin Syringe	OTC
<b>MONOJECT SYRINGE PHARMACY TRAY</b>	Tuberculin Syringe	
<b>MONOJECT TB SAFETY SYRINGE</b>	Tuberculin Syringe	
<b>MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML</b>	Tuberculin Syringe	OTC
<b>MONOJECT TB SYRINGE 27G X 1/2" 1 ML</b>	Tuberculin Syringe	
<b>MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML</b>		
<b>MONOJECT TB SYRINGE 28G X 1/2" 1 ML</b>	Allergy Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML</b>	Elite-Thin Insulin Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC
<b>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	
<b>MOORE MONO INSULIN SYRINGE</b>	Elite-Thin Insulin Syringe	OTC
<b>NOVOPEN ECHO DEVICE</b>	Autopen	
<b>PRECISION SUREDOSE PLUS SYR</b>	Kroger Insulin Syringe	OTC
<b>PRECISION SURE-DOSE SYRINGE</b>	Drug Mart Ultra Comfort Syr	OTC
<b>PRODIGY INSULIN SYRINGE</b>	Drug Mart Ultra Comfort Syr	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RELION INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>RELI-ON INSULIN SYRINGE</b>	QC Insulin Syringe	OTC
<b>SAFESNAP ALLERGY SYRINGE</b>	Tuberculin Syringe	OTC
<b>SAFESNAP INSULIN SYRINGE</b>	Drug Mart Ultra Comfort Syr	OTC
<b>SAFESNAP TUBERCULIN SYRINGE</b>	Tuberculin Syringe	OTC
<b>SAFETY-GLIDE SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>SAFETY-LOK TB SYRINGE</b>	Tuberculin Syringe	OTC
<b>SURE-JECT INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>TRUEPLUS INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>ULTICARE INSULIN SAFETY SYR</b>	Hy-Vee Insulin Syringe	
<b>ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 31G X 5/16" 1 ML</b>	Elite-Thin Insulin Syringe	OTC
<b>ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML</b>	Leader Insulin Syringe	OTC
<b>ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	OTC
<b>ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML</b>	Hy-Vee Insulin Syringe	OTC
<b>ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Drug Mart Ultra Comfort Syr	OTC
<b>ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML</b>	Ultra-Comfort Insulin Syringe	OTC
<b>ULTICARE SYRINGE 22G X 1-1/2" 1 ML</b>		OTC
<b>ULTICARE TUBERCULIN SAFETY SYR</b>	Tuberculin Syringe	OTC
<b>ULTILET INSULIN SYRINGE SHORT</b>	Drug Mart Ultra Comfort Syr	OTC
<b>ULTRA-THIN II INS SYR SHORT</b>	Drug Mart Ultra Comfort Syr	OTC
<b>ULTRA-THIN II INSULIN SYRINGE</b>	Kroger Insulin Syringe	OTC
<b>VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML</b>	Kroger Insulin Syringe	OTC
<b>VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML</b>	Hy-Vee Insulin Syringe	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
VANISHPOINT SYRINGE 25G X 1" 1 ML		OTC
VANISHPOINT TUBERCULIN SYRINGE	Tuberculin Syringe	OTC
V-R MONO INSULIN SYRINGE	Kroger Insulin Syringe	OTC
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>		
AEROCHAMBER MINI CHAMBER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER MV	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS FLO-VU	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS FLO-VU LARGE	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS FLO-VU MEDIUM	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS FLO-VU SMALL	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS FLO-VU W/MASK	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS FLOW VU	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER PLUS W/MASK SMALL	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER W/FLOWSIGNAL	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER Z-STAT PLUS	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER Z-STAT PLUS CHAMBR	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER Z-STAT PLUS/LARGE	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER Z-STAT PLUS/MEDIUM	Valved Holding Chamber	QLL (2 EA per 365 Days)
AEROCHAMBER Z-STAT PLUS/SMALL	Valved Holding Chamber	QLL (2 EA per 365 Days)
BREATHERITE COLL SPACER ADULT	Valved Holding Chamber	QLL (2 EA per 365 Days)
BREATHERITE COLL SPACER CHILD	Valved Holding Chamber	QLL (2 EA per 365 Days)
BREATHERITE COLL SPACER INFANT	Valved Holding Chamber	QLL (2 EA per 365 Days)
BREATHERITE RIGID SPACER/MASK	Valved Holding Chamber	QLL (2 EA per 365 Days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
BREATHERITE SPACER NEONATE	Valved Holding Chamber	QLL (2 EA per 365 Days)
BREATHERITE SPACER SMALL CHILD	Valved Holding Chamber	QLL (2 EA per 365 Days)
E-Z SPACER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 Days)
E-Z SPACER THE BODY GUARDS PK DEVICE	Valved Holding Chamber	QLL (2 EA per 365 Days)
MICROSPACER	Valved Holding Chamber	QLL (2 EA per 365 Days)
POCKET SPACER DEVICE	Valved Holding Chamber	QLL (2 EA per 365 Days)
<b>*MIGRAINE PRODUCTS*</b>		
<b>*Ergot Combinations***</b>		
CAFERGOT ORAL TABLET	Ergotamine-Caffeine	
<b>*Migraine Products***</b>		
<i>dihydroergotamine mesylate nasal solution</i>	Migranal	QLL (8 units per 30 days)
<i>dihydroergotamine mesylate powder</i>		
<i>ergotamine tartrate powder</i>		
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>naratriptan hcl oral tablet</i>	Amerge	QLL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Maxalt	QLL (12 EA per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Maxalt-MLT	QLL (12 EA per 30 days)
<i>sumatriptan nasal solution</i>	Imitrex	QLL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Imitrex	QLL (9 Tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous*</i>	Imitrex STATdose Refill	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous* solution 6 mg/0.5ml</i>	Alsuma	QLL (2 ML per 30 days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*Calcium Combinations***</b>		
<i>cal-citrate plus vitamin d oral tablet</i>		OTC
<i>calcium + d oral tablet chewable</i>		OTC
<i>calcium + d3 oral tablet</i>		OTC
<i>calcium 1000 + d oral tablet</i>		OTC
<i>calcium 1200 oral tablet chewable</i>		OTC
<i>calcium 500 + d oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>calcium 500 +d oral tablet</i>	Oystercal-D	OTC
<i>calcium 500/d oral tablet</i>	RA Hi-Cal Plus Vitamin D	OTC
<i>calcium 500/d oral tablet chewable</i>		OTC
<i>calcium 500/vitamin d oral tablet</i>		OTC
<i>calcium 500+d high potency oral tablet</i>		OTC
<i>calcium 500+d oral tablet</i>	Os-Cal Calcium + D3	OTC
<i>calcium 600 + d oral tablet</i>		OTC
<i>calcium 600 + minerals oral tablet</i>		OTC
<i>calcium 600/vitamin d oral tablet</i>		OTC
<i>calcium 600/vitamin d3 oral tablet</i>	Caltrate 600+D	OTC
<i>calcium 600+d high potency oral tablet</i>	Caltrate 600+D	OTC
<i>calcium 600+d oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600+d oral tablet 600-400 mg-unit</i>	Caltrate 600+D	OTC
<i>calcium 600+d plus minerals oral tablet</i>	Caltrate 600+D Plus	OTC
<i>calcium 600+d plus minerals oral tablet chewable</i>	Caltrate 600+D Plus	OTC
<i>calcium 600+d3 oral tablet</i>		OTC
<i>calcium 600-d oral tablet</i>		OTC
<i>calcium carbonate-vitamin d oral tablet 500-400 mg-unit</i>		OTC
<i>calcium carbonate-vitamin d oral tablet 600-400 mg-unit</i>	Caltrate 600+D	OTC
<i>calcium carbonate-vitamin d3 oral tablet</i>		OTC
<i>calcium citrate + d oral tablet 250-200 mg-unit</i>	Citracal/Vitamin D	OTC
<i>calcium citrate + d oral tablet 315-200 mg-unit</i>		OTC
<i>calcium citrate + d3 oral tablet 250-200 mg-unit</i>	Citracal/Vitamin D	OTC
<i>calcium citrate-vitamin d oral tablet 200-125 mg-unit, 250-50 mg-unit, 315-200 mg-unit</i>		OTC
<i>calcium creamies oral tablet chewable</i>	Caltrate 600+D	OTC
<i>calcium for women oral tablet chewable</i>		OTC
<i>calcium gummies oral tablet chewable</i>		OTC
<i>calcium high potency/vitamin d oral tablet</i>		OTC
<i>calcium magnesium 750 oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>calcium oral tablet 500-125 mg-unit, 600-200 mg-unit</i>		OTC
<i>calcium oral tablet chewable 500-100 mg-unit</i>		OTC
<i>calcium plus vitamin d3 oral capsule</i>		OTC
<i>calcium soft chews oral tablet chewable 500-500-40 mg-unt-mcg</i>	Viactiv	OTC
<i>calcium/lcd oral tablet chewable</i>		OTC
<i>calcium+d3 gradual release oral tablet extended release 24 hr*</i>	Citracal Calcium+D	OTC
<i>calcium-carb 600 + d oral tablet</i>		OTC
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i>		OTC
<i>calcium-vitamin d oral tablet 500-125 mg-unit, 600-125 mg-unit, 600-200 mg-unit, 600-400 mg-unit</i>		OTC
<i>calcium-vitamin d oral tablet 500-200 mg-unit</i>	RA Hi-Cal Plus Vitamin D	OTC
<i>calcium-vitamin d oral tablet 500-400 mg-unit</i>	Oystercal-D	OTC
<i>calcium-vitamin d3 oral capsule 600-400 mg-unit</i>		OTC
<i>calcium-vitamin d3 oral tablet 500-400 mg-unit</i>	Oystercal-D	OTC
<i>calcium-vitamin d3 oral tablet 600-125 mg-unit, 600-400 mg-unit</i>		OTC
<i>chewable calcium oral tablet chewable 500-200-40 mg-unt-mcg</i>		OTC
<i>citrus calcium/vitamin d oral tablet 200-250 mg-unit</i>	Citracal Petites/Vitamin D	OTC
<i>coral calcium oral capsule 133-66.7-133 mg-mg-unit, 250-125-100 mg-unit</i>		OTC
<i>cvs calcium 600+d oral tablet 600-800 mg-unit</i>	Caltrate 600+D	OTC
<i>cvs calcium citrate +d3 mini oral tablet</i>	Citracal Petites/Vitamin D	OTC
<i>cvs calcium oral tablet chewable</i>	Caltrate Gummy Bites	OTC
<i>cvs calcium soft chews oral tablet chewable</i>		OTC
<i>cvs calcium-magnesium-zinc oral tablet</i>		OTC
<i>cvs oyster shell calcium+vit d oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>eql calcium citrate/vitamin d oral tablet</i>	Citracal Maximum	OTC
<i>eql calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i>		OTC
<i>eql calcium/vitamin d oral capsule</i>		OTC
<i>eql calcium/vitamin d oral tablet</i>		OTC
<i>gnp calcium 500 +d3 oral tablet</i>	Os-Cal 500 + D	OTC
<i>gnp calcium 500/d oral tablet</i>	RA Hi-Cal Plus Vitamin D	OTC
<i>gnp calcium 600 +d/minerals oral tablet</i>	Caltrate 600+D Plus Minerals	OTC
<i>gnp calcium 600 +d3 oral tablet</i>	Caltrate 600+D	OTC
<i>gnp calcium 600 +d3/minerals oral tablet chewable</i>	Caltrate 600+D Plus	OTC
<i>gnp calcium 600/d oral tablet</i>	Caltrate 600+D	OTC
<i>gnp calcium citrate +d3 oral tablet</i>	Citracal Maximum	OTC
<i>hm calcium citrate+d3 petite oral tablet</i>	Citracal Petites/Vitamin D	OTC
<i>hm calcium citrate+vitamin d oral tablet</i>	Citracal Maximum	OTC
<i>hm calcium-vitamin d oral tablet</i>	Os-Cal Calcium + D3	OTC
<i>hm calcium-vitamin d-minerals oral tablet</i>	Caltrate 600+D Plus	OTC
<i>kp calcium 600+d oral tablet</i>		OTC
<i>oscal 500/200 d-3 oral tablet</i>	RA Hi-Cal Plus Vitamin D	OTC
<i>oyst-cal d oral tablet</i>	Oysco D	OTC
<i>oyster calcium + d oral tablet</i>	Oysco D	OTC
<i>oyster shell calcium + d oral tablet 500-400 mg-unit</i>	Oystercal-D	OTC
<i>oyster shell calcium + d3 oral tablet</i>	Oystercal-D	OTC
<i>oyster shell calcium 250+d oral tablet</i>	Oysco D	OTC
<i>oyster shell calcium 500 + d oral tablet 500-125 mg-unit</i>		OTC
<i>oyster shell calcium 500+d oral tablet chewable</i>		OTC
<i>oyster shell calcium oral tablet 500-400 mg-unit</i>	Oystercal-D	OTC
<i>oyster shell calcium plus d oral tablet</i>		OTC
<i>oyster shell calcium/d oral tablet 250-125 mg-unit</i>	Oysco D	OTC
<i>oyster shell calcium/d oral tablet 250-250 mg-unit, 500-400 mg-unit</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>oyster shell calcium/d oral tablet 500-200 mg-unit</i>	RA Hi-Cal Plus Vitamin D	OTC
<i>oyster shell calcium/d3 oral tablet</i>		OTC
<i>oyster shell calcium/vitamin d oral tablet</i>	Oysco D	OTC
<i>oyster shell/vitamin d oral tablet</i>		OTC
<i>oyster-cal 250 + d oral tablet</i>	Oysco D	OTC
<i>oyster-cal 500 + d oral tablet</i>		OTC
<i>pa calcium/vitamin d oral tablet</i>		OTC
<i>pa oyster shell calcium oral tablet</i>	RA Hi-Cal Plus Vitamin D	OTC
<i>px calcium&amp;d oral tablet</i>	Caltrate 600+D	OTC
<i>ra calcium 600/vitamin d-3 oral tablet</i>		OTC
<i>ra calcium cit-vit d-3 petites oral tablet</i>	Citracal Petites/Vitamin D	OTC
<i>ra calcium hi-call/vitamin d oral tablet</i>		OTC
<i>ra calcium plus vitamin d oral tablet 600-200 mg-unit</i>		OTC
<i>ra calcium plus vitamin d oral tablet 600-400 mg-unit</i>	Caltrate 600+D	OTC
<i>ra calcium plus vitamin d3 oral tablet</i>		OTC
<i>ra oyster shell calcium/d oral tablet</i>	Oysco D	OTC
<i>sb calcium + d oral tablet</i>		OTC
<i>sm calcium 500/vitamin d3 oral tablet</i>		OTC
<i>sm calcium 600/vitamin d oral tablet</i>	Caltrate 600+D	OTC
<i>sm calcium citrate+d3 petite oral tablet</i>	Citracal Petites/Vitamin D	OTC
<i>sm calcium/vitamin d oral tablet 600-800 mg-unit</i>	Caltrate 600+D	OTC
<i>sm calcium-vitamin d oral tablet</i>	Os-Cal Calcium + D3	OTC
<i>sm oyster shell calcium/vit d oral tablet</i>		OTC
<i>sm oyster shell calcium/vit d3 oral tablet</i>	Oystercal-D	OTC
<i>super calcium 600 + d 400 oral tablet</i>	Caltrate 600+D	OTC
<i>super calcium 600 + d3 oral tablet</i>	Caltrate 600+D	OTC
<b>AVORIA CAL+D ORAL PACKET</b>		OTC
<b>BONE DENSITY ORAL TABLET</b>		OTC
<b>OS-CAL CALCIUM + D3 ORAL TABLET</b>	HM Calcium-Vitamin D	OTC
<b>OS-CAL ORAL TABLET CHEWABLE 500-600 MG-UNIT</b>	Oysco 500+D	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>OS-CAL ULTRA ORAL TABLET</b>		OTC
<b>OSTEO-PORETICAL ORAL TABLET</b>		OTC
<b>OYSCO 500+D ORAL TABLET</b>	Os-Cal Calcium + D3	OTC
<b>OYSCO 500+D ORAL TABLET CHEWABLE</b>	Os-Cal	OTC
<b>OYSCO D ORAL TABLET</b>	Oysco D	OTC
<b>OYSTERCAL-D ORAL TABLET</b>	Calcium-Vitamin D	OTC
<b>PRONUTRIENTS CALCIUM+D3 ORAL TABLET</b>	SM Calcium/Vitamin D	OTC
<b>RA HI CAL ORAL TABLET</b>	Oyst-Cal-D 500	OTC
<b>RA HI-CAL PLUS VITAMIN D ORAL TABLET</b>	Oyst-Cal-D 500	OTC
<b>*Calcium***</b>		
<i>calcium 600 high potency oral tablet</i>	High Potency Calcium	OTC
<i>calcium 600 oral tablet</i>	High Potency Calcium	OTC
<i>calcium carbonate oral suspension</i>		OTC
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	Cal-Carb Forte	OTC
<i>calcium carbonate oral tablet 600 mg</i>	High Potency Calcium	OTC
<i>calcium citrate oral tablet 200 mg, 250 mg</i>		OTC
<i>calcium citrate oral tablet 950 mg</i>	Calcitrate	OTC
<i>calcium high potency oral tablet</i>	High Potency Calcium	OTC
<i>calcium oral tablet 500 mg, 600 mg</i>		OTC
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	Cal-Carb Forte	OTC
<i>calcium-carb 600 oral tablet</i>	High Potency Calcium	OTC
<i>cvs calcium carbonate oral tablet</i>	Cal-Carb Forte	OTC
<i>cvs calcium oral tablet</i>	Caltrate 600	OTC
<i>gnp calcium oral tablet</i>	High Potency Calcium	OTC
<i>oyster calcium oral tablet</i>	Oystercal	OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Oystercal	OTC
<i>oyster-cal 500 oral tablet</i>		OTC
<i>qc calcium fast dissolution oral tablet</i>	High Potency Calcium	OTC
<i>ra calcium 600 oral tablet</i>	High Potency Calcium	OTC
<i>ra calcium hi-cal oral tablet</i>		OTC
<i>ra calcium high potency oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ra calcium oral tablet</i>		OTC
<i>ra oyster shell calcium oral tablet</i>	Oystercal	OTC
<i>sb oyster shell calcium oral tablet</i>	Oystercal	OTC
<i>super calcium oral tablet 600 mg</i>	High Potency Calcium	OTC
<b>CAL-CARB FORTE ORAL TABLET</b>	CVS Calcium Carbonate	OTC
<b>CALCITRATE ORAL TABLET 950 MG</b>	Calcium Citrate	OTC
<b>CALTRATE 600 ORAL TABLET</b>	SM Calcium 600	OTC
<b>HIGH POTENCY CALCIUM ORAL TABLET 600 MG</b>	Calcium 600	OTC
<b>OYSCO 500 ORAL TABLET 500 MG</b>	Oyster Shell Calcium	OTC
<b>OYSTERCAL ORAL TABLET</b>	Oyster Shell Calcium	OTC
<b>RA HI-CAL ORAL TABLET</b>	Oyster Shell Calcium	OTC
<b>*Electrolytes Oral***</b>		
<i>cvs electrolyte solution oral solution</i>	CeraLyte 70	OTC
<i>cvs ped electrolyte freeze pop oral solution</i>	CeraLyte 70	OTC
<i>cvs pediatric electrolyte oral solution</i>	CeraLyte 70	OTC
<i>hm pediatric electrolyte oral solution</i>	CeraLyte 70	OTC
<i>ped electrolyte freeze pops oral solution</i>	CeraLyte 70	OTC
<i>ped electrolyte freezer pops oral solution</i>	CeraLyte 70	OTC
<i>pediatric electrolyte oral packet</i>	Pedia-Pop	OTC
<i>pediatric electrolyte oral solution</i>	CeraLyte 70	OTC
<b>THERMOTABS ORAL TABLET</b>	Buffered Salt	OTC
<b>*Fluoride Combinations***</b>		
<b>FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 1 (F)-236.79 MG</b>		
<b>*Fluoride***</b>		
<i>fluoritab oral solution</i>	Flura-Drops	
<i>fluoritab oral tablet chewable</i>	Luride	
<i>sodium fluoride oral solution</i>	Luride	
<i>sodium fluoride oral tablet</i>		
<i>sodium fluoride oral tablet chewable</i>	Luride	
<b>FLUOR-A-DAY ORAL SOLUTION</b>	Fluoritab	
<b>FLURA-DROPS ORAL SOLUTION</b>	Fluoritab	
<b>KARIDIUM ORAL SOLUTION</b>	Fluoritab	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LUDENT ORAL TABLET CHEWABLE</b>	Fluoritab	
<b>NAFRINSE DROPS ORAL SOLUTION</b>	Fluoritab	
<b>NAFRINSE ORAL TABLET CHEWABLE</b>	Fluoritab	
<b>*Magnesium***</b>		
<i>cvs magnesium oral tablet</i>		OTC
<i>cvs magnesium oxide oral tablet</i>		OTC
<i>essential magnesium oral tablet</i>		OTC
<i>gnp magnesium oral tablet</i>		OTC
<i>magnesium gluconate oral tablet 500 mg</i>	Magonate	OTC
<i>magnesium oral tablet 200 mg, 250 mg, 500 mg</i>		OTC
<i>magnesium oxide -mg supplement oral tablet</i>		OTC
<i>magnesium oxide oral tablet 400 (240 mg) mg, 500 mg</i>		OTC
<i>magnesium oxide oral tablet 400 (241.3 mg) mg</i>	MagOx 400	OTC
<i>mgo oral tablet</i>	MagOx 400	OTC
<i>natrul magnesium oral tablet</i>		OTC
<i>ra natural magnesium oral tablet</i>		OTC
<i>sm magnesium oral tablet</i>		OTC
<i>sm magnesium oxide oral tablet</i>		OTC
<b>MAGIMIN ORAL TABLET</b>		OTC
<b>MAGNESIUM-OXIDE ORAL TABLET</b>	Magnesium Oxide	OTC
<b>*Mineral Combinations***</b>		
<i>bone density builder oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>cal mag zinc +d3 oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>calcium citrate + oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>calcium citrate plus oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>calcium citrate plus/magnesium oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>calcium-magnesium-zinc-d3 oral tablet</i>	Advanced Calcium/D/Magnesium	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cal-mag-zinc-d oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>cvs ca citrate+d/magnesium oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>cvs calcium 600 plus oral tablet chewable</i>		OTC
<i>fem-cal citrate oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>gnp cal mag zinc +d3 oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>multisource calcium mag/d oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<i>natrul-cal oral tablet</i>	Advanced Calcium/D/Magnesium	OTC
<b>ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>CITRACAL PLUS ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>MULTI MEGA MINERALS ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>PROSTEON ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>THERACAL D2000 ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>THERACAL D4000 ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>THERACAL RAPID REPLETION ORAL TABLET</b>	Calcium Citrate Plus/Magnesium	OTC
<b>*Phosphate***</b>		
<b>K-PHOS ORAL TABLET</b>		
<b>*Potassium Combinations***</b>		
<i>effervescent pot chloride oral tablet effervescent</i>		
<i>pot bicarb-pot chloride oral tablet effervescent</i>		
<b>*Potassium***</b>		
<i>cvs potassium gluconate oral tablet</i>		OTC
<i>gnp potassium oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm potassium oral tablet</i>		OTC
<i>k-effervescent oral tablet effervescent</i>	Klor-Con/EF	
<i>k-vescent oral tablet effervescent</i>	Klor-Con/EF	
<i>potassium bicarbonate oral tablet effervescent</i>	Klor-Con/EF	
<i>potassium chloride crys er oral tablet extendedrelease*</i>	Klor-Con M10	
<i>potassium chloride er oral capsule extended release*</i>	Micro-K	
<i>potassium chloride er oral tablet extendedrelease* 10 meq</i>	K-Tabs	
<i>potassium chloride er oral tablet extendedrelease* 8 meq</i>	Klor-Con	
<i>potassium chloride intravenous* solution 0.4 meq/ml, 10 meq/50ml, 20 meq/50ml</i>		
<i>potassium chloride oral packet</i>	Klor-Con	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	K-Sol	
<i>potassium gluconate oral tablet 2.5 meq, 595 (99 k) mg</i>		OTC
<i>potassium oral tablet 99 mg</i>		OTC
<b>EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ</b>	K-Vescent	
<b>KLOR-CON 10 ORAL TABLET EXTENDEDRELEASE*</b>	Potassium Chloride ER	
<b>KLOR-CON M10 ORAL TABLET EXTENDEDRELEASE*</b>	Potassium Chloride Crys ER	
<b>KLOR-CON M15 ORAL TABLET EXTENDEDRELEASE*</b>		
<b>KLOR-CON M20 ORAL TABLET EXTENDEDRELEASE*</b>	Potassium Chloride Crys ER	
<b>KLOR-CON ORAL PACKET</b>		
<b>KLOR-CON ORAL TABLET EXTENDEDRELEASE*</b>	Potassium Chloride ER	
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT</b>	K-Vescent	
<b>K-PRIME ORAL TABLET EFFERVESCENT</b>	K-Vescent	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Sodium***</b>		
<i>sodium chloride flush intravenous* solution</i>	BD PosiFlush	
<i>sodium chloride injection solution 0.9 %</i>	Monoject PreFill Advanced NaCl	
<b>MONOJECT FLUSH SYRINGE INTRAVENOUS* SOLUTION</b>	Saline Flush	
<b>MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS* SOLUTION</b>	Saline Flush	
<b>*Trace Mineral Combinations***</b>		
<i>selenium-yeast oral tablet</i>		OTC
<b>*Trace Minerals***</b>		
<i>chromium picolinate oral tablet 1000 mcg, 200 mcg, 400 mcg</i>		OTC
<i>cvs selenium oral tablet 200 mcg</i>	Vitaline Selenium	OTC
<i>selenium oral tablet 200 mcg</i>	Vitaline Selenium	OTC
<i>selenium oral tablet 50 mcg</i>		OTC
<b>*Zinc***</b>		
<i>cvs zinc oral tablet</i>	M2 Zinc-50	OTC
<i>eql natural zinc oral tablet</i>	M2 Zinc-50	OTC
<i>eql zinc cold relief mouth/throat lozenge</i>	Cold-Eeze	OTC
<i>gnp zinc chelated oral tablet</i>	M2 Zinc-50	OTC
<i>hm zinc oral tablet</i>	M2 Zinc-50	OTC
<i>zinc gluconate oral tablet 30 mg</i>		OTC
<i>zinc mouth/throat lozenge 13.3 mg</i>	Cold-Eeze	OTC
<i>zinc oral tablet 50 mg</i>	M2 Zinc-50	OTC
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*Anesthetics Topical Oral - Combinations***</b>		
<i>cvs sore throat max strength mouth/throat lozenge</i>	Cepacol Sore Throat Max Numb	OTC
<i>sore throat lozenges mouth/throat lozenge 6-10 mg</i>	Chloraseptic	OTC
<i>sore throat mouth/throat lozenge 6-10 mg</i>	Chloraseptic	OTC
<i>ultra throat mouth/throat lozenge</i>	Chloraseptic	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Anesthetics Topical Oral***</b>		
<i>baby teething mouth/throat gel</i>	Baby Anbesol	OTC
<i>baby teething pain medicine mouth/throat gel</i>	Baby Anbesol	OTC
<i>cvs baby teething oral pain mouth/throat gel</i>	Baby Anbesol	OTC
<i>cvs oral anesthetic max str mouth/throat gel</i>	Orabase Maximum Strength	OTC
<i>cvs oral pain reliever mouth/throat cream</i>	Benzodent	OTC
<i>cvs oral pain reliever mouth/throat paste</i>	Orabase-B	OTC
<i>intense toothache pain relief mouth/throat gel</i>	Orabase Maximum Strength	OTC
<i>lidocaine hcl mouth/throat solution</i>	LTA 360 Kit	
<i>lidocaine viscous mouth/throat solution</i>		
<i>oral analgesic max st mouth/throat gel</i>	Orabase Maximum Strength	OTC
<i>oral analgesic max st mouth/throat liquid†</i>	Orajel Maximum Strength	OTC
<i>oral analgesic max st mouth/throat paste</i>	Orabase-B	OTC
<i>oral anesthetic mouth/throat paste</i>	Orabase-B	OTC
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat lozenge</i>		
<i>clotrimazole mouth/throat troche</i>		
<i>cvs peroxide sore mouth cleans mouth/throat solution</i>	Peroxyl	OTC
<i>nystatin mouth/throat suspension</i>		
<b>GLY-OXIDE MOUTH/THROAT SOLUTION</b>	CVS Oral Cleansing	OTC
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat solution</i>	Periogard	
<i>cvs sore throat spray mouth/throat liquid†</i>	Cheracol Sore Throat	OTC
<i>oral relief mouth/throat liquid†</i>	Cheracol Sore Throat	OTC
<b>PAROEX MOUTH/THROAT SOLUTION</b>	Chlorhexidine Gluconate	
<b>PERIOGARD MOUTH/THROAT SOLUTION</b>	Chlorhexidine Gluconate	
<b>ST-37 MOUTH/THROAT LIQUID†</b>		OTC
<b>*Dental Products***</b>		
<i>cvs anti-plaque mouth/throat liquid†</i>	Viadent Rinse	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Dry Mouth Agents And Artificial Saliva***</b>		
<i>cvs dry mouth mouth/throat solution</i>	Biotene OralBalance Dry Mouth	OTC
<b>*Fluoride Dental Products***</b>		
<i>fluoride mouth rinse mouth/throat solution</i>	Crest Pro-Health Complete	OTC
<i>neutral sodium fluoride mouth/throat solution</i>	CaviRinse	OTC
<b>NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED</b>		
<b>PERIOMED MOUTH/THROAT CONCENTRATE</b>	Stannous Fluoride	OTC
<b>PREVIDENT 5000 DRY MOUTH DENTAL GEL</b>	SF	
<b>*Lozenges***</b>		
<i>cough drops mouth/throat lozenge 10 mg, 2.7 mg, 3.1 mg, 5 mg, 6.5 mg, 7.5 mg</i>		OTC
<i>cough drops mouth/throat lozenge 5.4 mg</i>	Cepacol Sore Throat	OTC
<i>cough drops mouth/throat lozenge 5.8 mg, 7 mg, 7.6 mg</i>	Halls Cough Drops	OTC
<i>cough drops mouth/throat lozenge 8 mg</i>	Flanax Cough Relief	OTC
<i>cvs cherry menthol drops mouth/throat lozenge</i>	Diabetic Tussin Cough Drops	OTC
<i>cvs honey lemon drops mouth/throat lozenge</i>	Diabetic Tussin Cough Drops	OTC
<i>cvs menthol drops mouth/throat lozenge</i>	Diabetic Tussin Cough Drops	OTC
<i>cvs sore throat relief pops mouth/throat lollipop</i>		OTC
<i>zinc wla&amp;c mouth/throat lozenge</i>	Diabetic Tussin Cough Drops	OTC
<b>FRUIT FROSTERS MOUTH/THROAT LOZENGE</b>	SM Fruit Coolers	OTC
<b>*Mouthwashes***</b>		
<i>antiseptic mouth rinse mouth/throat liquid†</i>	Astring-O-Sol	OTC
<i>cvs antiseptic mouth rinse mouth/throat liquid†</i>	Astring-O-Sol	OTC
<i>cvs mouthwash mouth/throat liquid†</i>	Astring-O-Sol	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs oral rinse mouth/throat liquid†</i>	Crest Pro-Health	OTC
<b>*Protectants - Mouth/Throat***</b>		
<i>cold sore treatment external liquid†</i>	Viroxyn	OTC
<b>*Saliva Stimulants***</b>		
<i>pilocarpine hcl oral tablet</i>	Salagen	
<b>*Steroids - Mouth/Throat***</b>		
<i>triamcinolone acetonide mouth/throat paste</i>	Oralone	
<b>ORALONE MOUTH/THROAT PASTE</b>	Triamcinolone Acetonide	
<b>*Throat Products - Misc.***</b>		
<i>anti-snore throat spray mouth/throat liquid†</i>	Oasis Moisturizing Mouthwash	OTC
<b>*MULTIVITAMINS*</b>		
<b>*B-Complex Vitamins***</b>		
<i>b complex oral capsule</i>		OTC
<i>b complex oral tablet</i>		OTC
<i>b complex vitamins oral capsule</i>		OTC
<b>*B-Complex W/ C &amp; Calcium***</b>		
<i>b-complex/vitamin c oral tablet</i>		OTC
<i>gnp b-complex plus vitamin c oral tablet</i>		OTC
<b>*B-Complex W/ C &amp; E + Zn***</b>		
<i>advanced stress formulazinc oral tablet</i>		OTC
<i>beclzinc oral tablet</i>		OTC
<i>bee zee oral tablet</i>		OTC
<i>cvs stress formulazinc oral tablet</i>		OTC
<i>stress blzinc oral tablet</i>		OTC
<i>stress b-complex/vit c/zinc oral tablet</i>		OTC
<i>stress formulazinc oral tablet</i>		OTC
<i>stress plus zinc oral tablet</i>		OTC
<b>*B-Complex W/ C &amp; E***</b>		
<b>PRONUTRIENTS SUPER B COMPLEX ORAL TABLET</b>	Vi-Stress	OTC
<b>*B-Complex W/ C &amp; Folic Acid***</b>		
<i>b-complex balanced oral tablet</i>	Milco-B-Forte	OTC
<i>b-plex oral tablet</i>	Milco-B-Forte	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>hm vitamin b complex/vitamin c oral tablet</i>	Milco-B-Forte	OTC
<i>kp b complex-c oral tablet</i>	Milco-B-Forte	OTC
<i>mynephrocaps oral capsule</i>	Nephrocaps	
<i>px b complex/vitamin c oral tablet</i>	Milco-B-Forte	OTC
<i>rena-vite rx oral tablet</i>	Dialyvite	
<i>reno caps oral capsule</i>	Nephrocaps	
<i>sm b-complex/vitamin c oral tablet</i>	Milco-B-Forte	OTC
<i>stress formula oral tablet</i>	Milco-B-Forte	OTC
<i>super b-complex/vit c/fa oral tablet</i>	Milco-B-Forte	OTC
<i>triphrocaps oral capsule</i>	Nephrocaps	
<i>virt-caps oral capsule</i>	Nephrocaps	
<i>vita-bee/c oral tablet</i>	Milco-B-Forte	OTC
<i>vol-care rx oral tablet</i>	Dialyvite	
<b>DIALYVITE ORAL TABLET</b>	Rena-Vite Rx	
<b>NEPHROCAPS ORAL CAPSULE</b>	Mynephrocaps	
<b>NEPHRONEX ORAL TABLET</b>	Rena-Vite Rx	
<b>RENAL ORAL CAPSULE</b>	Mynephrocaps	
<b>*B-Complex W/ C***</b>		
<i>b complex-c oral tablet</i>		OTC
<i>b-complex-c oral tablet</i>		OTC
<i>cvs b complex plus c oral tablet</i>		OTC
<i>cvs super b complex/c oral tablet</i>		OTC
<i>super b complex/vitamin c oral tablet</i>		OTC
<b>*B-Complex W/ C-Biotin-E &amp; Folic Acid***</b>		
<i>b complex-c-biotin-e-fa oral tablet</i>		OTC
<b>*B-Complex W/ Iron***</b>		
<i>super b-complex/iron/vitamin c oral tablet</i>		OTC
<b>*B-Complex W/ Minerals***</b>		
<i>geravim oral liquid†</i>		OTC
<i>geriaton oral liquid†</i>		OTC
<i>rabano yodado oral liquid†</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*B-Complex W/Biotin &amp; Folic Acid***</b>		
<i>b complete oral tablet</i>	Super DEC B-100	OTC
<i>b-100 tr oral tablet extendedrelease*</i>	Poten B-150 CR	OTC
<i>balance b-50 oral tablet</i>	Super DEC B-100	OTC
<i>balanced b complex oral tablet</i>	Super DEC B-100	OTC
<i>balanced b-100 oral tablet extendedrelease*</i>	Poten B-150 CR	OTC
<i>b-compleet-100 oral tablet</i>	Super DEC B-100	OTC
<i>b-compleet-50 oral tablet</i>	Super DEC B-100	OTC
<i>b-complex oral tablet</i>	Super DEC B-100	OTC
<i>eql b complex 50 oral tablet</i>	Super DEC B-100	OTC
<i>eql b-100 complex oral tablet extendedrelease*</i>	Poten B-150 CR	OTC
<i>extress oral tablet</i>	Super DEC B-100	OTC
<i>extress-super oral tablet</i>	Super DEC B-100	OTC
<i>gnp b-100 complex oral tablet extendedrelease*</i>	Poten B-150 CR	OTC
<i>gnp b-50 balanced oral tablet</i>	Super DEC B-100	OTC
<i>gnp b-50 complex oral tablet extendedrelease*</i>	Poten B-150 CR	OTC
<i>hm vitamin b100 complex oral tablet</i>	Super DEC B-100	OTC
<i>hm vitamin b50 complex oral tablet</i>	Super DEC B-100	OTC
<i>quin b strong b-25 oral tablet</i>	Super DEC B-100	OTC
<i>ra balanced b-100 oral tablet</i>	Super DEC B-100	OTC
<i>ra balanced b-50 oral tablet</i>	Super DEC B-100	OTC
<i>sm b100 complex oral tablet</i>	Super DEC B-100	OTC
<i>sm b-complex oral tablet</i>	Super DEC B-100	OTC
<i>super b-100 oral tablet</i>	Super DEC B-100	OTC
<i>super b-50 oral tablet</i>	Super DEC B-100	OTC
<i>super b-complex oral tablet</i>	Super DEC B-100	OTC
<i>yl balanced b-100 oral tablet</i>	Super DEC B-100	OTC
<b>BIG 100 ORAL TABLET</b>	Extress	OTC
<b>SUPER DEC B-100 ORAL TABLET</b>	Extress	OTC
<b>SUPER QUINTS B-50 ORAL TABLET</b>	Extress	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Bioflavonoid Products***</b>		
<i>c complex oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>c1000 tr/rose hip/bioflavonoid oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>c1500 tr/rose hip/bioflavonoid oral tablet extendedrelease* 1500-50-50 mg</i>	Ascocid-1000	OTC
<i>c1500/rose hips/bioflavonoid oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>daflonex-xl oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>fruit c 200 oral tablet chewable</i>		OTC
<i>grape seed oral capsule 250-50 mg</i>	Vasoflex	OTC
<i>nat-rul c-complex tr oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>ra vitamin c cr oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>super c-500 complex oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<i>vitamin c er oral tablet extendedrelease* 1000-100 mg</i>	Ascocid-1000	OTC
<i>vitamin c oral tablet chewable</i>		OTC
<i>vitamin c-bioflavonoids oral tablet extendedrelease*</i>	Ascocid-1000	OTC
<b>ASCOCID-1000 ORAL TABLET EXTENDEDRELEASE*</b>	Daflonex-XL	OTC
<b>ASCOCID-500-D ORAL TABLET EXTENDEDRELEASE*</b>	Daflonex-XL	OTC
<b>EASY-C ORAL TABLET</b>	Pan-C 500/Bioflavonoids	OTC
<b>ESTER-C ORAL TABLET</b>	Pan-C 500/Bioflavonoids	OTC
<b>ESTER-C ORAL TABLET EXTENDEDRELEASE*</b>	Daflonex-XL	OTC
<b>*Brewers Yeast***</b>		
<i>brewers yeast oral powder</i>		OTC
<b>*Iron W/ Vitamins***</b>		
<b>IROMIN-G ORAL TABLET</b>	Therems H	OTC
<b>S.S.S. TONIC ORAL TABLET</b>	Therems H	OTC
<b>*Multiple Vitamins W/ Calcium***</b>		
<i>eql one daily womens oral tablet</i>	One-A-Day Womens Formula	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>essential one daily multivit oral tablet</i>	One-A-Day Womens Formula	OTC
<i>gnp one daily womens health oral tablet</i>	One-A-Day Womens Formula	OTC
<i>hm one daily essential oral tablet</i>	One-A-Day Womens Formula	OTC
<i>multi-day/calcium/extra iron oral tablet</i>	One-A-Day Womens Formula	OTC
<i>sm one daily essential oral tablet</i>	One-A-Day Womens Formula	OTC
<i>tgt daily multivitamin womens oral tablet</i>	One-A-Day Womens Formula	OTC
<b>HM VITA-MINI MULTI COMPLETE ORAL TABLET</b>	TGT Daily Multivitamin Womens	OTC
<b>*Multiple Vitamins W/ Iron***</b>		
<i>daily multiple vitamins/iron oral tablet</i>	Geritol Extend	OTC
<i>daily vitamin formula+iron oral tablet</i>	Geritol Extend	OTC
<i>daily-vitamin/iron oral tablet</i>	Geritol Extend	OTC
<i>daily-vit/iron/beta-carotene oral tablet</i>	Geritol Extend	OTC
<i>gnp one daily plus iron oral tablet</i>	Geritol Extend	OTC
<i>hm one daily/iron oral tablet</i>	Geritol Extend	OTC
<i>multi-day plus iron oral tablet</i>	Geritol Extend	OTC
<i>multiple vitamins/iron oral tablet</i>	Geritol Extend	OTC
<i>multi-vitamin/iron oral tablet</i>	Geritol Extend	OTC
<i>once daily/iron oral tablet</i>	Geritol Extend	OTC
<i>one-daily/iron oral tablet</i>	Geritol Extend	OTC
<i>qc daily multivitamins/iron oral tablet</i>	Geritol Extend	OTC
<i>ra one daily multi-vit plus fe oral tablet</i>	Geritol Extend	OTC
<i>sm multiple vitamins/iron oral tablet</i>	Geritol Extend	OTC
<i>stress b complex/iron oral tablet</i>	Geritol Extend	OTC
<i>stress formula/iron oral tablet</i>	Geritol Extend	OTC
<i>tab-a-vit/iron oral tablet</i>	Geritol Extend	OTC
<b>*Multiple Vitamins W/ Minerals***</b>		
<i>a thru z advanced oral tablet</i>	Centrum	OTC
<i>a thru z high potency oral tablet</i>	Centrum	OTC
<i>a thru z select 50+ advanced oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>a thru z select advanced oral tablet</i>	Centrum	OTC
<i>a thru z select oral tablet</i>	Centrum	OTC
<i>a thru z select oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>a thru z select ultimate women oral tablet</i>	Centrum	OTC
<i>abc plus oral tablet</i>	Centrum	OTC
<i>adult one daily gummies oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>advanced diabetic multivitamin oral tablet</i>	Centrum	OTC
<i>antioxidant alclel selenium oral tablet</i>	Centrum	OTC
<i>antioxidant formula oral tablet</i>	Centrum	OTC
<i>antioxidant forte oral tablet</i>	Centrum	OTC
<i>antioxidant protection formula oral tablet</i>	Centrum	OTC
<i>antioxidant vitamins oral tablet</i>	Centrum	OTC
<i>ap-zel oral tablet</i>	Centrum	
<i>basic am oral tablet</i>	Centrum	OTC
<i>basic pm oral tablet</i>	Centrum	OTC
<i>biocel oral tablet</i>	Centrum	
<i>biosupp oral liquid†</i>	Centrum	OTC
<i>biotin plus/calcium/vit d3 oral tablet</i>	Centrum	OTC
<i>b-plex plus oral tablet</i>	Centrum	
<i>b-redilred hearts/red roosters oral tablet</i>	Centrum	OTC
<i>centamin oral liquid†</i>	Centrum	OTC
<i>centavite a-z complete-mineral oral tablet</i>	Centrum	OTC
<i>centavite oral liquid†</i>	Centrum	OTC
<i>centravites 50 plus oral tablet</i>	Centrum	OTC
<i>centravites oral tablet</i>	Centrum	OTC
<i>century mature oral tablet</i>	Centrum	OTC
<i>century oral tablet</i>	Centrum	OTC
<i>certa plus oral tablet</i>	Centrum	OTC
<i>certagen oral tablet</i>	Centrum	OTC
<i>companion oral tablet</i>	Centrum	OTC
<i>complere oral tablet</i>	Centrum	OTC
<i>complete dailyllutein oral tablet</i>	Centrum	OTC
<i>complete energy oral tablet</i>	Centrum	OTC
<i>complete multivitamin/mineral oral liquid†</i>	Centrum	OTC
<i>complete oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>complete senior oral tablet</i>	Centrum	OTC
<i>complete womens oral tablet</i>	Centrum	OTC
<i>coral calcium plus oral capsule</i>	Ocuvite Adult 50+	OTC
<i>cvs daily gummies oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>cvs daily multiple felcalzn oral tablet</i>	Centrum	OTC
<i>cvs daily multiple for men 50+ oral tablet</i>	Centrum	OTC
<i>cvs daily multiple for men oral tablet</i>	Centrum	OTC
<i>cvs daily multiple for women oral tablet</i>	Centrum	OTC
<i>cvs daily multiple women 50+ oral tablet</i>	Centrum	OTC
<i>cvs diabetes health support oral</i>	Life Pack Mens	OTC
<i>cvs mens daily gummies oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>cvs spectravite adult 50+ oral tablet</i>	Centrum	OTC
<i>cvs spectravite adult 50+ oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>cvs spectravite adult gummies oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>cvs spectravite advanced oral tablet</i>	Centrum	OTC
<i>cvs spectravite senior oral tablet</i>	Centrum	OTC
<i>cvs spectravite ultra men 50+ oral tablet</i>	Centrum	OTC
<i>cvs spectravite ultra mens oral tablet</i>	Centrum	OTC
<i>cvs spectravite ultra women oral tablet</i>	Centrum	OTC
<i>cvs spectravite womens senior oral tablet</i>	Centrum	OTC
<i>cvs vision formula oral tablet</i>	Centrum	OTC
<i>cvs womens active daily oral tablet</i>	Centrum	OTC
<i>cvs womens daily gummies oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>daily betic oral tablet</i>	Centrum	OTC
<i>daily combo multi vitamins oral tablet</i>	Centrum	OTC
<i>daily heart health support oral</i>	Life Pack Mens	OTC
<i>daily mens health formula oral tablet</i>	Centrum	OTC
<i>daily multi 50+ oral tablet</i>	Centrum	OTC
<i>daily multi oral tablet</i>	Centrum	OTC
<i>daily multiple vitamins/min oral tablet</i>	Centrum	OTC
<i>daily vitamin formula+minerals oral tablet</i>	Centrum	OTC
<i>daily womens health formula oral tablet</i>	Centrum	OTC
<i>daily-vitamin maximum formula oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>diabetes health formula oral tablet</i>	Centrum	OTC
<i>dialyvite 800/ultra d oral tablet</i>	Centrum	OTC
<i>ecolovit oral tablet</i>	Centrum	OTC
<i>eq complete multivitamin-adult oral tablet</i>	Centrum	OTC
<i>eq one daily mens health oral tablet</i>	Centrum	OTC
<i>eq one daily womens health oral tablet</i>	Centrum	OTC
<i>eql century mature oral tablet</i>	Centrum	OTC
<i>eql century oral tablet</i>	Centrum	OTC
<i>eql one daily mens health oral tablet</i>	Centrum	OTC
<i>eql one daily mens oral tablet</i>	Centrum	OTC
<i>eql vision formula oral tablet</i>	Centrum	OTC
<i>essential balance oral tablet</i>	Centrum	OTC
<i>freedavite oral tablet</i>	Centrum	OTC
<i>geri-freeda senior formula oral tablet</i>	Centrum	OTC
<i>gerivite complete oral tablet</i>	Centrum	OTC
<i>gnp century active performance oral tablet</i>	Centrum	OTC
<i>gnp century adults 50+ senior oral tablet</i>	Centrum	OTC
<i>gnp century cardio health oral tablet</i>	Centrum	OTC
<i>gnp century mature oral tablet</i>	Centrum	OTC
<i>gnp century oral tablet</i>	Centrum	OTC
<i>gnp century ultimate mens oral tablet</i>	Centrum	OTC
<i>gnp century ultimate womens oral tablet</i>	Centrum	OTC
<i>gnp diabetic support formula oral tablet</i>	Centrum	OTC
<i>gnp hair/skin/nails oral tablet</i>	Centrum	OTC
<i>gnp healthy eyes oral tablet</i>	Centrum	OTC
<i>gnp healthy eyes supervision oral capsule</i>	Ocuvite Adult 50+	OTC
<i>gnp maximum one daily oral tablet</i>	Centrum	OTC
<i>gnp mega multi for men oral tablet</i>	Centrum	OTC
<i>gnp mega multi for women oral tablet</i>	Centrum	OTC
<i>gnp one daily maximum oral tablet</i>	Centrum	OTC
<i>gnp one daily mens 50+advanced oral tablet</i>	Centrum	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Centrum	OTC
<i>gnp one daily mens/lycopene oral tablet</i>	Centrum	OTC
<i>gnp one daily womens 50+ oral tablet</i>	Centrum	OTC
<i>gnp one daily womens oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp opti-vitamins oral tablet</i>	Centrum	OTC
<i>gnp therapeutic-m oral tablet</i>	Centrum	OTC
<i>gnp womens one daily oral tablet</i>	Centrum	OTC
<i>hair formula extra strength oral tablet</i>	Centrum	OTC
<i>hair vitamins oral tablet</i>	Centrum	OTC
<i>hair/skin/nails oral tablet</i>	Centrum	OTC
<i>hair/skin/nails/biotin oral tablet</i>	Centrum	OTC
<i>hair-vites oral tablet</i>	Centrum	OTC
<i>healthy eyes oral tablet</i>	Centrum	OTC
<i>hi-kovite 2-part formula oral tablet</i>	Centrum	OTC
<i>hi-potency multi-vitamin oral tablet</i>	Centrum	OTC
<i>hm antioxidant vitamins oral tablet</i>	Centrum	OTC
<i>hm complete 50+ mens ultimate oral tablet</i>	Centrum	OTC
<i>hm complete 50+ oral tablet</i>	Centrum	OTC
<i>hm complete 50+ women ultimate oral tablet</i>	Centrum	OTC
<i>hm complete oral tablet</i>	Centrum	OTC
<i>hm hair/skin/nails oral tablet</i>	Centrum	OTC
<i>hm one daily mens oral tablet</i>	Centrum	OTC
<i>hm one daily womens oral tablet</i>	Centrum	OTC
<i>immune support vitamin c oral packet</i>	Maximin Pack	OTC
<i>i-vite oral tablet</i>	Centrum	OTC
<i>i-vite protect oral tablet</i>	Centrum	OTC
<i>kp adults 50+ daily formula oral tablet</i>	Centrum	OTC
<i>kp adults daily formula oral tablet</i>	Centrum	OTC
<i>kp mens 50+ daily formula oral tablet</i>	Centrum	OTC
<i>kp mens daily formula oral tablet</i>	Centrum	OTC
<i>kp womens 50+ daily formula oral tablet</i>	Centrum	OTC
<i>kp womens daily formula oral tablet</i>	Centrum	OTC
<i>macular vitamin benefit oral tablet</i>	Centrum	OTC
<i>magnum-75 oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>maximum daily green oral tablet</i>	Centrum	OTC
<i>mega multivitamin for men oral tablet</i>	Centrum	OTC
<i>mega multivitamin for women oral tablet</i>	Centrum	OTC
<i>mega vm-80 oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>mega-marathon 100 tr oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>megavite fruits &amp; veggies oral tablet</i>	Centrum	OTC
<i>megavite golden years 55+ oral tablet</i>	Centrum	OTC
<i>meijer advanced formula oral tablet</i>	Centrum	OTC
<i>mens 50+ advanced oral capsule</i>	Ocuvite Adult 50+	OTC
<i>mens 50+ multi vitamin/min oral tablet</i>	Centrum	OTC
<i>mens daily formulalycopene oral capsule</i>	Ocuvite Adult 50+	OTC
<i>mens multi vitamin &amp; mineral oral tablet</i>	Centrum	OTC
<i>multi completeliron oral tablet</i>	Centrum	OTC
<i>multi for her 50+ oral capsule</i>	Ocuvite Adult 50+	OTC
<i>multi for her 50+ oral tablet</i>	Centrum	OTC
<i>multi for her oral capsule</i>	Ocuvite Adult 50+	OTC
<i>multi for her oral packet</i>	Maximin Pack	OTC
<i>multi for her oral tablet</i>	Centrum	OTC
<i>multi for him 50+ oral tablet</i>	Centrum	OTC
<i>multi vitamin/minerals oral tablet</i>	Centrum	OTC
<i>multi-day plus minerals oral tablet</i>	Centrum	OTC
<i>multilex oral tablet</i>	Centrum	OTC
<i>multilex-t&amp;m oral tablet</i>	Centrum	OTC
<i>multimineral plus oral tablet</i>	Centrum	OTC
<i>multiple vitamins/womens oral tablet</i>	Centrum	OTC
<i>multivitamin &amp; mineral oral liquid†</i>	Centrum	OTC
<i>multivitamin gummies adult oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>multi-vitamin gummies oral tablet chewable</i>	One-A-Day VitaCraves Sour	OTC
<i>multi-vitamin menopausal oral tablet</i>	Centrum	OTC
<i>multi-vitamin monocaps oral tablet</i>	Centrum	OTC
<i>multivitamin oral liquid†</i>	Centrum	OTC
<i>multi-vitamin/minerals oral tablet</i>	Centrum	OTC
<i>myamulti oral tablet</i>	Centrum	OTC
<i>natrul-mega-75 oral tablet</i>	Centrum	OTC
<i>natrul-vites oral tablet</i>	Centrum	OTC
<i>no iron mult vitamin-minerals oral tablet</i>	Centrum	OTC
<i>ocutabs oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ocutabs-lutein oral tablet</i>	Centrum	OTC
<i>one daily 50 plus oral tablet</i>	Centrum	OTC
<i>one daily adults 50+ oral tablet</i>	Centrum	OTC
<i>one daily calcium/iron oral tablet</i>	Centrum	OTC
<i>one daily complete oral tablet</i>	Centrum	OTC
<i>one daily for men 50+ advanced oral tablet</i>	Centrum	OTC
<i>one daily for men/lycopene oral tablet</i>	Centrum	OTC
<i>one daily for women 50+ adv oral tablet</i>	Centrum	OTC
<i>one daily for women oral tablet</i>	Centrum	OTC
<i>one daily healthy weight adv oral tablet</i>	Centrum	OTC
<i>one daily healthy weight oral tablet</i>	Centrum	OTC
<i>one daily maximum oral tablet</i>	Centrum	OTC
<i>one daily men formula w/o iron oral tablet</i>	Centrum	OTC
<i>one daily mens oral tablet</i>	Centrum	OTC
<i>one daily plus minerals oral tablet</i>	Centrum	OTC
<i>one daily womens 50 plus oral tablet</i>	Centrum	OTC
<i>one daily womens 50+ oral tablet</i>	Centrum	OTC
<i>one daily womens oral tablet</i>	Centrum	OTC
<i>one daily/minerals oral tablet</i>	Centrum	OTC
<i>optic-vites oral tablet</i>	Centrum	OTC
<i>optimum pms oral tablet</i>	Centrum	OTC
<i>opti-woman oral tablet</i>	Centrum	OTC
<i>parvlex oral tablet</i>	Centrum	OTC
<i>px advanced formula multivits oral tablet</i>	Centrum	OTC
<i>px mens multivitamins oral tablet</i>	Centrum	OTC
<i>qc daily multivit/multimineral oral tablet</i>	Centrum	OTC
<i>qc mens daily multivitamin oral tablet</i>	Centrum	OTC
<i>qc multi-vite 50 &amp; over oral tablet</i>	Centrum	OTC
<i>qc multi-vite oral tablet</i>	Centrum	OTC
<i>qc multi-vite plus oral tablet</i>	Centrum	OTC
<i>qc therin-m oral tablet</i>	Centrum	OTC
<i>qc womens daily multivitamin oral tablet</i>	Centrum	OTC
<i>quench oral tablet</i>	Centrum	OTC
<i>quin b strong oral tablet</i>	Centrum	OTC
<i>quintabs-m oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>ra central-vite energy oral tablet</i>	Centrum	OTC
<i>ra central-vite mens mature oral tablet</i>	Centrum	OTC
<i>ra central-vite senior oral tablet</i>	Centrum	OTC
<i>ra central-vite under 50 mens oral tablet</i>	Centrum	OTC
<i>ra central-vite under 50 women oral tablet</i>	Centrum	OTC
<i>ra central-vite womens mature oral tablet</i>	Centrum	OTC
<i>ra hair/skin/nails oral tablet</i>	Centrum	OTC
<i>ra mature womens dietary supp oral tablet</i>	Centrum	OTC
<i>ra one daily energy formula oral tablet</i>	Centrum	OTC
<i>ra one daily maximum oral tablet</i>	Centrum	OTC
<i>ra one daily mens 50+ wlvit d3 oral tablet</i>	Centrum	OTC
<i>ra one daily mens multi oral tablet</i>	Centrum	OTC
<i>ra one daily mens/vit d-3 oral tablet</i>	Centrum	OTC
<i>ra one daily womens oral tablet</i>	Centrum	OTC
<i>ra stress formula advanced oral tablet</i>	Centrum	OTC
<i>ra stress formula energy oral tablet</i>	Centrum	OTC
<i>ra therapeutic m plus beta car oral tablet</i>	Centrum	OTC
<i>ra vision vite plus zinc oral tablet</i>	Centrum	OTC
<i>senior tabs oral tablet</i>	Centrum	OTC
<i>senior vites oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>sentry oral tablet</i>	Centrum	OTC
<i>sentry senior oral tablet</i>	Centrum	OTC
<i>sm antioxidant vitamins oral tablet</i>	Centrum	OTC
<i>sm complete 50+ oral tablet</i>	Centrum	OTC
<i>sm complete 50+ ultimate mens oral tablet</i>	Centrum	OTC
<i>sm complete 50+ ultimate women oral tablet</i>	Centrum	OTC
<i>sm complete advanced formula oral tablet</i>	Centrum	OTC
<i>sm complete oral tablet</i>	Centrum	OTC
<i>sm complete senior formula oral tablet</i>	Centrum	OTC
<i>sm daily diet support oral tablet</i>	Centrum	OTC
<i>sm hair/skin/nails oral tablet</i>	Centrum	OTC
<i>sm one daily mens oral tablet</i>	Centrum	OTC
<i>sm one daily womens oral tablet</i>	Centrum	OTC
<i>sm opti-vitamins oral tablet</i>	Centrum	OTC
<i>solo oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>stress b-complex/c/zinc oral tablet</i>	Centrum	OTC
<i>super 28 formula oral tablet</i>	Centrum	OTC
<i>super aytinal 50 plus oral tablet</i>	Centrum	OTC
<i>super aytinal oral tablet</i>	Centrum	OTC
<i>super multiple oral tablet</i>	Centrum	OTC
<i>super natrul-100 oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>super thera vite m oral tablet</i>	Centrum	OTC
<i>super vikaps oral tablet</i>	Centrum	OTC
<i>super vita-mins oral tablet</i>	Centrum	OTC
<i>superb nails oral tablet</i>	Centrum	OTC
<i>superior 35 oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>support oral liquid†</i>	Centrum	OTC
<i>sure guard anti-oxidant plus oral tablet</i>	Centrum	OTC
<i>sure guard multi vitlmineral oral tablet</i>	Centrum	OTC
<i>tgt multivitaminlmultimineral oral tablet</i>	Centrum	OTC
<i>thera vital m oral tablet</i>	Centrum	OTC
<i>therabasic-m oral tablet</i>	Centrum	OTC
<i>thera-m oral tablet</i>	Centrum	OTC
<i>therapeutic formulalhematinics oral tablet</i>	Centrum	OTC
<i>therapeutic liquid oral solution</i>	Centrum	OTC
<i>therapeutic m oral tablet</i>	Centrum	OTC
<i>therapeutic-m oral tablet</i>	Centrum	OTC
<i>therapeutic-mlutein oral tablet</i>	Centrum	OTC
<i>thera-tabs m oral tablet</i>	Centrum	OTC
<i>theravim-m oral tablet</i>	Centrum	OTC
<i>totalday multiple oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>t-vites oral tablet</i>	Centrum	OTC
<i>ultra antioxidant formula oral tablet</i>	Centrum	OTC
<i>ultra freedaliron oral tablet</i>	Centrum	OTC
<i>ultra freedaliron oral tablet</i>	Centrum	OTC
<i>ultra-mega oral tablet extendedrelease*</i>	Ultra Mega Two	OTC
<i>unicomplex-m oral tablet</i>	Centrum	OTC
<i>vision formulalutein oral tablet</i>	Centrum	OTC
<i>vision vitamins oral tablet</i>	Centrum	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>visivites oral tablet</i>	Centrum	OTC
<i>visivites/lutein oral tablet</i>	Centrum	OTC
<i>vita hair oral tablet</i>	Centrum	OTC
<i>vitabasic complete oral tablet</i>	Centrum	OTC
<i>vitabasic senior oral tablet</i>	Centrum	OTC
<i>vitamin d3 complete oral tablet</i>	Centrum	OTC
<i>vitamins a-d-e/selenium oral tablet</i>	Centrum	OTC
<i>vitamins/minerals oral tablet</i>	Centrum	OTC
<i>vitatrum oral tablet</i>	Centrum	OTC
<i>vitrum 50+ senior multi oral tablet</i>	Centrum	OTC
<i>vp-zel oral tablet</i>	Centrum	
<i>whole food multivitamin oral tablet</i>	Centrum	OTC
<i>womens 50+ advanced oral capsule</i>	Ocuvite Adult 50+	OTC
<i>womens 50+ multi vitamin/min oral tablet</i>	Centrum	OTC
<i>womens biomultiple oral tablet</i>	Centrum	OTC
<i>womens daily form/falcalfe oral tablet</i>	Centrum	OTC
<i>womens daily formula oral tablet</i>	Centrum	OTC
<i>womens multi oral capsule</i>	Ocuvite Adult 50+	OTC
<i>womens multi vitamin &amp; mineral oral tablet</i>	Centrum	OTC
<i>womens one daily oral tablet</i>	Centrum	OTC
<b>ABC PLUS SENIOR ADULTS 50+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ABC PLUS SENIOR ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ALIVE MENS ENERGY ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ALIVE ONCE DAILY WOMENS 50+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ALIVE WOMENS 50+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ALIVE WOMENS ENERGY ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>APATATE FORTE ORAL LIQUID†</b>	Multivitamin	OTC
<b>AQUADEKS ORAL TABLET CHEWABLE</b>	RA One Daily Gummy Vites	OTC
<b>BACMIN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>BIOTECT PLUS ORAL LIQUID†</b>	Multivitamin	OTC
<b>BPROTECTED MULTI-VITE ORAL LIQUID†</b>	Multivitamin	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID†</b>	Multivitamin	OTC
<b>CALCET PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CAL-DAY 1000 ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CARRAVITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM CARDIO ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM SILVER ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM SILVER ULTRA MENS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM SILVER ULTRA WOMENS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM SPECIALIST HEART ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM SPECIALIST IMMUNE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM SPECIALIST VISION ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM ULTRA MENS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CENTRUM ULTRA WOMENS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CEROVITE ADVANCED FORMULA ORAL LIQUID†</b>	Multivitamin	OTC
<b>CEROVITE ADVANCED FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CEROVITE SENIOR ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CERTAVITE/ANTIOXIDANTS ORAL LIQUID†</b>	Multivitamin	OTC
<b>CERTAVITE/ANTIOXIDANTS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CLINICAL NUTRIENTS 45-PLUS WMN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CLINICAL NUTRIENTS 50-PLUS MEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CLINICAL NUTRIENTS FEMALE TEEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>CLINICAL NUTRIENTS FOR MEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CLINICAL NUTRIENTS FOR WOMEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CLINICAL NUTRIENTS MALE TEEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>COMPETE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>CORVITE FREE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>DERMAVITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>DOCTORS CHOICE MEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ENERGY BOOSTER ORAL PACKET</b>	EQL Super Energy Booster	OTC
<b>ENVIRO-STRESS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ESSENTIA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>EYE-VITES ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>FITNESS TABS FOR MEN AM/PM ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>FITNESS TABS FOR WOMEN AM/PM ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>FORTAVIT ORAL LIQUID†</b>	Multivitamin	OTC
<b>HYALEX ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ICAPS AREDS FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ICAPS MV ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ICAPS PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>LYSIPLEX PLUS ORAL LIQUID†</b>	Multivitamin	OTC
<b>LYSIPLEX PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>M2 B-60 ORAL TABLET EXTENDEDRELEASE*</b>	EQL One Daily Energy	OTC
<b>MACUVITE EYE CARE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MACUVITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MACUVITE/LUTEIN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MAXIMUM BLUE LABEL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>MAXIMUM GREEN LABEL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MAXIMUM RED LABEL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MEDIPLEX PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MENS LIFE PACK ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MILLTRIUM ADVANCED FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MILLTRIUM CARDIO ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MILLTRIUM SENIOR ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MULTI COMPLETE ORAL CAPSULE</b>	Antioxidant Formula	OTC
<b>MULTI FOR HIM ORAL CAPSULE</b>	Antioxidant Formula	OTC
<b>MULTI FOR HIM ORAL PACKET</b>	EQL Super Energy Booster	OTC
<b>MULTI FOR HIM ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MULTI-BETIC DIABETES ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MULTI-DAY WEIGHT TRIM ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>MULTI-LEAN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>NATRUL-100 ORAL TABLET EXTENDEDRELEASE*</b>	EQL One Daily Energy	OTC
<b>NICAZEL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>NUTRICAP ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>NUTRIFAC ZX ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>OCUVITE EXTRA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>OCUVITE EYE + MULTI ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>OCUVITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONCOVITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY ENERGY ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ONE-A-DAY MENS PRO EDGE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ORTHOVITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>OSTEOPRIME ULTRA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>PRESERVISION AREDS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>PRO-CAL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>PROCERV HP ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>PROSIGHT ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>PROTECT PLUS NF ORAL LIQUID†</b>	Multivitamin	OTC
<b>RA CENTRAL-VITE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA CENTRAL-VITE SELECT ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA CENTRAL-VITE/ANTIOXIDANTS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA WHOLE SOURCE DIETARY MATURE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA WHOLE SOURCE DIETARY MEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA WHOLE SOURCE DIETARY ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA WHOLE SOURCE FOR MEN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RA WHOLE SOURCE WOMENS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RENAL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>RENAPLEX-D ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>REQ 49+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>SAVISION ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>SCLEREX ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>SIDEROL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>STROVITE ONE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>SUNVITE ACTIVE ADULT 50+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>SUNVITE ADVANCED ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>SUPER NU-THERA ORAL LIQUID†</b>	Multivitamin	OTC
<b>SUPER NU-THERA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>TAB-A-VITE MAXIMUM ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERA M PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERABETIC MULTI-VITAMIN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERADEX M ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERADEX M/BETA CAROTENE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERAGRAN-M ADVANCED ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERAGRAN-M ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERAGRAN-M PREMIER 50 PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERAGRAN-M PREMIER ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERA-MILL M ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERATRUM COMPLETE 50 PLUS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THERATRUM COMPLETE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THEREMS-H ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THEREMS-M ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>THRIVE FOR LIFE WOMENS ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>TOTAL FORMULA 2 ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>TOTAL FORMULA 3 ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>TOTAL FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>TRUEPLUS DIABETIC MULTIVITAMIN ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ULTRA MEGA GOLD ORAL TABLET EXTENDEDRELEASE*</b>	EQL One Daily Energy	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ULTRA MEGA ORAL TABLET EXTENDEDRELEASE*</b>	EQL One Daily Energy	OTC
<b>ULTRA MEGA TWO ORAL TABLET EXTENDEDRELEASE*</b>	EQL One Daily Energy	OTC
<b>ULTRA VITA-TIME ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ULTRACHOICE ADV FORMULA MATURE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>ULTRACHOICE ADVANCED FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>VITA S FORTE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>VITACEL ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	
<b>VITALINE TOTAL FORMULA 2 ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>VITALINE TOTAL FORMULA 3 ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>VITASANA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>VITATRUM COMPLETE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>VITEYES COMPANION/LYCOPENE ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>VITRUM SENIOR ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>WOMENS LIFE PACK ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>YELETS TEENAGE FORMULA ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>YOUR LIFE MULTI MENS 50+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>YOUR LIFE MULTI WOMENS 50+ ORAL TABLET</b>	One Daily Calcium/Iron/Zinc	OTC
<b>*Multivitamins***</b>		
<i>antioxidant formula oral capsule 250-10000-200</i>	Ze-Plus	OTC
<i>anti-oxidant oral tablet</i>	Cardenz	OTC
<i>cvs daily multiple oral tablet</i>	Cardenz	OTC
<i>daily multiple vitamins oral tablet</i>	Cardenz	OTC
<i>daily value multivitamin oral tablet</i>	Cardenz	OTC
<i>daily vitamin oral tablet</i>	Cardenz	OTC
<i>daily vitamins oral tablet</i>	Cardenz	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>daily vite oral tablet</i>	Cardenz	OTC
<i>daily vites oral tablet</i>	Cardenz	OTC
<i>daily-vitamin oral tablet</i>	Cardenz	OTC
<i>gnp essential one daily oral tablet</i>	Cardenz	OTC
<i>healthy hair/skin/nails oral tablet</i>	Cardenz	OTC
<i>multi vitamin daily oral tablet</i>	Cardenz	OTC
<i>multi vitamin mens oral tablet</i>	Cardenz	OTC
<i>multi-day oral tablet</i>	Cardenz	OTC
<i>multiple vitamin-folic acid oral tablet</i>	Cardenz	OTC
<i>multiple vitamins essential oral tablet</i>	Cardenz	OTC
<i>multiple vitamins oral tablet</i>	Cardenz	OTC
<i>multi-vitamin daily oral tablet</i>	Cardenz	OTC
<i>multi-vitamin oral tablet</i>	Cardenz	OTC
<i>multivitamins oral capsule</i>	Ze-Plus	OTC
<i>multi-vitamins oral tablet</i>	Cardenz	OTC
<i>mv-one oral capsule</i>	Ze-Plus	OTC
<i>omnicap oral tablet</i>	Cardenz	OTC
<i>once daily oral tablet</i>	Cardenz	OTC
<i>one daily oral tablet</i>	Cardenz	OTC
<i>one-daily multi vitamins oral tablet</i>	Cardenz	OTC
<i>qc essentials oral tablet</i>	Cardenz	OTC
<i>quintabs oral tablet</i>	Cardenz	OTC
<i>ra one daily essential oral tablet</i>	Cardenz	OTC
<i>ra one daily multi-vitamin oral tablet</i>	Cardenz	OTC
<i>sm multiple vitamins essential oral tablet</i>	Cardenz	OTC
<i>thera-mill oral tablet</i>	Cardenz	OTC
<i>therapeutic oral tablet</i>	Cardenz	OTC
<i>thera-tabs oral tablet</i>	Cardenz	OTC
<i>vit e-vit c-beta carotene oral tablet</i>	Cardenz	OTC
<i>vitalee oral tablet</i>	Cardenz	OTC
<i>vitamin e/folic acid/b-6/b-12 oral capsule</i>	Ze-Plus	OTC
<b>ONE DAILY ESSENTIAL ORAL TABLET</b>	Daily Vitamins	OTC
<b>ONE-A-DAY MENS ORAL TABLET</b>	Daily Vitamins	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RENAL MULTIVITAMIN/ZINC ORAL TABLET</b>	Daily Vitamins	OTC
<b>SIGTAB ORAL TABLET</b>	Daily Vitamins	OTC
<b>TAB-A-VITE ORAL TABLET</b>	Daily Vitamins	OTC
<b>TAB-A-VITE/BETA CAROTENE ORAL TABLET</b>	Daily Vitamins	OTC
<b>THERA ORAL TABLET</b>	Daily Vitamins	OTC
<b>THERA/BETA-CAROTENE ORAL TABLET</b>	Daily Vitamins	OTC
<b>THEREMS ORAL TABLET</b>	Cardenz	OTC
<b>*Niacin W/ Inositol***</b>		
<i>cvs niacin flush free oral capsule</i>		OTC
<i>gnp niacin flush free oral capsule</i>		OTC
<i>niacin flush free oral capsule 400-100 mg</i>		OTC
<b>*Ped Multiple Vitamins W/ Minerals &amp; C***</b>		
<i>childrens gummies oral tablet chewable</i>	Flintstones Sour Gummies	OTC
<i>cvs childrens complete oral tablet chewable</i>	Flintstones Complete	OTC
<i>cvs gummy dinos oral tablet chewable</i>	Flintstones Sour Gummies	OTC
<i>eql child multivit/minerals oral tablet chewable</i>	Flintstones Complete	OTC
<i>gnp childrens complete oral tablet chewable</i>	NF Formulas Childrens	OTC
<i>hm animal shapes oral tablet chewable</i>	Flintstones Complete	OTC
<i>multivitamin gummies childrens oral tablet chewable</i>	Flintstones Sour Gummies	OTC
<b>AQUADEKS ORAL LIQUID†</b>	Multivitamins Pediatric	OTC
<b>GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE</b>	RA Gummy Vitamins & Minerals	OTC
<b>ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE</b>	RA Gummy Vitamins & Minerals	OTC
<b>*Ped Mv W/ Iron***</b>		
<i>bite-a-mins/iron oral tablet chewable</i>	Flintstones Plus Iron	OTC
<i>cvs children multivitamin/iron oral tablet chewable</i>	Flintstones Plus Iron	OTC
<i>gnp childrens chewables/iron oral tablet chewable</i>	Flintstones Plus Iron	OTC
<i>multi-delyn/iron oral liquid†</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG</b>	SM Animal Shapes/Iron	OTC
<b>*Pediatric Multiple Vitamins W/ C &amp; Fa***</b>		
<i>animal chews oral tablet chewable</i>	One-A-Day VitaCraves+Omega-3	OTC
<i>bite-a-mins oral tablet chewable</i>	One-A-Day VitaCraves+Omega-3	OTC
<i>gnp little ones childrens oral tablet chewable</i>	One-A-Day VitaCraves+Omega-3	OTC
<b>*Pediatric Multiple Vitamins W/ Extra C &amp; Fa***</b>		
<i>gnp childrens chewables/lex c oral tablet chewable</i>	Dino-Life w/Extra C	OTC
<b>LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE W/EXTRA C &amp; FA</b>	GNP Animal Shapes Plus Extra C	OTC
<b>*Pediatric Multiple Vitamins***</b>		
<i>multi-delyn oral liquid†</i>	PediaVit	OTC
<b>PEDIAVIT ORAL LIQUID†</b>	Multi-Delyn	OTC
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
<i>bp multinatal plus oral tablet</i>	Vinate C	F; QLL (100 EA per 90 days)
<i>bp multinatal plus oral tablet chewable</i>	Vinate Care	F; QLL (100 EA per 90 days)
<i>completenate oral tablet chewable</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>cvs prenatal oral tablet</i>	Stuart Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>eql prenatal formula oral tablet</i>	Stuart Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>gnp prenatal oral tablet</i>	Stuart Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>hm prenatal oral tablet</i>	Stuart Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>multi prenatal oral tablet</i>	Right Step Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>mynatal plus oral tablet</i>	Vitafol-OB	F; QLL (100 EA per 90 days)
<i>mynatal-z oral tablet</i>	Vitafol-OB	F; QLL (100 EA per 90 days)
<i>mynate 90 plus oral tablet extendedrelease*</i>		F; QLL (100 EA per 90 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>pnv fe fum/docusatelfolic acid oral tablet</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>pnv folic acid + iron oral tablet</i>	TriCare	F; QLL (100 EA per 90 days)
<i>pnv prenatal plus multivitamin oral tablet</i>	TriCare	F; OTC; QLL (100 EA per 90 days)
<i>pnv-omega oral capsule</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>pnv-select oral tablet</i>	Zatean-Pn	F; QLL (100 EA per 90 days)
<i>pnv-total oral capsule</i>	Elite-OB 400	F; QLL (100 EA per 90 days)
<i>pnv-vp-u oral capsule</i>	Prenatal-U	F; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet chewable</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>prenatal complete oral tablet</i>		F; OTC; QLL (100 EA per 90 days)
<i>prenatal forte oral tablet</i>		F; OTC; QLL (100 EA per 90 days)
<i>prenatal low iron oral tablet 27-1 mg</i>	TriCare	F; QLL (100 EA per 90 days)
<i>prenatal oral tablet 27-1 mg</i>	TriCare	F; QLL (100 EA per 90 days)
<i>prenatal oral tablet 28-0.8 mg</i>	Stuart Prenatal	F; OTC; QLL (100 EA per 90 days)
<i>prenatal plus oral tablet</i>	TriCare	F; QLL (100 EA per 90 days)
<i>preplus oral tablet</i>	TriCare	F; QLL (100 EA per 90 days)
<i>pretab oral tablet</i>	Co-Natal FA	F; QLL (100 EA per 90 days)
<i>purefe ob plus oral capsule</i>	Vinate IC	F; QLL (100 EA per 90 days)
<i>se-natal 19 oral tablet</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>se-natal 19 oral tablet chewable</i>	Prenatal 19	F; QLL (100 EA per 90 days)
<i>triadvance oral tablet</i>	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
<i>trinatal gt oral tablet</i>	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
<i>trinatal rx 1 oral tablet</i>	Vinate One	F; QLL (100 EA per 90 days)
<i>ultimatecare one nf oral capsule</i>	OB-Natal One	F; QLL (100 EA per 90 days)
<i>ultimatecare one oral capsule</i>	Folcaps Omega 3	F; QLL (100 EA per 90 days)
<i>virt nate oral tablet</i>	Trinate	F; QLL (100 EA per 90 days)
<i>virt-advance oral tablet</i>	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)
<i>virt-c dha oral capsule</i>	Taron-C DHA	QLL (100 EA per 90 days)
<i>virt-care one oral capsule</i>	Folcaps Omega 3	F; QLL (100 EA per 90 days)
<i>virt-pn oral tablet</i>	Zatean-Pn	F; QLL (100 EA per 90 days)
<i>virt-pn plus oral capsule</i>	Zatean-Pn Plus	F; QLL (100 EA per 90 days)
<i>virt-vite gt oral tablet</i>	Prenatal Multivitamin-Ultra	F; QLL (100 EA per 90 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>vol-nate oral tablet</i>	Trinate	F; QLL (100 EA per 90 days)
<i>vol-plus oral tablet</i>	TriCare	F; QLL (100 EA per 90 days)
<b>CITRANATAL RX ORAL TABLET</b>		F; QLL (100 EA per 90 days)
<b>CO-NATAL FA ORAL TABLET</b>	Prenatabs FA	F; QLL (100 EA per 90 days)
<b>CONCEPT DHA ORAL CAPSULE</b>	Virt-C DHA	F; QLL (100 EA per 90 days)
<b>CONCEPT OB ORAL CAPSULE</b>		F; QLL (100 EA per 90 days)
<b>ELITE-OB ORAL TABLET</b>		F; QLL (100 EA per 90 days)
<b>FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG</b>	UltimateCare ONE	F; QLL (100 EA per 90 days)
<b>FOLIVANE-OB ORAL CAPSULE</b>		F; QLL (100 EA per 90 days)
<b>INATAL ADVANCE ORAL TABLET</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>INATAL GT ORAL TABLET</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>INATAL ULTRA ORAL TABLET</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>M-VIT ORAL TABLET</b>	Prenatal Plus/Iron	F; QLL (100 EA per 90 days)
<b>MYNATAL ADVANCE ORAL TABLET</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>MYNATAL ORAL CAPSULE</b>		F; QLL (100 EA per 90 days)
<b>MYNATAL ORAL TABLET</b>	Trinatal GT	F; QLL (100 EA per 90 days)
<b>OB COMPLETE ORAL TABLET</b>		F; QLL (100 EA per 90 days)
<b>O-CAL FA ORAL TABLET</b>	Prenatal Plus/Iron	F; QLL (100 EA per 90 days)
<b>PRENATABS RX ORAL TABLET</b>	Prenatal Plus Iron	F; QLL (100 EA per 90 days)
<b>PRENATAL-U ORAL CAPSULE</b>	PNV-VP-U	F; QLL (100 EA per 90 days)
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>		F; QLL (100 EA per 90 days)
<b>TARON-BC ORAL</b>		F; QLL (100 EA per 90 days)
<b>TARON-C DHA ORAL CAPSULE</b>	Virt-C DHA	F; QLL (100 EA per 90 days)
<b>THERANATAL CORE NUTRITION ORAL TABLET</b>	Prenatal Plus/Iron	F; OTC; QLL (100 EA per 90 days)
<b>TRICARE ORAL TABLET</b>	Prenatal Plus/Iron	F; QLL (100 EA per 90 days)
<b>TRINATE ORAL TABLET</b>	Vol-Nate	F; QLL (100 EA per 90 days)
<b>VINATE II ORAL TABLET</b>		F; QLL (100 EA per 90 days)
<b>VINATE M ORAL TABLET</b>		F; QLL (100 EA per 90 days)
<b>VINATE ONE ORAL TABLET</b>	Se-Natal ONE	F; QLL (100 EA per 90 days)
<b>VITAFOL-OB ORAL TABLET</b>	Mynatal-Z	F; QLL (100 EA per 90 days)
<b>ZATEAN-PN PLUS ORAL CAPSULE</b>	PNV-Omega	F; QLL (100 EA per 90 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>		
<i>complete natal dha oral</i>		F; QLL (100 EA per 90 days)
<b>PR NATAL 400 EC ORAL</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 400 ORAL</b>		F; QLL (100 EA per 90 days)
<b>PR NATAL 430 EC ORAL</b>	SetonET-EC	F; QLL (100 EA per 90 days)
<b>PR NATAL 430 ORAL</b>	SetonET	F; QLL (100 EA per 90 days)
<b>TRIVEEN-DUO DHA ORAL</b>		F; QLL (100 EA per 90 days)
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>		
<i>cvs womens prenatal+dha oral</i>		F; OTC; QLL (100 EA per 90 days)
<i>folcal dha oral capsule 27-1.25-300 mg</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<i>pnv-dha oral capsule</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>pnv-dha+docusate oral capsule</i>	VemaVite-PRx 2	F; QLL (100 EA per 90 days)
<i>prenatal+dha oral 28-0.975 &amp; 200 mg</i>		F; OTC; QLL (100 EA per 90 days)
<i>virt-pn dha oral capsule</i>	Zatean-Pn DHA	F; QLL (100 EA per 90 days)
<i>virtprex oral capsule</i>	Triveen-PRx RNF	F; QLL (100 EA per 90 days)
<b>PRENATAL MULTIVITAMIN + DHA ORAL</b>		F; OTC; QLL (100 EA per 90 days)
<b>TARON-PREX ORAL CAPSULE</b>		F; QLL (100 EA per 90 days)
<b>TRIVEEN-PRX RNF ORAL CAPSULE</b>	VirtPrex	F; QLL (100 EA per 90 days)
<b>VEMAVITE-PRX 2 ORAL CAPSULE</b>	Folcal DHA	F; QLL (100 EA per 90 days)
<b>ZATEAN-CH ORAL CAPSULE</b>		F; QLL (100 EA per 90 days)
<b>ZATEAN-PN DHA ORAL CAPSULE</b>	Virt-PN DHA	F; QLL (100 EA per 90 days)
<b>*Prenatal Mv &amp; Minerals W/ Fa-Omega Fatty Acids***</b>		
<i>cvs prenatal gummy oral tablet chewable</i>		F; OTC; QLL (100 EA per 90 days)
<b>*Prenatal Vitamins***</b>		
<i>bp folinatal plus b oral tablet</i>	Folbecal	F; QLL (100 EA per 90 days)
<b>*Specialty Vitamins Products***</b>		
<i>a thru z advantage oral tablet</i>	Ca-Plus	OTC
<i>bilberry plus oral capsule</i>	Carozyme	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs hair/skin/nails oral tablet</i>	Ca-Plus	OTC
<i>cvs menopause support oral tablet</i>	Ca-Plus	OTC
<b>CVS AIRSHIELD ORAL TABLET EFFERVESCENT</b>	RA Effervescent Formula	OTC
<b>WAL-BORN ORAL TABLET EFFERVESCENT</b>	RA Effervescent Formula	OTC
<b>*Vitamin Mixtures***</b>		
<i>e-400/selenium oral capsule</i>	Vitamin E Complete	OTC
<i>vitamin c oral liquid†</i>		OTC
<b>*Vitamins A &amp; D***</b>		
<i>cod liver oil oral capsule , 10 minim, 1250-130 unit, 1250-135 unit</i>		OTC
<i>cod liver oil oral oil</i>		OTC
<i>cvs cod liver oil oral capsule</i>		OTC
<i>cvs cod liver oil oral oil</i>		OTC
<i>gnp norwegian cod liver oil oral capsule</i>		OTC
<i>vitamin a &amp; d oral capsule 8000-400 unit</i>		OTC
<b>*Vitamins W/ Lipotropics***</b>		
<i>b-100 complex oral tablet</i>	Lipoflavonoid	OTC
<i>b-100 oral tablet</i>	Lipoflavonoid	OTC
<i>b-50 oral tablet</i>	Lipoflavonoid	OTC
<i>balance b-100 oral tablet</i>	Lipoflavonoid	OTC
<i>balanced b-100 oral tablet</i>	Lipoflavonoid	OTC
<i>balanced b-50 complex oral capsule</i>		OTC
<i>balanced b-50 complex oral tablet</i>	Lipoflavonoid	OTC
<i>balanced b-50 oral tablet</i>	Lipoflavonoid	OTC
<i>b-stress oral capsule</i>		OTC
<i>cvs balanced b-100 oral tablet</i>	Lipoflavonoid	OTC
<i>cvs balanced b-50 oral tablet</i>	Lipoflavonoid	OTC
<i>ear health formula oral tablet</i>	Lipoflavonoid	OTC
<i>ear health plus oral tablet</i>	Lipoflavonoid	OTC
<i>lipocomplex oral tablet</i>	Lipoflavonoid	OTC
<i>lipo-key oral tablet</i>	Lipoflavonoid	OTC
<i>mega multiple/chelated mineral oral tablet</i>	Lipoflavonoid	OTC
<i>mega stress 600/60 oral tablet</i>	Lipoflavonoid	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>methacholinelliver oral capsule</i>		OTC
<i>multi-vitamin hp/minerals oral capsule</i>		OTC
<i>nat-rul b-100 oral tablet</i>	Lipoflavonoid	OTC
<i>nat-rul b-50 oral tablet</i>	Lipoflavonoid	OTC
<i>risanoid plus oral tablet</i>	Lipoflavonoid	OTC
<i>ultra b-100 complex oral tablet</i>	Lipoflavonoid	OTC
<i>vita-plus g oral capsule</i>		OTC
<b>LIPOFLAVONOID ORAL TABLET</b>	B-50 Complex	OTC
<b>LIPOFLAVOVIT ORAL TABLET</b>	B-50 Complex	OTC
<b>LIPOTRIAD ORAL TABLET</b>	B-50 Complex	OTC
<b>PX B-50 ORAL TABLET</b>	B-50 Complex	OTC
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen oral tablet</i>		
<i>baclofen powder</i>		
<i>carisoprodol oral tablet</i>	Soma	QLL (240 Tablets per 365 days)
<i>carisoprodol powder</i>		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Flexeril	QLL (120 Tablets per 30 days)
<i>metaxalone oral tablet 800 mg</i>	Skelaxin	QLL (120 Tablets per 30 days)
<i>methocarbamol oral tablet</i>	Robaxin	QLL (120 Tablets per 30 days)
<i>tizanidine hcl oral tablet</i>		
<b>*Direct Muscle Relaxants***</b>		
<i>dantrolene sodium oral capsule</i>	Dantrium	
<b>*Viscosupplements***</b>		
<b>GEL-ONE INTRA-ARTICULAR*</b>		PA
<b>HYALGAN INTRA-ARTICULAR*</b>		PA
<b>HYALGAN INTRA-ARTICULAR* SOLUTION</b>		PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*Decongestant Combination Other***</b>		
<b>AFRIN MENTHOL SPRAY NASAL SOLUTION</b>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Nasal Agents - Misc.***</b>		
<i>cvs nasal mist nasal aerosol, solution</i>	Simply Saline	OTC
<i>cvs saline nasal spray nasal solution</i>	Little Noses Stuffy Nose Kit	OTC
<i>cvs saline nose spray nasal solution</i>	Little Noses Stuffy Nose Kit	OTC
<i>eql saline nasal spray nasal solution</i>	Little Noses Stuffy Nose Kit	OTC
<i>saline nasal gel</i>	NasoGel	OTC
<i>saline nasal spray nasal solution</i>	Little Noses Stuffy Nose Kit	OTC
<i>sinus wash salt nasal crystals</i>		OTC
<b>*Nasal Agents Misc. - Combinations***</b>		
<i>classic neti pot sinus wash nasal kit</i>	SinuCleanse Neti Pot	OTC
<i>cvs sinus wash neti pot nasal kit</i>	SinuCleanse Neti Pot	OTC
<i>cvs sinus wash refill nasal packet</i>	SinuCleanse Refill	OTC
<i>gnp sinus wash neti pot nasal kit</i>	SinuCleanse Neti Pot	OTC
<i>gnp sinus wash refill nasal packet</i>	SinuCleanse Refill	OTC
<i>kettle neti pot sinus wash nasal kit</i>	SinuCleanse Neti Pot	OTC
<i>saline nasal packet</i>	SinuCleanse Refill	OTC
<i>squeeze bottle sinus wash nasal kit</i>	SinuCleanse Neti Pot	OTC
<b>*Nasal Antibiotics***</b>		
<b>BACTROBAN NASAL NASAL OINTMENT</b>		PA
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide nasal solution</i>	Atrovent	
<b>*Nasal Antihistamines***</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Astelin	QLL (2 bottles per 30 days)
<b>*Nasal Steroids***</b>		
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>		ST
<i>fluticasone propionate nasal suspension</i>	Flonase	ST; OTC
<b>FLONASE ALLERGY RELIEF NASAL SUSPENSION</b>	Fluticasone Propionate	OTC; QLL (1 bottle per 30 days)
<b>NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL†</b>	Triamcinolone Acetonide	OTC; QLL (1 bottle per 30 days)
<b>NASACORT ALLERGY 24HR NASAL AEROSOL†</b>	Triamcinolone Acetonide	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>RHINOCORT ALLERGY NASAL SUSPENSION</b>	Budesonide	OTC; QLL (1 bottle per 30 days)
<b>*Systemic Decongestants***</b>		
<i>12 hour decongestant oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>childrens silfedrine oral liquid†</i>	Sudafed Childrens	OTC
<i>cvs nasal decongestant oral tablet</i>	Sudafed	OTC
<i>cvs nasal decongestant pe oral tablet</i>	Sudafed PE Maximum Strength	OTC
<i>decongestant 12hour max st oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>decongestant oral tablet 30 mg</i>	Sudafed	OTC
<i>eq suphedrine oral tablet</i>	Sudafed	OTC
<i>eq suphedrine oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>eql nasal decongestant oral tablet</i>	Sudafed	OTC
<i>genaphed oral tablet</i>	Sudafed	OTC
<i>gnp nasal decongestant oral tablet</i>	Sudafed	OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>gnp suphedrin oral liquid†</i>	Sudafed Childrens	OTC
<i>hm nasal decongestant 12 hour oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>hm nasal decongestant oral tablet</i>	Sudafed	OTC
<i>kp pseudoephedrine hcl oral tablet</i>	Sudafed	OTC
<i>meijer nasal decongestant oral tablet</i>	Sudafed	OTC
<i>nasal decongestant oral syrup</i>		OTC
<i>nasal decongestant oral tablet 30 mg</i>	Sudafed	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>pseudoephedrine hcl oral tablet</i>	Sudafed	OTC
<i>pseudoephedrine hcl powder</i>		
<i>px nasal decongestant oral tablet</i>	Sudafed	OTC
<i>px nasal decongestant oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>qc suphedrine maximum strength oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>qc suphedrine oral tablet</i>	Sudafed	OTC
<i>ra suphedrine oral tablet 30 mg</i>	Sudafed	OTC
<i>ra suphedrine oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>sm 12 hour sinus decongestant oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>sm nasal decongestant max st oral tablet</i>	Sudafed	OTC
<i>sudogest 12 hour oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>sw nasal decongestant max st oral tablet</i>	Sudafed	OTC
<i>sw suphedrine 12 hr decongest oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>tgt 12 hour nasal decongestant oral tablet extended release 12 hr*</i>	Sudafed 12 Hour	OTC
<i>tgt nasal decongestant oral tablet</i>	Sudafed	OTC
<b>SHOPKO NASAL DECONGESTANT MAX ORAL TABLET</b>	Genaphed	OTC
<b>SHOPKO NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HR*</b>	Pseudoephedrine HCl ER	OTC
<b>SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR*</b>	Pseudoephedrine HCl ER	OTC
<b>SUDOGEST ORAL TABLET</b>	Sudafed	OTC
<b>WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR*</b>	Pseudoephedrine HCl ER	OTC
<b>WAL-PHED ORAL TABLET</b>	Genaphed	OTC
<b>*Topical Decongestants***</b>		
<i>12 hour nasal relief spray nasal solution</i>	Duration Spray	OTC
<i>12 hour nasal spray nasal solution</i>	Duration Spray	OTC
<i>anefrin spray nasal solution</i>	Duration Spray	OTC
<i>anefrin spray soothing nasal solution</i>	Duration Spray	OTC
<i>anefrin spray/moisturizing nasal solution</i>	Duration Spray	OTC
<i>cvs nasal spray nasal solution 0.05 %</i>	Duration Spray	OTC
<i>cvs nose drops nasal solution</i>	Neo-Synephrine	OTC
<i>eq nasal spray nasal solution</i>	Duration Spray	OTC
<i>gnp 12 hour nasal spray nasal solution</i>	Duration Spray	OTC
<i>gnp nasal spray extra moist nasal solution</i>	Duration Spray	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp nasal spray nasal solution</i>	Duration Spray	OTC
<i>gnp no drip nasal spray nasal solution</i>	Duration Spray	OTC
<i>hm nasal spray nasal solution</i>	Duration Spray	OTC
<i>hm sinus nasal spray nasal solution</i>	Duration Spray	OTC
<i>kls nasal decongestant spray nasal solution</i>	Duration Spray	OTC
<i>long acting nasal spray nasal solution</i>	Duration Spray	OTC
<i>long lasting nasal spray nasal solution</i>	Duration Spray	OTC
<i>nasal decongestant spray nasal solution</i>	Duration Spray	OTC
<i>nasal relief nasal solution</i>	Duration Spray	OTC
<i>nasal spray 12 hour nasal solution</i>	Duration Spray	OTC
<i>nasal spray anti-drip nasal solution</i>	Duration Spray	OTC
<i>nasal spray extra moisturizing nasal solution</i>	Duration Spray	OTC
<i>nasal spray moisturizing 12 hr nasal solution</i>	Duration Spray	OTC
<i>nasal spray nasal solution 0.05 %</i>	Duration Spray	OTC
<i>nasal spray no drip nasal solution</i>	Duration Spray	OTC
<i>nasal spray sinus nasal solution</i>	Duration Spray	OTC
<i>no drip nasal spray nasal solution</i>	Duration Spray	OTC
<i>px nasal spray moisturizing nasal solution</i>	Duration Spray	OTC
<i>px no drip nasal spray nasal solution</i>	Duration Spray	OTC
<i>px original nasal spray nasal solution</i>	Duration Spray	OTC
<i>qc nasal relief moisturizing nasal solution</i>	Duration Spray	OTC
<i>qc nasal relief sinus nasal solution</i>	Duration Spray	OTC
<i>qc no drip nasal relief nasal solution</i>	Duration Spray	OTC
<i>ra 12 hour nasal spray nasal solution</i>	Duration Spray	OTC
<i>ra nasal spray max st nasal solution</i>	Duration Spray	OTC
<i>ra nasal spray nasal solution</i>	Duration Spray	OTC
<i>ra nasal spray/moisturizing nasal solution</i>	Duration Spray	OTC
<i>ra nasal spray/sinus nasal solution</i>	Duration Spray	OTC
<i>ra severe congestion spray nasal solution</i>	Duration Spray	OTC
<i>sb 12hr nasal spray nasal solution</i>	Duration Spray	OTC
<i>sb nasal spray no-drip nasal solution</i>	Duration Spray	OTC
<i>sb sinus relief nasal solution</i>	Duration Spray	OTC
<i>sinus nasal spray 12 hour nasal solution</i>	Duration Spray	OTC
<i>sinus nasal spray nasal solution</i>	Duration Spray	OTC
<i>sinus relief nasal solution</i>	Duration Spray	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sinus relief nasal spray nasal solution</i>	Duration Spray	OTC
<i>sm 12-hour no drip nasal solution</i>	Duration Spray	OTC
<i>sm nasal pump spray mist nasal solution</i>	Duration Spray	OTC
<i>sm nasal spray 12 hour nasal solution</i>	Duration Spray	OTC
<i>sm nasal spray moisturizing nasal solution</i>	Duration Spray	OTC
<i>sm nasal spray sinus nasal solution</i>	Duration Spray	OTC
<i>tgt nasal decongestant 12-hour nasal solution</i>	Duration Spray	OTC
<i>tgt nasal spray nasal solution 0.05 %</i>	Duration Spray	OTC
<b>AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION</b>	Oxymetazoline HCl	OTC
<b>MUCINEX NASAL SPRAY FULL FORCE NASAL SOLUTION</b>	Oxymetazoline HCl	OTC
<b>MUCINEX NASAL SPRAY MOISTURE NASAL SOLUTION</b>	Oxymetazoline HCl	OTC
<b>MUCINEX SINUS-MAX FULL FORCE NASAL SOLUTION</b>	Oxymetazoline HCl	OTC
<b>NRS NASAL RELIEF NASAL SOLUTION</b>	Duration Spray	OTC
<b>QLEARQUIL NASAL SOLUTION</b>	Oxymetazoline HCl	OTC
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>		
<b>ENTRESTO ORAL TABLET</b>		PA; QLL (60 EA per 30 days)
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*Benzathiazoles***</b>		
<i>riluzole oral tablet</i>	Rilutek	PA
<b>*NUTRIENTS*</b>		
<b>*Amino Acids-Single***</b>		
<i>cvs l-lysine oral tablet</i>		OTC
<i>cvs lysine oral tablet</i>		OTC
<i>eql l-lysine oral tablet</i>		OTC
<i>l-arginine maximum strength oral tablet</i>		OTC
<i>l-carnitine oral capsule 250 mg, 500 mg</i>		OTC
<i>l-carnitine oral tablet 500 mg</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy

AL = Age Limit, OTC = Over The Counter

Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>l-formula lysine hcl oral tablet</i>		OTC
<i>l-lysine hcl oral tablet 500 mg</i>		OTC
<i>l-lysine oral tablet 1000 mg, 500 mg</i>		OTC
<b>*Carbohydrates***</b>		
<i>cvs glucose shot oral liquid†</i>		OTC
<i>gluco shot oral liquid†</i>		OTC
<b>*Lipotropic Combinations***</b>		
<i>cvs lecithin oral capsule</i>		OTC
<i>lecithin 3500 oral capsule</i>		OTC
<i>lecithin oral capsule 1200 mg</i>		OTC
<b>*Misc. Nutritional Substances***</b>		
<i>cvs algal-900 dha oral capsule</i>	DHA Algal-900	OTC
<i>cvs fish oil oral capsule</i>	TherOmega	OTC
<i>cvs fish oil oral capsule delayed release</i>		OTC
<i>cvs natural fish oil oral capsule</i>	TherOmega	OTC
<i>cvs omega-3 gummy fishldha oral tablet chewable</i>		OTC
<i>dha complete oral capsule</i>	Expecta LIPIL	OTC
<i>epa oral capsule</i>	TherOmega	OTC
<i>eql evening primrose oil oral capsule</i>		OTC
<i>eql fish oil oral capsule 1000 mg</i>	TherOmega	OTC
<i>eql omega 3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>evening primrose oil oral capsule 500 mg</i>		OTC
<i>fish oil burp-less oral capsule</i>	Tyler Eskimo-3	OTC
<i>fish oil concentrate oral capsule</i>	Fish Oil Pearls	OTC
<i>fish oil double strength oral capsule</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil extra strength oral capsule</i>		OTC
<i>fish oil maximum strength oral capsule</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil maximum strength oral capsule delayed release</i>		OTC
<i>fish oil oral capsule 1000 mg</i>	TherOmega	OTC
<i>fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil oral capsule 435 mg, 875 mg</i>		OTC
<i>fish oil oral capsule 600 mg</i>	Dialyvite Omega-3 Concentrate	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>fish oil oral capsule delayed release 1200 mg</i>		OTC
<i>fish oil triple strength oral capsule</i>		OTC
<i>fish oil/super potent/no burp oral capsule</i>	TherOmega	OTC
<i>gnp fish oil max st oral capsule delayed release</i>		OTC
<i>gnp fish oil oral capsule</i>		OTC
<i>gnp fish oil oral capsule delayed release 1200 mg</i>		OTC
<i>hm fish oil oral capsule 1000 mg</i>	TherOmega	OTC
<i>hm fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>hm fish oil oral capsule delayed release</i>		OTC
<i>kp fish oil oral capsule</i>	Theragran-M Fish Oil Conc	OTC
<i>kp omega-3 fish oil oral capsule delayed release</i>		OTC
<i>maxepa oral capsule</i>	TherOmega	OTC
<i>norwegian salmon oil oral capsule</i>	TherOmega	OTC
<i>omega 3 oral capsule 1000 mg</i>	TherOmega	OTC
<i>omega 3 oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>omega iii epa+dha oral capsule</i>	TherOmega	OTC
<i>omega-3 cf oral capsule</i>	TherOmega	OTC
<i>omega-3 epa fish oil oral capsule</i>		OTC
<i>omega-3 fish oil oral capsule 1000 mg</i>	TherOmega	OTC
<i>omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>omega-3 fish oil oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>omega-3 oral capsule 1000 mg</i>	TherOmega	OTC
<i>omega-3 oral capsule 1400 mg</i>		OTC
<i>omega-3 oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>omega-3 plus oral capsule</i>	TherOmega	OTC
<i>pa fish oil oral capsule</i>	TherOmega	OTC
<i>px fish oil oral capsule</i>	TherOmega	OTC
<i>ra fish oil oral capsule 1000 mg</i>	TherOmega	OTC
<i>sb omega-3 fish oil oral capsule</i>	TherOmega	OTC
<i>siberian ginseng oral capsule</i>		OTC
<i>sm fish oil oral capsule 1000 mg</i>	TherOmega	OTC
<i>sm fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm omega-3 fish oil oral capsule</i>	Theragran-M Fish Oil Conc	OTC
<i>super omega 3 epaldha oral capsule</i>	TherOmega	OTC
<i>super omega-epa oral capsule</i>	TherOmega	OTC
<i>ultra omega-3 fish oil oral capsule</i>		OTC
<b>ALGAL-900 DHA ORAL CAPSULE 300 MG</b>	DHA Algal-900	OTC
<b>DHA ALGAL-900 ORAL CAPSULE</b>	Algal-900 DHA	OTC
<b>ESKIMO PUREFA ORAL CAPSULE</b>	Omega-3 CF	OTC
<b>FISH OIL PEARLS ORAL CAPSULE 150 MG, 180 MG</b>		OTC
<b>FISH OIL PEARLS ORAL CAPSULE 300 MG</b>	Fish Oil Concentrate	OTC
<b>GIN-ZING ORAL CAPSULE</b>	GNP Ginseng	OTC
<b>MAXIMUM EPA ORAL CAPSULE</b>	Omega-3 CF	OTC
<b>REALROOT GINSENG ORAL CAPSULE</b>		OTC
<b>SEA-OMEGA 30 ORAL CAPSULE</b>	HM Fish Oil	OTC
<b>SUPER DHA GEMS ORAL CAPSULE</b>	Omega-3 CF	OTC
<b>SUPER OMEGA-3 ORAL CAPSULE 1000 MG</b>	Omega-3 CF	OTC
<b>THERAGRAN-M FISH OIL CONC ORAL CAPSULE</b>	HM Fish Oil	OTC
<b>THEROMEGA ORAL CAPSULE</b>	Omega-3 CF	OTC
<b>*Protein Products***</b>		
<i>cvs whey protein oral powder</i>	Pre Protein	OTC
<i>protein oral powder</i>	Pre Protein	OTC
<i>whey protein oral powder</i>	Pre Protein	OTC
<b>*OPHTHALMIC AGENTS*</b>		
<b>*Artificial Tear And Lubricant Combinations***</b>		
<i>artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>artificial tears ophthalmic solution 5-6 mg/ml</i>	Murine Tears for Dry Eyes	OTC
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>cvs dry eye relief ophthalmic solution</i>	Visine Pure Tears	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs eye lubricant nighttime ophthalmic ointment</i>	Systane Nighttime	OTC
<i>cvs eye lubricant ophthalmic ointment</i>	Systane Nighttime	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>cvs lubricating/dry eye ophthalmic solution</i>	Optive	OTC
<i>eq artificial tears ophthalmic solution</i>	Moisture Eyes	OTC
<i>eq lubricant eye drops ophthalmic solution</i>	Systane	OTC
<i>eq lubricating eye drops ophthalmic solution</i>	Optive	OTC
<i>gnp artificial tears ophthalmic solution</i>	Murine Tears for Dry Eyes	OTC
<i>gnp lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp ultra lubricant eye drops ophthalmic solution</i>	Systane	OTC
<i>goodsense artificial tears ophthalmic solution</i>	Murine Tears for Dry Eyes	OTC
<i>hm artificial tears ophthalmic solution</i>	Murine Tears for Dry Eyes	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricant eye fast acting ophthalmic ointment</i>	Systane Nighttime	OTC
<i>lubricating eye drops ophthalmic solution</i>	Optive	OTC
<i>px artificial tears ophthalmic solution</i>	Murine Tears for Dry Eyes	OTC
<i>ra artificial tears ophthalmic solution</i>	Moisture Eyes	OTC
<i>ra lubricant eye ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ra lubricant eye ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<i>sm lubricant eye drops ophthalmic solution</i>	Systane	OTC
<i>tgt lubricant eye drops ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC
<b>CLEAR EYES ALL SEASONS OPHTHALMIC SOLUTION</b>	HM Artificial Tears	OTC
<b>CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION</b>	HM Artificial Tears	OTC
<b>HYPOTEARs OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC
<b>MURINE TEARS FOR DRY EYES OPHTHALMIC SOLUTION</b>	HM Artificial Tears	OTC
<b>OPTICS MINI DROPS OPHTHALMIC SOLUTION</b>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %</b>		OTC
<b>REFRESH OPTIVE OPHTHALMIC SOLUTION</b>	CVS Lubricating/Dry Eye	OTC
<b>REFRESH OPTIVE SENSITIVE OPHTHALMIC SOLUTION</b>		OTC
<b>SYSTANE OPHTHALMIC GEL</b>		OTC
<b>SYSTANE OPHTHALMIC SOLUTION</b>	RA Lubricant Eye	OTC
<b>SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION</b>	RA Lubricant Eye	OTC
<b>SYSTANE ULTRA HOME-AWAY PACK OPHTHALMIC SOLUTION</b>	RA Lubricant Eye	OTC
<b>SYSTANE ULTRA OPHTHALMIC SOLUTION</b>	RA Lubricant Eye	OTC
<b>SYSTANE ULTRA PF OPHTHALMIC SOLUTION</b>	RA Lubricant Eye	OTC
<b>*Artificial Tear Ointments***</b>		
<i>lubricant eye ophthalmic ointment</i>	HypoTears	OTC
<b>*Artificial Tear Solutions***</b>		
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	Soothe XP	OTC
<i>cvs natural tears ophthalmic solution</i>	Soothe XP	OTC
<i>just tears eye drops ophthalmic solution</i>	Soothe XP	OTC
<i>ra lubricant eye ophthalmic solution 0.1-0.3 %</i>	Soothe XP	OTC
<i>sm artificial tears ophthalmic solution</i>	Soothe XP	OTC
<i>tears again ophthalmic solution</i>	Soothe XP	OTC
<i>tears pure ophthalmic solution</i>	Soothe XP	OTC
<b>BION TEARS OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC
<b>SOOTHE HYDRATION OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC
<b>SOOTHE XP OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC
<b>SYSTANE CONTACTS OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC
<b>TEARS AGAIN ADVANCED EYELID OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>TEARS NATURALE FREE OPHTHALMIC SOLUTION</b>	Artificial Tears	OTC
<b>*Artificial Tears And Lubricants***</b>		
<i>artificial tears ophthalmic solution 1.4 %</i>	Akwa Tears	OTC
<i>cvs lubricant drops ophthalmic gel 1 %</i>	Theratears	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	OTC
<i>eq revive plus lubricant eye ophthalmic solution</i>	Refresh Plus	OTC
<i>gnp lubricating plus eye drops ophthalmic solution</i>	Refresh Plus	OTC
<i>hm lubricating plus ophthalmic solution</i>	Refresh Plus	OTC
<i>liquitears ophthalmic solution</i>	Akwa Tears	OTC
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	OTC
<i>lubricating plus eye drops ophthalmic solution</i>	Refresh Plus	OTC
<i>polyvinyl alcohol ophthalmic solution</i>	Akwa Tears	OTC
<i>revive tears ophthalmic solution</i>	Refresh Plus	OTC
<i>sm lubricating plus ophthalmic solution</i>	Refresh Plus	OTC
<b>EQ GENTLE LUBRICANT OPHTHALMIC SOLUTION</b>	CVS Gentle Lubricant Eye Drops	OTC
<b>EQ REVIVE PLUS OPHTHALMIC SOLUTION</b>	Revive Tears	OTC
<b>GENTEAL MILD OPHTHALMIC SOLUTION</b>		OTC
<b>ISOPTO TEARS OPHTHALMIC SOLUTION</b>		OTC
<b>PURE &amp; GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML</b>	CVS Gentle Lubricant Eye Drops	OTC
<b>REFRESH LIQUIGEL OPHTHALMIC SOLUTION</b>		OTC
<b>REFRESH TEARS OPHTHALMIC SOLUTION</b>	Revive Tears	OTC
<b>RETAIN E CMC OPHTHALMIC SOLUTION</b>	Revive Tears	OTC
<b>SYSTANE BALANCE OPHTHALMIC SOLUTION</b>	Lubricant Eye Drops	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>ULTRA FRESH OPHTHALMIC SOLUTION</b>	Revive Tears	OTC
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Cosopt	
<b>COMBIGAN OPHTHALMIC SOLUTION</b>		
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic solution</i>		
<i>carteolol hcl ophthalmic solution</i>		
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Betagan	
<i>metipranolol ophthalmic solution</i>	Optipranolol	
<i>timolol maleate ophthalmic gel forming solution</i>	Timoptic-XE	
<i>timolol maleate ophthalmic solution</i>	Timoptic	
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>		
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic ointment</i>		
<i>atropine sulfate ophthalmic solution</i>	Isopto Atropine	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	
<i>homatropine hbr ophthalmic solution</i>	Homatropaire	
<i>tropicamide ophthalmic solution</i>		
<i>tropicamide powder</i>		
<b>HOMATROPAIRE OPHTHALMIC SOLUTION</b>	Homatropine HBr	
<b>*Gonioscopic Solutions***</b>		
<i>goniosoft ophthalmic solution</i>	Goniotaire	OTC
<b>GONIOTAIRE OPHTHALMIC SOLUTION</b>	Goniosoft	OTC
<b>GONIOVISC OPHTHALMIC SOLUTION 2.5 %</b>	Goniosoft	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Miotics - Cholinesterase Inhibitors***</b>		
<b>PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED</b>		
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Isopto Carpine	
<b>*Ophthalmic Antiallergic***</b>		
<i>allergy eye drops ophthalmic solution</i>	Zaditor	OTC
<i>azelastine hcl ophthalmic solution</i>	Optivar	
<i>cromolyn sodium ophthalmic solution</i>		
<i>cvs allergy eye drops ophthalmic solution</i>	Zaditor	OTC
<i>cvs eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>eq eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>eq itchy eye drops ophthalmic solution</i>	Zaditor	OTC
<i>eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>gnp eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>gnp itchy eye ophthalmic solution</i>	Zaditor	OTC
<i>hm eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>ketotifen fumarate ophthalmic solution</i>	Zaditor	OTC
<i>kp ketotifen fumarate ophthalmic solution</i>	Zaditor	OTC
<i>ra antihistamine eye drops ophthalmic solution</i>	Zaditor	OTC
<i>ra eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>sm eye itch relief ophthalmic solution</i>	Zaditor	OTC
<i>tgt eye itch relief ophthalmic solution</i>	Zaditor	OTC
<b>ALAWAY CHILDRENS ALLERGY OPTHALMIC SOLUTION</b>	TGT Eye Itch Relief	OTC
<b>ALAWAY OPTHALMIC SOLUTION</b>	TGT Eye Itch Relief	OTC
<b>CLARITIN EYE OPTHALMIC SOLUTION</b>	TGT Eye Itch Relief	OTC
<b>THERATEARS ALLERGY OPTHALMIC SOLUTION</b>	TGT Eye Itch Relief	OTC
<b>WAL-ZYR OPTHALMIC SOLUTION</b>	TGT Eye Itch Relief	OTC
<b>ZADITOR OPTHALMIC SOLUTION</b>	TGT Eye Itch Relief	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Ophthalmic Antibiotics***</b>		
<i>bacitracin ophthalmic ointment</i>		
<i>ciprofloxacin hcl ophthalmic solution</i>	Ciloxan	
<i>erythromycin ophthalmic ointment</i>	Ilotycin	
<i>gentamicin sulfate ophthalmic ointment</i>	Garamycin	
<i>gentamicin sulfate ophthalmic solution</i>	Gentak	
<i>levofloxacin ophthalmic solution</i>		
<i>ofloxacin ophthalmic solution</i>	Ocuflox	
<i>tobramycin ophthalmic solution</i>	Tobrex	
<b>CILOXAN OPHTHALMIC OINTMENT</b>		
<b>TOBREX OPHTHALMIC OINTMENT</b>		
<b>VIGAMOX OPHTHALMIC SOLUTION</b>		
<b>ZYMAXID OPHTHALMIC SOLUTION</b>	Gatifloxacin	
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<i>ak-poly-bac ophthalmic ointment</i>	Polycin	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Neo-Polycin	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Neosporin	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Polytrim	
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic solution</i>	Viroptic	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>dorzolamide hcl ophthalmic solution</i>	Trusopt	
<b>AZOPT OPHTHALMIC SUSPENSION</b>		ST; QLL (1 EA per 30 days)
<b>*Ophthalmic Decongestant Combinations***</b>		
<i>advanced lubricant ophthalmic solution</i>		OTC
<i>cvs eye allergy relief ophthalmic solution</i>	Visine-A	OTC
<i>cvs eye drops dual action ophthalmic solution</i>	Visine-AC	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvx maximum redness relief ophthalmic solution</i>		OTC
<i>cvx redness relief ophthalmic solution</i>	Redness Relief	OTC
<i>eye allergy relief ophthalmic solution</i>	Visine-A	OTC
<i>eye drops maximum relief ophthalmic solution</i>	Visine Advanced Relief	OTC
<i>eye drops ophthalmic solution 0.012-0.2 %</i>		OTC
<i>ra sterile eye drops ophthalmic solution 0.012-0.2 %</i>		OTC
<i>redness relief max strength ophthalmic solution</i>	Clear Eyes Cooling Comfort	OTC
<i>relief drops ophthalmic solution</i>	Visine-AC	OTC
<i>relief eye drops ophthalmic solution</i>	Visine-AC	OTC
<i>tgt redness reliever ophthalmic solution</i>		OTC
<b>REDNESS RELIEF OPHTHALMIC SOLUTION</b>	CVS Redness Relief	OTC
<b>*Ophthalmic Decongestants***</b>		
<i>phenylephrine hcl ophthalmic solution 10 %</i>	Altafrin	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Mydfrin	
<i>redness reliever eye drops ophthalmic solution</i>	Visine Extra	OTC
<b>ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %</b>	Phenylephrine HCl	
<b>*Ophthalmic Hyperosmolar Products***</b>		
<i>cvx sodium chloride ophthalmic ointment</i>	Altachlore	OTC
<i>cvx sodium chloride ophthalmic solution</i>	Altachlore	OTC
<i>ra ophthalmic ophthalmic solution</i>	Altachlore	OTC
<i>sochlor ophthalmic solution</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic ointment</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic solution</i>	Altachlore	OTC
<b>ALTACHLORE OPHTHALMIC OINTMENT</b>	Sodium Chloride (Hypertonic)	OTC
<b>ALTACHLORE OPHTHALMIC SOLUTION</b>	Sochlor	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Ophthalmic Irrigation Solutions***</b>		
<i>cvs eye wash ophthalmic solution 99.05 %</i>	Eyeaid Irrigating	OTC
<i>eye wash ophthalmic solution</i>	Eyeaid Irrigating	OTC
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
<i>diclofenac sodium ophthalmic solution</i>	Voltaren	
<i>flurbiprofen sodium ophthalmic solution</i>	Ocufen	
<i>ketorolac tromethamine ophthalmic solution</i>	Acular LS	
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
<i>brimonidine tartrate ophthalmic solution</i>	Alphagan P	
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>		
<b>*Ophthalmic Steroid Combinations***</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Maxitrol	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		
<i>tobramycin-dexamethasone ophthalmic suspension</i>	TobraDex	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>		
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic solution</i>		
<i>fluorometholone ophthalmic suspension</i>	Fluor-Op	
<i>prednisolone acetate ophthalmic suspension</i>	Pred Forte	
<i>prednisolone sodium phosphate ophthalmic solution</i>		
<b>FML FORTE OPHTHALMIC SUSPENSION</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>PRED MILD OPHTHALMIC SUSPENSION</b>		
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic ointment</i>		
<i>sulfacetamide sodium ophthalmic solution</i>	Bleph-10	
<b>*Prostaglandins - Ophthalmic***</b>		
<i>latanoprost ophthalmic solution</i>	Xalatan	
<b>TRAVATAN Z OPHTHALMIC SOLUTION</b>		ST
<b>*Soft Lens Products***</b>		
<i>cvs contact lens reliefrewet solution</i>	Ao-Sept Disinfection/Neutral	OTC
<i>cvs multi-purpose no-rub solution</i>	Ao-Sept Disinfection/Neutral	OTC
<i>daily cleaner solution</i>	Ao-Sept Disinfection/Neutral	OTC
<i>multi-purpose no-rub solution</i>	Ao-Sept Disinfection/Neutral	OTC
<i>multi-purpose solution solution</i>	Ao-Sept Disinfection/Neutral	OTC
<i>rewetting drops solution</i>	Ao-Sept Disinfection/Neutral	OTC
<i>saline solution</i>	Ao-Sept Disinfection/Neutral	OTC
<b>*OTIC AGENTS*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic solution</i>	VoSol	
<i>acetic acid-aluminum acetate otic solution</i>		
<i>cvs ear drops otic solution</i>	Auro Eardrops	OTC
<i>cvs ear wax cleansing system otic kit</i>	Clearcanal Ear Wax Removal	OTC
<i>cvs ear wax removal system otic solution</i>	Auro Eardrops	OTC
<i>ear drops otic solution</i>	Auro Eardrops	OTC
<i>ear wax cleansing otic kit</i>	Clearcanal Ear Wax Removal	OTC
<i>ear wax removal drops otic solution</i>	Auro Eardrops	OTC
<i>ear wax removal kit otic solution</i>	Auro Eardrops	OTC
<i>instant ear-dry otic liquid†</i>		OTC
<b>DEBROX OTIC SOLUTION</b>	Auraphene-B	OTC
<b>*Otic Anti-Infectives***</b>		
<i>ciprofloxacin hcl otic solution</i>	Cetraxal	
<i>ofloxacin otic solution</i>	Floxin Otic	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
<i>neomycin-polymyxin-hc otic solution</i>	Cortisporin	
<i>neomycin-polymyxin-hc otic suspension</i>		
<b>CIPRO HC OTIC SUSPENSION</b>		
<b>CIPRODEX OTIC SUSPENSION</b>		
<b>*Otic Steroids***</b>		
<i>hydrocortisone-acetic acid otic solution</i>	VoSoL HC	
<b>*PASSIVE IMMUNIZING AGENTS*</b>		
<b>*Immune Serums***</b>		
<b>HYPERRHO S/D INTRAMUSCULAR*</b>		
<b>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR*</b>		
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR*</b>		
<b>RHOPHYLAC INJECTION</b>		
<b>*PENICILLINS*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule 500 mg</i>		
<i>amoxicillin oral suspension reconstituted</i>		
<i>amoxicillin oral tablet</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>amoxicillin trihydrate powder</i>		
<i>ampicillin oral capsule 500 mg</i>		
<i>ampicillin oral suspension reconstituted</i>		
<b>*Natural Penicillins***</b>		
<i>penicillin v potassium oral solution reconstituted</i>		
<i>penicillin v potassium oral tablet</i>		
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hr*</i>	Augmentin XR	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		
<i>amoxicillin-pot clavulanate oral tablet</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Augmentin	QLL (28 EA per 30 days)
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium oral capsule</i>		
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*Oral Vehicles***</b>		
<i>cvs distilled water oral liquid†</i>	Nice Distilled Water	OTC
<i>cvs purified water oral liquid†</i>	Nice Distilled Water	OTC
<i>sorbitol solution</i>		
<i>sorbitol solution 70 %</i>		OTC
<b>*Semi Solid Vehicles***</b>		
<i>cvs petroleum jelly external gel</i>	RA Tugaboos Petroleum Jelly	OTC
<i>hm petroleum jelly gel</i>	Vaseline	OTC
<i>petroleum jelly external ointment</i>	Secura Protective	OTC
<i>petroleum jelly gel</i>	Vaseline	OTC
<b>*Thickening Agents***</b>		
<i>cvs instant food thickener oral powder</i>	Thick-It	OTC
<b>THICK NOW ORAL POWDER</b>	CVS Instant Food Thickener	OTC
<b>*POTASSIUM REMOVING AGENTS***</b>		
<b>*Potassium Removing Agents***</b>		
<i>sodium polystyrene sulfonate oral powder</i>	Kayexalate	
<i>sodium polystyrene sulfonate oral suspension</i>	SPS	
<b>KIONEX ORAL POWDER</b>	Kalexate	
<b>KIONEX ORAL SUSPENSION</b>	Sodium Polystyrene Sulfonate	
<b>SPS ORAL SUSPENSION</b>	Sodium Polystyrene Sulfonate	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*PROGESTINS*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral tablet</i>	Provera	
<i>norethindrone acetate oral tablet</i>	Aygestin	
<i>norethindrone acetate powder</i>		
<i>progesterone micronized oral capsule</i>	Prometrium	
<i>progesterone micronized powder</i>		
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>disulfiram oral tablet</i>	Antabuse	
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline oral tablet</i>		
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 Tablets per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Aricept ODT	QLL (30 Tablets per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Razadyne ER	QLL (30 Capsules per 30 days)
<i>galantamine hydrobromide oral tablet</i>	Razadyne	QLL (60 Tablets per 30 days)
<i>rivastigmine tartrate oral capsule</i>	Exelon	QLL (60 Capsules per 30 days)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<b>AUBAGIO ORAL TABLET</b>		PA; QLL (30 EA per 30 days)
<b>*Multiple Sclerosis Agents - Interferons***</b>		
<b>EXTAVIA SUBCUTANEOUS* KIT</b>		PA
<b>REBIF REBIDOSE SUBCUTANEOUS*</b>		PA
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS*</b>		PA
<b>REBIF SUBCUTANEOUS*</b>		PA
<b>REBIF TITRATION PACK SUBCUTANEOUS*</b>		PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Multiple Sclerosis Agents***</b>		
COPAXONE SUBCUTANEOUS*		PA
GLATOPA SUBCUTANEOUS*		PA
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl oral tablet</i>	Namenda	
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***</b>		
<i>fluoxetine hcl (pmdd) oral capsule</i>		
<b>*Smoking Deterrents***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hr*</i>	Buproban	
<i>cvs nicotine polacrilex mouth/throat gum</i>	Nicorette	OTC
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	Commit	OTC
<i>cvs nicotine transdermal patch 24 hr 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	OTC
<i>cvs nts step 1 transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>eq nicotine step 3 transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>eq nicotine transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>eql nicotine polacrilex mouth/throat gum</i>	Nicorette	OTC
<i>eql nicotine polacrilex mouth/throat lozenge</i>	Commit	OTC
<i>hm nicotine transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>nicotine step 1 transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>nicotine step 2 transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>nicotine step 3 transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>nicotine transdermal kit</i>		OTC
<i>nicotine transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>ra nicotine transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>sm nicotine transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>tgt nicotine step one transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>tgt nicotine step three transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<i>tgt nicotine step two transdermal patch 24 hr</i>	Nicoderm CQ	OTC
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET</b>		PA

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
CHANTIX ORAL TABLET		PA
CHANTIX STARTING MONTH PAK ORAL TABLET		PA
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
INVOKAMET ORAL TABLET		ST; QLL (30 EA per 30 days)
<b>*SULFONAMIDES*</b>		
<b>*Sulfonamides***</b>		
<i>sulfadiazine oral tablet</i>		
<i>sulfadiazine powder</i>		
<b>*TETRACYCLINES*</b>		
<b>*Tetracyclines***</b>		
<i>demeclocycline hcl oral tablet</i>		
<i>doxycycline hyclate oral capsule</i>	Morgidox	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		
<i>doxycycline hyclate oral tablet delayed release 100 mg, 75 mg</i>		
<i>doxycycline hyclate oral tablet delayed release 150 mg</i>	Doryx	
<i>doxycycline hyclate powder</i>		
<i>doxycycline monohydrate oral capsule</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral tablet</i>	Adoxa	
<i>minocycline hcl oral capsule</i>	Minocin	
<i>minocycline hcl powder</i>		
<i>tetracycline hcl oral capsule</i>		
<b>*THYROID AGENTS*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral tablet</i>	Tapazole	
<i>methimazole powder</i>		
<i>propylthiouracil oral tablet</i>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Thyroid Hormones***</b>		
<i>levothyroxine sodium oral tablet</i>	Synthroid	
<i>liothyronine sodium oral tablet</i>	Cytomel	
<i>liothyronine sodium powder</i>	PCCA T3 Sodium	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	
<i>thyroid powder</i>		
<i>triiodo-l-thyronine sodium powder</i>	PCCA T3 Sodium	
<b>ARMOUR THYROID ORAL TABLET</b>	NP Thyroid	
<b>LEVOXYL ORAL TABLET</b>	Levothyroxine Sodium	
<b>NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG</b>		
<b>NATURE-THROID ORAL TABLET 65 MG</b>	Thyroid	
<b>UNITHROID ORAL TABLET</b>	Levothyroxine Sodium	
<b>*ULCER DRUGS*</b>		
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral capsule</i>	Bentyl	
<i>dicyclomine hcl oral solution</i>		
<i>dicyclomine hcl oral tablet</i>	Bentyl	
<b>*Belladonna Alkaloids***</b>		
<i>ed-spaz oral tablet dispersible</i>	NuLev	
<i>hyoscyamine sulfate oral elixir</i>		
<i>hyoscyamine sulfate oral solution</i>		
<i>hyoscyamine sulfate oral tablet</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible</i>	NuLev	
<i>hyoscyamine sulfate powder</i>		
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	HyoMax-SL	
<b>*H-2 Antagonist-Antacid Combinations***</b>		
<i>cvs dual action complete oral tablet chewable</i>	Tums Dual Action	OTC
<i>eql dual action complete oral tablet chewable</i>	Tums Dual Action	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*H-2 Antagonists***</b>		
<i>acid control maximum strength oral tablet 20 mg</i>	Pepcid	OTC
<i>acid control oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>acid controller max st oral tablet</i>	Pepcid	OTC
<i>acid controller oral tablet</i>	Pepcid AC	OTC
<i>acid reducer maximum strength oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>acid reducer oral tablet 150 mg</i>	Wal-Zan 150 Maximum Strength	OTC
<i>acid reducer oral tablet 75 mg</i>	Zantac 75	OTC
<i>cimetidine 200 oral tablet</i>	Tagamet HB	OTC
<i>cimetidine acid reducer oral tablet</i>	Tagamet HB	OTC
<i>cimetidine hcl oral solution</i>		
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	OTC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		
<i>cimetidine powder</i>		
<i>cvs acid controller max st oral tablet</i>	Pepcid	OTC
<i>cvs acid reducer max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>cvs acid reducer oral tablet</i>	Pepcid AC	OTC
<i>cvs heartburn relief oral tablet</i>	Tagamet HB	OTC
<i>cvs ranitidine oral tablet</i>	Zantac 75	OTC
<i>eq acid reducer max st oral tablet</i>	Pepcid	OTC
<i>eq acid reducer oral tablet</i>	Tagamet HB	OTC
<i>eq heartburn relief oral tablet</i>	Tagamet HB	OTC
<i>eq heartburn prevention oral tablet</i>	Pepcid AC	OTC
<i>famotidine oral suspension reconstituted</i>	Pepcid	
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Pepcid	
<i>gnp acid control 150 max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>gnp acid control 75 oral tablet</i>	Zantac 75	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp acid reducer max st oral tablet</i>	Pepcid	OTC
<i>gnp acid reducer oral tablet</i>	Zantac 75	OTC
<i>gnp heartburn relief 200 oral tablet</i>	Tagamet HB	OTC
<i>gnp heartburn relief oral tablet</i>	Tagamet HB	OTC
<i>goodsense acid reducer oral tablet 75 mg</i>	Zantac 75	OTC
<i>heartburn relief 150 max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>heartburn relief max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>heartburn relief oral tablet</i>	Tagamet HB	OTC
<i>hm acid reducer oral tablet</i>	Zantac 75	OTC
<i>hm famotidine oral tablet</i>	Pepcid AC	OTC
<i>kls acid controller max st oral tablet</i>	Pepcid	OTC
<i>kls acid reducer max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>kls acid reducer oral tablet</i>	Zantac 75	OTC
<i>nizatidine oral capsule</i>	Axid	
<i>nizatidine oral solution</i>	Axid	
<i>px acid reducer max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>px acid reducer oral tablet</i>	Tagamet HB	OTC
<i>px ranitidine oral tablet</i>	Zantac 75	OTC
<i>qc acid controller max st oral tablet</i>	Pepcid	OTC
<i>qc acid controller oral tablet</i>	Pepcid AC	OTC
<i>ra acid reducer max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>ra acid reducer oral tablet</i>	Tagamet HB	OTC
<i>ranitidine acid reducer oral tablet</i>	Zantac 75	OTC
<i>ranitidine hcl oral capsule</i>		
<i>ranitidine hcl oral syrup</i>	Zantac	
<i>ranitidine hcl oral tablet 150 mg</i>	Wal-Zan 150 Maximum Strength	OTC
<i>ranitidine hcl oral tablet 300 mg</i>	Zantac	
<i>ranitidine hcl oral tablet 75 mg</i>	Zantac 75	OTC
<i>sb acid controller max st oral tablet</i>	Pepcid	OTC
<i>sb acid controller oral tablet</i>	Pepcid AC	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sb acid reducer oral tablet 10 mg</i>	Pepcid AC	OTC
<i>sb acid reducer ranitidine oral tablet</i>	Zantac 75	OTC
<i>sb cimetidine oral tablet</i>	Tagamet HB	OTC
<i>sm acid reducer max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>sm acid reducer oral tablet</i>	Tagamet HB	OTC
<i>sw acid reducer 150 max st oral tablet</i>	Wal-Zan 150 Maximum Strength	OTC
<i>tgt acid reducer oral tablet</i>	Tagamet HB	OTC
<b>PEPCID AC ORAL TABLET CHEWABLE</b>		OTC
<b>TAGAMET HB ORAL TABLET</b>	RA Acid Reducer	OTC
<b>WAL-ZAN 150 MAXIMUM STRENGTH ORAL TABLET</b>	Ranitidine HCl	OTC
<b>WAL-ZAN 75 ORAL TABLET</b>	EQL Heartburn Relief	OTC
<b>*Misc. Anti-Ulcer***</b>		
<i>sucralfate oral tablet</i>	Carafate	
<i>sucralfate powder</i>		
<b>*Proton Pump Inhibitors***</b>		
<i>cvs lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>eq lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>gnp lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>gnp omeprazole oral tablet delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>hm lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>hm omeprazole oral tablet delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>kls lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (30 EA per 30 days)

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>omeprazole magnesium oral capsule delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PriLOSEC	QLL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	PriLOSEC	QLL (30 EA per 30 days)
<i>omeprazole oral tablet delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	Protonix	QLL (30 Tablets per 30 days)
<i>qc omeprazole magnesium oral capsule delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>ra lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release</i>	Aciphex	QLL (30 EA per 30 days)
<i>sb omeprazole oral tablet delayed release</i>		OTC; QLL (120 EA per 30 days)
<i>sm lansoprazole oral capsule delayed release</i>	Prevacid 24HR	OTC; QLL (60 EA per 30 days)
<i>sm omeprazole oral tablet delayed release</i>		OTC; QLL (120 EA per 30 days)
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION</b>		
<b>NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE</b>	Esomeprazole Magnesium	OTC; QLL (60 EA per 30 days)
<b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE</b>		PA
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral tablet</i>	Robinul	
<i>propantheline bromide oral tablet</i>		
<i>propantheline bromide powder</i>		
<b>*Ulcer Drugs - Prostaglandins***</b>		
<i>misoprostol oral tablet</i>	Cytotec	
<b>*URINARY ANTI-INFECTIVES*</b>		
<b>*Urinary Anti-Infectives***</b>		
<i>methenamine hippurate oral tablet</i>	Urex	

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin macrocrystal powder</i>		
<i>nitrofurantoin monohyd macro oral capsule</i>	Macrobid	
<i>nitrofurantoin oral suspension</i>	Furadantin	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	ST
<b>*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hr*</i>	Ditropan XL	
<i>oxybutynin chloride oral syrup</i>		
<i>oxybutynin chloride oral tablet</i>		
<i>tolterodine tartrate oral tablet</i>	Detrol	ST
<i>trospium chloride er oral capsule extended release 24 hour</i>		ST
<i>trospium chloride oral tablet</i>	Sanctura	ST; QLL (60 EA per 30 days)
<b>*Urinary Antispasmodics - Cholinergic Agonists*** (New)</b>		
<i>bethanechol chloride oral tablet</i>	Urecholine	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)</b>		
<i>flavoxate hcl oral tablet</i>		
<b>*VAGINAL PRODUCTS*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<i>3 day vaginal vaginal cream</i>	Gyne-Lotrimin 3	OTC
<i>clotrimazole 3 vaginal cream</i>	Gyne-Lotrimin 3	OTC
<i>clotrimazole vaginal cream 1 %</i>	Gyne-Lotrimin	OTC
<i>clotrimazole-7 vaginal cream</i>	Gyne-Lotrimin	OTC
<i>cvs 3-day vaginal vaginal cream</i>	Gyne-Lotrimin 3	OTC
<i>cvs miconazole 1 combo pack vaginal kit</i>	Monistat 1 Combo Pack	OTC
<i>cvs miconazole 3-day combo app vaginal kit</i>	Monistat 3 Combo Pack App	OTC
<i>cvs miconazole 7 vaginal cream</i>	Monistat 7	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs tioconazole 1 vaginal ointment</i>	Monistat 1	OTC
<i>eq miconazole 1 vaginal kit</i>	Monistat 1 Combo Pack	OTC
<i>eq miconazole 3 combo pack vaginal kit</i>	Vagistat-3	OTC
<i>eq miconazole 7 day treatment vaginal cream</i>	Monistat 7	OTC
<i>eq miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>eql miconazole 1 vaginal kit</i>	Monistat 1 Combo Pack	OTC
<i>eql miconazole 3 vaginal kit</i>	Vagistat-3	OTC
<i>eql miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>eql tioconazole-1 vaginal ointment</i>	Monistat 1	OTC
<i>gnp clotrimazole 3 vaginal cream</i>	Gyne-Lotrimin 3	OTC
<i>gnp miconazole 1 vaginal kit</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 3 applicator vaginal kit</i>	Monistat 3 Combo Pack App	OTC
<i>gnp miconazole 3 vaginal kit</i>	Vagistat-3	OTC
<i>gnp miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>miconazole 1 vaginal kit</i>	Monistat 1 Combo Pack	OTC
<i>miconazole 3 combo pack app vaginal kit</i>	Monistat 3 Combo Pack App	OTC
<i>miconazole 3 combo pack vaginal kit</i>	Vagistat-3	OTC
<i>miconazole 3 vaginal cream</i>	Monistat 3	OTC
<i>miconazole 3 vaginal suppository</i>		
<i>miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>miconazole 7 vaginal suppository</i>	Monistat 7	OTC
<i>miconazole nitrate vaginal cream</i>	Monistat 7	OTC
<i>miconazole nitrate vaginal suppository</i>	Monistat 7	OTC
<i>px miconazole 3-day combo vaginal kit</i>	Vagistat-3	OTC
<i>qc 3 day vaginal cream</i>	Monistat 3	OTC
<i>qc miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>ra clotrimazole 3 vaginal cream</i>	Gyne-Lotrimin 3	OTC
<i>ra clotrimazole 7 vaginal cream</i>	Gyne-Lotrimin	OTC
<i>ra miconazole 3 combo pack app vaginal kit</i>	Monistat 3 Combo Pack App	OTC
<i>ra miconazole 3 combo pack vaginal kit</i>	Vagistat-3	OTC
<i>ra miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>sm 3-day vaginal vaginal cream</i>	Gyne-Lotrimin 3	OTC
<i>sm clotrimazole vaginal vaginal cream</i>	Gyne-Lotrimin	OTC
<i>sm miconazole 3 applicator vaginal kit</i>	Monistat 3 Combo Pack App	OTC
<i>sm miconazole 3 vaginal kit</i>	Vagistat-3	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>sm miconazole 7 vaginal cream</i>	Monistat 7	OTC
<i>sm miconazole 7 vaginal suppository</i>	Monistat 7	OTC
<i>terconazole vaginal cream</i>	Terazol 7	
<i>terconazole vaginal suppository</i>	Terazol 3	
<i>tgt miconazole 1 vaginal kit</i>	Monistat 1 Combo Pack	OTC
<i>tgt miconazole 3 combo pack vaginal kit</i>	Vagistat-3	OTC
<i>tgt miconazole 7 vaginal cream</i>	Monistat 7	OTC
<b>MONISTAT 7 COMBO PACK APP VAGINAL KIT</b>		OTC
<b>VAGISTAT-3 VAGINAL KIT</b>	EQL Miconazole 3	OTC
<b>*Miscellaneous Vaginal Products***</b>		
<i>cvs cleansing wash/sensitive vaginal liquid†</i>	Summers Eve Cleansing Wash	OTC
<i>cvs vaginal moisturizer vaginal gel</i>	Replens	OTC
<i>douche vinegar/water vaginal solution</i>	Summers Eve Extra Cleansing	OTC
<b>VAGISIL MAXIMUM STRENGTH VAGINAL CREAM</b>	RA Vagicaïne Maximum Strength	OTC
<b>VAGISIL VAGINAL CREAM</b>	RA Vagicaïne	OTC
<b>VAGISIL YEAST-CONTROL VAGINAL SUPPOSITORY</b>		OTC
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal cream</i>	Cleocin	
<i>cvs disposable douche vaginal solution</i>	Summers Eve Disp Medicated	OTC
<i>medicated douche vaginal solution</i>	Summers Eve Disp Medicated	OTC
<i>metronidazole vaginal gel</i>	Vandazole	
<b>*Vaginal Estrogens***</b>		
<b>ESTRACE VAGINAL CREAM</b>		
<b>ESTRING VAGINAL RING</b>		
<b>FEMRING VAGINAL RING</b>		
<b>PREMARIN VAGINAL CREAM</b>		
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*VASOPRESSORS*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
<i>epinephrine injection 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Adrenaclick	
<b>EPIPEN 2-PAK INJECTION</b>	EPINEPHrine	
<b>EPIPEN JR 2-PAK INJECTION</b>	EPINEPHrine	
<b>*Vasopressors***</b>		
<i>midodrine hcl oral tablet</i>		
<b>*VITAMINS*</b>		
<b>*Biotin***</b>		
<i>biotin maximum strength oral capsule</i>	Meribin	OTC
<i>biotin oral tablet 1000 mcg, 5000 mcg, 800 mcg</i>		OTC
<i>cvs biotin high potency oral tablet</i>		OTC
<i>cvs biotin oral capsule 5000 mcg</i>	Meribin	OTC
<i>gnp biotin oral capsule</i>	Meribin	OTC
<b>*Vitamin A***</b>		
<i>beta carotene oral capsule 25000 unit</i>		OTC
<i>cvs beta carotene oral capsule</i>		OTC
<i>cvs vitamin a oral capsule</i>		OTC
<i>gnp vitamin a oral capsule 10000 unit</i>		OTC
<i>vitamin a oral capsule 8000 unit</i>		OTC
<i>vitamin a-beta carotene oral capsule</i>		OTC
<b>*Vitamin B-1***</b>		
<i>b-1 high potency oral tablet</i>		OTC
<i>b-1 oral tablet 100 mg, 250 mg</i>		OTC
<i>gnp vitamin b1 oral tablet</i>		OTC
<i>gnp vitamin b-1 oral tablet</i>		OTC
<i>hm vitamin b1 oral tablet</i>		OTC
<i>ra vitamin b-1 oral tablet</i>		OTC
<i>sm vitamin b1 oral tablet</i>		OTC
<i>thiamine hcl oral tablet</i>		OTC
<i>vitamin b-1 oral tablet</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Vitamin B-3***</b>		
<i>gnp niacin oral tablet</i>		OTC
<i>gnp niacin tr oral tablet extendedrelease*</i>	Slo-Niacin	OTC
<i>hm niacin oral tablet extendedrelease*</i>	Slo-Niacin	OTC
<i>niacin er oral capsule extended release*</i>		OTC
<i>niacin er oral tablet extendedrelease* 250 mg, 500 mg, 750 mg</i>	Slo-Niacin	OTC
<i>niacin oral tablet</i>		OTC
<i>niacin-50 oral tablet</i>		OTC
<i>px niacin oral tablet</i>		OTC
<i>ra niacin oral tablet</i>		OTC
<i>ra no flush niacin oral tablet</i>	Niacor	OTC
<i>sm niacin cr oral tablet extendedrelease*</i>	Slo-Niacin	OTC
<b>ENDUR-ACIN ORAL TABLET EXTENDEDRELEASE*</b>	Niacin ER	OTC
<b>SLO-NIACIN ORAL TABLET EXTENDEDRELEASE*</b>	Niacin ER	OTC
<b>*Vitamin B-6***</b>		
<i>b6 natural oral tablet</i>		OTC
<i>b-6 oral tablet 100 mg, 50 mg</i>		OTC
<i>cvs b-6 oral tablet</i>		OTC
<i>cvs vitamin b-6 oral tablet 100 mg</i>		OTC
<i>eql b-6 oral tablet</i>		OTC
<i>gnp vitamin b-6 oral tablet 100 mg</i>		OTC
<i>hm vitamin b6 oral tablet</i>		OTC
<i>neuro-k-50 oral tablet</i>		OTC
<i>pyridoxine hcl oral tablet</i>		OTC
<i>ra vitamin b-6 oral tablet</i>		OTC
<i>sm vitamin b-6 oral tablet</i>		OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>		OTC
<i>yl vitamin b-6 oral tablet</i>		OTC
<b>B-NATAL MOUTH/THROAT LOLLIPOP</b>		OTC
<b>B-NATAL MOUTH/THROAT LOZENGE</b>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

Drug Name	Reference	Restrictions
<b>*Vitamin C***</b>		
<i>acerola c-500 oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>ascorbic acid oral tablet 1000 mg</i>		OTC
<i>ascorbic acid oral tablet 500 mg</i>	PureWay-C	OTC
<i>asco-tabs-1000 oral tablet</i>		OTC
<i>buffered c oral tablet</i>		OTC
<i>c 1000 oral tablet</i>		OTC
<i>c 500 oral tablet</i>	PureWay-C	OTC
<i>c 500 oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>c 500/rose hips oral tablet</i>	PureWay-C	OTC
<i>c-1000 oral tablet</i>		OTC
<i>c-1000 oral tablet extendedrelease*</i>	Cemill SR	OTC
<i>c-1000 sr oral tablet extendedrelease*</i>	Cemill SR	OTC
<i>c-1000/rose hips oral tablet</i>		OTC
<i>c-1000/rose hips sr oral tablet extendedrelease*</i>	Cemill SR	OTC
<i>c-500 non-acid oral tablet</i>		OTC
<i>c-500 oral tablet</i>	PureWay-C	OTC
<i>c-500 oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>c-500 oral tablet extendedrelease*</i>	Cemill	OTC
<i>c-500 sr oral capsule extended release*</i>		OTC
<i>c-500 sr oral tablet extendedrelease*</i>	Cemill	OTC
<i>c-500/rose hips oral tablet</i>	PureWay-C	OTC
<i>calcium ascorbate oral tablet</i>		OTC
<i>c-caps tr oral capsule extended release*</i>		OTC
<i>c-chewable oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>chew-c oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>c-time oral capsule extended release*</i>		OTC
<i>cvs vitamin c oral tablet 1000 mg</i>		OTC
<i>cvs vitamin c oral tablet 500 mg</i>	PureWay-C	OTC
<i>cvs vitamin c oral tablet chewable 1000 mg</i>		OTC
<i>cvs vitamin c-rose hips oral tablet</i>	PureWay-C	OTC
<i>eql vitamin c oral tablet</i>	PureWay-C	OTC
<i>eql vitamin c/rose hips oral tablet</i>	PureWay-C	OTC
<i>fruit c 500 oral tablet chewable</i>	Sunkist Vitamin C	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>gnp vitamin c cr oral tablet extendedrelease*</i>	Cemill	OTC
<i>gnp vitamin c drops mouth/throat lozenge</i>	Halls Defense Vitamin C Drops	OTC
<i>gnp vitamin c oral tablet</i>		OTC
<i>gnp vitamin c oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>gnp vitamin c oral tablet extendedrelease*</i>	Cemill	OTC
<i>gnp vitamin c w/rose hips oral tablet</i>	PureWay-C	OTC
<i>gnp vitamin c rose hips oral tablet</i>		OTC
<i>gnp vitamin c rose hips tr oral tablet extendedrelease*</i>	Cemill SR	OTC
<i>hm vitamin c oral tablet</i>	PureWay-C	OTC
<i>hm vitamin c oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>hm vitamin c tr oral tablet extendedrelease*</i>	Cemill	OTC
<i>meijer c oral tablet</i>	PureWay-C	OTC
<i>natural c rose hips oral tablet</i>	PureWay-C	OTC
<i>pure c 500 oral capsule extended release*</i>		OTC
<i>px vitamin c oral tablet</i>	PureWay-C	OTC
<i>ra vitamin c cr oral tablet extendedrelease* 500 mg</i>	Cemill	OTC
<i>ra vitamin c drops mouth/throat lozenge</i>	Halls Defense Vitamin C Drops	OTC
<i>ra vitamin c oral tablet 500 mg</i>	PureWay-C	OTC
<i>ra vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>ra vitamin c acerola oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>ra vitamin c rose hips cr oral tablet extendedrelease*</i>	Cemill	OTC
<i>ra vitamin c rose hips oral tablet</i>	PureWay-C	OTC
<i>sb vitamin c oral tablet</i>	PureWay-C	OTC
<i>sm chewable c oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>sm vit c rose hips oral tablet</i>		OTC
<i>sm vitamin c cr oral tablet extendedrelease*</i>	Cemill	OTC
<i>sm vitamin c oral tablet 1000 mg</i>		OTC
<i>sm vitamin c oral tablet 500 mg</i>	PureWay-C	OTC
<i>sm vitamin c oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>sm vitamin c rose hips oral tablet</i>	PureWay-C	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>tgt vitamin c drops mouth/throat lozenge</i>	Halls Defense Vitamin C Drops	OTC
<i>vitamin c drops mouth/throat lozenge</i>	Halls Defense Vitamin C Drops	OTC
<i>vitamin c er oral capsule extended release*</i>		OTC
<i>vitamin c er oral tablet extended release* 1000 mg</i>	Cemill SR	OTC
<i>vitamin c er oral tablet extended release* 500 mg</i>	Cemill	OTC
<i>vitamin c oral capsule</i>		OTC
<i>vitamin c oral tablet 1000 mg, 250 mg</i>		OTC
<i>vitamin c oral tablet 500 mg</i>	PureWay-C	OTC
<i>vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>vitamin c rose hips oral tablet</i>	PureWay-C	OTC
<i>vitamin c rose hips tr oral tablet extended release*</i>	Cemill SR	OTC
<i>vitamin c-acerola oral tablet 500 mg</i>	PureWay-C	OTC
<i>vitamin c-acerola oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>vitamin c-rose hips er oral tablet extended release* 1000 mg</i>	Cemill SR	OTC
<i>vitamin c-rose hips er oral tablet extended release* 500 mg</i>	Cemill	OTC
<i>vitamin c-rose hips oral tablet 1000 mg</i>		OTC
<i>vitamin c-rose hips oral tablet 500 mg</i>	PureWay-C	OTC
<i>vitamin c-rose hips oral tablet chewable</i>	Sunkist Vitamin C	OTC
<i>vitamin c-rose hips tr oral tablet extended release*</i>	Cemill	OTC
<i>yl vitamin c oral tablet</i>	PureWay-C	OTC
<i>yl vitamin c-rose hips oral tablet</i>	PureWay-C	OTC
<b>CEMILL ORAL TABLET EXTENDED RELEASE*</b>	GNP Vitamin C CR	OTC
<b>CEMILL SR ORAL TABLET EXTENDED RELEASE*</b>	RA Vitamin C/Rose Hips CR	OTC
<b>CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE</b>	RA Vitamin C Drops	OTC
<b>HALLS DEFENSE VITAMIN C DROPS MOUTH/THROAT LOZENGE</b>	RA Vitamin C Drops	OTC
<b>PUREWAY-C ORAL TABLET</b>	Vitamin C	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<b>*Vitamin D***</b>		
<i>aqueous vitamin d oral liquid†</i>	D-Vi-Sol	OTC
<i>d 1000 oral capsule</i>	Pronutrients Vitamin D3	OTC
<i>d 1000 oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>d 1000 oral tablet chewable</i>	VitaJoy Daily D Gummies	OTC
<i>d 10000 oral capsule</i>	Maximum D3	OTC
<i>d 2000 oral tablet</i>	Thera-D 2000	OTC
<i>d 400 oral tablet</i>		OTC
<i>d 400 oral tablet chewable</i>	Healthy Kids Vitamin D3	OTC
<i>d 5000 oral capsule</i>	Dialyvite Vitamin D 5000	OTC
<i>d 5000 oral tablet</i>		OTC
<i>d-1000 extra strength oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>d-1000 oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>d-2000 maximum strength oral tablet</i>	Thera-D 2000	OTC
<i>d2000 ultra strength oral capsule</i>		OTC
<i>d3 adult oral tablet chewable</i>	VitaJoy Daily D Gummies	OTC
<i>d3 high potency oral capsule</i>	Pronutrients Vitamin D3	OTC
<i>d3 kids oral tablet chewable</i>	Healthy Kids Vitamin D3	OTC
<i>d3 maximum strength oral capsule</i>	Dialyvite Vitamin D 5000	OTC
<i>d3 super strength oral capsule</i>		OTC
<i>d3-1000 oral capsule</i>	Pronutrients Vitamin D3	OTC
<i>d3-1000 oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>d-3-5 oral capsule</i>	Dialyvite Vitamin D 5000	OTC
<i>d-400 oral tablet</i>		OTC
<i>d-5000 oral tablet</i>		OTC
<i>delta d3 oral tablet</i>		OTC
<i>ergocalciferol oral capsule</i>	Drisdol	
<i>ergocalciferol oral solution</i>	Calciferol	OTC
<i>gnp vitamin d maximum strength oral tablet</i>	Thera-D 2000	OTC
<i>gnp vitamin d oral tablet 1000 unit</i>	Vitamin D-1000 Max St	OTC
<i>gnp vitamin d oral tablet chewable</i>	Healthy Kids Vitamin D3	OTC
<i>gnp vitamin d super strength oral tablet</i>		OTC
<i>gnp vitamin d3 extra strength oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>hm vitamin d oral tablet</i>		OTC
<i>hm vitamin d3 oral capsule</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>kp vitamin d oral capsule</i>	Pronutrients Vitamin D3	OTC
<i>kp vitamin d oral tablet chewable</i>	Healthy Kids Vitamin D3	OTC
<i>nat-rul vitamin d oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>pa vitamin d-3 gummy oral tablet chewable</i>	Healthy Kids Vitamin D3	OTC
<i>pa vitamin d-3 oral capsule</i>		OTC
<i>pa vitamin d-3 oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>ra vitamin d-3 oral capsule</i>		OTC
<i>ra vitamin d-3 oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>sm vitamin d oral tablet</i>		OTC
<i>sm vitamin d3 oral capsule</i>		OTC
<i>sm vitamin d3 oral tablet</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (cholecalciferol) oral tablet 1000 unit</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (cholecalciferol) oral tablet chewable</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d (ergocalciferol) oral capsule</i>	Drisdol	
<i>vitamin d oral capsule 2000 unit</i>		OTC
<i>vitamin d oral liquid†</i>	D-Vi-Sol	OTC
<i>vitamin d oral tablet 1000 unit</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d oral tablet 2000 unit</i>	Thera-D 2000	OTC
<i>vitamin d2 oral tablet</i>		OTC
<i>vitamin d3 adult gummies oral tablet chewable</i>	VitaJoy Daily D Gummies	OTC
<i>vitamin d3 high potency oral capsule</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d3 maximum strength oral capsule</i>	Dialyvite Vitamin D 5000	OTC
<i>vitamin d3 oral capsule</i>		OTC
<i>vitamin d-3 oral capsule</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d3 oral liquid† 1200 unit/15ml</i>		OTC
<i>vitamin d3 oral liquid† 400 unit/ml</i>	D-Vi-Sol	OTC
<i>vitamin d3 oral tablet 1000 unit</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d3 oral tablet 2000 unit</i>	Thera-D 2000	OTC
<i>vitamin d3 oral tablet 3000 unit, 400 unit, 5000 unit</i>		OTC
<i>vitamin d3 oral tablet chewable 1000 unit</i>	VitaJoy Daily D Gummies	OTC
<i>vitamin d3 oral tablet chewable 400 unit</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d3 super strength oral tablet</i>	Thera-D 2000	OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>vitamin d-400 oral tablet</i>		OTC
<b>BPROTECTED PEDIA D-VITE ORAL LIQUID†</b>	Vitamin D	OTC
<b>CALCIDOL ORAL SOLUTION</b>	Ergocalciferol	OTC
<b>CALCIFEROL ORAL SOLUTION</b>	Ergocalciferol	OTC
<b>D3 DOTS ORAL TABLET DISPERSIBLE</b>		OTC
<b>D3-50 ORAL CAPSULE</b>	Vitamin D3	OTC
<b>DECARA ORAL CAPSULE 50000 UNIT</b>	Vitamin D3	OTC
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE</b>	Vitamin D3	OTC
<b>DIALYVITE VITAMIN D3 MAX ORAL TABLET</b>	Vitamin D3	OTC
<b>D-VITA ORAL LIQUID†</b>	Vitamin D	OTC
<b>HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE</b>	PA Vitamin D-3 Gummy	OTC
<b>JUST D ORAL LIQUID†</b>	Vitamin D	OTC
<b>MAXIMUM D3 ORAL CAPSULE</b>	Vitamin D3	OTC
<b>OPTIMAL-D ORAL CAPSULE</b>	Vitamin D3	OTC
<b>PRONUTRIENTS VITAMIN D3 ORAL CAPSULE</b>	CVS Vitamin D3	OTC
<b>REPLESTA CHILDRENS ORAL WAFER</b>		OTC
<b>REPLESTA NX ORAL WAFER</b>		OTC
<b>REPLESTA ORAL WAFER</b>		OTC
<b>THERA-D 2000 ORAL TABLET</b>	GNP Vitamin D Maximum Strength	OTC
<b>THERA-D 4000 ORAL TABLET</b>		OTC
<b>THERA-D RAPID REPLETION ORAL TABLET</b>	GNP Vitamin D Maximum Strength	OTC
<b>VITAMIN D-1000 MAX ST ORAL TABLET</b>	HM Vitamin D	OTC
<b>WELLESSE VITAMIN D3 ORAL LIQUID†</b>		OTC
<b>*Vitamin E***</b>		
<i>cvs e oil oral oil</i>		OTC
<i>cvs e oral capsule</i>		OTC

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.

<b>Drug Name</b>	<b>Reference</b>	<b>Restrictions</b>
<i>cvs vitamin e oral capsule 1000 unit</i>		OTC
<i>cvs vitamin e oral capsule 400 unit</i>	Formula E 400	OTC
<i>dry e-synthetic oral tablet</i>	E-Pherol	OTC
<i>eql vitamin e oral capsule</i>	Formula E 400	OTC
<i>gnp vitamin e oral capsule</i>		OTC
<i>hm vitamin e oral capsule 200 unit</i>		OTC
<i>hm vitamin e oral capsule 400 unit</i>	Formula E 400	OTC
<i>natural vitamin e oral tablet 400 unit</i>	E-Pherol	OTC
<i>vitamin e blend oral capsule</i>		OTC
<i>vitamin e oral capsule 100 unit, 1000 unit, 200 unit</i>		OTC
<i>vitamin e oral capsule 400 unit</i>	Formula E 400	OTC
<i>vitamin e oral oil</i>		OTC
<i>vitamin e oral tablet 400 unit</i>	E-Pherol	OTC
<i>vitamin e/d-alpha natural oral capsule</i>		OTC
<i>vitamin e/d-alpha oral capsule</i>		OTC
<b>E-PHEROL ORAL TABLET</b>	Natural Vitamin E	OTC
<b>*Vitamin K***</b>		
<b>MEPHYTON ORAL TABLET</b>		

PA = Prior Authorization, QLL = Quantity Level Limit, ST = Step Therapy  
AL = Age Limit, OTC = Over The Counter  
Brand name reference drugs are listed only if available commercially.