

2019

Florida Children's Medical Services (CMS) Health Plan Dual Eligible Preferred Drug List

(List of Covered Drugs)

Please read: This document contains information about the drugs we cover in this plan

Last updated (10/01/2019)

CAD_29961E State Approved 05022019
©WellCare 2019

FL9CADCVR29961E_0000



This plan has a limit of 248 dosage units, unless otherwise specified through a quantity limit.

Drug Name	Preference Details	Coverage Details
Alternative Medicines		
*Alternative Medicine - Me's***		
<i>melatonin maximum strength oral tablet 5 mg</i>	P	
Analgesics - Anti-Inflammatory		
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen oral suspension 40 mg/ml</i>	P	
<i>ibuprofen oral suspension 100 mg/5ml</i>	P	
<i>ibuprofen oral tablet 200 mg</i>	P	
<i>naproxen sodium oral tablet 220 mg</i>	P	
Analgesics - Nonnarcotic		
*Analgesics Other***		
ACEPHEN RECTAL SUPPOSITORY 325 MG, 650 MG	P	
<i>acetaminophen oral solution 160 mg/5ml</i>	P	
<i>acetaminophen oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>acetaminophen oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>apap extra strength oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>apap oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>childrens non-asa pain relief oral tablet chewable 80 mg</i>	P	
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	P	
<i>childrens pain reliever oral tablet chewable 80 mg</i>	P	
<i>childrens silapap oral liquid 160 mg/5ml</i>	P	
<i>childrens tactinal oral tablet chewable 80 mg</i>	P	
<i>ed-apap oral liquid 160 mg/5ml</i>	P	
<i>infants silapap oral solution 100 mg/ml</i>	P	
<i>mapap arthritis pain oral tablet extended release 650 mg</i>	P	QL (93 EA per 31 days)
MAPAP CHILDRENS ORAL SUSPENSION 160 MG/5ML	P	
<i>mapap oral capsule 500 mg</i>	P	QL (186 EA per 31 days)
<i>mapap oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>mapap oral tablet 500 mg</i>	P	QL (186 EA per 31 days)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>mapap oral tablet chewable 80 mg</i>	P	
<i>maxapap maximum strength oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>maxapap regular strength oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>non-aspirin extra strength oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>non-aspirin oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>non-aspirin pain relief oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>nortemp infants oral suspension 80 mg/0.8ml</i>	P	
<i>pain & fever childrens oral solution 160 mg/5ml</i>	P	
<i>pain relief extra strength oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>pain relief oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	P	QL (186 EA per 31 days)
PHARBETOL ORAL TABLET 325 MG	P	QL (279 EA per 31 days)
<i>q-pap oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>tactinal extra strength oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>tactinal oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
*Salicylate Combinations***		
<i>tri-buffered aspirin oral tablet 325 mg</i>	P	
*Salicylates***		
<i>aspirin childrens oral tablet chewable 81 mg</i>	P	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	P	
<i>aspirin ec oral tablet delayed release 325 mg</i>	P	
<i>aspirin oral tablet 325 mg, 81 mg</i>	P	
<i>aspirin oral tablet chewable 81 mg</i>	P	
<i>aspirin rectal suppository 300 mg, 600 mg</i>	P	
ECPIRIN ORAL TABLET DELAYED RELEASE 325 MG	P	
Anorectal Agents		
*Rectal Combinations - Misc.***		
<i>eq hemorrhoidal rectal suppository 0.25-85.39 %</i>	P	
<i>hemorrhoidal rectal suppository 0.25-3-85.5 %, 0.25-85.39 %</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
Antacids		
*Antacid & Simethicone***		
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	P	
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	P	
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	P	
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	P	
MAALOX ADVANCED MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	P	
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	P	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	P	
<i>milantex extra strength oral suspension 400-400-40 mg/5ml</i>	P	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	P	
*Antacid Combinations***		
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	P	
<i>gnp foaming antacid oral tablet chewable 80-20 mg</i>	P	
MI-ACID ORAL TABLET CHEWABLE 700-300 MG	P	
*Antacids - Aluminum Salts***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	P	
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	P	
*Antacids - Calcium Salts***		
<i>antacid oral tablet chewable 500 mg</i>	P	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	P	
<i>calcium antacid oral tablet chewable 500 mg</i>	P	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>calcium carbonate antacid oral tablet 648 mg</i>	P	
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	P	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	P	
MAALOX ORAL TABLET CHEWABLE 600 MG	P	
TITRALAC ORAL TABLET CHEWABLE 420 MG	P	
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	P	
Anthelmintics		
*Anthelmintics***		
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	P	
Antidiabetics		
*Diabetic Other***		
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM	P	
<i>glucose oral tablet chewable 4 gm</i>	P	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>bismatrol oral suspension 262 mg/15ml</i>	P	
<i>bismatrol oral tablet chewable 262 mg</i>	P	
<i>bismuth oral tablet chewable 262 mg</i>	P	
<i>diotame oral tablet chewable 262 mg</i>	P	
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	P	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML	P	
KAO-TIN ORAL SUSPENSION 262 MG/15ML	P	
<i>pink bismuth oral suspension 262 mg/15ml</i>	P	
<i>pink bismuth oral tablet chewable 262 mg</i>	P	
<i>stomach relief oral suspension 262 mg/15ml, 527 mg/30ml</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>stomach relief oral tablet chewable 262 mg</i>	P	
<i>stomach relief plus oral suspension 525 mg/15ml</i>	P	
Antidiarrheals		
*Antidiarrheal Agents - Misc.***		
<i>bismatrol oral suspension 262 mg/15ml</i>	P	
<i>bismatrol oral tablet chewable 262 mg</i>	P	
<i>bismuth oral tablet chewable 262 mg</i>	P	
<i>diotame oral tablet chewable 262 mg</i>	P	
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	P	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML	P	
KAO-TIN ORAL SUSPENSION 262 MG/15ML	P	
<i>pink bismuth oral suspension 262 mg/15ml</i>	P	
<i>pink bismuth oral tablet chewable 262 mg</i>	P	
<i>stomach relief oral suspension 262 mg/15ml, 527 mg/30ml</i>	P	
<i>stomach relief oral tablet chewable 262 mg</i>	P	
<i>stomach relief plus oral suspension 525 mg/15ml</i>	P	
*Antiperistaltic Agents***		
<i>anti-diarrheal oral liquid 1 mg/5ml</i>	P	
LOPERAMIDE A-D ORAL TABLET 2 MG	P	
<i>loperamide hcl oral liquid 1 mg/5ml</i>	P	
Antidotes And Specific Antagonists		
*Antidotes And Specific Antagonists***		
<i>ipecac oral syrup</i>	P	
Antidotes		
*Antidotes***		
<i>sm ipecac syrup oral syrup</i>	P	
Antiemetics		
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	P	
<i>travel sickness oral tablet chewable 25 mg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
Antihistamines		
*Antihistamines - Alkylamines***		
<i>aller-chlor oral syrup 2 mg/5ml</i>	P	
<i>aller-chlor oral tablet 4 mg</i>	P	
<i>allergy oral tablet 4 mg</i>	P	
<i>allergy relief oral tablet 4 mg</i>	P	
<i>chlorhist oral tablet 4 mg</i>	P	
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	P	
*Antihistamines - Ethanolamines***		
<i>aler-cap oral capsule 25 mg</i>	P	
<i>aler-dryl oral tablet 50 mg</i>	P	
<i>alertab oral tablet 25 mg</i>	P	
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	P	
<i>altaryl oral elixir 12.5 mg/5ml</i>	P	
<i>altaryl oral syrup 12.5 mg/5ml</i>	P	
<i>anti-hist allergy oral tablet 25 mg</i>	P	
BANOPHEN ORAL CAPSULE 25 MG	P	
BANOPHEN ORAL LIQUID 12.5 MG/5ML	P	
BANOPHEN ORAL TABLET 25 MG	P	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	P	
<i>complete allergy medication oral tablet 25 mg</i>	P	
<i>complete allergy relief oral tablet 25 mg</i>	P	
<i>diphenhist oral capsule 25 mg</i>	P	
<i>diphenhist oral liquid 12.5 mg/5ml</i>	P	
<i>diphenhist oral tablet 25 mg</i>	P	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	P	
<i>diphenhydramine hcl oral tablet 25 mg</i>	P	
<i>genahist oral capsule 25 mg</i>	P	
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	P	
<i>q-dryl oral capsule 25 mg</i>	P	
<i>q-dryl oral liquid 12.5 mg/5ml</i>	P	
SCOT-TUSSIN ALLERGY RELIEF ORAL LIQUID 12.5 MG/5ML	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	P	
<i>silphen cough oral syrup 12.5 mg/5ml</i>	P	
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML	P	
<i>total allergy oral tablet 25 mg</i>	P	
*Antihistamines - Non-Sedating***		
<i>allergy oral tablet dispersible 10 mg</i>	P	
<i>cetirizine hcl childrens alrgy oral syrup 1 mg/ml</i>	P	QL (300 ML per 31 days)
<i>cetirizine hcl childrens oral solution 1 mg/ml</i>	P	QL (300 ML per 31 days)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	P	
<i>childrens loratadine oral syrup 5 mg/5ml</i>	P	QL (310 ML per 31 days)
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	P	
<i>loratadine hives relief oral solution 5 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>loratadine oral tablet 10 mg</i>	P	
Antiseptics & Disinfectants		
*Chlorine Antiseptic Combinations***		
<i>dakins (1/2 strength) external solution 0.25 %</i>	P	
<i>dakins (1/4 strength) external solution 0.125 %</i>	P	
<i>dakins external solution 0.4-0.5 %</i>	P	
*Chlorine Antiseptics***		
<i>chlorhexidine gluconate external liquid 4 %</i>	P	QL (480 ML per 31 days)
*Iodine Antiseptics***		
OPERAND POVIDONE-IODINE EXTERNAL SOLUTION 10 %	P	
<i>povidone-iodine external solution 10 %</i>	P	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	P	
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	P	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML	P	
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	P	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
*Antitussive-Antihistamine-Analgesic***		
DELSYM NIGHT TIME MULTI-SYMPPT ORAL LIQUID 15-6.25-325 MG/15ML	P	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>	P	AL (Max 20 Years)
<i>diabetic siltussin-dm oral liquid 100-10 mg/5ml</i>	P	
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	P	
<i>extra action cough oral syrup 100-10 mg/5ml</i>	P	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	P	
<i>mucus relief dm cough oral tablet 20-400 mg</i>	P	
*Antitussive-Expectorants-Decongestant***		
<i>cheratussin dac oral solution 30-10-100 mg/5ml</i>	P	
<i>robafen cf cough/cold oral syrup 5-10-100 mg/5ml</i>	P	
*Decongestant & Antihistamine***		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	P	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG	P	AL (Max 20 Years)
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	P	
BROTAPP ORAL LIQUID 1-15 MG/5ML	P	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	P	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	P	AL (Max 20 Years)
Q-TAPP ORAL ELIXIR 1-15 MG/5ML	P	AL (Max 20 Years)
<i>triprolidine-pse oral tablet 2.5-60 mg</i>	P	
*Decongestant W/ Expectorant***		
<i>tussin pe oral liquid 5-100 mg/5ml</i>	P	
*Expectorants***		
<i>diabetic siltussin das-na oral liquid 100 mg/5ml</i>	P	
<i>mucus relief oral tablet 400 mg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>refenesen 400 oral tablet 400 mg</i>	P	
<i>refenesen oral tablet 200 mg</i>	P	
<i>robafen oral syrup 100 mg/5ml</i>	P	
*Misc. Respiratory Inhalants***		
BRONCHO SALINE INHALATION AEROSOL SOLUTION 0.9 %	P	
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	P	
*Non-Narc Antitussive-Antihistamine***		
DIMETAPP LONG ACT COUGH/COLD ORAL SYRUP 1-7.5 MG/5ML	P	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	P	
ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML	P	
*Non-Narc Antitussive-Decongestant- Antihistamine***		
<i>brotapp dm oral liquid 15-1-5 mg/5ml</i>	P	
<i>cold/cough childrens oral elixir 2.5-1-5 mg/5ml</i>	P	
<i>kidkare cough/cold oral liquid 15-1-5 mg/5ml</i>	P	
<i>m-end dm oral liquid 15-2-15 mg/5ml</i>	P	
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	P	AL (Max 20 Years)
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	P	
VANACOF ORAL LIQUID 30-1-12.5 MG/5ML	P	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	P	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	P	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG	P	
*Opioid Antitussive-Decongestant- Antihistamine***		
<i>phenylhistine dh oral liquid 30-2-10 mg/5ml</i>	P	
<i>promethazine v/codeine oral syrup 6.25-5-10 mg/5ml</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
Dermatologicals		
*Acne Products***		
<i>acne medication 5 external lotion 5 %</i>	P	
<i>benzoyl peroxide cleanser external liquid 6 %</i>	P	
<i>benzoyl peroxide external gel 10 %, 5 %</i>	P	
PANOXYL WASH EXTERNAL LIQUID 10 %	P	
*Antibiotic Mixtures Topical***		
<i>bacitracin-neomycin-polymyxin external ointment 400-5-5000</i>	P	
<i>double antibiotic external ointment 500-10000 unit/gm</i>	P	
<i>triple antibiotic external ointment 3.5-400-5000 , 5-400-5000</i>	P	
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	P	
<i>bacitracin zinc external ointment 500 unit/gm</i>	P	
*Antifungals - Topical***		
<i>anti-fungal external powder 1 %</i>	P	
<i>terbinafine hcl external cream 1 %</i>	P	
*Antihistamines - Topical***		
<i>anti-itch maximum strength external cream 2 %</i>	P	
BENADRYL ITCH STOPPING EXTERNAL GEL 2 %	P	
<i>itch relief external cream 2 %</i>	P	
*Corticosteroids - Topical***		
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 %	P	
<i>hydrocortisone external cream 0.5 %, 1 %</i>	P	
<i>hydrocortisone external lotion 1 %</i>	P	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	P	
<i>hydrocortisone max st external cream 1 %</i>	P	
<i>hydrocortisone max st/12 moist external cream 1 %</i>	P	
HYDROSKIN EXTERNAL CREAM 1 %	P	
<i>kp hydrocortisone external cream 1 %</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
PREPARATION H EXTERNAL CREAM 1 %	P	
<i>tgt anti-itch/laloelvit e external cream 1 %</i>	P	
*Emollients***		
AMLACTIN EXTERNAL LOTION 12 %	P	QL (400 GM per 31 days)
<i>ammonium lactate external cream 12 %</i>	P	QL (400 GM per 31 days)
<i>ammonium lactate external lotion 12 %</i>	P	QL (400 GM per 31 days)
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	P	
<i>clotrimazole external solution 1 %</i>	P	
*Keratolytic/Antimitotic Agents***		
CLEAR AWAY 1-STEP WART REMOVER EXTERNAL PAD 40 %	P	
COMPOUND W EXTERNAL LIQUID 17 %	P	
COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 %	P	
FREEZONE EXTERNAL LIQUID 17.6 %	P	
SALACTIC FILM EXTERNAL SOLUTION 17 %	P	
*Local Anesthetics - Topical***		
<i>capsaicin external cream 0.025 %</i>	P	QL (60 gms per 30 days)
*Scabicides & Pediculicides***		
<i>permethrin external lotion 1 %</i>	P	
*Tar Products***		
TERA-GEL TAR EXTERNAL SHAMPOO 0.5 %	P	
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe external cream 1 %</i>	P	
<i>sm hydrocortisone plus external cream 1 %</i>	P	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
<i>mi-acid gas relief oral tablet chewable 80 mg</i>	P	
<i>mytab gas oral tablet chewable 80 mg</i>	P	
<i>simethicone oral suspension 40 mg/0.6ml</i>	P	
<i>simethicone oral tablet chewable 80 mg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
Genitourinary Agents - Miscellaneous		
*Urinary Analgesics***		
AZO URINARY PAIN RELIEF ORAL TABLET 99.5 MG	P	
<i>phenazopyridine hcl oral tablet 95 mg</i>	P	
<i>urinary pain relief max st oral tablet 97.5 mg</i>	P	
Hematopoietic Agents		
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	P	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	P	
<i>vitamin b-12 oral tablet 1000 mcg, 250 mcg, 500 mcg</i>	P	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>	P	
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	P	
*Iron***		
<i>ferro-bob oral tablet 325 (65 fe) mg</i>	P	
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	P	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	P	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	P	
<i>ferrousul oral tablet 325 (65 fe) mg</i>	P	
<i>iron oral tablet 325 (65 fe) mg, 90 (18 fe) mg</i>	P	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
<i>slow release iron oral tablet extended release 160 (50 fe) mg</i>	P	
Hypnotics		
*Antihistamine Hypnotic Combinations***		
<i>headache pm oral tablet 25-500 mg</i>	P	QL (62 EA per 31 days)
<i>mapap pm oral tablet 500-25 mg</i>	P	QL (62 EA per 31 days)
<i>pain relief pm extra strength oral tablet 500-25 mg</i>	P	QL (62 EA per 31 Days)
<i>pain reliever pm oral tablet 500-25 mg</i>	P	QL (62 EA per 31 days)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
*Antihistamine Hypnotics***		
<i>compoz oral capsule 50 mg</i>	P	
<i>compoz oral tablet 50 mg</i>	P	
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	P	
NYTOL ORAL TABLET 25 MG	P	
SIMPLY SLEEP ORAL TABLET 25 MG	P	
<i>sleep tabs oral tablet 25 mg</i>	P	
<i>sleep-tabs oral tablet 25 mg</i>	P	
SOMINEX ORAL TABLET 25 MG	P	
<i>tetra-formula nighttime sleep oral tablet 50 mg</i>	P	
Laxatives		
*Bulk Laxatives***		
<i>fiber laxative oral tablet 625 mg</i>	P	
<i>fiber oral tablet 625 mg</i>	P	
FIBERGEN ORAL TABLET 625 MG	P	
<i>fiber-lax oral tablet 625 mg</i>	P	
<i>konsyl daily fiber oral packet 100 %</i>	P	
KONSYL FIBER ORAL TABLET 625 MG	P	
METAMUCIL ORAL CAPSULE 0.36 GM	P	
METAMUCIL ORAL WAFER	P	
METAMUCIL SMOOTH TEXTURE ORAL PACKET 28 %	P	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	P	
<i>natural fiber therapy oral powder 30.9 %, 48.57 %</i>	P	
<i>natural vegetable fiber oral powder 48.57 %</i>	P	
REGULOID ORAL CAPSULE 0.52 GM	P	
*Laxatives - Miscellaneous***		
<i>cvs glycerin adult rectal suppository 2 gm</i>	P	
<i>sorbitol oral solution 70 %</i>	P	
*Laxatives & Dss***		
DOC-Q-LAX ORAL TABLET 8.6-50 MG	P	
PERI-COLACE ORAL TABLET 8.6-50 MG	P	
<i>senna plus oral tablet 8.6-50 mg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>senna s oral tablet 8.6-50 mg</i>	P	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	P	
SENNALAX-S ORAL TABLET 8.6-50 MG	P	
<i>senna-s oral tablet 8.6-50 mg</i>	P	
<i>senna-time s oral tablet 8.6-50 mg</i>	P	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	P	
*Saline Laxative Mixtures***		
<i>enema rectal enema 7-19 gm/118ml</i>	P	
<i>ra saline laxative oral solution 2.7-7.2 gm/5ml</i>	P	
*Saline Laxatives***		
<i>citrate of magnesia oral solution 1.745 gm/30ml</i>	P	
CITROMA ORAL SOLUTION 1.745 GM/30ML	P	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	P	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	P	
<i>milk of magnesia oral suspension 400 mg/5ml, 7.75 %</i>	P	
*Stimulant Laxatives***		
BISAC-EVAC RECTAL SUPPOSITORY 10 MG	P	
<i>biscolax rectal suppository 10 mg</i>	P	
CARTERS LITTLE PILLS ORAL TABLET DELAYED RELEASE 5 MG	P	
<i>correct oral tablet delayed release 5 mg</i>	P	
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG	P	
<i>ducodyl oral tablet delayed release 5 mg</i>	P	
EX-LAX ORAL TABLET CHEWABLE 15 MG	P	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	P	
FEENAMINT ORAL TABLET DELAYED RELEASE 5 MG	P	
FLEET LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>gentle laxative oral tablet delayed release 5 mg</i>	P	
<i>laxative rectal suppository 10 mg</i>	P	
<i>natural senna laxative oral tablet 64.8-324 mg</i>	P	
<i>senexon oral liquid 8.8 mg/5ml</i>	P	
<i>senexon oral tablet 8.6 mg</i>	P	
<i>senna lax oral tablet 8.6 mg</i>	P	
<i>senna laxative oral tablet 25 mg, 8.6 mg</i>	P	
<i>senna oral syrup 8.8 mg/5ml</i>	P	
<i>senna oral tablet 8.6 mg</i>	P	
SENNA SMOOTH ORAL TABLET 15 MG	P	
SENNACON ORAL TABLET 8.6 MG	P	
<i>senna-lax oral tablet 8.6 mg</i>	P	
<i>senna-tabs oral tablet 8.6 mg</i>	P	
<i>senna-time oral tablet 8.6 mg</i>	P	
SENNO ORAL TABLET 8.6 MG	P	
<i>stimulant laxative oral tablet delayed release 5 mg</i>	P	
<i>womens laxative oral tablet delayed release 5 mg</i>	P	
*Surfactant Laxatives***		
CORRECTOL EXTRA GENTLE ORAL CAPSULE 100 MG	P	
<i>diocto oral liquid 50 mg/5ml</i>	P	
<i>diocto oral syrup 60 mg/15ml</i>	P	
<i>docqlace oral capsule 100 mg</i>	P	
<i>docu soft oral capsule 100 mg</i>	P	
<i>docusate calcium oral capsule 240 mg</i>	P	
<i>docusate sodium oral tablet 100 mg</i>	P	
DOCUSIL ORAL CAPSULE 100 MG	P	
DOK ORAL CAPSULE 100 MG, 250 MG	P	
DOK ORAL TABLET 100 MG	P	
<i>dss oral capsule 100 mg, 250 mg</i>	P	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	P	
KAO-TIN ORAL CAPSULE 240 MG	P	
<i>laxa basic oral capsule 100 mg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>silace oral liquid 150 mg/15ml</i>	P	
<i>silace oral syrup 60 mg/15ml</i>	P	
SOF-LAX ORAL CAPSULE 100 MG	P	
<i>stool softener oral capsule 100 mg, 250 mg</i>	P	
SURFAK ORAL CAPSULE 240 MG	P	
Medical Devices		
*Respiratory Therapy Supplies***		
ACE AEROSOL CLOUD ENHANCER	P	QL (2 EA per 365 days)
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
PFLEX	P	QL (2 EA per 365 days)
THRESHOLD IMT	P	QL (2 EA per 365 days)
THRESHOLD PEP DEVICE	P	QL (2 EA per 365 days)
WINDMILL TRAINER	P	QL (2 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER MV	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	P	QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	P	QL (2 EA per 365 days)
EASIVENT	P	QL (2 EA per 365 days)
MICROCHAMBER	P	QL (2 EA per 365 days)
MICROSPACER	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE	P	QL (2 EA per 365 days)
OPTIHALER	P	QL (2 EA per 365 days)
OPTIHALER DEVICE	P	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE	P	QL (2 EA per 365 days)
POCKET SPACER DEVICE	P	QL (2 EA per 365 days)
WATCHHALER DEVICE	P	QL (2 EA per 365 days)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium + d3 oral tablet 600-200 mg-unit</i>	P	
<i>calcium 600-d oral tablet 600-400 mg-unit</i>	P	
<i>calcium carb-cholecalciferol oral tablet 600-400 mg-unit</i>	P	
<i>calcium carbonate-vitamin d oral tablet 500-400 mg-unit, 600-400 mg-unit</i>	P	
<i>calcium high potency/vitamin d oral tablet 600-200 mg-unit</i>	P	
<i>calcium oral tablet 500-125 mg-unit</i>	P	
<i>calcium-carb 600 + d oral tablet 600-125 mg-unit</i>	P	
<i>calcium-vitamin d oral tablet 500-125 mg-unit, 600-125 mg-unit, 600-200 mg-unit</i>	P	
CALTRATE 600+D ORAL TABLET 600-800 MG-UNIT	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT	P	
<i>liquid calcium/vitamin d oral capsule 600-200 mg-unit</i>	P	
OYSCO 500+D ORAL TABLET 500-200 MG-UNIT	P	
<i>oyst-cal d oral tablet 250-125 mg-unit</i>	P	
<i>oyster calcium + d oral tablet 250-125 mg-unit</i>	P	
<i>oyster shell calcium + d oral tablet 500-400 mg-unit</i>	P	
<i>oyster shell calcium 500 + d oral tablet 500-125 mg-unit</i>	P	
<i>oyster shell calcium/d oral tablet 250-125 mg-unit, 500-200 mg-unit</i>	P	
<i>oyster shell calcium/vitamin d oral packet 500-200 mg-unit</i>	P	
<i>oyster shell calcium/vitamin d oral tablet 250-125 mg-unit, 500-200 mg-unit</i>	P	
<i>oyster shell/vitamin d oral tablet 600-125 mg-unit</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
*Calcium***		
CAL-CARB FORTE ORAL TABLET 1250 (500 CA) MG	P	
CALCI-CHEW ORAL TABLET CHEWABLE 1250 (500 CA) MG	P	
<i>calcium 600 oral tablet 600 mg</i>	P	
<i>calcium carbonate oral suspension 1250 (500 ca) mg/5ml</i>	P	
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg</i>	P	
<i>calcium high potency oral tablet 600 mg</i>	P	
<i>calcium lactate oral tablet 648 mg</i>	P	
<i>calcium oral tablet 600 mg</i>	P	
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	P	
<i>calcium-carb 600 oral tablet 600 mg</i>	P	
<i>cal-lac oral capsule 500 mg</i>	P	
CALTRATE 600 ORAL TABLET 1500 (600 CA) MG	P	
OYSCO 500 ORAL TABLET 500 MG	P	
OYSTERCAL ORAL TABLET 500 MG	P	
*Electrolytes Oral***		
ORALYTE ORAL SOLUTION	P	
*Magnesium***		
MAG64 ORAL TABLET EXTENDED RELEASE 535 (64 MG) MG	P	
<i>mag-delay oral tablet extended release 535 (64 mg) mg</i>	P	
<i>magnacaps oral capsule 100 mg</i>	P	
<i>magnesium oral tablet 250 mg</i>	P	
<i>magnesium oxide 400 oral packet 240 mg</i>	P	
<i>magnesium oxide oral tablet 400 (240 mg) mg, 420 (252 mg) mg</i>	P	
MAGNESIUM-OXIDE ORAL TABLET 400 (241.3 MG) MG	P	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
*Sodium***		
<i>sodium chloride oral tablet 1 gm</i>	P	
*Zinc***		
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	P	
<i>zinc gluconate oral tablet 50 mg</i>	P	
<i>zinc oral tablet 50 mg</i>	P	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	P	
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	P	
<i>zinc-220 oral capsule 220 (50 zn) mg</i>	P	
Mouth/Throat/Dental Agents		
*Lozenge - Combinations***		
DELSYM COUGH RELIEF MOUTH/THROAT LOZENGE 5-5 MG	P	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
NEPHRONEX ORAL TABLET	P	
RENAL ORAL CAPSULE 1 MG	P	
<i>rena-vite rx oral tablet 1 mg</i>	P	
<i>reno caps oral capsule 1 mg</i>	P	
*B-Complex W/ C***		
<i>vitamin b complex-c oral capsule</i>	P	
*Multiple Vitamins W/ Minerals***		
<i>centamin oral liquid</i>	P	
<i>centavite a-z complete-mineral oral tablet</i>	P	
<i>centavite oral liquid</i>	P	
CEROVITE ADVANCED FORMULA ORAL TABLET	P	
CERTAVITE/ANTIOXIDANTS ORAL LIQUID	P	
<i>gerivite complete oral tablet</i>	P	
<i>multivitamin & mineral oral liquid</i>	P	
SUPER NU-THERA ORAL TABLET	P	
<i>thera vital m oral tablet</i>	P	
<i>therabasic-m oral tablet</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>therapeutic liquid oral solution</i>	P	
<i>therapeutic-m oral tablet</i>	P	
TOTAL FORMULA 3 ORAL TABLET	P	
<i>vitamins a-d-elselenium oral tablet</i>	P	
*Multivitamins***		
<i>daily multiple vitamins oral tablet</i>	P	
<i>daily vite oral tablet</i>	P	
<i>daily vites oral tablet</i>	P	
<i>multi-day oral tablet</i>	P	
<i>multi-vitamin oral tablet</i>	P	
<i>multi-vitamins oral tablet</i>	P	
<i>once daily oral tablet</i>	P	
<i>one-daily multi vitamins oral tablet</i>	P	
THERA ORAL TABLET	P	
THERA/BETA-CAROTENE ORAL TABLET	P	
<i>therapeutic oral tablet</i>	P	
<i>thera-tabs oral tablet</i>	P	
*Ped Mv W/ Iron***		
<i>polyvitamin/iron oral solution 10 mg/ml</i>	P	
*Pediatric Multiple Vitamins W/ C***		
<i>polyvitamin oral solution 35 mg/ml</i>	P	
*Pediatric Vitamins A & D W/ C***		
<i>tri-vitamin oral solution 1500-400-35</i>	P	
*Prenatal Mv & Min W/Fe-Fa***		
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	P	
<i>prenatal low iron oral tablet 27-0.8 mg</i>	P	
*Specialty Vitamins Products***		
<i>vitamins for hair oral tablet</i>	P	
Nasal Agents - Systemic And Topical		
*Nasal Agents - Misc.***		
<i>altamist spray nasal solution 0.65 %</i>	P	
AYR NASAL SOLUTION 0.65 %	P	
<i>deep sea nasal spray nasal solution 0.65 %</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
HUMIST NASAL SOLUTION 0.65 %	P	
LITTLE NOSES SALINE NASAL SOLUTION 0.65 %	P	
NASAL MOIST NASAL SOLUTION 0.65 %	P	
<i>na-zone nasal solution 0.65 %</i>	P	
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	P	
<i>saline mist spray nasal solution 0.65 %</i>	P	
<i>saline nasal spray nasal solution 0.65 %</i>	P	
<i>sea soft nasal mist nasal solution 0.65 %</i>	P	
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/lact</i>	P	
*Systemic Decongestants***		
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	P	
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	P	
Ophthalmic Agents		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic ointment 83-15 %</i>	P	
HYPOTEARs OPHTHALMIC SOLUTION 1-1 %	P	
TEARS AGAIN OPHTHALMIC OINTMENT	P	
*Artificial Tear Ointments***		
ULTRA FRESH PM OPHTHALMIC OINTMENT	P	
*Artificial Tear Solutions***		
<i>tears again ophthalmic solution</i>	P	
*Artificial Tears And Lubricants***		
<i>artificial tears ophthalmic solution 1.4 %</i>	P	QL (15 ML per 31 days)
<i>liquitears ophthalmic solution 1.4 %</i>	P	QL (15 ML per 31 Days)
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	P	QL (15 ML per 31 Days)
*Ophthalmic Antiallergic***		
ALAWAY OPHTHALMIC SOLUTION 0.025 %	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	P	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>auraphene-b otic solution 6.5 %</i>	P	
<i>ear drops earwax aid otic solution 6.5 %</i>	P	
<i>earwax treatment drops otic solution 6.5 %</i>	P	
E-R-O EAR DROPS OTIC SOLUTION 6.5 %	P	
E-R-O EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	P	
MURINE EAR OTIC SOLUTION 6.5 %	P	
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	P	
OTIX OTIC SOLUTION 6.5 %	P	
Psychotherapeutic And Neurological Agents - Misc.		
*Smoking Deterrents***		
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	P	QL (4032 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	P	QL (70 EA per 365 days)
Ulcer Drugs		
*H-2 Antagonists***		
<i>acid reducer oral tablet 75 mg</i>	P	
<i>cimetidine oral tablet 200 mg</i>	P	
<i>famotidine oral tablet 10 mg</i>	P	
*Proton Pump Inhibitors***		
<i>omeprazole oral tablet delayed release 20 mg</i>	P	
Vaginal Products		
*Imidazole-Related Antifungals***		
GYNE-LOTRIMIN 3 VAGINAL CREAM 2 %	P	
<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	P	
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	P	
<i>miconazole nitrate vaginal cream 2 %</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>miconazole nitrate vaginal suppository 100 mg</i>	P	
MONISTAT 3 VAGINAL CREAM 4 %	P	
Vitamins		
*Vitamin A***		
<i>vitamin a oral capsule 10000 unit, 8000 unit</i>	P	
*Vitamin B-1***		
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	P	
*Vitamin B-2***		
<i>vitamin b-2 oral tablet 100 mg</i>	P	
*Vitamin B-3***		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG	P	
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	P	
<i>niacin er oral tablet extended release 250 mg</i>	P	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	P	
*Vitamin B-6***		
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	P	
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg</i>	P	
*Vitamin C***		
<i>ascorbic acid oral tablet 1000 mg, 250 mg, 500 mg</i>	P	
<i>ascorbic acid oral tablet chewable 250 mg</i>	P	
<i>c-500 oral tablet chewable 500 mg</i>	P	
<i>vitamin c oral packet 500 mg</i>	P	
<i>vitamin c oral syrup 500 mg/5ml</i>	P	
<i>vitamin c oral tablet 100 mg, 1000 mg, 250 mg, 500 mg</i>	P	
<i>vitamin c oral tablet chewable 100 mg, 250 mg</i>	P	
*Vitamin D***		
CALCIFEROL ORAL SOLUTION 8000 UNIT/ML	P	
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	P	QL (4 EA per 28 Days)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>vitamin d3 oral capsule 1000 unit, 2000 unit, 400 unit</i>	P	
<i>vitamin d3 oral tablet 1000 unit, 400 unit</i>	P	
<i>vitamin d3 oral tablet chewable 400 unit</i>	P	
*Vitamin E***		
<i>vitamin e oral capsule 400 unit</i>	P	
<i>vitamin e oral tablet chewable 400 unit</i>	P	
*Vitamin K***		
<i>vitamin k (phytonadione) oral tablet 100 mcg</i>	P	

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Index

ACE AEROSOL CLOUD ENHANCER.....	16	<i>anti-fungal</i>	10	<i>calcium antacid extra strength</i>	3
ACEPHEN.....	1	<i>anti-hist allergy</i>	6	<i>calcium carb-cholecalciferol</i>	17
<i>acetaminophen</i>	1	<i>anti-itch maximum strength</i>	10	<i>calcium carbonate</i>	18
ACID GONE.....	3	<i>apap</i>	1	<i>calcium carbonate antacid</i>	3, 4
<i>acid reducer</i>	22	<i>apap extra strength</i>	1	<i>calcium carbonate-vitamin d</i>	17
<i>acne medication 5</i>	10	<i>artificial tears</i>	21	<i>calcium high potency</i>	18
AEROCHAMBER MV.....	16	<i>ascorbic acid</i>	23	<i>calcium high potency/vitamin d</i>	17
AEROCHAMBER PLUS FLO-VU.....	16	<i>aspirin</i>	2	<i>calcium lactate</i>	18
AEROCHAMBER PLUS FLO-VU LARGE.....	16	<i>aspirin childrens</i>	2	<i>calcium oyster shell</i>	18
AEROCHAMBER PLUS FLO-VU SMALL.....	16	<i>aspirin ec</i>	2	<i>calcium-carb 600</i>	18
AEROCHAMBER PLUS FLO-VU W/MASK.....	16	<i>aspirin ec low dose</i>	2	<i>calcium-carb 600 + d</i>	17
AEROCHAMBER W/FLOWSIGNAL.....	16	<i>auraphene-b</i>	22	<i>calcium-vitamin d</i>	17
AEROCHAMBER Z-STAT PLUS.....	16	AVEENO ANTI-ITCH MAX ST.....	10	CAL-GEST ANTACID.....	4
AEROCHAMBER Z-STAT PLUS CHAMBR.....	16	AYR.....	20	<i>cal-lac</i>	18
ALAVERT		AZO URINARY PAIN RELIEF.....	12	CALTRATE 600.....	18
ALLERGY/SINUS.....	8	BANOPHEN.....	6	CALTRATE 600+D.....	17
ALAWAY.....	21	BD GLUCOSE.....	4	<i>capsaicin</i>	11
<i>aler-cap</i>	6	BENADRYL ALLERGY CHILDRENS.....	6	CARTERS LITTLE PILLS....	14
<i>aler-dryl</i>	6	BENADRYL ITCH STOPPING.....	10	CELEBRATE CALCIUM PLUS 500.....	17
<i>alertab</i>	6	<i>benzonatate</i>	7	<i>centamin</i>	19
ALLEGRA-D ALLERGY & CONGESTION.....	8	<i>benzoyl peroxide</i>	10	<i>centavite</i>	19
<i>aller-chlor</i>	6	<i>benzoyl peroxide cleanser</i>	10	<i>centavite a-z complete-mineral</i> ..	19
<i>allergy</i>	6, 7	BISAC-EVAC.....	14	CEROVITE ADVANCED FORMULA.....	19
<i>allergy relief</i>	6	<i>biscolax</i>	14	CERTAVITE/ANTIOXIDANTS.....	19
<i>allergy relief childrens</i>	6	<i>bismatrol</i>	4, 5	<i>cetirizine hcl</i>	7
<i>allergy relief/nasal decongest</i>	8	<i>bismuth</i>	4, 5	<i>cetirizine hcl childrens</i>	7
<i>altamist spray</i>	20	BRONCHO SALINE.....	9	<i>cetirizine hcl childrens alrgy</i>	7
<i>altaryl</i>	6	BROTAPP.....	8	<i>cetirizine-pseudoephedrine er</i>	8
<i>aluminum hydroxide gel</i>	3	<i>brotapp dm</i>	9	<i>cheratussin ac</i>	8
AMLACTIN.....	11	<i>c-500</i>	23	<i>cheratussin dac</i>	8
<i>ammonium lactate</i>	11	CAL-CARB FORTE.....	18	<i>childrens ibuprofen</i>	1
<i>antacid</i>	3	CALCI-CHEW.....	18	<i>childrens loratadine</i>	7
<i>antacid anti-gas</i>	3	CALCIFEROL.....	23	<i>childrens non-asa pain relief</i>	1
<i>antacid anti-gas max strength</i>	3	<i>calcium</i>	17, 18	<i>childrens non-aspirin</i>	1
<i>antacid extra strength</i>	3	<i>calcium + d3</i>	17	<i>childrens pain reliever</i>	1
<i>antacid iii</i>	3	<i>calcium 600</i>	18	<i>childrens silapap</i>	1
<i>anti-diarrheal</i>	5	<i>calcium 600-d</i>	17	<i>childrens tactinal</i>	1
		<i>calcium antacid</i>	3	<i>chlorhexidine gluconate</i>	7
				<i>chlorhist</i>	6
				<i>cimetidine</i>	22
				<i>citrate of magnesia</i>	14
				CITROMA.....	14

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

CLEAR AWAY 1-STEP	DOK.....	15	<i>hydrocortisone</i>	10
WART REMOVER.....	<i>double antibiotic</i>	10	<i>hydrocortisone max st</i>	10
<i>clotrimazole</i>	<i>dss</i>	15	<i>hydrocortisone max st/12 moist</i>	10
<i>cold/cough childrens</i>	<i>ducodyl</i>	14	<i>hydrocortisone-aloe</i>	11
<i>complete allergy medication</i>	DULCOLAX MILK OF		HYDROSKIN.....	10
<i>complete allergy relief</i>	MAGNESIA.....	14	HYPOTEARs.....	21
COMPOUND W.....	DULCOLAX STOOL		<i>ibuprofen</i>	1
COMPOUND W	SOFTENER.....	15	IN-CHECK DIAL FLOW	
MAXIMUM STRENGTH.....	<i>ear drops earwax aid</i>	22	TRAINER.....	16
<i>compoz</i>	<i>earwax treatment drops</i>	22	<i>infants silapap</i>	1
<i>correct</i>	EASIVENT.....	16	<i>ipecac</i>	5
CORRECTOL.....	ECPIRIN.....	2	<i>iron</i>	12
CORRECTOL EXTRA	<i>ed-apap</i>	1	<i>itch relief</i>	10
GENTLE.....	ENDUR-ACIN.....	23	KAOPECTATE.....	4, 5
<i>cromolyn sodium</i>	<i>enema</i>	14	KAOPECTATE EXTRA	
<i>cvs glycerin adult</i>	<i>eq hemorrhoidal</i>	2	STRENGTH.....	4, 5
<i>cyanocobalamin</i>	E-R-O EAR DROPS.....	22	KAO-TIN.....	4, 5, 15
<i>daily multiple vitamins</i>	E-R-O EAR WAX		<i>ketotifen fumarate</i>	22
<i>daily vite</i>	REMOVAL SYSTEM.....	22	<i>kidkare cough/cold</i>	9
<i>daily vites</i>	EX-LAX.....	14	<i>konsyl daily fiber</i>	13
<i>dakins</i>	EX-LAX ULTRA.....	14	KONSYL FIBER.....	13
<i>dakins (1/2 strength)</i>	<i>extra action cough</i>	8	<i>kp hydrocortisone</i>	10
<i>dakins (1/4 strength)</i>	<i>famotidine</i>	22	<i>laxa basic</i>	15
<i>deep sea nasal spray</i>	FEENAMINT.....	14	<i>laxative</i>	15
DELSYM COUGH RELIEF.....	<i>ferro-bob</i>	12	<i>liquid calcium/vitamin d</i>	17
DELSYM NIGHT TIME	<i>ferrous sulfate</i>	12	<i>liquitears</i>	21
MULTI-SYMPT.....	<i>ferrousul</i>	12	LITTLE NOSES SALINE.....	21
<i>dextromethorphan polistirex er</i>	<i>fexofenadine hcl</i>	7	LOPERAMIDE A-D.....	5
<i>diabetic siltussin das-na</i>	<i>fexofenadine-pseudoephed er</i>	8	<i>loperamide hcl</i>	5
<i>diabetic siltussin-dm</i>	<i>fiber</i>	13	<i>loratadine</i>	7
DIABETIC TUSSIN	<i>fiber laxative</i>	13	<i>loratadine hives relief</i>	7
ALLERGY.....	FIBERGEN.....	13	MAALOX.....	4
DIABETIC TUSSIN MAX	<i>fiber-lax</i>	13	MAALOX ADVANCED	
ST.....	FLEET LAXATIVE.....	14	MAX ST.....	3
DIMETAPP LONG ACT	<i>folic acid</i>	12	MAALOX MAX.....	3
COUGH/COLD.....	FREEZONE.....	11	MAALOX MULTI	
<i>diocto</i>	<i>genahist</i>	6	SYMPTOM MAX ST.....	3
<i>diotame</i>	<i>gentle laxative</i>	15	MAG64.....	18
<i>diphenhist</i>	<i>gerivite complete</i>	19	<i>mag-delay</i>	18
<i>diphenhydramine hcl</i>	<i>glucose</i>	4	<i>magnacaps</i>	18
<i>diphenhydramine hcl (sleep)</i>	<i>gnp foaming antacid</i>	3	<i>magnesium</i>	18
<i>docqlace</i>	GYNE-LOTRIMIN 3.....	22	<i>magnesium citrate</i>	14
DOC-Q-LAX.....	<i>headache pm</i>	12	<i>magnesium oxide</i>	4, 18
<i>docu soft</i>	<i>hemorrhoidal</i>	2	<i>magnesium oxide 400</i>	18
<i>docusate calcium</i>	HUMIST.....	21	MAGNESIUM-OXIDE.....	18
<i>docusate sodium</i>	<i>hydrocod polst-cpm polst er</i>	9	MAG-TAB SR.....	18
DOCUSIL.....	<i>hydrocodone-homatropine</i>	7	<i>mapap</i>	1, 2

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

<i>mapap arthritis pain</i>	1	<i>non-aspirin extra strength</i>	2	<i>polyvitamin</i>	20
MAPAP CHILDRENS.....	1	<i>non-aspirin pain relief</i>	2	<i>polyvitamin/iron</i>	20
<i>mapap pm</i>	12	<i>nortemp infants</i>	2	<i>povidone-iodine</i>	7
<i>maxapap maximum strength</i>	2	NYTOL.....	13	<i>prenatal low iron</i>	20
<i>maxapap regular strength</i>	2	OCEAN FOR KIDS.....	21	PREPARATION H.....	11
<i>meclizine hcl</i>	5	<i>omeprazole</i>	22	<i>promethazine vclcodeine</i>	9
<i>melatonin maximum strength</i>	1	<i>once daily</i>	20	<i>promethazine-codeine</i>	9
<i>m-end dm</i>	9	<i>one-daily multi vitamins</i>	20	<i>promethazine-dm</i>	9
METAMUCIL.....	13	OPERAND POVIDONE-		<i>pseudoephedrine hcl</i>	21
METAMUCIL SMOOTH		IODINE.....	7	<i>q-dryl</i>	6
TEXTURE.....	13	OPTICHAMBER		<i>q-pap</i>	2
MI-ACID.....	3	ADVANTAGE.....	16	Q-TAPP.....	8
<i>mi-acid gas relief</i>	11	OPTIHALER.....	16	<i>ra saline laxative</i>	14
<i>miconazole 3 applicator</i>	22	ORALYTE.....	18	<i>reeses pinworm medicine</i>	4
<i>miconazole 3 combo pack</i>	22	ORAZINC.....	19	<i>refenesen</i>	9
<i>miconazole nitrate</i>	22, 23	OTIX.....	22	<i>refenesen 400</i>	9
MICROCHAMBER.....	16	OYSCO 500.....	18	REGULOID.....	13
MICROSPACER.....	16	OYSCO 500+D.....	17	RENAL.....	19
<i>milantex extra strength</i>	3	<i>oyst-cal d</i>	17	<i>rena-vite rx</i>	19
<i>milk of magnesia</i>	14	<i>oyster calcium + d</i>	17	<i>reno caps</i>	19
MINTOX PLUS.....	3	<i>oyster shell calcium + d</i>	17	<i>robafen</i>	9
MONISTAT 3.....	23	<i>oyster shell calcium 500 + d</i>	17	<i>robafen cf cough/cold</i>	8
MUCINEX FAST-MAX DM		<i>oyster shell calcium/d</i>	17	ROBITUSSIN CHILD	
MAX.....	8	<i>oyster shell calcium/vitamin d</i> ..	17	COUGH/COLD LA.....	9
<i>mucus relief</i>	8	<i>oyster shell/vitamin d</i>	17	ROBITUSSIN CHILDRENS	
<i>mucus relief dm cough</i>	8	OYSTERCAL.....	18	COUGH LA.....	7
<i>multi-day</i>	20	<i>pain & fever childrens</i>	2	<i>rynex dm</i>	9
<i>multi-vitamin</i>	20	<i>pain relief</i>	2	SALACTIC FILM.....	11
<i>multivitamin & mineral</i>	19	<i>pain relief extra strength</i>	2	<i>saline mist spray</i>	21
<i>multi-vitamins</i>	20	<i>pain relief pm extra strength</i>	12	<i>saline nasal spray</i>	21
MURINE EAR.....	22	<i>pain reliever pm</i>	12	SCOT-TUSSIN ALLERGY	
MURINE EAR WAX		PANOXYL WASH.....	10	RELIEF.....	6
REMOVAL SYSTEM.....	22	PERI-COLACE.....	13	<i>sea soft nasal mist</i>	21
<i>mytab gas</i>	11	<i>permethrin</i>	11	<i>senexon</i>	15
<i>naproxen sodium</i>	1	PFLEX.....	16	<i>senna</i>	15
NASAL MOIST.....	21	<i>pharbedryl</i>	6	<i>senna lax</i>	15
<i>natural fiber therapy</i>	13	PHARBETOL.....	2	<i>senna laxative</i>	15
<i>natural senna laxative</i>	15	PHARBETOL EXTRA		<i>senna plus</i>	13
<i>natural vegetable fiber</i>	13	STRENGTH.....	2	<i>senna s</i>	14
<i>na-zone</i>	21	<i>phenazopyridine hcl</i>	12	SENNA SMOOTH.....	15
NEPHRONEX.....	19	<i>phenylhistine dh</i>	9	SENNACON.....	15
<i>niacin</i>	23	<i>pink bismuth</i>	4, 5	<i>senna-docusate sodium</i>	14
<i>niacin er</i>	23	<i>pnv prenatal plus multivit+dha</i> ..	20	<i>senna-lax</i>	15
<i>nicotine</i>	22	POCKET CHAMBER.....	16	SENNALAX-S.....	14
<i>nicotine polacrilex</i>	22	POCKET SPACER.....	16	<i>senna-s</i>	14
<i>nohist-dm</i>	9	POLY-IRON 150.....	12	<i>senna-tabs</i>	15
<i>non-aspirin</i>	2	<i>polyvinyl alcohol</i>	21	<i>senna-time</i>	15

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

<i>senna-time s</i>	14	TOTAL FORMULA 3.....	20
SENNO.....	15	<i>travel sickness</i>	5
<i>sennosides-docusate sodium</i>	14	<i>tri-buffered aspirin</i>	2
<i>silace</i>	16	<i>triple antibiotic</i>	10
<i>siladryl allergy</i>	7	<i>triprolidine-pse</i>	8
<i>silphen cough</i>	7	<i>tri-vitamin</i>	20
<i>simethicone</i>	11	TUSSICAPS.....	9
SIMPLY SLEEP.....	13	<i>tussin pe</i>	8
<i>sleep tabs</i>	13	ULTRA FRESH PM.....	21
<i>sleep-tabs</i>	13	<i>urinary pain relief max st</i>	12
<i>slow release iron</i>	12	VANACOF.....	9
<i>sm hydrocortisone plus</i>	11	<i>vitamin a</i>	23
<i>sm ipecac syrup</i>	5	<i>vitamin b complex-c</i>	19
<i>sodium bicarbonate</i>	3	<i>vitamin b-1</i>	23
<i>sodium chloride</i>	9, 19	<i>vitamin b-12</i>	12
SOF-LAX.....	16	<i>vitamin b-12 er</i>	12
SOMINEX.....	13	<i>vitamin b-2</i>	23
<i>sorbitol</i>	13	<i>vitamin b-6</i>	23
<i>stimulant laxative</i>	15	<i>vitamin b-6 er</i>	23
<i>stomach relief</i>	4, 5	<i>vitamin c</i>	23
<i>stomach relief plus</i>	5	<i>vitamin d (ergocalciferol)</i>	23
<i>stool softener</i>	16	<i>vitamin d3</i>	24
SUDAFED 12 HOUR.....	21	<i>vitamin e</i>	24
SUPER NU-THERA.....	19	<i>vitamin k (phytonadione)</i>	24
SURFAK.....	16	<i>vitamins a-d-e/selenium</i>	20
<i>tactinal</i>	2	<i>vitamins for hair</i>	20
<i>tactinal extra strength</i>	2	WATCHHALER.....	16
TEARS AGAIN.....	21	WINDMILL TRAINER.....	16
<i>tears again</i>	21	<i>womens laxative</i>	15
TERA-GEL TAR.....	11	<i>zinc</i>	19
<i>terbinafine hcl</i>	10	<i>zinc gluconate</i>	19
<i>tetra-formula nighttime sleep</i>	13	<i>zinc sulfate</i>	19
<i>tgt anti-itch/laloel/vit e</i>	11	<i>zinc-220</i>	19
THERA.....	20		
<i>thera vital m</i>	19		
THERA/BETA-CAROTENE.....	20		
<i>therabasic-m</i>	19		
<i>therapeutic</i>	20		
<i>therapeutic liquid</i>	20		
<i>therapeutic-m</i>	20		
<i>thera-tabs</i>	20		
THRESHOLD IMT.....	16		
THRESHOLD PEP.....	16		
TITRALAC.....	4		
<i>total allergy</i>	7		
TOTAL ALLERGY MEDICINE.....	7		

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs