

ANTI-INFECTIVE DRUGS

ANTIBACTERIAL DRUGS

- \$ Trimethoprim/Sulfamethoxazole (BACTRIM, SEPTRA)
- \$ Amoxicillin (AMOXIL)
- \$ Ampicillin (PRINCIPEN)
- \$ Cephalexin (KEFLEX)
- \$ Dicloxacillin (DYNAPEN)
- \$ Doxycycline (VIBRAMYCIN)
- \$ Erythromycin base (ERYC)
- \$ Erythromycin ethylsuccinate (EES, ERYPED)
- \$ Erythromycin stearate (ERYTHROCIN)
- \$ Penicillin vk (PEN-VK)
- \$ Sulfisoxazole (GANTRISIN)
- \$ Tetracycline (SUMYCIN)
- \$ Trimethoprim (TRIMPEX)
- \$ Trimethoprim/sulfamethoxazole DS (BACTRIM DS, SEPTRA DS)
- \$\$\$ Cefaclor (CECLOR)
- \$\$\$ Cefadroxil (DURICEF)
- \$\$\$ Clindamycin (CLEOCIN)
- \$\$\$ Erythromycin base (enteric) (ERY-TAB)
- \$\$\$ Erythromycin delayed release
- \$\$\$ Metronidazole (FLAGYL)
- \$\$\$ Erythromycin/sulfisoxazole (PEDIAZOLE)
- \$\$\$ Minocycline (MINOCIN)
- \$\$\$ Cefprozil (CEFZIL)
- \$\$\$ Nitrofurantoin (macrocrystals) (MACRODANTIN)
- \$\$\$ Amoxicillin/pot. clavulanate (AUGMENTIN)
- \$\$\$ Azithromycin (ZITHROMAX)
- \$\$\$ Ciprofloxacin (CIPRO) (PA)
- \$\$\$ Clarithromycin (BIAXIN) (PA)
- \$\$\$ Furazolidone (FUROXONE)
- \$\$\$ Levofloxacin (LEVAQUIN) (PA)

ANTI-INFECTIVE DRUGS FOR TUBERCULOSIS/MALARIA

All oral medications in this category are covered

ANTI-INFECTIVE DRUGS FOR SPECIALIZED INDICATIONS

- \$ Dapsone (DAPSONE)
- \$\$\$ Mebendazole (VERMOX)

ORAL ANTIFUNGAL DRUGS

- \$ Nystatin (MYCOSTATIN)
- \$\$\$ Griseofulvin microsize (FULVICIN U/F)
- \$\$\$ Griseofulvin ultramicrosize (FULVICIN P/G)
- \$\$\$ Ketoconazole (NIZORAL)
- \$\$\$ Clotrimazole (MYCELEX TROCHE)
- \$\$\$ Fluconazole (DIFLUCAN) (PA)
- \$\$\$ Itraconazole (SPORANOX) (PA)
- \$\$\$ Terbinafine (LAMISIL) (PA)

ORAL ANTIVIRAL DRUGS

All oral medications in this category are covered, except Relenza and Tamiflu.

ANTINEOPLASTIC AND IMMUNOSUPPRESSANT DRUGS

All oral medications in this category are covered

AUTONOMIC AND CENTRAL NERVOUS SYSTEM DRUGS

ANALGESICS AND DRUGS FOR HEADACHE

ANALGESICS

- \$ Acetaminophen/Codeine (TYLENOL W/COD)
- \$ Hydrocodone/apap (VICODIN)
- \$ Oxycodone/apap (PERCOCT)
- \$ Oxycodone/aspirin (PERCODAN)
- \$ Propoxyphene napsylate (DARVON)
- \$ Propoxyphene-N/apap (DARVOCT-N)
- \$\$\$ Methadone (DOLOPHINE)
- \$\$\$ Codeine
- \$\$\$ Hydromorphone (DILAUDID)
- \$\$\$ Tramadol (ULTRAM)
- \$\$\$\$ Morphine SR (ORAMORPH SR)
- \$\$\$\$ Morphine sulfate (MSIR)

ANTI-MIGRAINE

- \$ Butalbital/caffeine/apap (FIORICET)
- \$ Butalbital/caffeine/aspirin (FIORINAL)
- \$\$\$ Apap/dichlor/isometheptene (MIDRIN)
- \$\$\$ Indomethacin suppositories (INDOCIN SUPP)
- \$\$\$ Ergotamine/caffeine (CAFERGOT)
- \$\$\$\$ Rizatriptan (limit 12 tabs/mo) (MAXALT)
- \$\$\$\$ Sumatriptan (9tabs/mo, 6units/mo, 6inj/mo) (IMITREX)

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

- \$ Ibuprofen (MOTRIN)
- \$ Indomethacin (INDOCIN)
- \$\$\$ Diclofenac sodium (VOLTAREN)
- \$\$\$ Naproxen (NAPROSYN)
- \$\$\$ Piroxicam (FELDENE)
- \$\$\$ Salicylsalicylic acid (DISALCID)
- \$\$\$ Nabumetone (RELAFEN)
- \$\$\$ Oxaprozin (DAYPRO)
- \$\$\$\$ Celecoxib (CELEBREX)
- \$\$\$\$ Rofecoxib (VIOXX)

ANTIANKXIETY DRUGS AND SEDATIVE HYPNOTICS

- \$ Chloral hydrate (NOCTEC)
- \$ Chlordiazepoxide (LIBRIUM)
- \$ Diazepam (VALIUM)
- \$ Hydroxyzine pamoate (VISTARIL)
- \$ Lorazepam (ATIVAN)
- \$ Oxazepam (SERAX)
- \$ Temazepam (RESTORIL)
- \$\$\$ Alprazolam (XANAX)
- \$\$\$ Buspirone (BUSPAR)

ANTICONVULSANT DRUGS

All oral medications in this category are covered. Dilantin* and Tegretol* - dispense brand specified
Diazepam rectal gel (Diastat) is covered

ANTIDEPRESSANTS

All oral medications in this category are covered

ANTIEMETIC AND ANTIVERTIGO DRUGS

tablets and suppositories are covered

- \$ Meclizine (ANTIVERT)
- \$ Promethazine (PHENERGAN)
- \$\$\$ Prochlorperazine (COMPazine)
- \$\$\$ Trimethobenzamide (TIGAN)

ANTIPARKINSON DRUGS

All oral medications in this category are covered

ANTIPSYCHOTICS

All oral medications in this category are covered on a temporary basis only when required for emergent management of behavioral health issues. Members prescribed these medications MUST be referred to the RBHA (behavioral health) system. Clozapine (Clozaril) is not covered.

CNS STIMULANTS AND OTHER AUTONOMIC DRUGS

- \$ Methylphenidate ER (RITALIN)
- \$ Methylphenidate (RITALIN)
- \$ Methylphenidate SR (RITALIN SR)
- \$\$\$ Methylphenidate (METADATE CD)
- \$\$\$ Amphetamine mixtures (ADDERALL, ADDERALL XR)
- \$\$\$ Dextroamphetamine (DEXEDRINE)
- \$\$\$ Pemoline (CYLERT)

BLOOD MODIFIERS AND ELECTROLYTE DRUGS

DRUGS AFFECTING COAGULATION

- \$\$\$ COUMADIN *
- \$\$\$ Phytonadione (MEPHYTON)
- \$\$\$\$ Clopidigrel (PLAVIX) (PA)

MISCELLANEOUS BLOOD MODIFIERS

- \$\$\$\$ Epoetin alfa (EPOGEN) (PA)
- \$\$\$\$ Filgrastim, g-CSF (NEUPOGEN) (PA)

SUPPLEMENTS

- \$ Phosphorus,potassium,sodium (K-PHOS)
- \$ Potassium tabs (SLOW-K, K-DUR)
- \$ Potassium liquid (KAOCHLOR SF)
- \$ Potassium powder (K-LYTE)
- \$\$\$ Potassium citrate (POLYCYTRA)

CARDIOVASCULAR DRUGS

ACE INHIBITORS

- \$ Captopril (CAPOTEN)
- \$ Fosinopril (MONOPRIL)
- \$\$\$ Benazepril (LOTENSIN)
- \$\$\$ Lisinopril (ZESTRIL)
- \$\$\$ Moexipril (UNIVASC)
- \$\$\$ Quinapril (ACCUPRIL)
- \$\$\$ Trandolapril (MAVIK)
- \$\$\$ Enalapril (VASOTEC)

ANGIOTENSIN II ANTAGONISTS

All oral medications in this category are covered

ANTIARRHYTHMICS

- \$ Disopyramide (NORPACE)
- \$ Procainamide (PRONESTYL)
- \$ Quinidine sulfate (QUINORA)
- \$\$\$ Quinidine gluconate (QUINAGLUTE)
- \$\$\$ Disopyramide CR (NORPACE CR)
- \$\$\$ Procainamide SR (PRONESTYL SR)
- \$\$\$\$ Mexiletine (MEXITIL)
- \$\$\$\$\$ Amiodarone (CORDARONE)
- \$\$\$\$\$ Propafenone (RYTHMOL)

ANTIHYPERLIPIDEMIC DRUGS

- \$\$\$ Gemfibrozil (LOPID)
- \$\$\$ Fluvastatin (LESCOL, LESCOL XL)
- \$\$\$ Ezetimibe (ZETIA) (PA)
- \$\$\$ Lovastatin (MEVACOR)
- \$\$\$ Cholestyramine (QUESTRAN) (cans)
- \$\$\$ Pravastatin (PRAVACHOL)
- \$\$\$ Atorvastatin (LIPITOR)
- \$\$\$ Fenofibrate (TRICOR)
- \$\$\$ Simvastatin (ZOCOR)
- \$\$\$ Rosuvastatin (CRESTOR)

ANTIHYPERTENSIVE/VASODILATOR DRUGS

- \$ Clonidine tablets (CATAPRES tabs)
- \$ Hydralazine (APRESOLINE)
- \$ Methyldopa (ALDOMET)
- \$ Prazosin (MINIPRESS)
- \$ Reserpine
- \$\$\$ Guanfacine (TENEX)
- \$\$\$ Minoxidil (LONITEN)
- \$\$\$ Terazosin (HYTRIN)

BETA-ADRENERGIC ANTAGONIST DRUGS

- \$ Atenolol (TENORMIN)
- \$ Propranolol (INDERAL)
- \$\$\$ Metoprolol (LOPRESSOR)
- \$\$\$ Pindolol (VISKEN)
- \$\$\$ Nadolol (CORGARD)

CALCIUM CHANNEL BLOCKERS

- \$ Verapamil (CALAN)
- \$\$\$ Nifedipine (PROCARDIA)
- \$\$\$ Verapamil extended release (CALAN SR)
- \$\$\$ Diltiazem (CARDIZEM)
- \$\$\$ Nifedipine extended release (ADALAT CC)
- \$\$\$\$\$ Amlodipine (NORVASC)
- \$\$\$\$\$ Diltiazem extended release (TIAZAC)

CARDIAC GLYCOSIDES

- \$ LANOXIN *

DIURETICS

- \$ Chlorthalidone (HYGROTON)
- \$ Furosemide (LASIX)
- \$ Hydrochlorothiazide (HYDRODIURIL)
- \$ Triamterene/hctz (DYZIDE)
- \$\$\$ Metolazone (ZAROXOLYN)
- \$\$\$ Spironolactone (ALDACTONE)

NITRATES

- \$ Isosorbide dinitrate (ISORDIL)
- \$ Nitroglycerin ointment (NITROL)
- \$ Nitroglycerin sublingual (NITROSTAT)

DERMATOLOGICAL DRUGS

ANTIACNE DRUGS

- \$ Erythromycin solution (A/T/S, ERYPADS)
- \$ Erythromycin topical (A/T/S, ERYPADS)
- \$\$\$ Clindamycin (CLEOCIN-T)
- \$\$\$ Clindamycin topical (CLEOCIN-T)

ANTIPRURITIC DRUGS

- \$ Cyproheptadine (PERIACTIN)
- \$ Hydroxyzine HCL (ATARAX)
- \$ Hydroxyzine pamoate (VISTARIL)

ANTIPSORIASIS AND ANTIECZEMA DRUGS

- \$ Selenium sulfide (SELSUN)

TOPICAL ANTIBACTERIAL DRUGS

- \$\$\$ Silver sulfadiazine (SILVADENE)
- \$\$\$ Mupirocin (BACTROBAN)

TOPICAL ANTIFUNGAL DRUGS

- \$ Nystatin (MYCOSTATIN)
- \$ Nystatin/triamcinolone (MYCOLOG II)
- \$\$\$ Betamethasone/clotrimazole (LOTRISONE)
- \$\$\$ Oxiconazole (OXISTAT)
- \$\$\$\$ Ketoconazole (NIZORAL)

TOPICAL ANTIVIRAL DRUGS

- \$\$\$\$ Acyclovir (ZOVIRAX)

TOPICAL CORTICOSTEROID DRUGS

- \$ Clobetasol propionate (TEMOVATE)
- \$ Betamethasone valerate (VALISONE)
- \$ Desoximetasone (TOPICORT)
- \$ Fluocinolone acetonide (SYNALAR)
- \$ Triamcinolone acetonide (KENALOG)
- \$\$\$ Betamethasone dipropionate (DIPROSONE)
- \$\$\$ Fluocinonide (LIDEX)

OTHER DERMATOLOGICAL PREPARATIONS

- \$ Lindane (KWELL)
- \$\$\$ Crotonitron (EURAX)
- \$\$\$ Hydrocortisone (ANUSOL-HC)
- \$\$\$ Permethyl cream (ELIMITE)

ENDOCRINE DRUGS

ADRENAL CORTICOSTEROID DRUGS

- \$ Hydrocortisone (CORTEF)
- \$ Prednisone (DELTASONE, LIQUID PRED)
- \$\$ Dexamethasone (DECADRON)
- \$\$ Methylprednisolone (MEDROL)
- \$\$\$ Fludrocortisone acetate (FLORINEF)
- \$\$\$ Prednisolone (PEDIAPRED, PRELONE)

ANTAGONISTS/ANTIDOTES

- \$\$ Naltrexone (REVIA)

ANTI-DIABETIC DRUGS

All oral medications in this category are covered
All Insulin is covered
Glucagon (Glucagon Kit) is covered

DIABETIC SUPPLIES

All products in the following categories are covered:
Blood Glucose Test Solution
Blood Glucose Test Strips
Insulin Syringes
Lancets
Urine Ketone Test Strips

OTHER ENDOCRINE DRUGS

- \$\$ Calcitonin salmon nasal spray (MICALCIN)
- \$\$ Tamoxifen (NOLVADEX)
- \$\$\$ Alendronate (FOSAMAX)
- \$\$\$ Raloxifene (EVISTA)

MISCELLANEOUS DRUGS

- \$\$ Epinephrine (ANA-KIT, EPI-PEN, EPI-PEN JR.)

THYROID AND ANTITHYROID DRUGS

- \$ SYNTHROID *
- \$ Levothyroxine (LEVOTHROID, LEVOXYL)
- \$ Propylthiouracil (PTU)
- \$\$ Methimazole (TAPAZOLE)
- \$\$ Thyroid (THYROID USP, ARMOUR THYROID)

EYE, EAR, NOSE AND THROAT DRUGS

OPHTHALMIC ANTI-INFECTIVE DRUGS

- \$ Bacitracin
- \$\$ Chloramphenicol (CHLOROPTIC)
- \$\$ Erythromycin (ILOTYCIN)
- \$\$ Gentamicin (GARAMYCIN)
- \$\$ Polymyxin B/bacitracin (POLYSPORIN)
- \$\$ Polymyxin/neomycin/gram (NEOSPORIN)
- \$\$ Sodium sulfacetamide (BLEPH-10)
- \$\$\$\$ Ciprofloxacin (CILOXAN)
- \$\$\$\$ Ofloxacin (OCUFLOX)
- \$\$\$\$ Tobramycin (TOBREX)
- \$\$\$\$\$ Trifluridine (VIROPTIC)

OPHTHALMIC COMBINATION DRUGS

- \$ Neomycin/bacitracin/ polymyxin/ hyrocortisone (CORTISPORIN)
- \$\$ Dexamethasone/neomycin/polymyxin (MAXITROL)
- \$\$\$ Prednisolone acet/gentamicin (PRED-G)
- \$\$\$\$ Dexamethasone/tobramycin (TOBRADEX)
- \$\$\$ Prednisolone/sulfacetamide (VASOCIDIN)

OPHTHALMIC GLAUCOMA DRUGS

All medications in this category are covered

OPHTHALMIC CORTICOSTEROID DRUGS

- \$\$\$ Dexamethasone (DECADRON)
- \$\$\$ Prednisolone acetate (PRED FORTE PRED MILD)
- \$\$\$ Prednisolone phosphate (INFLAMASE MILD)

OTHER OPHTHALMIC DRUGS

- \$\$\$ Atropine (ISOPTO ATROPINE)
- \$\$\$ Homatropine (ISO.HOMATROPINE)
- \$\$\$ Cromolyn sodium (CROLOM)
- \$\$\$\$\$ Diclofenac sodium (VOLTAREN)

OTIC DRUGS

- \$ Acetic acid (VOSOL)
- \$ Benzocaine/antipyrine/glycerin (AURALGAN)
- \$ Hydrocortisone/acetic acid (VOSOL-HC)
- \$ Hydrocortisone/neomycin/polymyxin B (CORTISPORIN)

NASAL DRUGS

- \$\$\$ Beclomethasone (BECONASE BECONASE AQ)
- \$\$\$ Budesonide (RHINOCORT)
- \$\$\$ Flunisolide (NASAREL)

DRUGS FOR THE THROAT AND MOUTH

- \$\$ Chlorhexidine gluconate (PERIDEX)
- \$\$ Lidocaine viscous (XYLOCAINE VISC)

GASTROINTESTINAL DRUGS

ANTI-DIARRHEAL DRUGS

- \$ Diphenoxylate/atropine (LOMOTIL)

ANTISPASMODICS AND GI MOTILITY DRUGS

- \$ Dicyclomine (BENTYL)
- \$ Metoclopramide (REGLAN)
- \$\$ Hyoscyamine (LEVSIN, LEVSIN SR)

H2 BLOCKER DRUGS

- \$\$ Cimetidine (TAGAMET)
- \$\$\$ Ranitidine (ZANTAC)

PROTON PUMP INHIBITOR DRUGS

- \$ Omeprazole (PRILOSEC) (OTC)
- \$\$ Pantoprazole (PROTONIX) (PA)
- \$\$ Omeprazole (PRILOSEC) (Rx) (PA) Only available for members with G-tube or J-tube
- \$\$\$ Rabeprazole (ACIPHEX) (PA)
- \$\$\$ Lansoprazole (PREVACID) (PA)
- \$\$\$ Esomeprazole (NEXIUM) (PA)

OTHER GASTROINTESTINAL DRUGS

- \$ Hydrocortisone (CORTENEMA PROCTOCORT)
- \$ Hydrocortisone/pramoxine (PROCTOCREAM-HC PROCTOFOAM-HC)
- \$ Sulfasalazine (AZULFIDINE)
- \$\$\$\$ Hydrocortisone acetate (CORTIFOAM)
- \$\$\$\$ Mesalamine (ASACOL, ROWASA)
- \$\$\$\$ Pancrelipase (PANCREAZE, CREON, COTAZYM-S)
- \$\$\$\$ PEG/electolyte solution (COLYTE, GOLYTELY)
- \$\$\$\$ Sucralfate (CARAFATE)
- \$\$\$\$ Glycopyrrolate (ROBINUL)
- \$\$\$\$\$ Ursodiol (ACTIGALL) (PA)

MUSCULOSKELETAL DRUGS

DRUGS TO PREVENT AND TREAT GOUT

- \$ Allopurinol (ZYLOPRIM)
- \$ Colchicine
- \$ Colchicine/probenecid (COLBENEMID)
- \$ Probenecid (BENEMID)

SKELATAL MUSCLE RELAXANTS

- \$ Carisoprodol (SOMA)
- \$ Cyclobenzaprine (FLEXERIL)
- \$ Methocarbamol (ROBAXIN)
- \$\$\$ Metaxalone (SKELAXIN)
- \$\$\$\$\$ Dantrolene (DANTRIUM)

OBSTETRICAL AND GYNECOLOGICAL DRUGS

ANDROGEN DRUGS

- \$\$\$\$\$ Finasteride (PROSCAR)
- \$\$\$\$\$ Danazol (DANOCRINE)

ANTIESTROGEN DRUGS

- \$\$ Tamoxifen (NOLVADEX)

ESTROGEN DRUGS

- \$ Estradiol (ESTRACE)
- \$\$ Conjugated estrogens (PREMARIN)

ESTROGEN/PROGESTIN DRUGS

- \$\$\$ Estrogen/progesterone (PREMPRO, PREMPHASE)

ORAL CONTRACEPTIVES MONOPHASIC

- \$ Ethinyl estradiol/levonorgestrel (ALESSE NORDETTE)
- \$ Ethinyl estradiol/norethindrone (MODICON NORINYL 1/35)
- \$ Mestranol/norethindrone (NORINYL 1/50)
- \$ Ethinyl estradiol/desogestrel (DESOGEN)
- \$\$ Ethinyl estradiol/norgestrel (LO/OVRAL)

TRIPHASIC

- \$\$ Ethinyl estradiol/ levonorgestrel (TRILEVEN, TRIPHASIL)
- \$\$ Ethinyl estradiol/norethindrone (TRI-NORINYL, ORTHO-NOVUM 777)
- \$\$ Ethinyl estradiol/norgestimate (ORTHO TRI-CYCLEN)

PROGESTIN DRUGS

- \$ Medroxyprogesterone (PROVERA)
- \$\$\$\$ Megestrol (MEGACE)

SELECTIVE ESTROGEN RECEPTOR MODULATOR DRUGS

- \$\$\$ Raloxifene (EVISTA)

TOPICAL ANTI-INFECTIVES AND SPECIALIZED DRUGS

- \$ Nystatin vaginal (MYCOSTATIN)
- \$ Triple sulfa (SULTRIN)
- \$\$ Dienestrol (ORTHO-DIENESTROL)

OTHER DRUGS

- \$\$\$\$\$ Desmopressin (DDAVP)

RESPIRATORY DRUGS

ANTIHISTAMINE DRUGS

- \$ Loratidine (CLARITIN, ALAVERT & OTHERS) (OTC)
- \$ Cyproheptadine (PERIACTIN)
- \$ Hydroxyzine HCL (ATARAX)
- \$ Hydroxyzine pamoate (VISTARIL)
- \$\$\$\$\$ Cetirizine (ZYRTEC) (PA)

ANTIHISTAMINE-DECONGESTANT COMBINATIONS

- \$ Loratidine/pseudoephedrine (CLARITIN D & OTHERS) (OTC)
- \$ Promethazine/phenylephrine (PHENERGAN VC)
- \$ Pseudo/brompheniramine (BROMFED, BROMFED-PD)
- \$ Pseudo/chlorpheniramine (DECONAMINE SR)
- \$\$ Pseudo/carbinoxamine (CARDEC-S, RONDEC DROPS)

ANTITUSSIVE AND EXPECTORANT DRUGS

- \$ Guaifenesin (FENESIN)
- \$ Guaifenesin/codeine (GUIATUSS AC)
- \$ Guaifenesin/DM (FENESIN DM)
- \$ Prometh/ph-ephedrine/codeine (PHENERGAN VC W/ CODEINE)
- \$ Promethazine expectorant (PHENERGAN)
- \$ Promethazine/codeine (PHENERGAN W/ COD)
- \$ Promethazine/DM (PHENERGAN DM)
- \$ Pse/carbinoxamine/DM (CARDEC DM)
- \$ Pse/guaifenesin (DURATUSS, SYN-RX)
- \$\$ Ph-ephedrine/chlorphen/hydrocod (HISTINEX HC)

BRONCHODILATORS AND INHALED STEROIDS

- \$ Theophylline (THEO-DUR, ELIXOPHYLLIN, THEODUR SPRINKLE)
- \$\$ Formoterol (FORADIL)
- \$\$ Albuterol (all forms) (VENTOLIN, PROVENTIL)
- \$\$ Metaproterenol (ALUPENT)
- \$\$ Pirbuterol (MAXAIR)
- \$\$ Terbutaline (BRETHINE)
- \$\$\$\$ Salmeterol/fluticasone (ADVAIR DISKUS)
- \$\$\$\$ Ipratropium bromide (ATROVENT)
- \$\$\$\$ Budesonide (PULMICORT)
- \$\$\$\$ Cromolyn sodium (INTAL)
- \$\$\$\$ Triamcinolone (AZMACORT)

MUCOLYTICS

- \$\$\$ Acetylcysteine (MUCOMYST)
- \$\$\$\$\$ Dornase alfa (PULMOZYME)

OTHER

- \$\$ Tobramycin injection
- **for use in nebulizer only**
- \$\$\$\$\$ Montelukast sodium (SINGULAIR) (PA)

UROLOGICAL DRUGS

ANTICHOLINERGIC AND ANTISPASMODIC DRUGS

- \$ Hyoscyamine (LEVSIN)
- \$\$ Oxybutynin (DITROPAN)
- \$\$\$\$\$ Glycopyrrolate (ROBINUL)
- \$\$\$\$\$ Tolterodine (DETROL, DETROL LA)

CHOLINERGIC DRUGS

- \$ Bethanechol chloride (URECHOLINE)

OTHER UROLOGICAL DRUGS

- \$ Phenazopyridine (PYRIDIUM)

VITAMINS & TRACE ELEMENTS

- \$ Folic acid
- \$\$ Multivitamins w/fluoride (POLY-VI-FLOR)
- \$\$ Sodium fluoride (LURIDE)
- \$\$ Vitamin B, vitamin C, folic acid, d-biotin (NEPHRO-VITE RX)
- \$\$\$ Calcitriol (ROCALTROL)

FAMILY PLANNING

All products in the following categories are covered:
Latex (CONDOMS)
Latex with spermicide (CONDOMS)
Arcing spring (DIAPHRAGMS)
Coil spring (DIAPHRAGMS)
Flat spring (DIAPHRAGMS)

OTC FORMULARY

Antacids
Antiflatulant Products
Antihistamine/Decongestant combinations
Antihistamines
Anti-Tussive Preparations
Cough and Cold Preparations
Decongestants
Electrolyte Solutions
Expectorants
H2 Blockers
Non-Steroidal Anti-Inflammatory Products
Ophthalmic Preparations
Saline for SVN Machines
Topical Antifungals
Topical Steroids
Vaginal Antifungals

OTC is covered when prescribed for an acute condition and when it can be substituted for a more expensive Rx drug. Provider must write Rx for OTC medication to be covered.

NOT COVERED

Obesity Management Agents
Smoking deterrents
Fertility medications
Cosmetic medications
Experimental/Research medications
Vitamins (except when used to treat a specific disease process)

KEY

\$ Relative Cost
PA Prior Authorization Required
Quantity Limit
* Dispense Brand Specified
OTC Over the Counter

Medications in green are generic and preferred first line.
Brand names in parentheses are for reference only.