



DRAFT
Kentucky Spirit Health Plan
Preferred Drug List

2011

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, on the **Edit** menu, click **Find**.
2. In the **Find** box type the name of the medication you want to find.
3. Click **Find Next** button until you find the medications you're looking for.

Pharmacy Program

Kentucky Spirit Health Plan (Kentucky Spirit) is committed to providing appropriate, high quality, and cost effective drug therapy to all Kentucky Spirit members. Kentucky Spirit works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Kentucky Spirit covers prescription medications and certain over-the-counter (OTC) medications when ordered by a Kentucky Spirit physician/clinician. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

This section provides an overview of the Kentucky Spirit pharmacy program. For more detailed information, please visit our website at www.KentuckySpiritHealth.com.

Preferred Drug List

The Kentucky Spirit Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs you receive at retail pharmacies. The Kentucky Spirit PDL is continually evaluated by the Kentucky Spirit Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the Kentucky Spirit Medical Director, Kentucky Spirit Pharmacy Program Director, and several Kentucky primary care physicians and specialists.

Pharmacy Benefit Manager

Kentucky Spirit works with US Script to process all pharmacy claims for prescribed drugs. Some drugs on the Kentucky Spirit PDL require a PA and US Script is responsible for administering this process. US Script is our Pharmacy Benefit Manager.

Biopharmaceuticals

Kentucky Spirit provides a number of biopharmaceutical products through the Biopharmaceutical Program. Most biopharmaceuticals and injectables billed for more than \$250 require a PA to be approved for payment by Kentucky Spirit; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the Kentucky Spirit website at www.KentuckySpiritHealth.com.

Prescription Limits

In general, members age 19 and above may get up to four prescriptions per 26 days. No more than three of the four prescriptions may be name brand products, including refills.

Children under 19 years of age may get more than three brand name prescriptions per 26 days. Insulin products (defined by Drug Category Code "I" and route of administration is intravenous, intramuscular, injection, intradermal, or subcutaneous) are exempt from the three name brand prescription limitation. If your three brand prescription limit has been exceeded, and the prescription, in the pharmacist's professional judgment, is for a life threatening medical condition that, if medication is not dispensed, could result in hospitalization or place you in jeopardy, the pharmacist can provide additional brand name products.

Children under 19 years of age may get more than four prescriptions per 26 days. Insulin products (defined by Drug Category Code “I” and route of administration is intravenous, intramuscular, injection, intradermal, or subcutaneous) are exempt from the four prescription limitation. If you have one or more of the following medical conditions the four prescription limitation is not applicable:

- Acute therapy for migraine headaches/acute pain
- Acute infections/infestations
- Bipolar disorders
- Cancer
- Cardiac rhythm disorders
- Chronic pain
- Coronary artery/cerebrovascular disease (advanced atherosclerotic disease)
- Cystic fibrosis
- Dementia
- Diabetes
- End stage lung disease
- End stage renal disease
- Epilepsy
- Hemophilia
- HIV/AIDS/Immunocompromised
- Hyperlipidemia
- Hypertension
- Major depression
- Metabolic syndrome
- Organ transplant
- Psychotic disorders
- Schizophrenic disorders
- Schizotypal personality disorders
- Suppressive therapy for thyroid cancer
- Terminal state of an illness

The four prescription limitation is not applicable for following therapeutic classes/medications:

- Alpha 1-Proteinase
- Alzheimer’s agents
- Antibiotics
- Antipsychotics
- Anti-Parkinson agents

- Anti-Tuberculosis agents
- Anti-Viral medications
- Asthma/COPD agents
- Cancer agents
- Cardiovascular agents
- Clotting Factors/Antiplatelet
- Contraceptives
- Diabetes agents
- Dialysis
- Folic Acid
- Hematopoietic agents
- Large Volume Parenterals
- Lipotropics
- Monoclonal Antibodies
- Multiple Sclerosis agents
- Prenatal vitamins
- Pulmonary Hypertension agents
- Thyroid agents
- Total Parenteral Nutrition
- Transplant agents
- Thalomid
- Xolair

Dispensing Limits

Drugs may be dispensed up to a maximum of 32 days supply for each new prescription or refill. A total of 75% of the days supply must have elapsed before the prescription can be refilled for non-controlled-substance PDL drugs. A total of 85% of the days supply must have elapsed before the prescription can be refilled for controlled substances and narcotic PDL drugs.

Appropriate Use and Safety Edits

Your health and safety is a priority for Kentucky Spirit. One of the ways we address your safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Additional information about the drugs that are part of the Appropriate Use and Safety Edits can be found in the Appropriate Use and Safety Edits document located on the Kentucky Spirit website at www.KentuckySpiritHealth.com.

Prior Authorizations

Some medications listed on the Kentucky Spirit PDL may require PA. The information should be submitted by your physician/clinician to US Script on the Medication Prior Authorization Form. This form should be faxed to US Script at 1-866-399-0929. This document is located on the Kentucky Spirit website at www.KentuckySpiritHealth.com.

Kentucky Spirit will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Kentucky Spirit P&T Committee. Once approved, US Script notifies the physician/clinician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication Kentucky Spirit will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Step Therapy

Some medications listed on the Kentucky Spirit PDL may require specific medications to be used before you can receive the step therapy medication. If Kentucky Spirit has a record that the required medication was tried first the step therapy medications are automatically covered. If Kentucky Spirit does not have a record that the required medication was tried, you or your physician/clinician may be required to provide additional information. If Kentucky Spirit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Quantity Limits

Kentucky Spirit may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If Kentucky Spirit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Age Limits

Some medications on the Kentucky Spirit PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Gender Limits

Some medications on the Kentucky Spirit PDL may be limited to one gender. These medications have a GL after them on the PDL. These limits are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Gender limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If you requires a medication that does not appear on the PDL, you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. Kentucky Spirit requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Kentucky Spirit Pharmacy and Therapeutics Committee. If the clinical information provided does not meet the coverage criteria for the requested medication Kentucky Spirit will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the US Script Pharmacy Help Desk at 1-800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.

Exclusions

The following drug categories are not part of the Kentucky Spirit PDL and are not covered by the 72-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Experimental or investigational drugs
- Immunizations and vaccines (except flu vaccine)
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Oral vitamins and minerals (except those listed in the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth

- Erectile dysfunction drugs prescribed to treat impotence
- Drugs eligible for coverage under Medicare Part D
- OTC drugs (except those listed in the PDL)

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the Kentucky Spirit PDL. During this period, access to these medications will be considered through the PA review process. If Kentucky Spirit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Over-the-Counter Medications

The Kentucky Spirit PDL covers a variety of OTC medications. A list of covered OTC medications can be found in the Over-the-Counter Medications section of the PDL. Kentucky Spirit PDL OTCs are covered when you have a prescription from a licensed physician/clinician that meets all the legal requirements for a prescription.

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered by Kentucky Spirit: generic nicotine replacement products (gum, lozenges, and patches), Bupropion Hydrochloride, and Varenicline Tartrate (Chantix). Your physician/clinician prescription will be required for all tobacco cessation medications. Each prescription will count toward the monthly limit.

Kentucky Spirit authorizes benefits for tobacco cessation medications for the purpose of supporting members who are trying to quit tobacco use with the temporary assistance of nicotine replacement therapy. It is expected that utilization of these products will be in accordance with medical standards of practice, FDA guidelines, and manufacturers' recommendations which generally limit product use to approximately 12 weeks.

Generic Drugs

When generic drugs are available, the brand-name drug will not be covered without prior Kentucky Spirit authorization. Generic drugs have the same active ingredient, work the same as brand-name drugs, and have lower co-payments. If you or your physician/clinician feels a brand-name drug is medically necessary, the physician/clinician can ask for PA. We will cover the brand-name drug according to our clinical guidelines if there is a medical reason you need the particular brand-name drug. If Kentucky Spirit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

The provision is waived for the following products due to their narrow therapeutic index (NTI) as recognized by current medical and pharmaceutical literature: Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, and Warfarin.

Filling a Prescription

You can have prescriptions filled at a Kentucky Spirit network pharmacy. If you decide to have a prescription filled at a network pharmacy you can locate a pharmacy near you by contacting a Kentucky Spirit Member Services Representative. At the pharmacy you will need to provide the pharmacist with your prescription and your Kentucky Spirit ID card.

Copayments

The table below lists the copayment for the drugs according to the actual cost of the prescription.

Actual Cost of Prescription	Member Copayment

Contact Information

Kentucky Spirit Health Plan Member Services:	1-866-643-3153	Fax: x-xxx-xxx-xxxx
Kentucky Spirit Health Plan Member Services TTY/TDD:	x-xxx-xxx-xxxx	
US Script Prior Authorizations:	1-866-399-0928	Fax: 1-866-399-0929
US Script Help Desk:	1-800-460-8988	

Over-the-Counter Medications

Kentucky Spirit pharmacy program covers a variety of OTC products. The products listed below are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription and have it filled at a Kentucky Spirit network pharmacy. Covered products are available in quantities up to a 30-day supply. All other OTC drugs except insulins require PA. Please note that generic products must be prescribed when available.

ANTACIDS	EAR PREPARATIONS
Maalox- generic tablets, liquid	Debrox drops- generic
Mylanta DS- generic liquid	Star Otic drops
ANTIBIOTICS	ELECTROLYTES
Bacitracin ointment- generic	Electrolyte solutions- generic
Clotrimazole – cream, vaginal cream/inserts- generic	EXPECTORANT
Miconazole – cream, vaginal cream/inserts - generic	Robitussin - generic (guaifenesin) syrup
Tolnaftate – cream, gel, solution, aerosol - generic	H2-RECEPTOR ANTAGONISTS
ANTI-DIARRHEALS	Pepcid 10mg tablets – generic (famotidine)
Imodium A-D- generic (loperamide) capsules	Zantac 75mg tablets- generic (ranitidine)
Pepto-Bismol- generic (pink bismuth) liquid 262mg/15ml	LAXATIVES
ANTI-EMETIC	Citrate of magnesium- generic
Antivert- generic (meclizine)	Colace- generic (docusate sodium) capsules
ANTI-FLATULENTS	Dulcolax- generic (bisacodyl) tablets, suppositories
Gas-X chewables – generic simethicone 80mg	Fleet enema- generic
Mylicon drops** – generic simethicone 40 mg/0.6ml	Milk Of Magnesium- generic MOM
ANTI-HISTAMINES	Miralax OTC
Benadryl- generic (diphenhydramine)-capsules, liquid	Pediatric glycerin suppositories- generic
Chlor-Trimeton- generic (chlorpheniramine)-tablets, liquid	MAST CELL STABILIZER
Claritin - generic (loratadine) – tablets, syrup	Nasalcrom spray- generic
Claritin-D- generic (loratadine/ pseudoephedrine) - tablets	MINERALS
ANTITUSSIVE	Citracal – generic (calcium citrate) - tablets
Robitussin DM - generic (guaifenesin DM) syrup	Citracal + D – generic (calcium citrate + D) – tablets
COUGH SUPPRESSANT/DECONGESTANT	Magnesium oxide- generic
Triaminic AM, Night, soft chewable tablets- generic	Neutra-phos/K powder- generic
COUNTERIRRITANTS	Oscal 500 + Vit D – generic (calcium carbonate + D) - tablets
Capzasin-P cream- generic	Tums Chew Tabs – generic (calcium carbonate)
DILUENTS	NASAL DECONGESTANT
Sodium chloride- generic	Sudafed- generic (pseudoephedrine)-tablets, liquid
DME PRODUCTS	NSAIDS
Diabetic testing supplies	Ibuprofen- generic tablets, chewable, liquid, drops
Peak Flow Meters	Naproxen – generic tablets
Spacers	
DRY SKIN PREPARATIONS	
AmLactin- generic	

OPHTHALMIC PREPARATIONS

Alaway – (ketotifen 0.025%)

Artificial tears – **generic** drops

Naphcon-A-**generic** (naphazoline/pheniramine 0.025/0.3)

Zaditor-OTC (ketotifen 0.025%)

PEDICULICIDES

NIX – **generic** (permethrin)

RID-**generic** (pyrethrins/piperonyl butoxide)

POISON IVY

Calamine-**generic**

Hydrocortisone cream, lotion, ointment, solution -**generic**

PROTECTANTS

Zinc oxide ointment-**generic**

PROTON PUMP INHIBITORS (PPIS)

Prilosec OTC tablets

Salicylates & Antipyretics

Acetaminophen-**generic** tablets, elixir, drops, suppositories

Aspirin-**generic** tablets

SMOKING DETERRENTS

Commit Lozenges

NicoDerm CQ transdermal patch-**generic**

Nicorette DS gum-**generic**

Nicorette gum-**generic**

Nicotrol transdermal patch-**generic**

TRACE ELEMENTS

Ferrous gluconate – **generic** tablets

Ferrous sulfate-**generic** tablets, elixir, drops

VITAMINS

Folic acid-**generic**

Multi-vitamins with iron-**generic** tablets, liquid, chewable

Multi-vitamins-**generic** tablets, liquid, chewable

Nicotinic acid-**generic**

Prenatal vitamins-**generic** tablets

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
PENICILLINS				
	01100040100310	Penicillin V Potassium Tab 250 MG		
	01100040100315	Penicillin V Potassium Tab 500 MG		
	01100040102105	Penicillin V Potassium For Soln 125 MG/5ML		
	01100040102110	Penicillin V Potassium For Soln 250 MG/5ML		
	01200010100105	Amoxicillin (Trihydrate) Cap 250 MG		
	01200010100110	Amoxicillin (Trihydrate) Cap 500 MG		
(Generic: AMOXIL)	01200010100315	Amoxicillin (Trihydrate) Tab 875 MG		
	01200010100505	Amoxicillin (Trihydrate) Chew Tab 125 MG		
	01200010100510	Amoxicillin (Trihydrate) Chew Tab 250 MG		
(Generic: AMOXIL)	01200010100516	Amoxicillin (Trihydrate) Chew Tab 400 MG	AMOXICILLIN	
	01200010101905	Amoxicillin (Trihydrate) For Susp 50 MG/ML	AMOXIL	
	01200010101910	Amoxicillin (Trihydrate) For Susp 125 MG/5ML		
(Generic: AMOXIL)	01200010101913	Amoxicillin (Trihydrate) For Susp 200 MG/5ML		
	01200010101915	Amoxicillin (Trihydrate) For Susp 250 MG/5ML		
(Generic: AMOXIL)	01200010101924	Amoxicillin (Trihydrate) For Susp 400 MG/5ML		
	01200020200105	Ampicillin Cap 250 MG		
	01200020200110	Ampicillin Cap 500 MG		
	01200020201910	Ampicillin For Susp 125 MG/5ML	AMPICILLIN	
	01200020201915	Ampicillin For Susp 250 MG/5ML	AMPICILLIN	
	01300020100110	Dicloxacillin Sodium Cap 250 MG		
	01300020100115	Dicloxacillin Sodium Cap 500 MG		
(Generic: AUGMENTIN)	01990002200310	Amoxicillin & K Clavulanate Tab 250 MG		Max Qty=30/claim
(Generic: AUGMENTIN)	01990002200320	Amoxicillin & K Clavulanate Tab 500 MG		Max Qty=20/claim
(Generic: AUGMENTIN)	01990002200340	Amoxicillin & K Clavulanate Tab 875 MG		Max Qty=20/claim
(Generic: AUGMENTIN)	01990002200515	Amoxicillin & K Clavulanate Chew Tab 200 MG		Max Qty=20/claim
	01990002200520	Amoxicillin & K Clavulanate Chew Tab 250 MG	AUGMENTIN	Max Qty=30/claim
(Generic: AUGMENTIN)	01990002200535	Amoxicillin & K Clavulanate Chew Tab 400 MG		Max Qty=20/claim
	01990002201910	Amoxicillin & K Clavulanate For Susp 125 MG/5ML	AUGMENTIN	Package Limit=1/claim
(Generic: AUGMENTIN)	01990002201915	Amoxicillin & K Clavulanate For Susp 200 MG/5ML		Package Limit=1/claim
(Generic: AUGMENTIN)	01990002201920	Amoxicillin & K Clavulanate For Susp 250 MG/5ML	AUGMENTIN	Package Limit=1/claim
(Generic: AUGMENTIN)	01990002201935	Amoxicillin & K Clavulanate For Susp 400 MG/5ML		Pkg Size 50: Package Limit=1/claim; Pkg Size 75: Package Limit=2/claim; Pkg Size 100: Package Limit=2/claim
(Generic: AUGMENTIN)	01990002201960	Amoxicillin & K Clavulanate For Susp 600 MG/5ML		Package Limit=2/claim
(Generic: AUGMENTIN XR)	01990002207420	Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG	AUGMENTIN XR	
CEPHALOSPORINS				
(Generic: KEFLEX)	02100020000105	Cephalexin Cap 250 MG		
(Generic: KEFLEX)	02100020000110	Cephalexin Cap 500 MG		
(Generic: KEFLEX)	02100020001910	Cephalexin For Susp 125 MG/5ML		
(Generic: KEFLEX)	02100020001915	Cephalexin For Susp 250 MG/5ML		
	02200040000105	Cefaclor Cap 250 MG		
	02200040000110	Cefaclor Cap 500 MG		
	02200040001905	Cefaclor For Susp 125 MG/5ML	CEFACTOR	
	02200040001910	Cefaclor For Susp 250 MG/5ML	CEFACTOR	
	02200040001915	Cefaclor For Susp 375 MG/5ML	CEFACTOR	
(Generic: CEFZIL)	02200062000320	Cefprozil Tab 250 MG		Max Qty=20/claim
(Generic: CEFZIL)	02200062000330	Cefprozil Tab 500 MG		Max Qty=20/claim
(Generic: CEFZIL)	02200062001910	Cefprozil For Susp 125 MG/5ML		Limited to Ages 12 and Under; Package Limit=2/claim
(Generic: CEFZIL)	02200062001920	Cefprozil For Susp 250 MG/5ML		Limited to Ages 12 and Under; Package Limit=1/claim
(Generic: CEFITIN)	02200065050310	Cefuroxime Axetil Tab 250 MG		Max Qty=20/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CEFTIN)	02200065050315	Cefuroxime Axetil Tab 500 MG		Max Qty=20/claim
(Generic: CEFTIN)	02200065051910	Cefuroxime Axetil For Susp 125 MG/5ML		Limited to Ages 12 and Under; Max Qty=100/claim
	02200065051920	Cefuroxime Axetil For Susp 250 MG/5ML	CEFTIN	Limited to Ages 12 and Under; Max Qty=100/claim
(Generic: OMNI-PAC, OMNICEF)	02300040000120	Cefdinir Cap 300 MG		Max Qty=20/claim; Step Therapy
(Generic: OMNICEF)	02300040001920	Cefdinir For Susp 125 MG/5ML		Package Limit=1/claim; Step Therapy
(Generic: OMNICEF)	02300040001930	Cefdinir For Susp 250 MG/5ML		Package Limit=1/claim; Step Therapy
MACROLIDES				
	03100005000305	Erythromycin Tab 250 MG	ERYTHROMYCIN	
	03100005000310	Erythromycin Tab 500 MG	ERYTHROMYCIN	
	03100005000605	Erythromycin Tab Delayed Release 250 MG	E-MYCIN, ERY-TAB	
	03100005000610	Erythromycin Tab Delayed Release 333 MG	ERY-TAB, ERYTHROMYCIN	
	03100005000615	Erythromycin Tab Delayed Release 500 MG	ERY-TAB	
(Generic: ERYC)	03100005006720	Erythromycin w/ Enteric Coated Particles Cap 250 MG	ERYTHROMYCIN	
	03100006000605	Erythromycin w/ Enteric Coated Particles Tab 333 MG	PCE	
	03100006000610	Erythromycin w/ Enteric Coated Particles Tab 500 MG	PCE	
	03100010100305	Erythromycin Stearate Tab 250 MG	ERYTHROCIN, ERYTHROM ST	
	03100010100310	Erythromycin Stearate Tab 500 MG	ERYTHROCIN, ERYTHROM ST	
	03100030300305	Erythromycin Ethylsuccinate Tab 400 MG		
	03100030301810	Erythromycin Ethylsuccinate Susp 200 MG/5ML		
	03100030301820	Erythromycin Ethylsuccinate Susp 400 MG/5ML		
	03100030301905	Erythromycin Ethylsuccinate For Susp 100 MG/2.5ML	ERYPED	
	03100030301910	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	E.E.S. GRAN, ERYPED 200	
	03100030301915	Erythromycin Ethylsuccinate For Susp 400 MG/5ML	ERYPED 400	
(Generic: ZITHROMAX)	03400010000320	Azithromycin Tab 250 MG		Max Qty=6/claim
(Generic: ZITHROMAX)	03400010000334	Azithromycin Tab 500 MG		Max Qty=3/claim
(Generic: ZITHROMAX)	03400010000340	Azithromycin Tab 600 MG		Max Qty=8/28 days
(Generic: ZITHROMAX)	03400010001920	Azithromycin For Susp 100 MG/5ML		Max Qty=15/claim
(Generic: ZITHROMAX)	03400010001930	Azithromycin For Susp 200 MG/5ML	ZITHROMAX	Pkg Size 15: Package Limit=1/claim; Pkg Size 30: Package Limit=1/claim; Pkg Size 22.5: Package Limit=2/claim
	03400010003020	Azithromycin Powd Pack for Susp 1 GM	AZITHROMYCIN, ZITHROMAX	Max Qty=2/claim
(Generic: BIAXIN)	03500010000310	Clarithromycin Tab 250 MG		Max Qty=28/claim
(Generic: BIAXIN)	03500010000320	Clarithromycin Tab 500 MG		Max Qty=28/claim
(Generic: BIAXIN)	03500010001910	Clarithromycin For Susp 125 MG/5ML		Package Limit=1/claim
(Generic: BIAXIN)	03500010001920	Clarithromycin For Susp 250 MG/5ML		Pkg Size 50: Package Limit=1/claim; Pkg Size 100: Package Limit=2/claim
(Generic: BIAXIN XL)	03500010007520	Clarithromycin Tab SR 24HR 500 MG		Max Qty=14/claim
TETRACYCLINES				
	04000020100105	Doxycycline Hyclate Cap 50 MG		
(Generic: VIBRAMYCIN)	04000020100110	Doxycycline Hyclate Cap 100 MG		
(Generic: VIBRATAB)	04000020100310	Doxycycline Hyclate Tab 100 MG		
(Generic: MINOCIN)	04000040100105	Minoencycline HCl Cap 50 MG		
(Generic: DYNACIN)	04000040100107	Minoencycline HCl Cap 75 MG		
(Generic: MINOCIN)	04000040100110	Minoencycline HCl Cap 100 MG		
	04000060100105	Tetracycline HCl Cap 250 MG		
	04000060100110	Tetracycline HCl Cap 500 MG		
	04000060101205	Tetracycline HCl Syrup 125 MG/5ML	SUMYCIN	Max Qty=473/31 days
FLUOROQUINOLONES				
	05000020100305	Ciprofloxacin HCl Tab 100 MG (Base Equiv)		Max Qty=6/claim
(Generic: CIPRO)	05000020100310	Ciprofloxacin HCl Tab 250 MG (Base Equiv)		
(Generic: CIPRO)	05000020100315	Ciprofloxacin HCl Tab 500 MG (Base Equiv)	CIPRO	

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CIPRO)	0500020100320	Ciprofloxacin HCl Tab 750 MG (Base Equiv)		
	05000034000320	Levofloxacin Tab 250 MG	LEVAQUIN	Max Qty=14/claim; Daily Dosage=1
	05000034000330	Levofloxacin Tab 500 MG	LEVAQUIN	Max Qty=14/claim; Daily Dosage=1
	05000034000340	Levofloxacin Tab 750 MG	LEVAQUIN	Max Qty=14/claim; Daily Dosage=1
	05000050000320	Ofloxacin Tab 200 MG		Max Qty=56/claim
	05000050000330	Ofloxacin Tab 300 MG		Max Qty=56/claim
	05000050000340	Ofloxacin Tab 400 MG		Max Qty=56/claim
AMINOGLYCOSIDES				
	07000040100305	Neomycin Sulfate Tab 500 MG		
SULFONAMIDES				
	08000070101805	Sulfisoxazole Acetyl Susp 500 MG/5ML	GANTRIS PED	
ANTIMYCOBACTERIAL AGENTS				
(Generic: MYAMBUTOL)	09000040100305	Ethambutol HCl Tab 100 MG		
(Generic: MYAMBUTOL)	09000040100310	Ethambutol HCl Tab 400 MG		
	09000050000310	Ethionamide Tab 250mg	TRECTOR	
	09000060000305	Isoniazid Tab 100 MG		
	09000060000310	Isoniazid Tab 300 MG		
	09000060001210	Isoniazid Syrup 50 MG/5ML	ISONIAZID	
	09000070000310	Pyrazinamide Tab 500 MG		
(Generic: RIFADIN)	09000080000105	Rifampin Cap 150 MG		
(Generic: RIFADIN)	09000080000110	Rifampin Cap 300 MG		
ANTIFUNGALS				
	11000030100315	Griseofulvin Microsize Tab 500 MG	GRIFULVIN V	
(Generic: GRIFULVIN V)	11000030101805	Griseofulvin Microsize Susp 125 MG/5ML		
	11000030200305	Griseofulvin Ultramicrosize Tab 125 MG	GRIS-PEG	
	11000030200315	Griseofulvin Ultramicrosize Tab 250 MG	GRIS-PEG, GRISEOFULVIN	
	11000060000305	Nystatin Tab 500000 U		Daily Dosage=6
(Generic: LAMISIL)	11000080100310	Terbinafine HCl Tab 250 MG		Max Qty=90/120 days; Daily Dosage=1
(Generic: NIZORAL)	11404040000310	Ketoconazole Tab 200 MG		Daily Dosage=2
(Generic: DIFLUCAN)	11407015000310	Fluconazole Tab 50 MG		Max Qty=7/claim
(Generic: DIFLUCAN)	11407015000320	Fluconazole Tab 100 MG		Daily Dosage=1
(Generic: DIFLUCAN)	11407015000325	Fluconazole Tab 150 MG		Max Qty=2/claim
(Generic: DIFLUCAN)	11407015000330	Fluconazole Tab 200 MG		Daily Dosage=2
(Generic: DIFLUCAN)	11407015001910	Fluconazole For Susp 10 MG/ML		Max Qty=70/claim
(Generic: DIFLUCAN)	11407015001940	Fluconazole For Susp 40 MG/ML		Max Qty=70/claim
(Generic: SPORANOX)	11407035000120	Itraconazole Cap 100 MG		PA Required; Max Qty=28/claim
ANTIVIRALS				
	12102060000320	Maraviroc Tab 150 MG	SELZENTRY	Max Qty=14/claim
	12102060000330	Maraviroc Tab 300 MG	SELZENTRY	Max Qty=28/claim
	12103060100320	Raltegravir Potassium Tab 400 MG (Base Equiv)	ISENTRESS	Daily Dosage=2
	12104510000120	Amprenavir Cap 50 MG	AGENERASE	
	121045100002020	Amprenavir Oral Soln 15 MG/ML	AGENERASE	
	12104515200120	Atazanavir Sulfate Cap 100 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	12104515200130	Atazanavir Sulfate Cap 150 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	12104515200140	Atazanavir Sulfate Cap 200 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	12104515200150	Atazanavir Sulfate Cap 300 MG (Base Equiv)	REYATAZ	Daily Dosage=2
	12104520100320	Darunavir Ethanolate Tab 300 MG (Base Equiv)	PREZISTA	Daily Dosage=4
	12104520100330	Darunavir Ethanolate Tab 400 MG (Base Equiv)	PREZISTA	Daily Dosage=2
	12104520100340	Darunavir Ethanolate Tab 600 MG (Base Equiv)	PREZISTA	Daily Dosage=2
	12104525100330	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	LEXIVA	Daily Dosage=4
	12104530200110	Indinavir Sulfate Cap 100 MG	CRIXIVAN	
	12104530200120	Indinavir Sulfate Cap 200 MG	CRIXIVAN	
	12104530200133	Indinavir Sulfate Cap 333 MG	CRIXIVAN	
	12104530200140	Indinavir Sulfate Cap 400 MG	CRIXIVAN	
	12104545200320	Nelfinavir Mesylate Tab 250 MG	VIRACEPT	
	12104545200340	Nelfinavir Mesylate Tab 625 MG	VIRACEPT	

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	12104545202920	Nelfinavir Mesylate Oral Powder 50 MG/GM	VIRACEPT	
	12104560000120	Ritonavir Cap 100 MG	NORVIR	
	12104560000320	Ritonavir Tab 100 MG	NORVIR	
	12104560002020	Ritonavir Oral Soln 80 MG/ML	NORVIR	
	12104580200120	Saquinavir Mesylate Cap 200 MG	INVIRASE	
	12104580200320	Saquinavir Mesylate Tab 500 MG	INVIRASE	
	12104585000120	Tipranavir Cap 250 MG	APTIVUS	
	12105005100320	Abacavir Sulfate Tab 300 MG (Base Equiv)	ZIAGEN	
	12105005102020	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	ZIAGEN	
	12105015002120	Didanosine For Soln 2 GM	VIDEX	
	12105015002140	Didanosine For Soln 4 GM	VIDEX	
(Generic: VIDEX EC)	12105015006520	Didanosine Delayed Release Capsule 125 MG		
(Generic: VIDEX EC)	12105015006528	Didanosine Delayed Release Capsule 200 MG		
(Generic: VIDEX EC)	12105015006535	Didanosine Delayed Release Capsule 250 MG		
(Generic: VIDEX EC)	12105015006550	Didanosine Delayed Release Capsule 400 MG		
	12106030000120	Emtricitabine Caps 200 MG	EMTRIVA	
	12106030002010	Emtricitabine Soln 10 MG/ML	EMTRIVA	
	12106060000320	Lamivudine Tab 150 MG	EPIVIR	
	12106060000330	Lamivudine Tab 300 MG	EPIVIR	
	12106060002020	Lamivudine Oral Soln 10 MG/ML	EPIVIR	
(Generic: ZERTI)	12108070000115	Stavudine Cap 15 MG		
(Generic: ZERTI)	12108070000120	Stavudine Cap 20 MG		
(Generic: ZERTI)	12108070000130	Stavudine Cap 30 MG		
(Generic: ZERTI)	12108070000140	Stavudine Cap 40 MG		
(Generic: ZERTI)	12108070002120	Stavudine For Oral Soln 1 MG/ML		
(Generic: RETROVIR)	12108085000110	Zidovudine Cap 100 MG		
(Generic: RETROVIR)	12108085000330	Zidovudine Tab 300 MG		
(Generic: RETROVIR)	12108085001210	Zidovudine Syrup 10 MG/ML		
	12108570100320	Tenofovir Disoproxil Fumarate Tab 300 MG	VIREAD	
	12109020200320	Delavirdine Mesylate Tab 100 MG	RESCRIPTOR	
	12109020200330	Delavirdine Mesylate Tab 200 MG	RESCRIPTOR	
	12109030000110	Efavirenz Cap 50 MG	SUSTIVA	
	12109030000120	Efavirenz Cap 100 MG	SUSTIVA	
	12109030000140	Efavirenz Cap 200 MG	SUSTIVA	
	12109030000330	Efavirenz Tab 600 MG	SUSTIVA	
	12109035000320	Etravirine Tab 100 MG	INTELENCE	Daily Dosage=4
	12109050000320	Nevirapine Tab 200 MG	VIRAMUNE	
	12109050001820	Nevirapine Susp 50 MG/5ML	VIRAMUNE	
	12109902200340	Abacavir Sulfate-Lamivudine Tab 600-300 MG	EPZICOM	
	12109902300320	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	TRUVADA	Daily Dosage=1
	12109902500320	Lamivudine-Zidovudine Tab 150-300 MG	COMBIVIR	Daily Dosage=2
	12109902550120	Lopinavir-Ritonavir Cap 133.3-33.3 MG	KALETRA	Daily Dosage=6
	12109902550310	Lopinavir-Ritonavir Tab 100-25 MG	KALETRA	Daily Dosage=4
	12109902550320	Lopinavir-Ritonavir Tab 200-50 MG	KALETRA	Daily Dosage=4
	12109902552020	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	KALETRA	Max Qty=320/32 days
	12109903200320	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	TRIZIVIR	Daily Dosage=2
	12109903300320	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	ATRIPLA	Daily Dosage=1
	12200030000120	Ganciclovir Cap 250 MG		
	12200030000140	Ganciclovir Cap 500 MG	GANCICLOVIR	
	12200066100320	Valganciclovir HCl Tab 450 MG	VALCYTE	Daily Dosage=2
(Generic: ZOVIRAX)	12405010000110	Acyclovir Cap 200 MG		
(Generic: ZOVIRAX)	12405010000320	Acyclovir Tab 400 MG		
(Generic: ZOVIRAX)	12405010000330	Acyclovir Tab 800 MG		
(Generic: ZOVIRAX)	12405010001810	Acyclovir Susp 200 MG/5ML		
(Generic: VALTREX)	12405085100310	Valacyclovir HCl Tab 500 MG	VALTREX	Max Qty=42/21 days
(Generic: VALTREX)	12405085100320	Valacyclovir HCl Tab 1 GM	VALTREX	Max Qty=21/21 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	12504060200110	Oseltamivir Phosphate Cap 30 MG (Base Equiv)	TAMIFLU	Max Qty=10/30 days
	12504060200115	Oseltamivir Phosphate Cap 45 MG (Base Equiv)	TAMIFLU	Max Qty=10/30 days
	12504060200120	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	TAMIFLU	Max Qty=10/30 days
	12504060201920	Oseltamivir Phosphate For Susp 12 MG/ML (Base Equiv)	TAMIFLU	Max Qty=75/30 days
	12504080008020	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	RELENZA	Limited to Ages 5 and Older; Package Limit=1/30 days
ANTIMALARIALS				
	13000010200305	Chloroquine Phosphate Tab 250 MG		Max Qty=60/30 days
(Generic: ARALEN)	13000010200310	Chloroquine Phosphate Tab 500 MG		Max Qty=8/56 days
(Generic: PLAQUENIL)	13000020100305	Hydroxychloroquine Sulfate Tab 200 MG		
(Generic: LARIAM)	13000025100310	Mefloquine HCl Tab 250 MG		
	13000030100310	Primaquine Phosphate Tab 26.3 MG	PRIMAQUINE	
	13990002030320	Artemether-Lumefantrine Tab 20-120 MG	COARTEM	Max Qty=24/claim
ANTHELMINTICS				
(Generic: VERMOX)	15000010000505	Mebendazole Chew Tab 100 MG	MEBENDAZOLE	
	15000060101805	Pyrantel Pamoate Susp 250 MG/5ML (50 MG/ML Base Equiv)		Max Qty=120/claim
	15000090001810	Thiabendazole Susp 500 MG/5ML	MINTEZOL	
ANTI-INFECTIVE AGENTS - MISC.				
(Generic: FLAGYL)	16000035000305	Metronidazole Tab 250 MG		
(Generic: FLAGYL)	16000035000310	Metronidazole Tab 500 MG		
(Generic: PROLOPRIM, TRIMPEX)	16000055000305	Trimethoprim Tab 100 MG		
(Generic: CLEOCIN)	16220020100110	Clindamycin HCl Cap 150 MG		
(Generic: CLEOCIN)	16220020100120	Clindamycin HCl Cap 300 MG		
(Generic: CLEOCIN PED)	16220020222120	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)		Max Qty=300/claim
	16300010000310	Dapsone Tab 25 MG	DAPSONE	
	16300010000320	Dapsone Tab 100 MG	DAPSONE	
(Generic: PEDIAZOLE)	16990002101910	Erythromycin & Sulfoxazole For Susp 200-600 MG/5ML		
(Generic: BACTRIM, SEPTRA)	16990002300310	Sulfamethoxazole-Trimethoprim Tab 400-80 MG		
(Generic: BACTRIM DS, SEPTRA DS)	16990002300320	Sulfamethoxazole-Trimethoprim Tab 800-160 MG		
	16990002301810	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML		
PASSIVE IMMUNIZING AGENTS				
	19100050002220	Rho D Immune Globulin (Human) IM Inj 300 MCG	HYPERRHO S/D, RHOGAM HUMAN, RHOGAM PLUS	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES				
	21100005000110	Altretamine Cap 50 MG	HEXALEN	
	21100010000305	Busulfan Tab 2 MG	MYLERAN	
	21101010000305	Chlorambucil Tab 2 MG	LEUKERAN	
(Generic: CYTOXAN)	21101020000305	Cyclophosphamide Tab 25 MG	CYCLOPHOSPH	
(Generic: CYTOXAN)	21101020000310	Cyclophosphamide Tab 50 MG	CYCLOPHOSPH	
	21101040000305	Melphalan Tab 2 MG	ALKERAN	
	21102020000110	Lomustine Cap 10 MG	CEENU	
	21102020000115	Lomustine Cap 40 MG	CEENU	
	21102020000120	Lomustine Cap 100 MG	CEENU	
	21104070000110	Temozolomide Cap 5 MG	TEMODAR	Max Qty=21/claim at Retail / MD must contact CAREMARK 800-237-2767
	21104070000120	Temozolomide Cap 20 MG	TEMODAR	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767
	21104070000140	Temozolomide Cap 100 MG	TEMODAR	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767
	21104070000143	Temozolomide Cap 140 MG	TEMODAR	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	21104070000147	Temozolomide Cap 180 MG	TEMODAR	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767
	21104070000150	Temozolomide Cap 250 MG	TEMODAR	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767
	21300005000320	Capecitabine Tab 150 MG	XELODA	Max Qty=42/claim
	21300005000350	Capecitabine Tab 500 MG	XELODA	Max Qty=70/claim
(Generic: PURINETHOL)	21300040000305	Mercaptopurine Tab 50 MG		
	21300050100310	Methotrexate Sodium Tab 2.5 MG (Base Equiv)		
	21300050100320	Methotrexate Sodium Tab 5 MG (Base Equiv)	TREXALL	
	21300050100330	Methotrexate Sodium Tab 7.5 MG (Base Equiv)	TREXALL	
	21300050100340	Methotrexate Sodium Tab 10 MG (Base Equiv)	TREXALL	
	21300050100350	Methotrexate Sodium Tab 15 MG (Base Equiv)	TREXALL	
	21300050102030	Methotrexate Sodium Inj 25 MG/ML		
	21300050102031	Methotrexate Sodium Inj PF 25 MG/ML		
	21300060000305	Thioguanine Tab 40 MG	TABLOID	
	21402020000310	Testolactone Tab 50 MG	TESLAC	
	21402250000320	Mitotane Tab 500 MG	LYSODREN	
(Generic: CASODEX)	21402420000320	Bicalutamide Tab 50 MG		
	21402440000110	Flutamide Cap 125 MG		
	21402460000330	Nilutamide Tab 150 MG	NILANDRON	
	21402680100310	Tamoxifen Citrate Tab 10 MG (Base Equivalent)		
	21402680100320	Tamoxifen Citrate Tab 20 MG (Base Equivalent)		
	21402685100320	Toremifene Citrate Tab 60 MG (Base Equivalent)	FARESTON	PA Required; Daily Dosage=1
(Generic: ARIMIDEX)	21402810000310	Anastrozole Tab 1 MG	ARIMIDEX	
	21402835000320	Exemestane Tab 25 MG	AROMASIN	
	21402860000320	Letrozole Tab 2.5 MG	FEMARA	
	21403020100105	Estramustine Phosphate Sodium Cap 140 MG	EMCYT	
	21404020100305	Megestrol Acetate Tab 20 MG		
	21404020100310	Megestrol Acetate Tab 40 MG		
(Generic: MEGACE ORAL)	21404020101810	Megestrol Acetate Susp 40 MG/ML		
(Generic: VEPESID)	21500010000120	Etoposide Cap 50 MG	ETOPOSIDE	
	21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)	GLEEVEC	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767
	21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)	GLEEVEC	Max Qty=14/claim at Retail / MD must contact CAREMARK 800-237-2767
(Generic: HYDREA)	21700030000105	Hydroxyurea Cap 500 MG		
	21755040100310	Leucovorin Calcium Tab 5 MG		
	21755040100325	Leucovorin Calcium Tab 10 MG		
	21755040100335	Leucovorin Calcium Tab 15 MG	LEUCOVOR CA	
	21755040100345	Leucovorin Calcium Tab 25 MG		
CORTICOSTEROIDS				
	22100015100310	Cortisone Acetate Tab 25 MG		
	22100020000315	Dexamethasone Tab 0.5 MG		
	22100020000320	Dexamethasone Tab 0.75 MG		
	22100020000325	Dexamethasone Tab 1 MG	DEXAMETHASON	
	22100020000330	Dexamethasone Tab 1.5 MG		
	22100020000335	Dexamethasone Tab 2 MG	DEXAMETHASON	
	22100020000340	Dexamethasone Tab 4 MG		
	22100020000345	Dexamethasone Tab 6 MG		
	22100020001005	Dexamethasone Elixir 0.5 MG/5ML		
	22100020001320	Dexamethasone Conc 1 MG/ML	DEXAMETHASON	
	22100020002005	Dexamethasone Soln 0.5 MG/5ML	DEXAMETHASON	
(Generic: CORTEF)	22100025000303	Hydrocortisone Tab 5 MG		
(Generic: CORTEF)	22100025000305	Hydrocortisone Tab 10 MG		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: CORTEF)	22100025000310	Hydrocortisone Tab 20 MG		
(Generic: MEDROL)	22100030000310	Methylprednisolone Tab 4 MG		
(Generic: MEDROL)	22100030000315	Methylprednisolone Tab 8 MG		
(Generic: MEDROL)	22100030006405	Methylprednisolone Tab 4 MG Dose Pack		
	22100040000305	Prednisolone Tab 5 MG	MILLIPRED	
	22100040001203	Prednisolone Syrup 5 MG/5ML		
(Generic: PRELONE)	22100040001205	Prednisolone Syrup 15 MG/5ML		
(Generic: ORAPRED)	22100040202020	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)		Max Qty=240/claim
(Generic: PEDIAPRED)	22100040202040	Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)		
	22100040202060	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	VERIPRED 20	Max Qty=150/claim
	22100045000305	Prednisone Tab 1 MG	PREDNISON	
	22100045000310	Prednisone Tab 2.5 MG		
	22100045000315	Prednisone Tab 5 MG		
	22100045000320	Prednisone Tab 10 MG		
	22100045000325	Prednisone Tab 20 MG		
	22100045000335	Prednisone Tab 50 MG	PREDNISON	
	22100045001310	Prednisone Conc 5 MG/ML	PREDNISON	
	22100045002005	Prednisone Oral Soln 5 MG/5ML	PREDNISON	
(Generic: STERAPRED)	22100045006405	Prednisone Tab 5 MG Dose Pack		
(Generic: STERAPRED DS)	22100045006410	Prednisone Tab 10 MG Dose Pack		
(Generic: FLORINEF)	22200030100305	Fludrocortisone Acetate Tab 0.1 MG		
ANDROGENS-ANABOLIC				
	23100010000315	Fluoxymesterone Tab 10 MG	ANDROXY	
	23100020000310	Methyltestosterone Oral Tab 10 MG	METHITEST	
	23100030008505	Testosterone TD Patch 24HR 2.5 MG/24HR	ANDRODERM	Daily Dosage=2
	23100030008515	Testosterone TD Patch 24HR 5 MG/24HR	ANDRODERM	Daily Dosage=1
ESTROGENS				
	24000015000310	Estrogens, Conjugated Tab 0.3 MG	PREMARIN	Limited to Female; Daily Dosage=1
	24000015000315	Estrogens, Conjugated Tab 0.45 MG	PREMARIN	Limited to Female; Daily Dosage=1
	24000015000320	Estrogens, Conjugated Tab 0.625 MG	PREMARIN	Limited to Female; Daily Dosage=1
	24000015000325	Estrogens, Conjugated Tab 0.9 MG	PREMARIN	Limited to Female; Daily Dosage=1
	24000015000330	Estrogens, Conjugated Tab 1.25 MG	PREMARIN	Limited to Female; Daily Dosage=1
(Generic: ESTRACE)	24000035000303	Estradiol Tab 0.5 MG		Limited to Female
(Generic: ESTRACE)	24000035000305	Estradiol Tab 1 MG		Limited to Female
(Generic: ESTRACE)	24000035000310	Estradiol Tab 2 MG		Limited to Female
	24000035008705	Estradiol TD Patch Biweekly 0.025 MG/24HR	ALORA, VIVELLE-DOT	Daily Dosage=.29
	24000035008710	Estradiol TD Patch Biweekly 0.0375 MG/24HR	VIVELLE-DOT	Daily Dosage=.29
	24000035008720	Estradiol TD Patch Biweekly 0.05 MG/24HR	ALORA, ESTRADERM, VIVELLE, VIVELLE-DOT	Daily Dosage=.29
	24000035008730	Estradiol TD Patch Biweekly 0.075 MG/24HR	ALORA, VIVELLE-DOT	Daily Dosage=.29
	24000035008750	Estradiol TD Patch Biweekly 0.1 MG/24HR	ALORA, ESTRADERM, VIVELLE, VIVELLE-DOT	Daily Dosage=.29
(Generic: CLIMARA)	24000035008810	Estradiol TD Patch Weekly 0.025 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	24000035008815	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	24000035008820	Estradiol TD Patch Weekly 0.05 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	24000035008824	Estradiol TD Patch Weekly 0.06 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	24000035008830	Estradiol TD Patch Weekly 0.075 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: CLIMARA)	24000035008840	Estradiol TD Patch Weekly 0.1 MG/24HR		Limited to Female; Max Qty=4/28 days
(Generic: OGEN)	24000055000305	Estropiate Tab 0.75 MG		Limited to Female; Daily Dosage=1
(Generic: OGEN)	24000055000310	Estropiate Tab 1.5 MG		Limited to Female; Daily Dosage=1
(Generic: OGEN)	24000055000315	Estropiate Tab 3 MG		Limited to Female; Daily Dosage=1
	24993002040340	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG	PREMPRO	Limited to Female; Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	24993002040345	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	24993002040350	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	24993002040360	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG	PREMPRO	Limited to Female; Daily Dosage=1
	24993002040370	Conj Est .625(14) & Conj Est-Medroxypro Ac Tab 0.625-5MG(14)	PREMPHASE	Limited to Female; Max Qty=28/28 days
	24993002128720	Estradiol-Norethindrone Ace TD PITW 0.05-0.14MG/DAY	COMBIPATCH	Limited to Female; Daily Dosage=.14
	24993002128730	Estradiol-Norethindrone Ace TD PITW 0.05-0.25MG/DAY	COMBIPATCH	Limited to Female; Daily Dosage=.14
CONTRACEPTIVES				
(Generic: NOR-QD, ORTHO MICRON)	25100010000305	Norethindrone Tab 0.35 MG		Limited to Female; Daily Dosage=1
(Generic: DEPO-PROVERA)	25150035101820	Medroxyprogesterone Acetate IM Susp 150 MG/ML		Limited to Female; Max Qty=1/claim; Min DS=84
	25150035101825	Medroxyprogesterone Acetate Subcutaneous Susp 104 MG/0.65ML	DEPO-SQ PROV	Limited to Female; Max Qty=1/claim; Min DS=84
(Generic: PLAN B)	25400040000320	Levonorgestrel Tab 0.75 MG		Limited to Female; Max Fills=4/365 days
	25400040000340	Levonorgestrel Tab 1.5 MG	PLAN B	Limited to Female; Max Fills=4/365 days
	25960002508820	Norelgestromin-Ethinyl Estradiol TD PITWK 150-20 MCG/24HR	ORTHO EVRA	Limited to Female; Max Qty=3/claim
	25970002309020	Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR	NUVARING	Limited to Female; Max Qty=1/claim
(Generic: DESOGEN, DESOGEN-28, ORTHO-CEPT)	25990002100320	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG		Limited to Female; Daily Dosage=1
(Generic: MIRCETTE)	25990002100365	Desogest-Eth Estrad & Eth Estrad Tab .15-.02/.01 MG (21/5)		Limited to Female; Daily Dosage=1
(Generic: YAZ)	25990002150316	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG		Limited to Female
(Generic: YASMIN 28)	25990002150320	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG		Limited to Female; Daily Dosage=1
	25990002200310	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35MCG		Limited to Female; Daily Dosage=1
	25990002200320	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50MCG	ZOVIA 1/50E	Limited to Female; Daily Dosage=1
(Generic: ALESSE, LEVLITE)	25990002400305	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: LEVLEN, LEVLEN-28, NORDETTE, NORDETTE-28)	25990002400310	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30MCG		Limited to Female; Daily Dosage=1
(Generic: OVCON-35)	25990002500305	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: BREVICON, MODICON)	25990002500310	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: NORINYL, ORTHO-NOVUM)	25990002500320	Norethindrone & Ethinyl Estradiol Tab 1 MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN)	25990002600310	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN 21)	25990002600320	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30MCG		Limited to Female; Daily Dosage=1
(Generic: ORTHO-NOVUM)	25990002700310	Norethindrone & Mestranol Tab 1 MG-50MCG	NECON, NORINYL	Limited to Female; Daily Dosage=1
(Generic: LO/OVRAL, LO/OVRAL-28)	25990002900310	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30MCG		Limited to Female; Daily Dosage=2
	25990002900320	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50MCG	OGESTREL	Limited to Female; Daily Dosage=1
(Generic: ORTHO-CYCLEN)	25990002950310	Norgestimate & Ethinyl Estradiol Tab 0.25MG-35MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN FE)	25990003610310	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20MCG		Limited to Female; Daily Dosage=1
(Generic: LOESTRIN FE)	25990003610320	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30MCG		Limited to Female; Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	25991002200310	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)	NECON	Limited to Female; Daily Dosage=1
(Generic: CYCLESSA)	25992002030320	Desogest-Ethinyl Estrad Tab .1-.025/.125-.025/.15-.025 MG-MG		Limited to Female; Daily Dosage=1
(Generic: TRI-LEVLEN, TRIPHASIL 28)	25992002100310	Levonorgestrel-Eth Estrad Tab .05-30/0.075-40/0.125-30MG-MCG		Limited to Female; Daily Dosage=1
(Generic: ORTHO-NOVUM)	25992002200310	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	ORTHO-NOVUM	Limited to Female; Daily Dosage=1
(Generic: TRI-NORINYL)	25992002200330	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG		Limited to Female; Daily Dosage=1
(Generic: ORTHO TRI-)	25992002300320	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG		Limited to Female; Daily Dosage=1
(Generic: SEASONALE)	25993002300320	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG		Limited to Female; Daily Dosage=1
	25993002300330	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	SEASONIQUE	Limited to Female; Daily Dosage=1
PROGESTINS				
(Generic: PROVERA)	26000020200305	Medroxyprogesterone Acetate Tab 2.5 MG		
(Generic: PROVERA)	26000020200310	Medroxyprogesterone Acetate Tab 5 MG		
(Generic: PROVERA)	26000020200315	Medroxyprogesterone Acetate Tab 10 MG		
(Generic: AYGESTIN)	26000030100305	Norethindrone Acetate Tab 5 MG		
ANTIDIABETICS				
	27104002002020	Insulin Aspart Inj 100 U/ML	NOVOLOG	Max Qty=40/30 days
	27104003002020	Insulin Glargine Inj 100 U/ML	LANTUS, LANTUS FOR	Max Qty=30/30 days
	27104005002020	Insulin Lispro (Human) Inj 100 U/ML	HUMALOG, HUMALOG KWIK, HUMALOG PEN	Max Qty=40/30 days
	27104010002005	Insulin Regular (Human) Inj 100 U/ML	HUMULIN R, HUMULIN R, NOVOLIN R, RELION R	Max Qty=40/30 days
	27104020001805	Insulin Isophane (Human) Inj 100 U/ML	HUMULIN N, HUMULIN N PN, HUMULIN N PN, NOVOLIN N, RELION N	Max Qty=40/30 days
	27104070001820	Insulin Aspart & Aspart Prot (Human) Inj 100 U/ML (30-70)	NOVOLOG MIX	Max Qty=40/30 days
	27104080001820	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-2)	HUMALOG MIX, HUMALOG PEN	Max Qty=40/30 days
	27104080001840	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-5)	HUMALOG MIX, HUMALOG PEN	Max Qty=40/30 days
	27104090001810	Insulin Isophane & Regular (Human) Inj 100 U/ML (70-30)	HUMULIN, HUMULIN PEN, NOVOLIN, NOVOLIN 70/, RELION 70/30	Max Qty=40/30 days
	27104090001820	Insulin Isophane & Regular (Human) Inj 100 U/ML (50-50)	HUMULIN	Max Qty=40/30 days
(Generic: AMARYL)	27200027000310	Glimepiride Tab 1 MG		Daily Dosage=1
(Generic: AMARYL)	27200027000320	Glimepiride Tab 2 MG		Daily Dosage=1
(Generic: AMARYL)	27200027000340	Glimepiride Tab 4 MG		Daily Dosage=1
(Generic: GLUCOTROL)	27200030000305	Glipizide Tab 5 MG		
(Generic: GLUCOTROL)	27200030000310	Glipizide Tab 10 MG		
(Generic: GLUCOTROL XL)	27200030007505	Glipizide Tab SR 24HR 2.5 MG		
(Generic: GLUCOTROL XL)	27200030007510	Glipizide Tab SR 24HR 5 MG		
(Generic: GLUCOTROL XL)	27200030007520	Glipizide Tab SR 24HR 10 MG		
(Generic: MICRONASE)	27200040000305	Glyburide Tab 1.25 MG	DIABETA, GLYBURIDE	
(Generic: MICRONASE)	27200040000310	Glyburide Tab 2.5 MG	DIABETA, GLYBURIDE	
(Generic: MICRONASE)	27200040000315	Glyburide Tab 5 MG	DIABETA, GLYBURIDE	
(Generic: GLYNASE)	27200040100310	Glyburide Micronized Tab 1.5 MG		
(Generic: GLYNASE)	27200040100320	Glyburide Micronized Tab 3 MG		
(Generic: GLYNASE)	27200040100340	Glyburide Micronized Tab 6 MG		
(Generic: GLUCOPHAGE)	27250050000320	Metformin HCl Tab 500 MG		Daily Dosage=5
(Generic: GLUCOPHAGE)	27250050000340	Metformin HCl Tab 850 MG		Daily Dosage=3
(Generic: GLUCOPHAGE)	27250050000350	Metformin HCl Tab 1000 MG		Daily Dosage=2
(Generic: GLUCOPHAGE)	27250050007520	Metformin HCl Tab SR 24HR 500 MG		Daily Dosage=4

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: GLUCOPHAGE)	27250050007530	Metformin HCl Tab SR 24HR 750 MG		Daily Dosage=2
	27300010106410	Glucagon (rDNA) For Inj Kit 1 MG	GLUCAGON	Max Qty=1/claim
	27300010152110	Glucagon HCl (rDNA) For Inj 1 MG (Base Equiv)	GLUCAGEN	
	27300030000515	Glucose Chew Tab 4 GM	BL GLUCOSE, CVS GLUCOSE, DD GLUCOSE, DE GLUCOSE, DEX4 GLUCOSE...	Max Qty=50/30 days
	27300030000520	Glucose Chew Tab 5 GM	BD GLUCOSE	Max Qty=50/30 days
	27607050100320	Pioglitazone HCl Tab 15 MG (Base Equiv)	ACTOS	Daily Dosage=1
	27607050100330	Pioglitazone HCl Tab 30 MG (Base Equiv)	ACTOS	Daily Dosage=1
	27607050100340	Pioglitazone HCl Tab 45 MG (Base Equiv)	ACTOS	Daily Dosage=1
	27607060100320	Rosiglitazone Maleate Tab 2 MG (Base Equiv)	AVANDIA	Daily Dosage=1
	27607060100330	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	AVANDIA	Daily Dosage=1
	27607060100340	Rosiglitazone Maleate Tab 8 MG (Base Equiv)	AVANDIA	Daily Dosage=1
(Generic: METAGLIP)	27997002350320	Glipizide-Metformin HCl Tab 2.5-250 MG		
(Generic: METAGLIP)	27997002350325	Glipizide-Metformin HCl Tab 2.5-500 MG		
(Generic: METAGLIP)	27997002350340	Glipizide-Metformin HCl Tab 5-500 MG		
(Generic: GLUCOVANCE)	27997002400310	Glyburide-Metformin Tab 1.25-250 MG		
(Generic: GLUCOVANCE)	27997002400320	Glyburide-Metformin Tab 2.5-500 MG		
(Generic: GLUCOVANCE)	27997002400330	Glyburide-Metformin Tab 5-500 MG		
	27997802600310	Rosiglitazone Maleate-Glimepiride Tab 4-1 MG	AVANDARYL	Daily Dosage=1
	27997802600320	Rosiglitazone Maleate-Glimepiride Tab 4-2 MG	AVANDARYL	Daily Dosage=1
	27997802600340	Rosiglitazone Maleate-Glimepiride Tab 4-4 MG	AVANDARYL	Daily Dosage=1
	27997802600355	Rosiglitazone Maleate-Glimepiride Tab 8-2 MG	AVANDARYL	Daily Dosage=1
	27997802600360	Rosiglitazone Maleate-Glimepiride Tab 8-4 MG	AVANDARYL	Daily Dosage=1
	27998002400320	Pioglitazone HCl-Metformin HCl Tab 15-500 MG	ACTOPLUS MET	Daily Dosage=2
	27998002400340	Pioglitazone HCl-Metformin HCl Tab 15-850 MG	ACTOPLUS MET	Daily Dosage=2
	27998002600330	Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG	AVANDAMET	Daily Dosage=2
	27998002600335	Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG	AVANDAMET	Daily Dosage=2
	27998002600350	Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG	AVANDAMET	Daily Dosage=2
	27998002600355	Rosiglitazone Maleate-Metformin HCl Tab 4-1000 MG	AVANDAMET	Daily Dosage=2
THYROID AGENTS				
(Generic: SYNTHROID)	28100010100305	Levothyroxine Sodium Tab 0.025 MG		
(Generic: SYNTHROID)	28100010100310	Levothyroxine Sodium Tab 0.05 MG		
(Generic: SYNTHROID)	28100010100315	Levothyroxine Sodium Tab 0.075 MG		
(Generic: SYNTHROID)	28100010100317	Levothyroxine Sodium Tab 0.088 MG		
(Generic: SYNTHROID)	28100010100320	Levothyroxine Sodium Tab 0.1 MG		
(Generic: SYNTHROID)	28100010100322	Levothyroxine Sodium Tab 0.112 MG		
(Generic: SYNTHROID)	28100010100325	Levothyroxine Sodium Tab 0.125 MG		
(Generic: SYNTHROID)	28100010100327	Levothyroxine Sodium Tab 0.137 MG		
(Generic: SYNTHROID)	28100010100330	Levothyroxine Sodium Tab 0.15 MG		
(Generic: SYNTHROID)	28100010100335	Levothyroxine Sodium Tab 0.175 MG		
(Generic: SYNTHROID)	28100010100340	Levothyroxine Sodium Tab 0.2 MG		
(Generic: SYNTHROID)	28100010100345	Levothyroxine Sodium Tab 0.3 MG		
(Generic: CYTOMEL)	28100020100305	Liothyronine Sodium Tab 5 MCG		
(Generic: CYTOMEL)	28100020100310	Liothyronine Sodium Tab 25 MCG		
(Generic: CYTOMEL)	28100020100315	Liothyronine Sodium Tab 50 MCG		
	28100030000305	Liotrix Tab 15 MG	THYROLAR-1/4	
	28100030000310	Liotrix Tab 30 MG	THYROLAR-1/2	

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	28100050000315	Liotrix Tab 60 MG	THYROLAR-1	
	28100050000320	Liotrix Tab 120 MG	THYROLAR-2	
	28100050000325	Liotrix Tab 180 MG	THYROLAR-3	
	28100050000305	Thyroid Tab 15 MG (1/4 Grain)	ARMOUR THYRO	
(Generic: ARMOUR THYRO)	28100050000310	Thyroid Tab 30 MG (1/2 Grain)	ARMOUR THYRO	
	28100050000312	Thyroid Tab 32.4 MG		
	28100050000313	Thyroid Tab 32.5 MG	NATURE-THROI, WESTHROID	
(Generic: ARMOUR THYRO)	28100050000315	Thyroid Tab 60 MG (1 Grain)	ARMOUR THYRO	
	28100050000318	Thyroid Tab 65 MG	NATURE-THROI, WESTHROID	
(Generic: ARMOUR THYRO)	28100050000320	Thyroid Tab 90 MG (1 1/2 Grain)		
	28100050000325	Thyroid Tab 120 MG (2 Grain)	ARMOUR THYRO	
	28100050000328	Thyroid Tab 130 MG	NATURE-THROI, WESTHROID	
	28100050000330	Thyroid Tab 180 MG (3 Grain)	ARMOUR THYRO	
	28100050000333	Thyroid Tab 195 MG	NATURE-THROI, WESTHROID	
	28100050000335	Thyroid Tab 240 MG (4 Grain)	ARMOUR THYRO	
	28100050000340	Thyroid Tab 300 MG (5 Grain)	ARMOUR THYRO	
(Generic: TAPAZOLE)	28300010000305	Methimazole Tab 5 MG		
(Generic: TAPAZOLE)	28300010000310	Methimazole Tab 10 MG		
	28300020000310	Propylthiouracil Tab 50 MG		
OXYTOCICS				
	29000020100305	Methylergonovine Maleate Tab 0.2 MG	METHERGINE	
ENDOCRINE AND METABOLIC AGENTS - MISC.				
(Generic: FOSAMAX)	30042010100305	Alendronate Sodium Tab 5 MG		Daily Dosage=1
(Generic: FOSAMAX)	30042010100310	Alendronate Sodium Tab 10 MG		Daily Dosage=1
(Generic: FOSAMAX)	30042010100335	Alendronate Sodium Tab 35 MG		Daily Dosage=.15
(Generic: FOSAMAX)	30042010100340	Alendronate Sodium Tab 40 MG		Daily Dosage=1
(Generic: FOSAMAX)	30042010100370	Alendronate Sodium Tab 70 MG		Daily Dosage=.15
	30042010102020	Alendronate Sodium Oral Soln 70 MG/75ML	FOSAMAX	Daily Dosage=10.8
	30042065100305	Risedronate Sodium Tab 5 MG	ACTONEL	PA Required; Daily Dosage=1
	30042065100320	Risedronate Sodium Tab 30 MG	ACTONEL	PA Required; Daily Dosage=1
	30042065100330	Risedronate Sodium Tab 35 MG	ACTONEL	PA Required; MaxDU=4 per 28 days
	30043020002020	Calcitonin (Salmon) Inj 200 IU/ML	MIACALCIN	Max Qty=2/30 days
(Generic: MIACALCIN)	30043020002080	Calcitonin (Salmon) Nasal Soln 200 IU/ACT		Max Qty=4/30 days
	30053060100320	Raloxifene HCl Tab 60 MG	EVISTA	Daily Dosage=1
(Generic: DDAVP)	30201010100310	Desmopressin Acetate Tab 0.1 MG		Daily Dosage=3
(Generic: DDAVP)	30201010100320	Desmopressin Acetate Tab 0.2 MG		Daily Dosage=3
(Generic: DDAVP)	30201010112010	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)		PA Required; MaxDU=5 per Claim
(Generic: DDAVP)	30201010122010	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)		PA Required; MaxDU=5 per Claim
(Generic: DDAVP)	30201010132010	Desmopressin Acetate Nasal Spray Soln 0.01%		PA Required; MaxDU=5 per Claim
(Generic: CARNITOR)	30903045100330	Levocarnitine Tab 330 MG		Daily Dosage=3
(Generic: CARNITOR, CARNITOR SF)	30903045102010	Levocarnitine Oral Soln 1 GM/10ML (10%)		Daily Dosage=30
(Generic: ROCALTROL)	30905030000105	Calcitriol Cap 0.25 MCG		
(Generic: ROCALTROL)	30905030000110	Calcitriol Cap 0.5 MCG		
CARDIOTONICS				
	31200010000110	Digoxin Cap 0.1 MG	LANOXICAPS	
	31200010000115	Digoxin Cap 0.2 MG	LANOXICAPS	
(Generic: LANOXIN)	31200010000305	Digoxin Tab 0.125 MG		
(Generic: LANOXIN)	31200010000310	Digoxin Tab 0.25 MG		
	31200010002040	Digoxin Oral Soln 0.05 MG/ML		
ANTIANGINAL AGENTS				
(Generic: ISORDIL)	32100020000305	Isosorbide Dinitrate Tab 5 MG		
	32100020000310	Isosorbide Dinitrate Tab 10 MG		
	32100020000315	Isosorbide Dinitrate Tab 20 MG		
	32100020000320	Isosorbide Dinitrate Tab 30 MG		
	32100020000405	Isosorbide Dinitrate Tab CR 40 MG		
	32100020000705	Isosorbide Dinitrate SL Tab 2.5 MG		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	3210002000710	Isosorbide Dinitrate SL Tab 5 MG		
(Generic: MONOKET)	32100025000310	Isosorbide Mononitrate Tab 10 MG		Daily Dosage=2
(Generic: ISMO, MONOKET)	32100025000320	Isosorbide Mononitrate Tab 20 MG		Daily Dosage=2
(Generic: IMDUR)	32100025007520	Isosorbide Mononitrate Tab SR 24HR 30 MG		Daily Dosage=1
(Generic: IMDUR)	32100025007530	Isosorbide Mononitrate Tab SR 24HR 60 MG		Daily Dosage=1
(Generic: IMDUR)	32100025007540	Isosorbide Mononitrate Tab SR 24HR 120 MG		Daily Dosage=1
	32100030000710	Nitroglycerin SL Tab 0.3 MG	NITROSTAT	
	32100030000715	Nitroglycerin SL Tab 0.4 MG	NITROSTAT	
	32100030000720	Nitroglycerin SL Tab 0.6 MG	NITROSTAT	
	32100030004205	Nitroglycerin Oint 2%	NITRO-BID, NITROGLYCER	
(Generic: NITRO-DUR)	32100030008510	Nitroglycerin TD Patch 24HR 0.1 MG/HR		
(Generic: NITRO-DUR)	32100030008520	Nitroglycerin TD Patch 24HR 0.2 MG/HR		
(Generic: NITRO-DUR)	32100030008540	Nitroglycerin TD Patch 24HR 0.4 MG/HR		
(Generic: NITRO-DUR)	32100030008550	Nitroglycerin TD Patch 24HR 0.6 MG/HR		
BETA BLOCKERS				
(Generic: CORGARD)	33100010000303	Nadolol Tab 20 MG		Daily Dosage=2
(Generic: CORGARD)	33100010000305	Nadolol Tab 40 MG		Daily Dosage=2
(Generic: CORGARD)	33100010000310	Nadolol Tab 80 MG		Daily Dosage=2
	33100010000320	Nadolol Tab 160 MG	NADOLOL	Daily Dosage=2
	33100030000305	Pindolol Tab 5 MG	PINDOLOL	
	33100030000310	Pindolol Tab 10 MG		
	33100040100305	Propranolol HCl Tab 10 MG		
	33100040100310	Propranolol HCl Tab 20 MG		
(Generic: INDERAL)	33100040100315	Propranolol HCl Tab 40 MG		
(Generic: INDERAL)	33100040100320	Propranolol HCl Tab 60 MG		
(Generic: INDERAL)	33100040100325	Propranolol HCl Tab 80 MG		
	33100040102050	Propranolol HCl Oral Soln 20 MG/5ML		
	33100040102060	Propranolol HCl Oral Soln 40 MG/5ML		
(Generic: INDERAL LA)	33100040107025	Propranolol HCl Cap SR 24HR 60 MG		Daily Dosage=2
(Generic: INDERAL LA)	33100040107030	Propranolol HCl Cap SR 24HR 80 MG		Daily Dosage=2
(Generic: INDERAL LA)	33100040107035	Propranolol HCl Cap SR 24HR 120 MG		Daily Dosage=2
(Generic: INDERAL LA)	33100040107040	Propranolol HCl Cap SR 24HR 160 MG		Daily Dosage=2
(Generic: BETAPACE)	33100045100310	Sotalol HCl Tab 80 MG		Daily Dosage=2
(Generic: BETAPACE)	33100045100315	Sotalol HCl Tab 120 MG		Daily Dosage=2
(Generic: BETAPACE)	33100045100320	Sotalol HCl Tab 160 MG		Daily Dosage=2
(Generic: BETAPACE)	33100045100330	Sotalol HCl Tab 240 MG		
(Generic: BETAPACE AF)	33100045120310	Sotalol HCl (AFIB/AFL) Tab 80 MG		Daily Dosage=2
(Generic: BETAPACE AF)	33100045120315	Sotalol HCl (AFIB/AFL) Tab 120 MG		Daily Dosage=2
(Generic: BETAPACE AF)	33100045120320	Sotalol HCl (AFIB/AFL) Tab 160 MG		Daily Dosage=2
	33100050100305	Timolol Maleate Tab 5 MG		
	33100050100310	Timolol Maleate Tab 10 MG		
	33100050100315	Timolol Maleate Tab 20 MG		
(Generic: SECTRAL)	33200010100105	Acebutolol HCl Cap 200 MG		
(Generic: SECTRAL)	33200010100110	Acebutolol HCl Cap 400 MG		
(Generic: TENORMIN)	33200020000303	Atenolol Tab 25 MG		Daily Dosage=2
(Generic: TENORMIN)	33200020000305	Atenolol Tab 50 MG		Daily Dosage=2
(Generic: TENORMIN)	33200020000310	Atenolol Tab 100 MG		Daily Dosage=2
(Generic: TOPROL XL)	33200030057510	Metoprolol Succinate Tab SR 24HR 25 MG		Daily Dosage=1
(Generic: TOPROL XL)	33200030057520	Metoprolol Succinate Tab SR 24HR 50 MG		Daily Dosage=1
(Generic: TOPROL XL)	33200030057530	Metoprolol Succinate Tab SR 24HR 100 MG		Daily Dosage=1
(Generic: TOPROL XL)	33200030057540	Metoprolol Succinate Tab SR 24HR 200 MG		Daily Dosage=1
	33200030100305	Metoprolol Tartrate Tab 25 MG		Daily Dosage=2
(Generic: LOPRESSOR)	33200030100310	Metoprolol Tartrate Tab 50 MG		Daily Dosage=2
(Generic: LOPRESSOR)	33200030100315	Metoprolol Tartrate Tab 100 MG		Daily Dosage=2
(Generic: COREG)	33300007000305	Carvedilol Tab 3.125 MG		Daily Dosage=3
(Generic: COREG)	33300007000310	Carvedilol Tab 6.25 MG		Daily Dosage=3
(Generic: COREG)	33300007000320	Carvedilol Tab 12.5 MG		Daily Dosage=3
(Generic: COREG)	33300007000330	Carvedilol Tab 25 MG		Daily Dosage=3
	33300007207010	Carvedilol Phosphate Cap SR 24HR 10 MG	COREG CR	Daily Dosage=1
	33300007207020	Carvedilol Phosphate Cap SR 24HR 20 MG	COREG CR	Daily Dosage=1
	33300007207030	Carvedilol Phosphate Cap SR 24HR 40 MG	COREG CR	Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	33300007207050	Carvedilol Phosphate Cap SR 24HR 80 MG	COREG CR	Daily Dosage=1
(Generic: TRANDATE)	33300010100305	Labetalol HCl Tab 100 MG		Daily Dosage=3
(Generic: TRANDATE)	33300010100310	Labetalol HCl Tab 200 MG		Daily Dosage=6
(Generic: TRANDATE)	33300010100315	Labetalol HCl Tab 300 MG		Daily Dosage=8
CALCIUM CHANNEL BLOCKERS				
(Generic: NORVASC)	34000003100320	Amlodipine Besylate Tab 2.5 MG		Daily Dosage=1
(Generic: NORVASC)	34000003100330	Amlodipine Besylate Tab 5 MG		Daily Dosage=1
(Generic: NORVASC)	34000003100340	Amlodipine Besylate Tab 10 MG		Daily Dosage=1
(Generic: CARDIZEM)	34000010100305	Diltiazem HCl Tab 30 MG		Daily Dosage=3
(Generic: CARDIZEM)	34000010100310	Diltiazem HCl Tab 60 MG		Daily Dosage=3
(Generic: CARDIZEM)	34000010100315	Diltiazem HCl Tab 90 MG		Daily Dosage=3
(Generic: CARDIZEM)	34000010100320	Diltiazem HCl Tab 120 MG		Daily Dosage=3
	34000010106910	Diltiazem HCl Cap SR 12HR 60 MG		Daily Dosage=2
	34000010106915	Diltiazem HCl Cap SR 12HR 90 MG		Daily Dosage=2
	34000010106920	Diltiazem HCl Cap SR 12HR 120 MG		Daily Dosage=2
(Generic: DILACOR XR)	34000010107020	Diltiazem HCl Cap SR 24HR 120 MG		Daily Dosage=1
(Generic: DILACOR XR)	34000010107030	Diltiazem HCl Cap SR 24HR 180 MG		Daily Dosage=1
(Generic: DILACOR XR)	34000010107040	Diltiazem HCl Cap SR 24HR 240 MG		Daily Dosage=1
(Generic: TIAZAC)	34000010117020	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG		Daily Dosage=1
(Generic: TIAZAC)	34000010117030	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG		Daily Dosage=1
(Generic: TIAZAC)	34000010117040	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG		Daily Dosage=1
(Generic: TIAZAC)	34000010117050	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG		Daily Dosage=1
(Generic: TIAZAC)	34000010117060	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG		Daily Dosage=1
(Generic: TIAZAC)	34000010117070	Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	34000010127020	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	34000010127030	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	34000010127040	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG		Daily Dosage=1
(Generic: CARDIZEM CD)	34000010127050	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG		Daily Dosage=1
(Generic: PLENDIL)	34000013007505	Felodipine Tab SR 24HR 2.5 MG		Daily Dosage=1
(Generic: PLENDIL)	34000013007510	Felodipine Tab SR 24HR 5 MG		Daily Dosage=1
(Generic: PLENDIL)	34000013007520	Felodipine Tab SR 24HR 10 MG		Daily Dosage=1
	34000018100120	Nicardipine HCl Cap 20 MG		
	34000018100125	Nicardipine HCl Cap 30 MG		
(Generic: PROCARDIA)	34000020000105	Nifedipine Cap 10 MG		Daily Dosage=4
	34000020000110	Nifedipine Cap 20 MG	NIFEDIPINE	Daily Dosage=4
(Generic: ADALAT CC)	34000020007530	Nifedipine Tab SR 24HR 30 MG		Daily Dosage=1
(Generic: ADALAT CC)	34000020007540	Nifedipine Tab SR 24HR 60 MG		Daily Dosage=1
(Generic: ADALAT CC)	34000020007550	Nifedipine Tab SR 24HR 90 MG		Daily Dosage=1
(Generic: PROCARDIA XL)	34000020007570	Nifedipine Tab SR 24HR Osmotic 30 MG		Daily Dosage=1
(Generic: PROCARDIA XL)	34000020007575	Nifedipine Tab SR 24HR Osmotic 60 MG		Daily Dosage=1
(Generic: PROCARDIA XL)	34000020007580	Nifedipine Tab SR 24HR Osmotic 90 MG		Daily Dosage=1
(Generic: CALAN)	34000030100303	Verapamil HCl Tab 40 MG		Daily Dosage=3
(Generic: CALAN)	34000030100305	Verapamil HCl Tab 80 MG		Daily Dosage=3
(Generic: CALAN)	34000030100310	Verapamil HCl Tab 120 MG		Daily Dosage=3
(Generic: CALAN SR, ISOPTIN SR)	34000030100410	Verapamil HCl Tab CR 120 MG		Daily Dosage=2
(Generic: CALAN SR, ISOPTIN SR)	34000030100415	Verapamil HCl Tab CR 180 MG		Daily Dosage=2
(Generic: CALAN SR, ISOPTIN SR)	34000030100420	Verapamil HCl Tab CR 240 MG		Daily Dosage=2
(Generic: VERELAN)	34000030107020	Verapamil HCl Cap SR 24HR 120 MG		Daily Dosage=2
(Generic: VERELAN)	34000030107025	Verapamil HCl Cap SR 24HR 180 MG		Daily Dosage=2
(Generic: VERELAN)	34000030107035	Verapamil HCl Cap SR 24HR 240 MG		Daily Dosage=2
(Generic: VERELAN)	34000030107045	Verapamil HCl Cap SR 24HR 360 MG		Daily Dosage=1
ANTIARRHYTHMICS				

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	35050030100320	Moricizine HCl Tab 200 MG	ETHMOZINE	
	35050030100325	Moricizine HCl Tab 250 MG	ETHMOZINE	
	35050030100330	Moricizine HCl Tab 300 MG	ETHMOZINE	
(Generic: NORPACE)	35100010100105	Disopyramide Phosphate Cap 100 MG		
(Generic: NORPACE)	35100010100110	Disopyramide Phosphate Cap 150 MG		
	35100010106915	Disopyramide Phosphate Cap SR 12HR 150 MG	NORPACE	
(Generic: PRONESTYL)	35100020100105	Procainamide HCl Cap 250 MG		
	35100020100115	Procainamide HCl Cap 500 MG	PROCAINAMIDE	
	35100020100415	Procainamide HCl Tab CR 750 MG	PROCAINAMIDE	
	35100030100403	Quinidine Gluconate Tab CR 324 MG		
	35100030300310	Quinidine Sulfate Tab 200 MG		
	35100030300315	Quinidine Sulfate Tab 300 MG		
	35100030300405	Quinidine Sulfate Tab CR 300 MG		
	35200025100105	Mexiletine HCl Cap 150 MG	MEXILETINE	
	35200025100110	Mexiletine HCl Cap 200 MG	MEXILETINE	
	35200025100115	Mexiletine HCl Cap 250 MG	MEXILETINE	
(Generic: TAMBOCOR)	35300010100303	Flecainide Acetate Tab 50 MG		
(Generic: TAMBOCOR)	35300010100305	Flecainide Acetate Tab 100 MG		
(Generic: TAMBOCOR)	35300010100310	Flecainide Acetate Tab 150 MG		
(Generic: RYTHMOL)	35300050000320	Propafenone HCl Tab 150 MG		
(Generic: RYTHMOL)	35300050000325	Propafenone HCl Tab 225 MG		
(Generic: RYTHMOL)	35300050000330	Propafenone HCl Tab 300 MG		
(Generic: CORDARONE)	35400050000305	Amiodarone HCl Tab 200 MG		
	35400025000110	Dofetilide Cap 125 MCG (0.125 MG)	TIKOSYN	
	35400025000120	Dofetilide Cap 250 MCG (0.25 MG)	TIKOSYN	
	35400025000130	Dofetilide Cap 500 MCG (0.5 MG)	TIKOSYN	
	35400028100320	Dronedaron HCl Tab 400 MG (Base Equivalent)	MULTAQ	Daily Dosage=2
ANTIHERPENSIVES				
(Generic: LOTENSIN)	36100005100310	Benazepril HCl Tab 5 MG		Daily Dosage=1
(Generic: LOTENSIN)	36100005100320	Benazepril HCl Tab 10 MG		Daily Dosage=1
(Generic: LOTENSIN)	36100005100330	Benazepril HCl Tab 20 MG	LOTENSIN	Daily Dosage=1
(Generic: LOTENSIN)	36100005100340	Benazepril HCl Tab 40 MG		Daily Dosage=2
(Generic: CAPOTEN)	36100010000305	Captopril Tab 12.5 MG		Daily Dosage=3
(Generic: CAPOTEN)	36100010000310	Captopril Tab 25 MG		Daily Dosage=3
(Generic: CAPOTEN)	36100010000315	Captopril Tab 50 MG		Daily Dosage=3
(Generic: CAPOTEN)	36100010000320	Captopril Tab 100 MG		Daily Dosage=3
(Generic: VASOTEC)	36100020100303	Enalapril Maleate Tab 2.5 MG		Daily Dosage=2
(Generic: VASOTEC)	36100020100305	Enalapril Maleate Tab 5 MG		Daily Dosage=2
(Generic: VASOTEC)	36100020100310	Enalapril Maleate Tab 10 MG		Daily Dosage=2
(Generic: VASOTEC)	36100020100315	Enalapril Maleate Tab 20 MG		Daily Dosage=2
(Generic: MONOPRIL)	36100027100310	Fosinopril Sodium Tab 10 MG		Daily Dosage=1
(Generic: MONOPRIL)	36100027100320	Fosinopril Sodium Tab 20 MG		Daily Dosage=1
(Generic: MONOPRIL)	36100027100340	Fosinopril Sodium Tab 40 MG		Daily Dosage=1
(Generic: ZESTRIL)	36100030000303	Lisinopril Tab 2.5 MG		Daily Dosage=1
(Generic: PRINIVIL, ZESTRIL)	36100030000305	Lisinopril Tab 5 MG		Daily Dosage=2
(Generic: PRINIVIL, ZESTRIL)	36100030000310	Lisinopril Tab 10 MG	PRINIVIL	Daily Dosage=2
(Generic: PRINIVIL, ZESTRIL)	36100030000315	Lisinopril Tab 20 MG		Daily Dosage=2
(Generic: ZESTRIL)	36100030000324	Lisinopril Tab 30 MG		Daily Dosage=2
(Generic: ZESTRIL)	36100030000330	Lisinopril Tab 40 MG		Daily Dosage=2
(Generic: ACCUPRIL)	36100040100305	Quinapril HCl Tab 5 MG		Daily Dosage=1
(Generic: ACCUPRIL)	36100040100310	Quinapril HCl Tab 10 MG		Daily Dosage=1
(Generic: ACCUPRIL)	36100040100320	Quinapril HCl Tab 20 MG		Daily Dosage=1
(Generic: ACCUPRIL)	36100040100340	Quinapril HCl Tab 40 MG		Daily Dosage=1
(Generic: ALTACE)	36100050000110	Ramipril Cap 1.25 MG		Daily Dosage=2
(Generic: ALTACE)	36100050000120	Ramipril Cap 2.5 MG		Daily Dosage=2
(Generic: ALTACE)	36100050000130	Ramipril Cap 5 MG		Daily Dosage=2
(Generic: ALTACE)	36100050000140	Ramipril Cap 10 MG		Daily Dosage=1
(Generic: MAVIK)	36100060000310	Trandolapril Tab 1 MG		Daily Dosage=4
(Generic: MAVIK)	36100060000320	Trandolapril Tab 2 MG		Daily Dosage=4
(Generic: MAVIK)	36100060000340	Trandolapril Tab 4 MG		Daily Dosage=4
(Generic: COZAAR)	36150040200320	Losartan Potassium Tab 25 MG	COZAAR	Daily Dosage=1
(Generic: COZAAR)	36150040200330	Losartan Potassium Tab 50 MG	COZAAR	Daily Dosage=1
(Generic: COZAAR)	36150040200340	Losartan Potassium Tab 100 MG	COZAAR	Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	3615008000310	Valsartan Tab 40 MG	DIOVAN	Daily Dosage=1; Step Therapy
	3615008000320	Valsartan Tab 80 MG	DIOVAN	Daily Dosage=1; Step Therapy
	3615008000330	Valsartan Tab 160 MG	DIOVAN	Daily Dosage=1; Step Therapy
	3615008000340	Valsartan Tab 320 MG	DIOVAN	Daily Dosage=1; Step Therapy
(Generic: CATAPRES)	36201010100305	Clonidine HCl Tab 0.1 MG		
(Generic: CATAPRES)	36201010100310	Clonidine HCl Tab 0.2 MG		
(Generic: CATAPRES)	36201010100315	Clonidine HCl Tab 0.3 MG		
	36201020100305	Guanabenz Acetate Tab 4 MG		
	36201020100310	Guanabenz Acetate Tab 8 MG		
(Generic: TENEX)	36201025100320	Guanfacine HCl Tab 1 MG		
(Generic: TENEX)	36201025100330	Guanfacine HCl Tab 2 MG		
	36201030000310	Methyldopa Tab 250 MG		
	36201030000315	Methyldopa Tab 500 MG		
(Generic: CARDURA)	36202005100310	Doxazosin Mesylate Tab 1 MG		
(Generic: CARDURA)	36202005100320	Doxazosin Mesylate Tab 2 MG		
(Generic: CARDURA)	36202005100330	Doxazosin Mesylate Tab 4 MG		
(Generic: CARDURA)	36202005100340	Doxazosin Mesylate Tab 8 MG		
(Generic: MINIPRESS)	36202030100105	Prazosin HCl Cap 1 MG		
(Generic: MINIPRESS)	36202030100110	Prazosin HCl Cap 2 MG		
(Generic: MINIPRESS)	36202030100115	Prazosin HCl Cap 5 MG		
(Generic: HYTRIN)	36202040100105	Terazosin HCl Cap 1 MG		
(Generic: HYTRIN)	36202040100110	Terazosin HCl Cap 2 MG		
(Generic: HYTRIN)	36202040100115	Terazosin HCl Cap 5 MG		
(Generic: HYTRIN)	36202040100120	Terazosin HCl Cap 10 MG		
	36203040000305	Reserpine Tab 0.1 MG		
	36203040000310	Reserpine Tab 0.25 MG		
	36400010100305	Hydralazine HCl Tab 10 MG		
	36400010100310	Hydralazine HCl Tab 25 MG		
(Generic: APRESOLINE)	36400010100315	Hydralazine HCl Tab 50 MG		
	36400010100320	Hydralazine HCl Tab 100 MG		
	36400020000305	Minoxidil Tab 2.5 MG		
	36400020000310	Minoxidil Tab 10 MG		
(Generic: LOTREL)	36991502200120	Benazepril HCl-Amlodipine Besylate Cap 10-2.5 MG		Daily Dosage=1
(Generic: LOTREL)	36991502200130	Benazepril HCl-Amlodipine Besylate Cap 10-5 MG		Daily Dosage=1
(Generic: LOTREL)	36991502200140	Benazepril HCl-Amlodipine Besylate Cap 20-5 MG		Daily Dosage=1
(Generic: LOTREL)	36991502200150	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG		Daily Dosage=1
(Generic: LOTENSIN HCl)	36991802150310	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG		Daily Dosage=1
(Generic: LOTENSIN HCl)	36991802150320	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG		Daily Dosage=1
(Generic: LOTENSIN HCl)	36991802150330	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG		Daily Dosage=1
(Generic: LOTENSIN HCl)	36991802150340	Benazepril & Hydrochlorothiazide Tab 20-25 MG		Daily Dosage=1
(Generic: CAPOZIDE)	36991802250310	Captopril & Hydrochlorothiazide Tab 25-15 MG		Daily Dosage=2
(Generic: CAPOZIDE)	36991802250320	Captopril & Hydrochlorothiazide Tab 25-25 MG		Daily Dosage=2
(Generic: CAPOZIDE)	36991802250330	Captopril & Hydrochlorothiazide Tab 50-15 MG		Daily Dosage=2
(Generic: CAPOZIDE)	36991802250340	Captopril & Hydrochlorothiazide Tab 50-25 MG		Daily Dosage=2
(Generic: VASERETIC)	36991802350305	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG		Daily Dosage=2
(Generic: VASERETIC)	36991802350310	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG		Daily Dosage=2
(Generic: MONOPRIL HCl)	36991802400310	Fosinopril Sodium & Hydrochlorothiazide Tab 10 12.5 MG		Daily Dosage=1
(Generic: MONOPRIL HCl)	36991802400320	Fosinopril Sodium & Hydrochlorothiazide Tab 20 12.5 MG		Daily Dosage=1
(Generic: PRINZIDE, ZESTORETIC)	36991802550305	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG		Daily Dosage=1
(Generic: PRINZIDE, ZESTORETIC)	36991802550310	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG		Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: PRINZIDE, ZESTORETIC)	36991802550320	Lisinopril & Hydrochlorothiazide Tab 20-25 MG		Daily Dosage=1
(Generic: TENORETIC)	36992002100310	Atenolol & Chlorthalidone Tab 50-25 MG		Daily Dosage=1
(Generic: TENORETIC)	36992002100320	Atenolol & Chlorthalidone Tab 100-25 MG		Daily Dosage=1
(Generic: LOPRESS HCT)	36992002200310	Metoprolol & Hydrochlorothiazide Tab 50-25 MG		Daily Dosage=2
(Generic: LOPRESS HCT)	36992002200320	Metoprolol & Hydrochlorothiazide Tab 100-25 MG		Daily Dosage=2
(Generic: LOPRESS HCT)	36992002200325	Metoprolol & Hydrochlorothiazide Tab 100-50 MG		Daily Dosage=2
(Generic: INDERIDE)	36992002400310	Propranolol & Hydrochlorothiazide Tab 40-25 MG		
	36992002400320	Propranolol & Hydrochlorothiazide Tab 80-25 MG		
(Generic: HYZAAR)	36994002450320	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	HYZAAR	Daily Dosage=1
(Generic: HYZAAR)	36994002450325	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG		Daily Dosage=1
(Generic: HYZAAR)	36994002450340	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	HYZAAR	Daily Dosage=1
	36994002700320	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	36994002700340	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	36994002700350	Valsartan-Hydrochlorothiazide Tab 160-25 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	36994002700360	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	36994002700370	Valsartan-Hydrochlorothiazide Tab 320-25 MG	DIOVAN HCT	Daily Dosage=1; Step Therapy
	36999002450115	Hydralazine & HCTZ Cap 25-25 MG		
	36999002450120	Hydralazine & HCTZ Cap 50-50 MG		
DIURETICS				
	37100010000305	Acetazolamide Tab 125 MG		
	37100010000310	Acetazolamide Tab 250 MG		
(Generic: DIAMOX SEQUE)	37100010006920	Acetazolamide Cap SR 12HR 500 MG		
(Generic: NEPTAZANE)	37100030000303	Methazolamide Tab 25 MG		
(Generic: NEPTAZANE)	37100030000305	Methazolamide Tab 50 MG		
(Generic: BUMEX)	37200010000305	Bumetanide Tab 0.5 MG		
(Generic: BUMEX)	37200010000310	Bumetanide Tab 1 MG		
(Generic: BUMEX)	37200010000315	Bumetanide Tab 2 MG		
(Generic: LASIX)	37200030000305	Furosemide Tab 20 MG		
(Generic: LASIX)	37200030000310	Furosemide Tab 40 MG		
(Generic: LASIX)	37200030000315	Furosemide Tab 80 MG		
	37200030002045	Furosemide Oral Soln 8 MG/ML		
	37200030002050	Furosemide Oral Soln 10 MG/ML		
(Generic: DEMADDEX)	37200080000310	Torsemide Tab 5 MG		Daily Dosage=1
(Generic: DEMADDEX)	37200080000320	Torsemide Tab 10 MG		Daily Dosage=1
(Generic: DEMADDEX)	37200080000330	Torsemide Tab 20 MG		Daily Dosage=1
(Generic: DEMADDEX)	37200080000350	Torsemide Tab 100 MG		Daily Dosage=1
(Generic: ALDACTONE)	37500020000305	Spironolactone Tab 25 MG		
(Generic: ALDACTONE)	37500020000310	Spironolactone Tab 50 MG		
(Generic: ALDACTONE)	37500020000315	Spironolactone Tab 100 MG		
	37600025000305	Chlorthalidone Tab 25 MG		
	37600025000310	Chlorthalidone Tab 50 MG		
	37600025000315	Chlorthalidone Tab 100 MG		
(Generic: MICROZIDE)	37600040000110	Hydrochlorothiazide Cap 12.5 MG		
	37600040000305	Hydrochlorothiazide Tab 25 MG		
	37600040000310	Hydrochlorothiazide Tab 50 MG		
	37600050000303	Indapamide Tab 1.25 MG		
	37600050000305	Indapamide Tab 2.5 MG		
(Generic: ZAROXOLYN)	37600060000305	Metolazone Tab 2.5 MG		
(Generic: ZAROXOLYN)	37600060000310	Metolazone Tab 5 MG		
(Generic: ZAROXOLYN)	37600060000315	Metolazone Tab 10 MG		
(Generic: ALDACTAZIDE)	37990002200310	Spironolactone & Hydrochlorothiazide Tab 25-25 MG		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DYAZIDE)	37990002300105	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG		Daily Dosage=1
	37990002300110	Triamterene & Hydrochlorothiazide Cap 50-25 MG		Daily Dosage=1
(Generic: MAXZIDE-25)	37990002300315	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG		Daily Dosage=1
(Generic: MAXZIDE)	37990002300330	Triamterene & Hydrochlorothiazide Tab 75-50 MG		Daily Dosage=1
VASOPRESSORS				
(Generic: PROAMATINE)	38000083100320	Midodrine HCl Tab 2.5 MG		
(Generic: PROAMATINE)	38000083100330	Midodrine HCl Tab 5 MG		
(Generic: PROAMATINE)	38000083100340	Midodrine HCl Tab 10 MG		
	38900040006245	Epinephrine Inj Device 0.15 MG/0.3ML (1:2000)	EPIPEN-JR	Max Qty=2/30 days
	38900040006265	Epinephrine Inj Device 0.3 MG/0.3ML (1:1000)	ADRENACLICK, EPIPEN, EPIPEN 2-PAK, TWINJECT, TWINJECT	Max Qty=2/30 days
ANTIHYPERLIPIDEMICS				
(Generic: QUESTRAN)	39100010002905	Cholestyramine Powder 4 GM		
(Generic: QUESTRAN)	39100010003005	Cholestyramine Powder Packets 4 GM		
(Generic: QUESTRAN)	39100010102905	Cholestyramine Light Powder 4 GM/DOSE		
(Generic: QUESTRAN)	39100010103005	Cholestyramine Light Powder Packets 4 GM		
(Generic: COLESTID)	39100020100320	Colestipol HCl Tab 1 GM		Daily Dosage=2
(Generic: COLESTID, COLESTID FLA)	39100020102705	Colestipol HCl Granules 5 GM		
(Generic: LOFIBRA)	39200025000312	Fenofibrate Tab 54 MG		Daily Dosage=3
(Generic: LOFIBRA)	39200025000325	Fenofibrate Tab 160 MG	TRIGLIDE	Daily Dosage=1
(Generic: LOFIBRA)	39200025100107	Fenofibrate Micronized Cap 67 MG		Daily Dosage=2
(Generic: LOFIBRA)	39200025100115	Fenofibrate Micronized Cap 134 MG		Daily Dosage=1
(Generic: LOFIBRA)	39200025100130	Fenofibrate Micronized Cap 200 MG		Daily Dosage=1
(Generic: LOPID)	39200030000310	Gemfibrozil Tab 600 MG		Daily Dosage=2
	39400010100310	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	LIPITOR	Daily Dosage=1; Step Therapy
	39400010100320	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	LIPITOR	Daily Dosage=1; Step Therapy
	39400010100330	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	LIPITOR	Daily Dosage=1; Step Therapy
	39400010100350	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	LIPITOR	Daily Dosage=1; Step Therapy
(Generic: MEVACOR)	39400050000305	Lovastatin Tab 10 MG		Daily Dosage=1
(Generic: MEVACOR)	39400050000310	Lovastatin Tab 20 MG		Daily Dosage=1
(Generic: MEVACOR)	39400050000320	Lovastatin Tab 40 MG		Daily Dosage=2
(Generic: PRAVACHOL)	39400065100320	Pravastatin Sodium Tab 10 MG		Daily Dosage=1
(Generic: PRAVACHOL)	39400065100330	Pravastatin Sodium Tab 20 MG		Daily Dosage=1
(Generic: PRAVACHOL)	39400065100340	Pravastatin Sodium Tab 40 MG		Daily Dosage=1
(Generic: PRAVACHOL)	39400065100360	Pravastatin Sodium Tab 80 MG		Daily Dosage=1
(Generic: ZOCOR)	39400075000310	Simvastatin Tab 5 MG		Daily Dosage=1
(Generic: ZOCOR)	39400075000320	Simvastatin Tab 10 MG		Daily Dosage=1
(Generic: ZOCOR)	39400075000330	Simvastatin Tab 20 MG		Daily Dosage=1
(Generic: ZOCOR)	39400075000340	Simvastatin Tab 40 MG		Daily Dosage=1
(Generic: ZOCOR)	39400075000360	Simvastatin Tab 80 MG		Daily Dosage=1
CARDIOVASCULAR AGENTS - MISC.				
	40100060100205	Papaverine HCl Cap CR 150 MG		
ANTI-HISTAMINES				
	41100020150205	Chlorpheniramine Maleate Cap CR 8 MG		Daily Dosage=3
	41100020150210	Chlorpheniramine Maleate Cap CR 12 MG	CHLORPHENIR	Daily Dosage=2
(Generic: CHLOR-TRIMET)	41100020150310	Chlorpheniramine Maleate Tab 4 MG		Daily Dosage=6
(Generic: CHLOR-TRIMET)	41100020151205	Chlorpheniramine Maleate Syrup 2 MG/5ML		Daily Dosage=60
	41100030150405	Dexchlorpheniramine Maleate Tab CR 4 MG		
	41100030151205	Dexchlorpheniramine Maleate Syrup 2 MG/5ML	DEXCHLORPHEN	
(Generic: TAVIST, TAVIST-1)	41200020400305	Clemastine Fumarate Tab 1.34 MG		
(Generic: BENADRYL, BENADRYL DF)	41200030100105	Diphenhydramine HCl Cap 25 MG		
	41200030100110	Diphenhydramine HCl Cap 50 MG		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: BENADRYL, BENADRYL ALG)	41200030100305	Diphenhydramine HCl Tab 25 MG		
	41200030100310	Diphenhydramine HCl Tab 50 MG		
(Generic: BENADRYL ALL)	41200030100920	Diphenhydramine HCl Liquid 12.5 MG/5ML		
	41200030101010	Diphenhydramine HCl Elixir 12.5 MG/5ML		
	41200030101210	Diphenhydramine HCl Syrup 12.5 MG/5ML		
	41400020100305	Promethazine HCl Tab 12.5 MG		Limited to Ages 2 and Older
	41400020100310	Promethazine HCl Tab 25 MG		Limited to Ages 2 and Older
	41400020100315	Promethazine HCl Tab 50 MG		Limited to Ages 2 and Older
	41400020101210	Promethazine HCl Syrup 6.25 MG/5ML	PROMETHAZINE	Limited to Ages 2 and Older; Max Qty=240/claim
	41400020105205	Promethazine HCl Suppos 12.5 MG		Limited to Ages 2 and Older; Max Qty=12/claim
	41400020105210	Promethazine HCl Suppos 25 MG		Limited to Ages 2 and Older; Max Qty=12/claim
	41400020105215	Promethazine HCl Suppos 50 MG		Limited to Ages 2 and Older; Max Qty=12/claim
	41500020100305	Cyproheptadine HCl Tab 4 MG		
	41500020101210	Cyproheptadine HCl Syrup 2 MG/5ML		
(Generic: ZYRTEC)	41550020100310	Cetirizine HCl Tab 5 MG	ZYRTEC	Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC ALLGY, ZYRTEC HIVES)	41550020100320	Cetirizine HCl Tab 10 MG	ZYRTEC	Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC CHILD)	41550020100510	Cetirizine HCl Chew Tab 5 MG		Daily Dosage=1
(Generic: ZYRTEC, ZYRTEC CHILD)	41550020100520	Cetirizine HCl Chew Tab 10 MG		Daily Dosage=1
(Generic: ZYRTEC CHILD, ZYRTEC HIVES)	41550020101210	Cetirizine HCl Syrup 5 MG/5ML	ZYRTEC	Limited to Ages 12 and Under; Daily Dosage=10
(Generic: ALLEGRA)	41550024100310	Fexofenadine HCl Tab 30 MG		Daily Dosage=2; Step Therapy
(Generic: ALLEGRA)	41550024100320	Fexofenadine HCl Tab 60 MG		Daily Dosage=2; Step Therapy
(Generic: ALLEGRA)	41550024100350	Fexofenadine HCl Tab 180 MG		Daily Dosage=1; Step Therapy
(Generic: CLARITIN)	41550030000320	Loratadine Tab 10 MG		
(Generic: CLARITIN)	41550030001220	Loratadine Syrup 5 MG/5ML		Daily Dosage=10
(Generic: CLARITIN, CLARITIN RDT)	41550030007220	Loratadine Rapidly-Disintegrating Tab 10 MG		
NASAL AGENTS - SYSTEMIC AND TOPICAL				
(Generic: SUDAFD NASAL, SUDAFED)	42101020100305	Pseudoephedrine HCl Tab 30 MG		
	42101020100310	Pseudoephedrine HCl Tab 60 MG		
(Generic: SUDAFED CHLD)	42101020100902	Pseudoephedrine HCl Liq 15 MG/5ML		
	42101020100905	Pseudoephedrine HCl Liq 30 MG/5ML		
	42101020101210	Pseudoephedrine HCl Syrup 30 MG/5ML		
(Generic: PEDIACARE)	42101020102010	Pseudoephedrine HCl Soln 7.5 MG/0.8ML		
	42101020107405	Pseudoephedrine HCl Tab SR 12HR 120 MG		Max Qty=62/31 days
	42102020102005	Epinephrine HCl Nasal Soln 0.1%	ADRENALIN	
	42200010321810	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	BECONASE AQ	Max Qty=25/claim; Step Therapy
(Generic: NASALIDE)	42200030002005	Flunisolide Nasal Soln 0.025%		Max Qty=25/claim
(Generic: NASAREL)	42200030002060	Flunisolide Nasal Soln 29 MCG/ACT		
(Generic: FLONASE)	42200032301810	Fluticasone Propionate Nasal Susp 50 MCG/ACT		Max Qty=16/claim
	42200045101820	Mometasone Furoate Nasal Susp 50 MCG/ACT	NASONEX	Limited to Ages 2 and Older; Max Qty=17/claim; Age > 4 = Step Therapy
	42200060102410	Triamcinolone Acetonide Nasal Inhal 55 MCG/ACT	NASACORT AQ	Limited to Ages 2 and Older; Max Qty=17/claim; Age > 4 = Step Therapy
	42251050104210	Mupirocin Calcium Nasal Oint 2%	BACTROBAN	
(Generic: ATROVENT NAS)	42300040102010	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)		Max Qty=30/25 days
(Generic: ATROVENT NAS)	42300040102020	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)		Max Qty=15/30 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NASALCROM)	42405030103410	Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)		Max Qty=26/claim
(Generic: OCEAN NASAL)	42500010002010	Saline Nasal Spray 0.65%		
COUGH/COLD/ALLERGY				
(Generic: HYCODAN)	43101010001210	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML		
(Generic: TESSALON PER)	43102010000105	Benzonatate Cap 100 MG		
(Generic: TESSALON)	43102010000110	Benzonatate Cap 200 MG		
(Generic: TRIAMINIC)	43102030500920	Dextromethorphan HBr Liquid 7.5 MG/5ML		Max Qty=240/6 days
	43102030601110	Dextromethorphan Polistirex Liquid CR 30 MG/5ML	DELSYM	Max Qty=240/6 days
(Generic: ROBITUSSIN)	43200010001210	Guaifenesin Syrup 100 MG/5ML		Max Qty=240/6 days
(Generic: HUMIBID, MUCINEX)	43200010007420	Guaifenesin Tab SR 12HR 600 MG	MUCINEX	Daily Dosage=2
(Generic: DURATUSS G)	43200010007450	Guaifenesin Tab SR 12HR 1200 MG	MUCINEX	Daily Dosage=2
	43300010002003	Acetylcysteine Inhal Soln 10%		
	43300010002005	Acetylcysteine Inhal Soln 20%		
	43400010002510	Sodium Chloride Soln Nebu 0.45%	SODIUM CHLOR	
	43400010002520	Sodium Chloride Soln Nebu 0.9%		
	43400010002530	Sodium Chloride Soln Nebu 3%		
	43400010002540	Sodium Chloride Soln Nebu 10%		
	43400010003420	Sodium Chloride Aero Soln 0.9%		Max Qty=240/claim
(Generic: CEPACOL CHLD)	43991002300920	Pseudoephedrine w/ Acetaminophen Liquid 15-160 MG/5ML	TYLENOL CHLD	
(Generic: ADVIL COLD/)	43991002310310	Pseudoephedrine-Ibuprofen Tab 30-200 MG		
(Generic: CHILD MOTRIN)	43991002311820	Pseudoephedrine-Ibuprofen Susp 15-100 MG/5ML		
	43991003100330	Phenylephrine-APAP-Caffeine Tab 5-500-75 MG	MEDI-GRAINE	Max Qty=120/30 days
(Generic: ALLERX-D)	43992802507420	Pseudoephedrine-Methscopolamine Tab SR 12HR 120-2.5 MG		
	43993002200920	Brompheniramine & Phenylephrine Liqd 2-5 MG/ML	DECON-A	
	43993002201010	Brompheniramine & Phenylephrine Elixir 2-5 MG/5ML	DECON-A	
	43993002240210	Brompheniramine & Pseudoephedrine Cap CR 6-60 MG		Daily Dosage=4
(Generic: BROMFED)	43993002240215	Brompheniramine & Pseudoephedrine Cap CR 12-120 MG		Daily Dosage=4
(Generic: DIMETAPP)	43993002241003	Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML		Max Qty=240/claim
	43993002241235	Brompheniramine & Pseudoephedrine Syrup 4-45 MG/5ML	SILDEC	Max Qty=240/claim
(Generic: ZYRTEC-D ALG)	43993002277420	Cetirizine-Pseudoephedrine Tab SR 12HR 5-120 MG	ZYRTEC-D	PA, Legend; Daily Dosage=2
(Generic: DALLERGY)	43993002300955	Chlorpheniramine & Phenylephrine Liquid 1-2 MG/ML		
(Generic: RONDEC)	43993002300960	Chlorpheniramine & Phenylephrine Liquid 1-3.5 MG/ML		Max Qty=30/claim
(Generic: RONDEC)	43993002301215	Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML		Max Qty=240/claim
(Generic: DECONAMINE)	43993002340220	Chlorpheniramine & Pseudoephedrine Cap CR 8-120 MG		Daily Dosage=2
(Generic: HISTEX)	43993002340910	Chlorpheniramine & Pseudoephedrine Liquid 2-30 MG/5ML		Max Qty=240/claim
(Generic: DECONAMINE)	43993002341205	Chlorpheniramine & Pseudoephedrine Syrup 2-30 MG/5ML	CPM/PSE	Max Qty=240/claim
	43993002342005	Chlorpheniramine & Pseudoephedrine Soln 2-30 MG/5ML		
(Generic: RYNATAN PED)	43993002361830	Chlorpheniramine Tan-Phenylephrine Tan Susp 4.5-5 MG/5ML		Limited to Ages 3 and Older; Age > 6: Daily Dosage=20; From age 3 through 5: Daily Dosage=10
	43993002580220	Diphenhydramine & Pseudoephedrine Cap CR 25 60 MG	BENAPHEN	

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: BENADRYL DEC)	43993002580320	Diphenhydramine & Pseudoephedrine Tab 25-60 MG		
	43993002580910	Diphenhydramine & Pseudoephedrine Liquid 12.5-30 MG/5ML	BENADRYL ALL, BENADRYL-D	Max Qty=240/claim
(Generic: CLARITIN-D)	43993002597430	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG		Max Qty=62/31 days; Daily Dosage=2
(Generic: CLARITIN-D)	43993002597520	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG		Daily Dosage=1
	43993002701210	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	43993003251820	Chlorphen Tan-Pyrimamine Tan-PE Tan Susp 2-12.5-5 MG/5ML		Daily Dosage=20
(Generic: EXTENDRYL)	43993503180510	Chlorpheniramine-PE-Methscopolamine Chew Tab 2-10-1.25 MG	DALLERGY	Limited to Ages 3 and Older; Limited to Ages 7 and Under; Max Qty=60/claim
	43993503181210	Chlorphen-PE-Methscopolamine Syrup 2-10-0.625 MG/5ML		Max Qty=240/6 days
	43993503181220	Chlorpheniramine-PE-Methscopolamine Syrup 2-10-1.25 MG/5ML	DEHISTINE	Max Qty=240/6 days
(Generic: DURAHIST PE)	43993503187415	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-1.25 MG		Max Qty=62/31 days
	43993503187420	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-2.5 MG	DALLERGY PE	Max Qty=62/31 days
(Generic: ALKA-SELTZER)	43994003200110	Chlorphen-Pseudoephedrine w/ APAP Cap 2-30-325 MG		
(Generic: SCOT-TUSSIN)	43994004540920	Phenir-PE w/ Sod Salicyl & Caff Cit Liq 13-4-83-25 MG/5ML		
	43995202341210	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	43995303101210	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	43995303501203	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-1.67 MG/5ML		Max Qty=240/claim
	43995303501205	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-2.5 MG/5ML		Max Qty=240/claim
	43995303521203	Phenyleph-Pyrimamine w/ Hydrocodone Syrup 5-5-5 MG/5ML		Max Qty=240/claim
(Generic: CODIMAL DH)	43995303521210	Phenyleph-Pyrimamine w/ Hydrocodone Syrup 5-8.33-1.66 MG/5ML		Max Qty=240/claim
	43995406280920	*PE-Pheniramine-COD-Sod Salicylate-Sod Cit-Caff Liquid***	TUSSIREX-SF	
	43995502200910	Acetaminophen w/ DM Liq 160-5 MG/5ML		
	43995602300923	Pseudoephedrine-DM Liq 15-7.5 MG/5ML		Max Qty=240/claim
(Generic: VICKS 44D)	43995602301020	Pseudoephedrine-DM Elixir 20-10 MG/5ML		Max Qty=240/claim
(Generic: PEDIACARE)	43995602302020	Pseudoephedrine-DM Soln 7.5-2.5 MG/0.8ML	EQL INFANT	Max Qty=30/6 days
	43995702100925	Chlorpheniramine-DM Liquid 2-15 MG/5ML		Max Qty=240/claim
	43995702101203	Chlorpheniramine-DM Syrup 1-7.5 MG/5ML	DIMETAPP	Max Qty=240/claim
	43995702101207	Chlorpheniramine-DM Syrup 2-10 MG/5ML	TRICODENE SF	
	43995702301210	Promethazine-DM Syrup 6.25-15 MG/5ML		Limited to Ages 2 and Older; Max Qty=240/claim
	43995803120520	Phenylephrine-Chlorphen-DM Chew Tab SR 12HR 30-4-30 MG	ED DM	
(Generic: NOREL DM)	43995803120930	Phenylephrine-Chlorphen-DM Liquid 10-4-15 MG/5ML		Max Qty=240/claim
(Generic: RONDEC-DM)	43995803120960	Phenylephrine-Chlorphen-DM Liquid 3.5-1-3 MG/ML		Max Qty=30/6 days
(Generic: POLY-TUSSIN)	43995803121210	Phenylephrine-Chlorphen-DM Syrup 5-2-15 MG/5ML		Max Qty=240/claim
	43995803121215	Phenylephrine-Chlorphen-DM Syrup 6-2-15 MG/5ML		Max Qty=240/claim
	43995803121230	Phenylephrine-Chlorphen-DM Syrup 10-2-15 MG/5ML		Max Qty=240/claim
(Generic: RONDEC-DM)	43995803121250	Phenylephrine-Chlorphen-DM Syrup 12.5-4-15 MG/5ML		Max Qty=240/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	43995803121820	Phenylephrine-Chlorphen-DM Susp 7.5-2-15 MG/5ML	RICOTUSS	
(Generic: PHENABID DM)	43995803127420	Phenylephrine-Chlorphen-DM Tab SR 12HR 20-8-30 MG		
(Generic: CODIMAL DM)	43995803161210	Phenylephrine-Pyrimamine-DM Syrup 5-8.33-10 MG/5ML		Max Qty=240/claim
(Generic: PEDIACARE)	43995803300903	Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML		Max Qty=240/claim
(Generic: PEDIACARE, ROBITUSSIN, TRIAMINIC)	43995803300905	Pseudoephed-Chlorphen-DM Liq 15-1-7.5 MG/5ML		Max Qty=240/claim
	43995803320910	Pseudoephed-Bromphen-DM Liquid 30-1-20 MG/5ML	DELTUSS DMX	
	43995803321020	Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML		Max Qty=240/claim
	43995803321210	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML		Max Qty=240/claim
	43995803321230	Pseudoephed-Bromphen-DM Syrup 45-4-15 MG/5ML		Max Qty=240/claim
	43995904501230	Pseudoeph-Chlorphen-DM w/ APAP Syrup 60-4-30-500 MG/20ML	MULTIDEXOL M	
	43995904520110	Pseudoeph-Doxylamine-DM w/ APAP Cap 30-6.25-10-250 MG		
	43995904520120	Pseudoeph-Doxylamine-DM w/ APAP Cap 30-6.25-15-325 MG		
(Generic: NYQUIL)	43995904520917	Pseudoeph-Doxylamine-DM w/ APAP Liq 60-7.5-30-1000MG/30ML		
	43995904520920	Pseudoeph-Doxylamine-DM w/APAP Liquid 60-12.5-30-1000MG/30ML		
(Generic: RESCON-GG)	43996202100920	Phenylephrine-Guaifenesin Liq 5-100 MG/5ML		Max Qty=240/6 days
(Generic: NUMONYL NR)	43996202120920	Phenylephrine-Potassium Guaiaacolsulfonate Liq 5-75 MG/5ML	KGS-PE	
(Generic: ROBITUSSIN)	43996202301210	Pseudoephedrine-Guaifenesin Syrup 30-100 MG/5ML		Max Qty=240/claim
	43996202307435	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG	MUCINEX D	Max Qty=210/claim
	43996202307480	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-600 MG	GUAIMAX-D	Max Qty=210/claim
	43996203402020	Phenylephrine-GG-Potassium Citrate Soln 5-110-80 MG/5ML	VITA-NUMONYL	Max Qty=240/6 days
	43996603202010	Phenylephrine-Chlorphen-GG Soln 2-1-20 MG/ML		Max Qty=30/6 days
	43996703507460	Phenylephrine-APAP-GG Tab SR 12HR 30-250-1100 MG	LUSONEX PLUS	
(Generic: DAY TIME)	43996903400120	Dextromethorphan-Phenylephrine-APAP Cap 10-5-325 MG		
	43996903400920	Dextromethorphan-Phenylephrine-APAP Liq 2.5-1.25-80 MG/ML	LITTLE COLDS	
(Generic: ALKA-SELTZER)	43996903700125	Pseudoephedrine w/ APAP-DM Caps 30-250-10 MG		
	43996903700130	Pseudoephedrine w/ APAP-DM Cap 30-325-15 MG		
	43996903700906	Pseudoephedrine w/ APAP-DM Liq 60-650-20 MG/30ML		
(Generic: TUSSO-C)	43997002280945	Guaifenesin-Codeine Liquid 200-10 MG/5ML	DIABETIC, DIABETIC TUS	
(Generic: TUSSI-ORGANI)	43997002280950	Guaifenesin-Codeine Liquid 300-10 MG/5ML		
	43997002282020	Guaifenesin-Codeine Soln 100-10 MG/5ML		
	43997002450920	DM-Pot Guaiaacolsulfonate Liq 10-75 MG/5ML (2-15 MG/ML)	ALBATUSSIN, GUACOL DM	
(Generic: PROLEX DM)	43997002450930	Dextromethorphan-Pot Guaiaacolsulfonate Liq 15-300 MG/5ML		
	43997002520905	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML		
(Generic: CHERACOL, CHERACOL-D)	43997002520910	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML		Max Qty=240/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ROBITUSSIN, ROBITUSSN DM)	43997002520912	Dextromethorphan-Guaifenesin Liquid 10-200 MG/5ML		Max Qty=240/claim
	43997002520913	Dextromethorphan-Guaifenesin Liquid 15-25 MG/5ML	BIOSPEC DMX, TRISPEC DMX	
	43997002520922	Dextromethorphan-Guaifenesin Liquid 15-200 MG/5ML	SCOT-TUSSIN	
	43997002520923	Dextromethorphan-Guaifenesin Liquid 20-200 MG/5ML		
	43997002520930	Dextromethorphan-Guaifenesin Liquid 30-200 MG/5ML		
	43997002521030	Dextromethorphan-Guaifenesin Elixir 20-200 MG/5ML	HT-TUSS DM	Max Qty=240/claim
(Generic: ROBITUSSN DM)	43997002521220	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML		Max Qty=240/claim
(Generic: SCOT-TUSSIN)	43997002521230	Dextromethorphan-Guaifenesin Syrup 15-100 MG/5ML		Max Qty=240/claim
	43997002522040	Dextromethorphan-Guaifenesin Soln 15-250 MG/5ML (3.50 MG/M)	VITA-NUMONYL	
(Generic: CORICIDAN CO)	43997002527430	Dextromethorphan-Guaifenesin Tab SR 12HR 30 600 MG	MUCINEX DM	Daily Dosage=2
	43997002527433	Dextromethorphan-Guaifenesin Tab SR 12HR 30 650 MG		Daily Dosage=2
(Generic: PNEUMOTUSSIN)	43997002700305	Hydrocodone-Guaifenesin Tab 2.5-300 MG		
	43997002700910	Hydrocodone-Guaifenesin Liquid 5-100 MG/5ML	PHANATUSS HC	
(Generic: PANCOF XP)	43997002701217	Hydrocodone-Guaifenesin Syrup 3-90 MG/5ML		
(Generic: HYCOTUSS EXP)	43997002701220	Hydrocodone-Guaifenesin Syrup 5-100 MG/5ML		Max Qty=240/claim
	43997002707420	Hydrocodone-Guaifenesin Tab SR 12HR 5-575 MG	TOURO HC	
	43997002707425	Hydrocodone-Guaifenesin Tab SR 12HR 5-600 MG	XPECT-HC	
	43997303141218	Phenylephrine w/ Hydrocodone-GG Syrup 10-2-100 MG/5ML		
	43997303302010	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML		Max Qty=240/6 days
	43997303320948	Pseudoephedrine w/ DM-GG Liquid 30-10-100 MG/5ML		Max Qty=240/6 days
	43997303340920	Pseudoephedrine w/ Hydrocodone-GG Liqd 15-2.5-100 MG/5ML	GENECOF-XP	
	43997303340925	Pseudoephedrine w/ Hydrocodone-GG Liqd 15-3-100 MG/5ML		
	43997303341010	Pseudoephedrine w/ Hydrocodone-GG Elixir 30-2.5-100 MG/5ML		Max Qty=240/6 days
	43998004261240	Phenyleph-Chlorphen w/ DM-GG Syrup 10-2-7.5-100 MG/5ML		
	43998304200905	Pseudoephedrine-DM-GG w/ APAP Liq 30-10-100-324 MG/15ML		
	43998903250120	Dextromethorphan-APAP-Chlorpheniramine Cap 15-325-4 MG	DIABETIC	
(Generic: CLEAR COUGH, TYLENOL CGH, TYLENOL WARM)	43998903350920	Dextromethorphan-Doxylamine-APAP Liquid 30-12.5-1000 MG/30ML		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS				
	44100030102020	Ipratropium Bromide Inhal Soln 0.02%		Max Qty=375/25 days
	44100030123420	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	ATROVENT HFA	Max Qty=26/30 days
	44100080100120	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	SPIRIVA	Daily Dosage=1
(Generic: INTAL)	44150010102505	Cromolyn Sodium Soln Nebu 20 MG/2ML		Max Qty=240/30 days
	44150010103405	Cromolyn Sodium Inhal Aerosol Soln 800 MCG/ACT (1 MG/Valve)	INTAL 112, INTAL 200, INTAL INH	Pkg Size 14.2: Package Limit=1/30 days; Pkg Size 8.1: Package Limit=2/30 days
	44150050103410	Nedocromil Sodium Inhal Aerosol 1.75 MG/ACT	TILADE	Max Qty=32/30 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: PROVENTIL)	44201010003405	Albuterol Inhal Aerosol 90 MCG/ACT	ALBUTEROL	Max Qty=34/30 days
	44201010100305	Albuterol Sulfate Tab 2 MG		
	44201010100310	Albuterol Sulfate Tab 4 MG		
(Generic: VENTOLIN)	44201010101205	Albuterol Sulfate Syrup 2 MG/5ML		
(Generic: PROVENTIL)	44201010102515	Albuterol Sulfate Soln Nebu 0.083%		Max Qty=375/25 days
	44201010102520	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)		Daily Dosage=2
		Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)		
(Generic: ACCUNEB)	44201010102560	Albuterol Sulfate Inhal Aero 120 MCG/ACT (100MCG Base Equiv)	PROAIR HFA, VENTOLIN HFA	Package Limit=2/30 days
	44201010103410	Albuterol Sulfate Tab SR 12HR 4 MG		
(Generic: VOSPIRE ER)	44201010107410	Albuterol Sulfate Tab SR 12HR 8 MG		
(Generic: VOSPIRE ER)	44201010107420	Albuterol Sulfate Tab SR 12HR 8 MG		
	44201027100120	Formoterol Fumarate Inhal Cap 12 MCG	FORADIL	Daily Dosage=2
	44201050200305	Metaproterenol Sulfate Tab 10 MG	METAPROTTEREN	
	44201050200310	Metaproterenol Sulfate Tab 20 MG	METAPROTTEREN	
	44201050201205	Metaproterenol Sulfate Syrup 10 MG/5ML		Daily Dosage=30
	44201050202503	Metaproterenol Sulfate Soln Nebu 0.4%		Daily Dosage=8
	44201050202505	Metaproterenol Sulfate Soln Nebu 0.6%		Daily Dosage=8
	44201050203310	Metaproterenol Sulfate Inhal Aerosol Pow 0.65 MG/ACT	ALUPENT INH	Max Qty=28/30 days
	44201058108020	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	SEREVENT DIS	Daily Dosage=2
(Generic: BRETINE)	44201060200305	Terbutaline Sulfate Tab 2.5 MG		
(Generic: BRETINE)	44201060200310	Terbutaline Sulfate Tab 5 MG		
(Generic: DUONEB)	44209902012015	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML		Daily Dosage=12
	44209902013220	Ipratropium-Albuterol Aerosol 18-103 MCG/ACT (20-120MCG/ACT)	COMBIVENT	Max Qty=29/30 days
	44209902703250	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	ADVAIR HFA	Max Qty=12/30 days
	44209902703260	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	ADVAIR HFA	Max Qty=12/30 days
	44209902703270	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	ADVAIR HFA	Max Qty=12/30 days
	44209902708020	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	ADVAIR DISKU	Max Qty=60/30 days
	44209902708030	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	ADVAIR DISKU	Max Qty=60/30 days
	44209902708040	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	ADVAIR DISKU	Max Qty=60/30 days
	44300010000305	Aminophylline Tab 100 MG		
	44300010000310	Aminophylline Tab 200 MG	AMINOPHYLLIN	
	44300020000310	Dyphylline Tab 200 MG	LUFYLLIN	
	44300020000315	Dyphylline Tab 400 MG	LUFYLLIN	
	44300040001010	Theophylline Elixir 80 MG/15ML	ELIXOPHYLLIN	
	44300040006923	Theophylline Cap SR 12HR 125 MG	THEOCAP	
	44300040007020	Theophylline Cap SR 24HR 100 MG	THEO-24	
	44300040007030	Theophylline Cap SR 24HR 200 MG	THEO-24	
	44300040007040	Theophylline Cap SR 24HR 300 MG	THEO-24	
	44300040007050	Theophylline Cap SR 24HR 400 MG	THEO-24	
	44300040007420	Theophylline Tab SR 12HR 100 MG		
(Generic: THEO-DUR)	44300040007430	Theophylline Tab SR 12HR 200 MG		
(Generic: QUIBRON-T SR, THEO-DUR)	44300040007440	Theophylline Tab SR 12HR 300 MG		
	44300040007455	Theophylline Tab SR 12HR 450 MG		
(Generic: UNIPHYL)	44300040007540	Theophylline Tab SR 24HR 400 MG		
(Generic: UNIPHYL)	44300040007560	Theophylline Tab SR 24HR 600 MG		
	44400010103408	Beclomethasone Dipropionate Inhal Aero Soln 40 MCG/ACT	QVAR	Max Qty=15/30 days
	44400010103428	Beclomethasone Dipropionate Inhal Aero Soln 80 MCG/ACT	QVAR	Max Qty=15/30 days
(Generic: PULMICORT)	44400015001830	Budesonide Inhalation Susp 0.25 MG/2ML		Limited to Ages 6 and Under; Max Qty=120/30 days
(Generic: PULMICORT)	44400015001840	Budesonide Inhalation Susp 0.5 MG/2ML		Limited to Ages 6 and Under; Max Qty=120/30 days
	44400015001850	Budesonide Inhalation Susp 1 MG/2ML	PULMICORT	Limited to Ages 6 and Under; Max Qty=60/30 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	44400015008009	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	PULMICORT	Max Qty=1/25 days
	44400015008018	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	PULMICORT	Max Qty=1/25 days
	44400033208010	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	FLOVENT DISK	Max Qty=60/25 days
	44400033208020	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	FLOVENT DISK	Daily Dosage=2
	44400033208030	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	FLOVENT DISK	Daily Dosage=2
	44400033223220	Fluticasone Propionate HFA Inhal Aerosol 44 MCG/ACT	FLOVENT HFA	Max Qty=11/25 days
	44400033223230	Fluticasone Propionate HFA Inhal Aerosol 110 MCG/ACT	FLOVENT HFA	Max Qty=12/25 days
	44400033223240	Fluticasone Propionate HFA Inhal Aerosol 220 MCG/ACT	FLOVENT HFA	Max Qty=12/25 days
	44505050100330	Montelukast Sodium Tab 10 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy for Allergic Rhinitis
	44505050100516	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy for Allergic Rhinitis
	44505050100520	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy for Allergic Rhinitis
	44505050103020	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy for Allergic Rhinitis
	44991002400130	Theophylline-Guaifenesin Cap 300-180 MG	QUIBRON-300	
LAXATIVES				
	46100010101820	Magnesium Hydroxide Susp 400 MG/5ML	CVS MILK OF	Max Qty=992/31 days
	46100020102000	Magnesium Citrate Soln	MAGNESIUM CI	
(Generic: FLEET)	46109902105100	*Sodium Phosphates - Enema***		
(Generic: DULCOLAX)	46200010000610	Bisacodyl Tab Delayed Release 5 MG	CVS BISACODY	Daily Dosage=1
(Generic: DULCOLAX)	46200010005205	Bisacodyl Suppos 10 MG		Max Qty=12/claim
	46200060100310	Senna Tab 187 MG		
	46200060102900	Senna Powder		
(Generic: SENOKOT)	46200060200303	Sennosides Tab 8.6 MG	SENNA TAB 8.	
(Generic: METAMUCIL)	46300030100132	Psyllium Cap 0.52 GM		
	46300030102928	Psyllium Powder 28%	NATURAL VEG	
	46300030102929	Psyllium Powder 28.3%		
	46300030102930	Psyllium Powder 30%		
	46300030102932	Psyllium Powder 30.9%		
	46300030102933	Psyllium Powder 33%		
(Generic: METAMUCIL)	46300030102948	Psyllium Powder 48.57%	WAL-MUCIL	
	46300030102950	Psyllium Powder 50%		
	46300030102958	Psyllium Powder 58.6%		
	46300030102968	Psyllium Powder 68%		
(Generic: EVAC, KONSYL)	46300030102999	Psyllium Powder 100%		
	46500010300105	Docusate Sodium Cap 50 MG	COLACE	
(Generic: COLACE)	46500010300110	Docusate Sodium Cap 100 MG	PREM VALUE D	Daily Dosage=3
	46500010300120	Docusate Sodium Cap 250 MG		Daily Dosage=3
	46500010300305	Docusate Sodium Tab 100 MG		
(Generic: COLACE)	46500010300910	Docusate Sodium Liquid 150 MG/15ML	CVS SENNA PL	
(Generic: COLACE)	46500010301220	Docusate Sodium Syrup 60 MG/15ML		
	46600010005210	Glycerin Suppos 1.5 GM		Max Qty=12/claim
	46600010005220	Glycerin Suppos 3 GM	GLYCERIN 3 M	Max Qty=24/claim
	46600020002010	Lactulose Solution 10 GM/15ML		
(Generic: MIRALAX)	46600033002910	Polyethylene Glycol 3350 Oral Powder		Daily Dosage=17
(Generic: MIRALAX)	46600033003020	Polyethylene Glycol 3350 Oral Packet		
	46600070002040	Sorbitol Oral Solution 70%	SORBITOL	
	46991002600310	Phenolphthalein-DSS Tab 65-100 MG		
(Generic: SENOKOT S)	46991002770320	Sennosides-Docusate Sodium Tab 8.6-50 MG	CVS SENNA PL, SENNA S 8.06, STOOL SOFTEN	
	46992002106300	Bisacodyl-Sod Biphos/Sod Phos Prep Kit	FLEET PREP	
(Generic: NULYTELY)	46992004302120	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM		Package Limit=1/claim
	46992005302020	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Soln 6 GM/100ML	OCL	
(Generic: GOLYTELY)	46992005302130	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM		Package Limit=1/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: COLYTE, COLYTE/FLAVR)	46992005302140	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM		Package Limit=1/claim
ANTIDIARRHEALS				
(Generic: LOMOTIL)	47100010100310	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG		
(Generic: LOMOTIL)	47100010100910	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	DIPHEN/ATROP	
	47100020100105	Loperamide HCl Cap 2 MG		
	47100020100905	Loperamide HCl Liq 1 MG/5ML		
	47100040001510	Paregoric 2 MG/5ML		
(Generic: KAOPECTATE)	47200030000907	Attapulgate Liq 750 MG/15ML		
	47200030001815	Attapulgate Susp 750 MG/15ML		
(Generic: PEPTO-BISMOL)	47300010000507	Bismuth Subsalicylate Chew Tab 262 MG		
(Generic: PEPTO-BISMOL)	47300010001805	Bismuth Subsalicylate Susp 527 MG/30ML		
ANTACIDS				
	48100010201810	Aluminum Hydroxide Gel Susp 320 MG/5ML		
	48100010201830	Aluminum Hydroxide Gel Susp 600 MG/5ML		Max Qty=496/31 days
	48200010000310	Sodium Bicarbonate Tab 325 MG		Max Qty=496/31 days
	48200010000325	Sodium Bicarbonate Tab 650 MG		Max Qty=496/31 days
(Generic: TUMS, TUMS LASTING)	48300010000510	Calcium Carbonate (Antacid) Chew Tab 500 MG		
(Generic: MAG-OX 400)	48400020000310	Magnesium Oxide Tab 400 MG		
(Generic: MAALOX SUS)	48990002101820	Aluminum & Magnesium Hydroxides Susp 225-200 MG/5ML		Max Qty=496/31 days
(Generic: MYLANTA)	48991003101810	Alum & Mag Hydroxide-Simethicone Susp 200-200 MG/5ML		Max Qty=496/31 days
ULCER DRUGS				
(Generic: LEVSIN)	49101030100310	Hyoscyamine Sulfate Tab 0.125 MG		
(Generic: SYMAX DUOTAB)	49101030100420	Hyoscyamine Sulfate Tab CR 0.375 MG		
(Generic: LEVSIN/SL)	49101030100710	Hyoscyamine Sulfate Tab SL 0.125 MG		
(Generic: LEVSIN)	49101030101055	Hyoscyamine Sulfate Elixir 0.125 MG/5ML		
	49101030102040	Hyoscyamine Sulfate Soln 0.031 MG/ML	COLYTROL	
(Generic: LEVSIN)	49101030102050	Hyoscyamine Sulfate Soln 0.125 MG/ML		
	49101030103420	Hyoscyamine Sulfate Oral Aerosol Soln 0.125 MG/ML	IB-STAT	
(Generic: LEVSINEX)	49101030106920	Hyoscyamine Sulfate Cap SR 12HR 0.375 MG		
(Generic: ANASPAZ)	49101030107220	Hyoscyamine Sulfate Orally Disintegrating Tab 0.125 MG		
	49101030107230	Hyoscyamine Sulfate Tab Disp 0.25 MG		
(Generic: LEVBID)	49101030107420	Hyoscyamine Sulfate Tab SR 12HR 0.375 MG		
(Generic: BENTYL)	49103010100105	Dicyclomine HCl Cap 10 MG		
(Generic: BENTYL)	49103010100305	Dicyclomine HCl Tab 20 MG		
(Generic: BENTYL)	49103010102050	Dicyclomine HCl Oral Soln 10 MG/5ML		Daily Dosage=40
(Generic: TAGAMET, TAGAMET HB)	49200010000305	Cimetidine Tab 200 MG		
	49200010000310	Cimetidine Tab 300 MG		
	49200010000315	Cimetidine Tab 400 MG		
	49200010000320	Cimetidine Tab 800 MG		
	49200010102050	Cimetidine HCl Soln 300 MG/5ML		Pkg Size 237: Daily Dosage=27; Pkg Size 240: Daily Dosage=27
(Generic: TALADINE, ZANTAC)	49200020100105	Ranitidine HCl Cap 150 MG		Daily Dosage=2
(Generic: TALADINE, ZANTAC)	49200020100110	Ranitidine HCl Cap 300 MG		Daily Dosage=1
(Generic: ZANTAC 75)	49200020100303	Ranitidine HCl Tab 75 MG		Daily Dosage=2
(Generic: ZANTAC, ZANTAC 150)	49200020100305	Ranitidine HCl Tab 150 MG		Daily Dosage=2
(Generic: ZANTAC)	49200020100310	Ranitidine HCl Tab 300 MG		Daily Dosage=2
(Generic: ZANTAC)	49200020101210	Ranitidine HCl Syrup 75 MG/5ML		Limited to Ages 6 and Under; Daily Dosage=20

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: PEPCID AC)	49200030000310	Famotidine Tab 10 MG		
(Generic: PEPCID)	49200030000320	Famotidine Tab 20 MG		
(Generic: PEPCID)	49200030000340	Famotidine Tab 40 MG		
	49200040000320	Nizatidine Tab 75 MG	AXID AR	
(Generic: CYTOTEC)	49250030000310	Misoprostol Tab 100 MCG		
(Generic: CYTOTEC)	49250030000320	Misoprostol Tab 200 MCG		
(Generic: PREVACID)	492700400006510	Lansoprazole Cap Delayed Release 15 MG	PREVACID, PREVACID 24H	Daily Dosage=4
(Generic: PREVACID)	492700400007215	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	PREVACID	Limited to Ages 6 and Under; Daily Dosage=1
(Generic: PREVACID)	492700400007230	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	PREVACID	Limited to Ages 6 and Under; Daily Dosage=1
(Generic: PRILOSEC)	492700600006520	Omeprazole Cap Delayed Release 20 MG		Daily Dosage=4
(Generic: PRILOSEC)	492700600006530	Omeprazole Cap Delayed Release 40 MG		Daily Dosage=2
	49270060100620	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	PRILOSEC OTC	Daily Dosage=4
(Generic: CARAFATE)	49300010000305	Sucralfate Tab 1 GM		Daily Dosage=4
ANTIEMETICS				
(Generic: ANTIVERT)	50200050000305	Meclizine HCl Tab 12.5 MG		
(Generic: ANTIVERT)	50200050000310	Meclizine HCl Tab 25 MG		
(Generic: ZOFRAN ODT)	502500650007220	Ondansetron Orally Disintegrating Tab 4 MG		Max DS=90/365 days; Daily Dosage=2
(Generic: ZOFRAN ODT)	502500650007240	Ondansetron Orally Disintegrating Tab 8 MG		Max DS=90/365 days
(Generic: ZOFRAN)	502500650050310	Ondansetron HCl Tab 4 MG		Max DS=90/365 days; Daily Dosage=2
(Generic: ZOFRAN)	502500650050320	Ondansetron HCl Tab 8 MG		Max DS=90/365 days; Daily Dosage=2
	502500650050340	Ondansetron HCl Tab 24 MG		Max Qty=1/14 days
(Generic: ZOFRAN)	502500650050270	Ondansetron HCl Oral Soln 4 MG/5ML		Max Qty=50/claim
DIGESTIVE AIDS				
	512000240006710	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-10000-17500 Unit	PANCREAZE	
	512000240006715	Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-27000 Unit	PANCRELIPASE, ZENPEP	
	512000240006720	Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit	CREON	
	512000240006730	Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-34000-55000 Unit	ZENPEP	
	512000240006734	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit	PANCREAZE	
	512000240006740	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	CREON	
	512000240006748	Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-51000-82000 Unit	ZENPEP	
	512000240006750	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit	PANCREAZE	
	512000240006752	Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-68000-109000 Unit	ZENPEP	
	512000240006754	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-37000-61000 Unit	PANCREAZE	
	512000240006760	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	CREON	
GASTROINTESTINAL AGENTS - MISC.				
(Generic: ACTIGALL)	52100040000120	Ursodiol Cap 300 MG		Daily Dosage=3
(Generic: URSO 250)	52100040000325	Ursodiol Tab 250 MG	URSO 250	Daily Dosage=7
(Generic: GAS-X)	52200020000510	Simethicone Chew Tab 80 MG	CVS GAS RELE	
	52200020000910	Simethicone Liquid 40 MG/0.6ML		Max Qty=31/31 days
(Generic: MYLICON, MYLICON INFA)	52200020001810	Simethicone Susp 40 MG/0.6ML		Max Qty=31/31 days
(Generic: REGLAN)	52300020100303	Metoclopramide HCl Tab 5 MG		
(Generic: REGLAN)	52300020100305	Metoclopramide HCl Tab 10 MG		
	52300020102013	Metoclopramide HCl Soln 5 MG/5ML		
	52400020002010	Lactulose (Encephalopathy) Solution 10 GM/15ML		
	52500030000210	Mesalamine Cap CR 250 MG	PENTASA	
	52500030000220	Mesalamine Cap CR 500 MG	PENTASA	
	52500030000620	Mesalamine Tab Delayed Release 400 MG	ASACOL	Daily Dosage=6

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ROWASA)	52500030005110	Mesalamine Sulfite-Free (SF) Enema 4 GM/60ML	SFROWASA	
(Generic: AZULFIDINE)	52500060000310	Sulfasalazine Tab 500 MG		
(Generic: AZULFIDINE)	52500060000610	Sulfasalazine Tab Delayed Release 500 MG		
(Generic: PHOSLO)	52800020100120	Calcium Acetate (Phosphate Binder) Cap 667 MG		
URINARY ANTI-INFECTIVES				
	53000020100310	Methenamine Mandelate Tab 0.5 GM	MANDELAMINE	
	53000020100320	Methenamine Mandelate Tab 1 GM	MANDELAMINE	
	53000050001810	Nitrofurantoin Susp 25 MG/5ML	FURADANTIN	Limited to Ages 6 and Under; Daily Dosage=40
(Generic: MACRODANTIN)	53000050100115	Nitrofurantoin Macrocrystalline Cap 50 MG		
(Generic: MACRODANTIN)	53000050100120	Nitrofurantoin Macrocrystalline Cap 100 MG		
(Generic: MACROBID)	53000050150120	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG		
	53992005200322	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***		
URINARY ANTISPASMODICS				
(Generic: URECHOLINE)	54000010100305	Bethanechol Chloride Tab 5 MG	URECHOLINE	
(Generic: URECHOLINE)	54000010100310	Bethanechol Chloride Tab 10 MG		
(Generic: URECHOLINE)	54000010100315	Bethanechol Chloride Tab 25 MG		
(Generic: URECHOLINE)	54000010100320	Bethanechol Chloride Tab 50 MG		
(Generic: URISPAS)	54000020100305	Flavoxate HCl Tab 100 MG		
(Generic: DITROPAN)	54000030100305	Oxybutynin Chloride Tab 5 MG		Daily Dosage=3
(Generic: DITROPAN)	54000030101205	Oxybutynin Chloride Syrup 5 MG/5ML		Max Qty=480/30 days
(Generic: DITROPAN XL)	54000030107520	Oxybutynin Chloride Tab SR 24HR 5 MG		Daily Dosage=2
(Generic: DITROPAN XL)	54000030107530	Oxybutynin Chloride Tab SR 24HR 10 MG		Daily Dosage=2
(Generic: DITROPAN XL)	54000030107540	Oxybutynin Chloride Tab SR 24HR 15 MG		Daily Dosage=2
	54000070200310	Tolterodine Tartrate Tab 1 MG	DETROL	Daily Dosage=2
	54000070200320	Tolterodine Tartrate Tab 2 MG	DETROL	Daily Dosage=2
	54000070207020	Tolterodine Tartrate Cap SR 24HR 2 MG	DETROL LA	Daily Dosage=1
	54000070207030	Tolterodine Tartrate Cap SR 24HR 4 MG	DETROL LA	Daily Dosage=1
VAGINAL PRODUCTS				
(Generic: CLEOCIN)	55100018103720	Clindamycin Phosphate Vaginal Cream 2%		Max Qty=40/claim
(Generic: METROGEL-VAG)	55100035004020	Metronidazole Vaginal Gel 0.75%		Max Qty=70/claim
	55104015123720	Butoconazole Nitrate (One Dose) Vaginal Cream 2%	GYNAZOLE-1	
(Generic: GYNE-LOTRIM)	55104020000307	Clotrimazole Vaginal Tab 200 MG		Max Qty=6/31 days
(Generic: GYNE-LOTRIM, MYCELEX-7)	55104020003705	Clotrimazole Vaginal Cream 1%		Max Qty=45/claim
(Generic: GYNE-LOTRIMI)	55104020003710	Clotrimazole Vaginal Cream 2%		Max Qty=30/claim
(Generic: MONISTAT 7)	55104050103710	Miconazole Nitrate Vaginal Cream 2%		Max Qty=45/claim
(Generic: MONISTAT 3)	55104050103720	Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM)		Max Qty=45/31 days
(Generic: MONISTAT 7)	55104050105205	Miconazole Nitrate Vaginal Suppos 100 MG		Max Qty=7/claim
	55104050105210	Miconazole Nitrate Vaginal Suppos 200 MG	MICONAZOLE 3	Max Qty=3/claim
(Generic: MONISTAT 3)	55104050106410	Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit		
(Generic: TERAZOL 7)	55104070003710	Terconazole Vaginal Cream 0.4%		Max Qty=45/claim
(Generic: TERAZOL 3)	55104070003720	Terconazole Vaginal Cream 0.8%		Max Qty=20/claim
(Generic: TERAZOL 3)	55104070005210	Terconazole Vaginal Suppos 80 MG		Max Qty=3/claim
(Generic: MONISTAT 1, VAGISTAT-1)	55104075004220	Tioconazole Vaginal Oint 6.5%		Max Qty=5/claim
(Generic: DELFEN)	55300010003920	Nonoxynol-9 Foam 12.5%	VCF VAGINAL	Package Limit=1/claim
	55300010004020	Nonoxynol-9 Gel 2%	GYNOL II, SHUR-SEAL	Package Limit=1/claim
	55300010004022	Nonoxynol-9 Gel 2.2%	KY PLUS	Max Qty=120/claim
	55300010004030	Nonoxynol-9 Gel 3%	GYNOL II	Max Qty=86/claim
(Generic: CONCEPTROL)	55300010004040	Nonoxynol-9 Gel 4%		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: SEMICID CONT)	55300010005210	Nonoxynol-9 Vaginal Suppos 100 MG	ENCARE	Package Limit=1/claim
	55300010008228	Nonoxynol-9 Film 28%	VCF VAGINAL	Package Limit=1/claim
	55300010009930	Nonoxynol-9 Vaginal Insert 150 MG	CONCEPTROL	Max Qty=10/claim
	55350020003705	Estradiol Vaginal Cream 0.1 MG/GM	ESTRACE VAG	Max Qty=43/30 days
	55350025003710	Estrogens, Conjugated Vaginal Cream 0.625 MG/GM	PREMARIN VAG	Limited to Female; Max Qty=43/30 days
GENITOURINARY AGENTS - MISCELLANEOUS				
(Generic: UROCIT-K 5)	56202010200420	Potassium Citrate Tab CR 540 MG (5 MEQ)		
(Generic: UROCIT-K 10)	56202010200440	Potassium Citrate Tab CR 1080 MG (10 MEQ)		
(Generic: BICITRA, SHOHL)	56202020002010	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML		
(Generic: POLYCITRA-K)	56202022003010	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG		
	56700060002010	Sodium Chloride Irrigation Soln 0.9%		
(Generic: PROSCAR)	56851030000320	Finasteride Tab 5 MG		Daily Dosage=1
(Generic: FLOMAX)	56852070100110	Tamsulosin HCl Cap 0.4 MG	FLOMAX	
ANTI-ANXIETY AGENTS				
(Generic: XANAX)	57100010000305	Alprazolam Tab 0.25 MG		Daily Dosage=4
(Generic: XANAX)	57100010000310	Alprazolam Tab 0.5 MG		Daily Dosage=4
(Generic: XANAX)	57100010000315	Alprazolam Tab 1 MG		Daily Dosage=4
(Generic: XANAX)	57100010000320	Alprazolam Tab 2 MG		Daily Dosage=4
(Generic: LIBRIUM)	57100020100105	Chlordiazepoxide HCl Cap 5 MG		Daily Dosage=3
(Generic: LIBRIUM)	57100020100110	Chlordiazepoxide HCl Cap 10 MG		Daily Dosage=3
(Generic: LIBRIUM)	57100020100115	Chlordiazepoxide HCl Cap 25 MG		Daily Dosage=3
(Generic: TRANXENE T)	57100030100305	Clorazepate Dipotassium Tab 3.75 MG		Daily Dosage=3
(Generic: TRANXENE T)	57100030100310	Clorazepate Dipotassium Tab 7.5 MG		Daily Dosage=3
(Generic: TRANXENE T)	57100030100320	Clorazepate Dipotassium Tab 15 MG		Daily Dosage=3
(Generic: VALIUM)	57100040000305	Diazepam Tab 2 MG		Daily Dosage=4
(Generic: VALIUM)	57100040000310	Diazepam Tab 5 MG		Daily Dosage=4
(Generic: VALIUM)	57100040000315	Diazepam Tab 10 MG		Daily Dosage=4
	57100040002001	Diazepam Soln 1 MG/ML		Max Qty=500/claim
(Generic: ATIVAN)	57100060000305	Lorazepam Tab 0.5 MG		Daily Dosage=3
(Generic: ATIVAN)	57100060000310	Lorazepam Tab 1 MG		Daily Dosage=3
(Generic: ATIVAN)	57100060000315	Lorazepam Tab 2 MG	ABHR PLO COM	Daily Dosage=3
(Generic: SERAX)	57100070000105	Oxazepam Cap 10 MG		Daily Dosage=4
(Generic: SERAX)	57100070000110	Oxazepam Cap 15 MG		Daily Dosage=4
(Generic: SERAX)	57100070000115	Oxazepam Cap 30 MG		Daily Dosage=4
(Generic: BUSPAR)	57200005100310	Buspirone HCl Tab 5 MG		Daily Dosage=3
(Generic: VANS-PAR)	57200005100315	Buspirone HCl Tab 7.5 MG		Daily Dosage=3
(Generic: BUSPAR)	57200005100320	Buspirone HCl Tab 10 MG		Daily Dosage=3
(Generic: BUSPAR)	57200005100330	Buspirone HCl Tab 15 MG		Daily Dosage=3
(Generic: BUSPAR)	57200005100340	Buspirone HCl Tab 30 MG		Daily Dosage=3
	57200040100305	Hydroxyzine HCl Tab 10 MG		
	57200040100310	Hydroxyzine HCl Tab 25 MG		
	57200040100315	Hydroxyzine HCl Tab 50 MG		
	57200040101210	Hydroxyzine HCl Syrup 10 MG/5ML		
(Generic: VISTARIL)	57200040200105	Hydroxyzine Pamoate Cap 25 MG		
(Generic: VISTARIL)	57200040200110	Hydroxyzine Pamoate Cap 50 MG		
	57200040200115	Hydroxyzine Pamoate Cap 100 MG		
	57200050000305	Meprobamate Tab 200 MG		
	57200050000310	Meprobamate Tab 400 MG		
ANTIDEPRESSANTS				
	58030050000308	Mirtazapine Tab 7.5 MG		Daily Dosage=1
(Generic: REMERON)	58030050000315	Mirtazapine Tab 15 MG		Daily Dosage=1
(Generic: REMERON)	58030050000330	Mirtazapine Tab 30 MG		Daily Dosage=1
(Generic: REMERON)	58030050000345	Mirtazapine Tab 45 MG		Daily Dosage=1
(Generic: REMERON SLTB)	580300500007215	Mirtazapine Orally Disintegrating Tab 15 MG		Daily Dosage=1
(Generic: REMERON SLTB)	580300500007230	Mirtazapine Orally Disintegrating Tab 30 MG		Daily Dosage=1
(Generic: REMERON SLTB)	580300500007245	Mirtazapine Orally Disintegrating Tab 45 MG		Daily Dosage=1
	58100020100305	Phenelzine Sulfate Tab 15 MG	NARDIL	
(Generic: PARNATE)	58100030100305	Tranylcypromine Sulfate Tab 10 MG		
	58120050100305	Nefazodone HCl Tab 50 MG		
	58120050100310	Nefazodone HCl Tab 100 MG	NEFAZODONE	

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	58120050100320	Nefazodone HCl Tab 150 MG	NEFAZODONE	
	58120050100330	Nefazodone HCl Tab 200 MG	NEFAZODONE	
	58120050100340	Nefazodone HCl Tab 250 MG	NEFAZODONE	
	58120080100305	Trazodone HCl Tab 50 MG		
	58120080100310	Trazodone HCl Tab 100 MG		
	58120080100315	Trazodone HCl Tab 150 MG		
	58120080100325	Trazodone HCl Tab 300 MG		Daily Dosage=2
(Generic: CELEXA)	58160020100310	Citalopram Hydrobromide Tab 10 MG (Base Equiv)		Daily Dosage=1.5
(Generic: CELEXA)	58160020100320	Citalopram Hydrobromide Tab 20 MG (Base Equiv)		Daily Dosage=1.5
(Generic: CELEXA)	58160020100340	Citalopram Hydrobromide Tab 40 MG (Base Equiv)		Daily Dosage=1.5
(Generic: CELEXA)	58160020102020	Citalopram Hydrobromide Oral Soln 10 MG/5ML		Max Qty=240/30 days
(Generic: PROZAC)	58160040000110	Fluoxetine HCl Cap 10 MG		Daily Dosage=4
(Generic: PROZAC)	58160040000120	Fluoxetine HCl Cap 20 MG		Daily Dosage=4
(Generic: PROZAC)	58160040000310	Fluoxetine HCl Tab 10 MG		Daily Dosage=4
(Generic: PROZAC)	58160040002020	Fluoxetine HCl Solution 20 MG/5ML		Daily Dosage=4
	58160045100310	Fluvoxamine Maleate Tab 25 MG		Daily Dosage=2
	58160045100320	Fluvoxamine Maleate Tab 50 MG		Daily Dosage=2
	58160045100330	Fluvoxamine Maleate Tab 100 MG		Daily Dosage=2
(Generic: PAXIL)	58160060000310	Paroxetine HCl Tab 10 MG		Daily Dosage=2
(Generic: PAXIL)	58160060000320	Paroxetine HCl Tab 20 MG		Daily Dosage=2
(Generic: PAXIL)	58160060000330	Paroxetine HCl Tab 30 MG		Daily Dosage=2
(Generic: PAXIL)	58160060000340	Paroxetine HCl Tab 40 MG		Daily Dosage=2
(Generic: PAXIL)	58160060001820	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)		Daily Dosage=40
(Generic: ZOLOFT)	58160070100305	Sertraline HCl Tab 25 MG		Daily Dosage=1.5
(Generic: ZOLOFT)	58160070100310	Sertraline HCl Tab 50 MG		Daily Dosage=1.5
(Generic: ZOLOFT)	58160070100320	Sertraline HCl Tab 100 MG		Daily Dosage=2
(Generic: ZOLOFT)	58160070101320	Sertraline HCl Oral Conc 20 MG/ML		Daily Dosage=2
(Generic: EFFEXOR)	58180090100320	Venlafaxine HCl Tab 25 MG	EFFEXOR 75MG	
(Generic: EFFEXOR)	58180090100340	Venlafaxine HCl Tab 37.5 MG		
(Generic: EFFEXOR)	58180090100350	Venlafaxine HCl Tab 50 MG		
(Generic: EFFEXOR)	58180090100360	Venlafaxine HCl Tab 75 MG		
(Generic: EFFEXOR)	58180090100370	Venlafaxine HCl Tab 100 MG		
(Generic: EFFEXOR XR)	58180090107020	Venlafaxine HCl Cap SR 24HR 37.5 MG	EFFEXOR XR	Daily Dosage=2
(Generic: EFFEXOR XR)	58180090107030	Venlafaxine HCl Cap SR 24HR 75 MG	EFFEXOR XR	Daily Dosage=2
(Generic: EFFEXOR XR)	58180090107050	Venlafaxine HCl Cap SR 24HR 150 MG	EFFEXOR XR	Daily Dosage=2
(Generic: VENLAFAXINE)	58180090107510	Venlafaxine HCl Tab SR 24HR 37.5 MG (Base Equivalent)		Daily Dosage=1
(Generic: VENLAFAXINE)	58180090107520	Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent)		Daily Dosage=1
(Generic: VENLAFAXINE)	58180090107530	Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent)		Daily Dosage=1
	58180090107540	Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent)	VENLAFAXINE	Daily Dosage=1
	58200010100305	Amitriptyline HCl Tab 10 MG		
	58200010100310	Amitriptyline HCl Tab 25 MG		
	58200010100315	Amitriptyline HCl Tab 50 MG		
	58200010100320	Amitriptyline HCl Tab 75 MG		
	58200010100325	Amitriptyline HCl Tab 100 MG		
	58200010100330	Amitriptyline HCl Tab 150 MG		
	58200020000305	Amoxapine Tab 25 MG		
	58200020000310	Amoxapine Tab 50 MG		
	58200020000315	Amoxapine Tab 100 MG		
	58200020000320	Amoxapine Tab 150 MG		
(Generic: ANAFRANIL)	58200025100120	Clomipramine HCl Cap 25 MG		
(Generic: ANAFRANIL)	58200025100130	Clomipramine HCl Cap 50 MG		
(Generic: ANAFRANIL)	58200025100140	Clomipramine HCl Cap 75 MG		
(Generic: NORPRAMIN)	58200030100305	Desipramine HCl Tab 10 MG		
(Generic: NORPRAMIN)	58200030100310	Desipramine HCl Tab 25 MG		Daily Dosage=2
(Generic: NORPRAMIN)	58200030100315	Desipramine HCl Tab 50 MG		
(Generic: NORPRAMIN)	58200030100320	Desipramine HCl Tab 75 MG		
(Generic: NORPRAMIN)	58200030100325	Desipramine HCl Tab 100 MG		
(Generic: NORPRAMIN)	58200030100330	Desipramine HCl Tab 150 MG		
	58200040100105	Doxepin HCl Cap 10 MG		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	58200040100110	Doxepin HCl Cap 25 MG		
	58200040100115	Doxepin HCl Cap 50 MG		
	58200040100120	Doxepin HCl Cap 75 MG		
	58200040100125	Doxepin HCl Cap 100 MG		
	58200040100130	Doxepin HCl Cap 150 MG	DOXEPIH HCL	
	58200040101305	Doxepin HCl Conc 10 MG/ML		
(Generic: TOFRANIL)	58200050100305	Imipramine HCl Tab 10 MG		
(Generic: TOFRANIL)	58200050100310	Imipramine HCl Tab 25 MG		
(Generic: TOFRANIL)	58200050100315	Imipramine HCl Tab 50 MG		
(Generic: TOFRANIL-PM)	58200050200105	Imipramine Pamoate Cap 75 MG	TOFRANIL-PM	Daily Dosage=1
(Generic: TOFRANIL-PM)	58200050200110	Imipramine Pamoate Cap 100 MG		Daily Dosage=3
(Generic: TOFRANIL-PM)	58200050200115	Imipramine Pamoate Cap 125 MG		Daily Dosage=2
(Generic: TOFRANIL-PM)	58200050200120	Imipramine Pamoate Cap 150 MG		Daily Dosage=2
(Generic: PAMELOR)	58200060100105	Nortriptyline HCl Cap 10 MG		
(Generic: PAMELOR)	58200060100110	Nortriptyline HCl Cap 25 MG		
(Generic: PAMELOR)	58200060100115	Nortriptyline HCl Cap 50 MG		
(Generic: PAMELOR)	58200060100120	Nortriptyline HCl Cap 75 MG		
(Generic: PAMELOR)	58200060102005	Nortriptyline HCl Soln 10 MG/5ML		Daily Dosage=20
	58300010100305	Maprotiline HCl Tab 25 MG	MAPROTLINE	
	58300010100310	Maprotiline HCl Tab 50 MG	MAPROTLINE	
	58300010100315	Maprotiline HCl Tab 75 MG	MAPROTLINE	
(Generic: WELLBUTRIN)	58300040100305	Bupropion HCl Tab 75 MG		Daily Dosage=3
(Generic: WELLBUTRIN)	58300040100310	Bupropion HCl Tab 100 MG		Daily Dosage=3
(Generic: WELLBUTRIN)	58300040107420	Bupropion HCl Tab SR 12HR 100 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	58300040107430	Bupropion HCl Tab SR 12HR 150 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	58300040107440	Bupropion HCl Tab SR 12HR 200 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	58300040107520	Bupropion HCl Tab SR 24HR 150 MG		Daily Dosage=2
(Generic: WELLBUTRIN)	58300040107530	Bupropion HCl Tab SR 24HR 300 MG	WELLBUTRIN	Daily Dosage=1
ANTIPSYCHOTICS/ANTIMANIC AGENTS				
(Generic: RISPERDAL)	59070070000303	Risperidone Tab 0.25 MG		Daily Dosage=2
(Generic: RISPERDAL)	59070070000306	Risperidone Tab 0.5 MG		Daily Dosage=2
(Generic: RISPERDAL)	59070070000310	Risperidone Tab 1 MG		Daily Dosage=2
(Generic: RISPERDAL)	59070070000320	Risperidone Tab 2 MG		Daily Dosage=2
(Generic: RISPERDAL)	59070070000330	Risperidone Tab 3 MG		Daily Dosage=2
(Generic: RISPERDAL)	59070070000340	Risperidone Tab 4 MG		Daily Dosage=2
(Generic: RISPERDAL)	59070070002010	Risperidone Soln 1 MG/ML		Daily Dosage=4
(Generic: RISPERDAL M)	59070070007220	Risperidone Orally Disintegrating Tab 0.5 MG		Daily Dosage=2
(Generic: RISPERDAL M)	59070070007230	Risperidone Orally Disintegrating Tab 1 MG		Daily Dosage=2
(Generic: RISPERDAL M)	59070070007240	Risperidone Orally Disintegrating Tab 2 MG		Daily Dosage=2
(Generic: RISPERDAL M)	59070070007250	Risperidone Orally Disintegrating Tab 3 MG		Daily Dosage=2
(Generic: RISPERDAL M)	59070070007260	Risperidone Orally Disintegrating Tab 4 MG		Daily Dosage=2
	59100010100305	Haloperidol Tab 0.5 MG		Daily Dosage=3
	59100010100310	Haloperidol Tab 1 MG		Daily Dosage=3
	59100010100315	Haloperidol Tab 2 MG		
	59100010100320	Haloperidol Tab 5 MG		
	59100010100325	Haloperidol Tab 10 MG		Daily Dosage=3
	59100010100330	Haloperidol Tab 20 MG		
	59100010201305	Haloperidol Lactate Oral Conc 2 MG/ML		
(Generic: HALDOL DECAN)	59100010302010	Haloperidol Decanoate IM Soln 50 MG/ML		
(Generic: HALDOL DECAN)	59100010302020	Haloperidol Decanoate IM Soln 100 MG/ML		
(Generic: CLOZARIL)	59152020000320	Clozapine Tab 25 MG		Daily Dosage=3
	59152020000325	Clozapine Tab 50 MG		Daily Dosage=3
(Generic: CLOZARIL)	59152020000330	Clozapine Tab 100 MG		Daily Dosage=9
	59152020000340	Clozapine Tab 200 MG		Daily Dosage=3
	59153070100310	Quetiapine Fumarate Tab 25 MG	SEROQUEL	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070100314	Quetiapine Fumarate Tab 50 MG	SEROQUEL	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070100320	Quetiapine Fumarate Tab 100 MG	SEROQUEL	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	59153070100330	Quetiapine Fumarate Tab 200 MG	SEROQUEL	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070100340	Quetiapine Fumarate Tab 300 MG	SEROQUEL	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070100350	Quetiapine Fumarate Tab 400 MG	SEROQUEL	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070107520	Quetiapine Fumarate Tab SR 24HR 200 MG	SEROQUEL XR	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070107530	Quetiapine Fumarate Tab SR 24HR 300 MG	SEROQUEL XR	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59153070107540	Quetiapine Fumarate Tab SR 24HR 400 MG	SEROQUEL XR	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
(Generic: LOXITANE)	59154020200105	Loxapine Succinate Cap 5 MG		Daily Dosage=4
(Generic: LOXITANE)	59154020200110	Loxapine Succinate Cap 10 MG		Daily Dosage=4
(Generic: LOXITANE)	59154020200115	Loxapine Succinate Cap 25 MG		Daily Dosage=4
(Generic: LOXITANE)	59154020200120	Loxapine Succinate Cap 50 MG		Daily Dosage=4
	59157060000305	Olanzapine Tab 2.5 MG	ZYPREXA	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59157060000310	Olanzapine Tab 5 MG	ZYPREXA	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59157060000315	Olanzapine Tab 7.5 MG	ZYPREXA	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59157060000320	Olanzapine Tab 10 MG	ZYPREXA	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59157060000330	Olanzapine Tab 15 MG	ZYPREXA	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59157060000340	Olanzapine Tab 20 MG	ZYPREXA	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59160050100305	Molindone HCl Tab 5 MG	MOBAN	Daily Dosage=4
	59160050100310	Molindone HCl Tab 10 MG	MOBAN	Daily Dosage=4
	59160050100315	Molindone HCl Tab 25 MG	MOBAN	Daily Dosage=4
	59160050100320	Molindone HCl Tab 50 MG	MOBAN	Daily Dosage=4
	59200015100305	Chlorpromazine HCl Tab 10 MG		Daily Dosage=3
	59200015100310	Chlorpromazine HCl Tab 25 MG		Daily Dosage=3
	59200015100315	Chlorpromazine HCl Tab 50 MG		Daily Dosage=3
	59200015100320	Chlorpromazine HCl Tab 100 MG		Daily Dosage=3
	59200015100325	Chlorpromazine HCl Tab 200 MG		Daily Dosage=3
	59200025100305	Fluphenazine HCl Tab 1 MG		
	59200025100310	Fluphenazine HCl Tab 2.5 MG		
	59200025100315	Fluphenazine HCl Tab 5 MG		
	59200025100320	Fluphenazine HCl Tab 10 MG		
	59200025302005	Fluphenazine Decanoate Inj 25 MG/ML		
	59200045000305	Perphenazine Tab 2 MG		Daily Dosage=4
	59200045000310	Perphenazine Tab 4 MG		Daily Dosage=4
	59200045000315	Perphenazine Tab 8 MG		Daily Dosage=4
	59200045000320	Perphenazine Tab 16 MG		Daily Dosage=4
(Generic: COMPAZINE)	59200055005215	Prochlorperazine Suppos 25 MG		
	59200055100305	Prochlorperazine Maleate Tab 5 MG		
	59200055100310	Prochlorperazine Maleate Tab 10 MG		
	59200080100305	Thioridazine HCl Tab 10 MG		Daily Dosage=3
	59200080100315	Thioridazine HCl Tab 25 MG		Daily Dosage=3
	59200080100320	Thioridazine HCl Tab 50 MG		Daily Dosage=3
	59200080100325	Thioridazine HCl Tab 100 MG		Daily Dosage=3
	59200085100305	Trifluoperazine HCl Tab 1 MG		Daily Dosage=3
	59200085100310	Trifluoperazine HCl Tab 2 MG		Daily Dosage=3
	59200085100315	Trifluoperazine HCl Tab 5 MG		Daily Dosage=3
	59200085100320	Trifluoperazine HCl Tab 10 MG		Daily Dosage=3
	59250015000305	Aripiprazole Tab 2 MG	ABILIFY	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59250015000310	Aripiprazole Tab 5 MG	ABILIFY	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59250015000320	Aripiprazole Tab 10 MG	ABILIFY	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59250015000330	Aripiprazole Tab 15 MG	ABILIFY	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59250015000340	Aripiprazole Tab 20 MG	ABILIFY	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	59250015000350	Aripiprazole Tab 30 MG	ABILIFY	Daily Dosage=1; Trial of Risperidone preferred as first-line therapy
	59250015002020	Aripiprazole Oral Solution 1 MG/ML	ABILIFY	Daily Dosage=5
	59250015007220	Aripiprazole Orally Disintegrating Tab 10 MG	ABILIFY DISC	Daily Dosage=1
	59250015007230	Aripiprazole Orally Disintegrating Tab 15 MG	ABILIFY DISC	Daily Dosage=1
	59300020100105	Thiothixene Cap 1 MG		Daily Dosage=3
(Generic: NAVANE)	59300020100110	Thiothixene Cap 2 MG		Daily Dosage=3
(Generic: NAVANE)	59300020100115	Thiothixene Cap 5 MG		Daily Dosage=3
(Generic: NAVANE)	59300020100120	Thiothixene Cap 10 MG		Daily Dosage=3
	59400085100120	Ziprasidone HCl Cap 20 MG	GEODON	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59400085100130	Ziprasidone HCl Cap 40 MG	GEODON	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59400085100140	Ziprasidone HCl Cap 60 MG	GEODON	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59400085100150	Ziprasidone HCl Cap 80 MG	GEODON	Daily Dosage=2; Trial of Risperidone preferred as first-line therapy
	59500010100103	Lithium Carbonate Cap 150 MG		
	59500010100105	Lithium Carbonate Cap 300 MG		
	59500010100110	Lithium Carbonate Cap 600 MG		
	59500010100305	Lithium Carbonate Tab 300 MG	LITHIUM CARB	
(Generic: LITHOBID)	59500010100405	Lithium Carbonate Tab CR 300 MG		
	59500010100410	Lithium Carbonate Tab CR 450 MG		
	59500010202010	Lithium Citrate Oral Soln 8 mEq/5ML	LITHIUM CITR	
HYPNOTICS				
	60100060000305	Phenobarbital Tab 15 MG		
	60100060000308	Phenobarbital Tab 16.2 MG		
	60100060000315	Phenobarbital Tab 30 MG		
	60100060000317	Phenobarbital Tab 32.4 MG		
	60100060000320	Phenobarbital Tab 60 MG		
	60100060000322	Phenobarbital Tab 64.8 MG	PHENOBARB	
	60100060000324	Phenobarbital Tab 97.2 MG	PHENOBARB	
	60100060000325	Phenobarbital Tab 100 MG		
	60100060001010	Phenobarbital Elixir 20 MG/5ML		
	60200020000115	Chloral Hydrate Cap 500 MG	SOMNOTE	Max Qty=45/25 days
	60200020001210	Chloral Hydrate Syrup 500 MG/5ML		Max Qty=240/claim
	60200020005207	Chloral Hydrate Suppos 500 MG		Daily Dosage=2
(Generic: DALMANE)	60201010100105	Flurazepam HCl Cap 15 MG		Daily Dosage=1
(Generic: DALMANE)	60201010100110	Flurazepam HCl Cap 30 MG		Daily Dosage=1
(Generic: RESTORIL)	60201030000105	Temazepam Cap 15 MG		Daily Dosage=1
(Generic: RESTORIL)	60201030000110	Temazepam Cap 30 MG		Daily Dosage=1
(Generic: HALCION)	60201040000305	Triazolam Tab 0.125 MG		
(Generic: HALCION)	60201040000310	Triazolam Tab 0.25 MG		
(Generic: SONATA)	60204070000120	Zaleplon Cap 5 MG		Daily Dosage=1; Step Therapy
(Generic: SONATA)	60204070000130	Zaleplon Cap 10 MG		Daily Dosage=1; Step Therapy
(Generic: AMBIEN)	60204080100310	Zolpidem Tartrate Tab 5 MG		Daily Dosage=1
(Generic: AMBIEN)	60204080100315	Zolpidem Tartrate Tab 10 MG		Daily Dosage=1
(Generic: UNISOM)	60300010100310	Doxylamine Succinate (Sleep) Tab 25 MG	UNISOM SLEEP	
(Generic: NYTOL MX-STR)	60300020100310	Diphenhydramine HCl (Sleep) Tab 50 MG		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS				
	61100020100305	Dextroamphetamine Sulfate Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: DEXTROSTAT)	61100020100310	Dextroamphetamine Sulfate Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: DEXEDRINE)	61100020107005	Dextroamphetamine Sulfate Cap SR 24HR 5 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: DEXEDRINE)	61100020107010	Dextroamphetamine Sulfate Cap SR 24HR 10 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: DEXEDRINE)	61100020107015	Dextroamphetamine Sulfate Cap SR 24HR 15 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: ADDERALL)	61109902100305	Amphetamine-Dextroamphetamine Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	61109902100307	Amphetamine-Dextroamphetamine Tab 7.5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	61109902100310	Amphetamine-Dextroamphetamine Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	61109902100312	Amphetamine-Dextroamphetamine Tab 12.5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	61109902100315	Amphetamine-Dextroamphetamine Tab 15 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	61109902100320	Amphetamine-Dextroamphetamine Tab 20 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: ADDERALL)	61109902100330	Amphetamine-Dextroamphetamine Tab 30 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	61109902107005	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61109902107010	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61109902107015	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61109902107020	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	61109902107025	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61109902107030	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG	ADDERALL XR, AMPHETAMINE	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: CAFICIT)	61300010102060	Caffeine Citrate Oral Soln 20 MG/ML (10 MG/ML Base Equiv)		Max Qty=45/claim; Max Fills=2/lifetime
	61400020100210	Methylphenidate HCl Cap CR 10 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61400020100220	Methylphenidate HCl Cap CR 20 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61400020100230	Methylphenidate HCl Cap CR 30 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61400020100240	Methylphenidate HCl Cap CR 40 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61400020100250	Methylphenidate HCl Cap CR 50 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61400020100260	Methylphenidate HCl Cap CR 60 MG	METADATE CD	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
(Generic: RITALIN)	61400020100305	Methylphenidate HCl Tab 5 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: RITALIN)	61400020100310	Methylphenidate HCl Tab 10 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3
(Generic: RITALIN)	61400020100315	Methylphenidate HCl Tab 20 MG		Limited to Ages 3 and Older; Limited to Ages 18 and Under; Daily Dosage=3

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: METADATE)	61400020100403	Methylphenidate HCl Tab CR 10 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
(Generic: RITALIN SR)	61400020100405	Methylphenidate HCl Tab CR 20 MG		Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
	61400020100460	Methylphenidate HCl Tab SA OSM 18 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	61400020100465	Methylphenidate HCl Tab SA OSM 27 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	61400020100470	Methylphenidate HCl Tab SA OSM 36 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=2
	61400020100480	Methylphenidate HCl Tab SA OSM 54 MG	CONCERTA	Limited to Ages 6 and Older; Limited to Ages 18 and Under; Daily Dosage=1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.				
	62000010000310	Ergoloid Mesylates Tab 1 MG		
(Generic: ARICEPT)	62051025100310	Donepezil Hydrochloride Tab 5 MG	ARICEPT	Daily Dosage=1
(Generic: ARICEPT)	62051025100320	Donepezil Hydrochloride Tab 10 MG	ARICEPT	Daily Dosage=1
(Generic: RAZADYNE)	62051030100320	Galantamine Hydrobromide Tab 4 MG		Daily Dosage=2
(Generic: RAZADYNE)	62051030100330	Galantamine Hydrobromide Tab 8 MG		Daily Dosage=2
(Generic: RAZADYNE)	62051030100340	Galantamine Hydrobromide Tab 12 MG		Daily Dosage=2
(Generic: RAZADYNE)	62051030102020	Galantamine Hydrobromide Oral Soln 4 MG/ML		Daily Dosage=6
(Generic: RAZADYNE ER)	62051030107020	Galantamine Hydrobromide Cap SR 24HR 8 MG		Daily Dosage=1
(Generic: RAZADYNE ER)	62051030107030	Galantamine Hydrobromide Cap SR 24HR 16 MG		Daily Dosage=1
(Generic: RAZADYNE ER)	62051030107040	Galantamine Hydrobromide Cap SR 24HR 24 MG		Daily Dosage=1
	62051040008520	Rivastigmine TD Patch 24HR 4.6 MG/24HR	EXELON	PA Required; Daily Dosage=1
	62051040008530	Rivastigmine TD Patch 24HR 9.5 MG/24HR	EXELON	PA Required; Daily Dosage=1
	62051040200110	Rivastigmine Tartrate Cap 1.5 MG	EXELON	PA Required; Daily Dosage=2
	62051040200120	Rivastigmine Tartrate Cap 3 MG	EXELON	PA Required; Daily Dosage=2
	62051040200130	Rivastigmine Tartrate Cap 4.5 MG	EXELON	PA Required; Daily Dosage=2
	62051040200140	Rivastigmine Tartrate Cap 6 MG	EXELON	PA Required; Daily Dosage=2
	62051040200200	Rivastigmine Tartrate Soln 2 MG/ML	EXELON	PA Required; Daily Dosage=6
	62053550100320	Memantine HCl Tab 5 MG	NAMENDA	PA Required; Daily Dosage=2
	62053550100330	Memantine HCl Tab 10 MG	NAMENDA	PA Required; Daily Dosage=2
	62053550100350	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	NAMENDA	PA Required; Package limit=1/28 days
	62053550102020	Memantine HCl Oral Solution 2 MG/ML	NAMENDA	PA Required; Daily Dosage=10
(Generic: ZYBAN)	62100002107430	Bupropion HCl (Smoking Deterrent) Tab SR 150 MG		Max Qty=84/365 days; Daily Dosage=2
(Generic: NICODERM 21, NICODERM CQ)	62100005008520	Nicotine TD Patch 24HR 7 MG/24HR		Max Qty=84/365 days
(Generic: NICODERM CQ)	62100005008530	Nicotine TD Patch 24HR 14 MG/24HR		Max Qty=84/365 days
(Generic: NICODERM CQ)	62100005008540	Nicotine TD Patch 24HR 21 MG/24HR		Max Qty=84/365 days
(Generic: NICORETTE, NICORETTE ST)	62100010002810	Nicotine Polacrilex Gum 2 MG		Max Qty=84/365 days
(Generic: NICORETTE, NICORETTE ST)	62100010002820	Nicotine Polacrilex Gum 4 MG		Max Qty=84/365 days
(Generic: COMMIT, NICORETTE)	62100010004710	Nicotine Polacrilex Lozenge 2 MG		Max Qty=84/365 days
(Generic: COMMIT, NICORETTE)	62100010004720	Nicotine Polacrilex Lozenge 4 MG		Max Qty=84/365 days
	62100080200320	Varenicline Tartrate Tab 0.5 MG	CHANTIX	Max Qty=84/365 days; Daily Dosage=2
	62100080200330	Varenicline Tartrate Tab 1 MG	CHANTIX	Max Qty=84/365 days; Daily Dosage=2

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	62100080206320	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 14 Pack	CHANTIX	Max Qty=53/claim
	62802040000325	Disulfiram Tab 250 MG	ANTABUSE	
	62994002600310	Perphenazine-Amitriptyline Tab 2-10 MG	DUO-VIL	Daily Dosage=4
	62994002600315	Perphenazine-Amitriptyline Tab 2-25 MG	DUO-VIL, PERPHEN/AMIT	Daily Dosage=4
	62994002600320	Perphenazine-Amitriptyline Tab 4-10 MG		Daily Dosage=4
	62994002600325	Perphenazine-Amitriptyline Tab 4-25 MG		Daily Dosage=4
	62994002600330	Perphenazine-Amitriptyline Tab 4-50 MG	PERPHEN/AMIT	Daily Dosage=4
ANALGESICS - NonNarcotic				
	64100010000307	Aspirin Tab 81 MG		
	64100010000315	Aspirin Tab 325 MG		
(Generic: ST JOSEPH)	64100010000505	Aspirin Chew Tab 75 MG		
(Generic: BAYER CHILD)	64100010000510	Aspirin Chew Tab 81 MG		
	64100010000601	Aspirin Tab Delayed Release 81 MG	CVS ASPIRIN	
(Generic: ECOTRIN, THERAP BAYER)	64100010000605	Aspirin Tab Delayed Release 325 MG		
(Generic: ECOTRIN M/S)	64100010000607	Aspirin Tab Delayed Release 500 MG		
	64100010005205	Aspirin Suppos 60 MG		Max Qty=12/31 days
	64100010005209	Aspirin Suppos 120 MG		Max Qty=12/31 days
	64100010005215	Aspirin Suppos 200 MG		Max Qty=12/31 days
	64100010005218	Aspirin Suppos 300 MG		Max Qty=12/31 days
	64100010005228	Aspirin Suppos 600 MG		Max Qty=12/31 days
	64100050000310	Diflunisal Tab 500 MG	DIFLUNISAL	
	64100075000305	Salsalate Tab 500 MG		
	64100075000310	Salsalate Tab 750 MG		
	64109902040318	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 324 MG	TRI-BUFF ASA	
(Generic: BUFFERIN)	64109902040320	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG		
	64109902060310	Aspirin Buffered (Mg Carbonate-Al Aminoace) Tab 325 MG		
	64109902100310	Aspirin Buffered Tab 325 MG		
	64109902200305	Choline & Magnesium Salicylates Tab 500 MG		
	64109902200310	Choline & Magnesium Salicylates Tab 750 MG		
	64109902200315	Choline & Magnesium Salicylates Tab 1000 MG		
	64109902200910	Choline & Magnesium Salicylates Liq 500 MG/5ML		
(Generic: TYLENOL)	64200010000310	Acetaminophen Tab 325 MG		
(Generic: TYLENOL)	64200010000315	Acetaminophen Tab 500 MG		
	64200010000505	Acetaminophen Chew Tab 80 MG		
	64200010000515	Acetaminophen Chew Tab 160 MG		
(Generic: TYLENOL INF)	64200010001820	Acetaminophen Susp 80 MG/0.8ML		
(Generic: TYLENOL CHLD)	64200010001840	Acetaminophen Susp 160 MG/5ML		
	64200010005205	Acetaminophen Suppos 120 MG		Max Qty=12/31 days
	64200010005215	Acetaminophen Suppos 325 MG		Max Qty=12/31 days
	64200010005220	Acetaminophen Suppos 650 MG		Max Qty=12/31 days
	64991002120120	Butalbital-Acetaminophen Cap 50-650 MG	PHRENILIN	
(Generic: PHRENILIN)	64991002120310	Butalbital-Acetaminophen Tab 50-325 MG		
(Generic: SEDAPAP)	64991002120320	Butalbital-Acetaminophen Tab 50-650 MG	TENCON	Daily Dosage=6
(Generic: ESGIC)	64991003100110	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG		Daily Dosage=4
(Generic: ESGIC, FIORICET)	64991003100310	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG		Daily Dosage=4
(Generic: ESGIC-PLUS)	64991003100320	Butalbital-Acetaminophen-Caffeine Tab 50-500-40 MG		Daily Dosage=4
(Generic: FIORINAL)	64991003300120	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG		Daily Dosage=4
	64991003300320	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG		Daily Dosage=4
ANALGESICS - OPIOID				
	65100020200305	Codeine Sulfate Tab 15 MG		
	65100020200310	Codeine Sulfate Tab 30 MG		
	65100020200315	Codeine Sulfate Tab 60 MG		
(Generic: DURGESIC)	65100025008610	Fentanyl TD Patch 72HR 12.5 MCG/HR		PA Required; Daily Dosage=0.33

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DURGESIC)	65100025008620	Fentanyl TD Patch 72HR 25 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURGESIC)	65100025008630	Fentanyl TD Patch 72HR 50 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURGESIC)	65100025008640	Fentanyl TD Patch 72HR 75 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DURGESIC)	65100025008650	Fentanyl TD Patch 72HR 100 MCG/HR		PA Required; Daily Dosage=0.33
(Generic: DILAUDID)	65100035100310	Hydromorphone HCl Tab 2 MG		Daily Dosage=8
(Generic: DILAUDID)	65100035100320	Hydromorphone HCl Tab 4 MG		Daily Dosage=8
(Generic: DILAUDID)	65100035100330	Hydromorphone HCl Tab 8 MG		Daily Dosage=8
(Generic: DILAUDID)	65100035105205	Hydromorphone HCl Suppos 3 MG		Max Qty=12/claim
(Generic: DEMEROL)	65100045100305	Meperidine HCl Tab 50 MG		Daily Dosage=4
(Generic: DEMEROL)	65100045100310	Meperidine HCl Tab 100 MG		Daily Dosage=4
(Generic: DEMEROL)	65100045102060	Meperidine HCl Oral Soln 50 MG/5ML		Max Qty=500/claim
(Generic: DOLOPHINE)	65100050100305	Methadone HCl Tab 5 MG		Daily Dosage=4
(Generic: DOLOPHINE)	65100050100310	Methadone HCl Tab 10 MG		Daily Dosage=6
	65100055100310	Morphine Sulfate Tab 15 MG		Daily Dosage=6
	65100055100315	Morphine Sulfate Tab 30 MG		Daily Dosage=6
	65100055102065	Morphine Sulfate Oral Soln 10 MG/5ML	MORPHINE SUL	Max Qty=500/30 days
	65100055102070	Morphine Sulfate Oral Soln 20 MG/5ML		Max Qty=500/30 days
(Generic: ROXANOL)	65100055102090	Morphine Sulfate Oral Soln 20 MG/ML	MORPHINE SUL	Daily Dosage=4 ml
(Generic: RMS)	65100055105205	Morphine Sulfate Suppos 5 MG		Max Qty=24/claim
(Generic: RMS)	65100055105210	Morphine Sulfate Suppos 10 MG		Max Qty=24/claim
(Generic: RMS)	65100055105215	Morphine Sulfate Suppos 20 MG		Max Qty=24/claim
(Generic: RMS)	65100055105220	Morphine Sulfate Suppos 30 MG		Max Qty=24/claim
(Generic: MS CONTIN)	65100055107415	Morphine Sulfate Tab SR 12HR 15 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN, ORAMORPH SR)	65100055107430	Morphine Sulfate Tab SR 12HR 30 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN)	65100055107445	Morphine Sulfate Tab SR 12HR 60 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN, ORAMORPH SR)	65100055107460	Morphine Sulfate Tab SR 12HR 100 MG	ORAMORPH SR	Daily Dosage=3
(Generic: MS CONTIN)	65100055107480	Morphine Sulfate Tab SR 12HR 200 MG		Daily Dosage=3
(Generic: OXYIR)	65100075100110	Oxycodone HCl Cap 5 MG	OXYCODONE	Daily Dosage=6
(Generic: ROXICODONE)	65100075100310	Oxycodone HCl Tab 5 MG		Daily Dosage=6
(Generic: ROXICODONE)	65100075100325	Oxycodone HCl Tab 15 MG		Daily Dosage=6
(Generic: ROXICODONE)	65100075100340	Oxycodone HCl Tab 30 MG		Daily Dosage=6
	65100075107410	Oxycodone HCl Tab SR 12HR 10 MG	OXYCONTIN	PA Required; Daily Dosage=2
	65100075107415	Oxycodone HCl Tab SR 12HR 15 MG	OXYCONTIN	PA Required; Daily Dosage=2
	65100075107420	Oxycodone HCl Tab SR 12HR 20 MG	OXYCONTIN	PA Required; Daily Dosage=2
	65100075107430	Oxycodone HCl Tab SR 12HR 30 MG	OXYCONTIN	PA Required; Daily Dosage=2
	65100075107440	Oxycodone HCl Tab SR 12HR 40 MG	OXYCONTIN	PA Required; Daily Dosage=2
	65100075107460	Oxycodone HCl Tab SR 12HR 60 MG	OXYCONTIN	PA Required; Daily Dosage=2
	65100075107480	Oxycodone HCl Tab SR 12HR 80 MG	OXYCONTIN	PA Required; Daily Dosage=2
(Generic: ROXICODONE)	65100075101320	Oxycodone HCl Conc 20 MG/ML		Daily Dosage=6
(Generic: ULTRAM)	65100095100320	Tramadol HCl Tab 50 MG		Daily Dosage=8
(Generic: TYLOX)	65990002200120	Oxycodone w/ Acetaminophen Cap 5-500 MG		Daily Dosage=6
(Generic: PERCOCEI)	65990002200310	Oxycodone w/ Acetaminophen Tab 5-325 MG		Daily Dosage=6
	65990002200320	Oxycodone w/ Acetaminophen Tab 5-500 MG	ROXICET	Daily Dosage=6
(Generic: PERCOCEI)	65990002200327	Oxycodone w/ Acetaminophen Tab 7.5-325 MG		Daily Dosage=6
(Generic: PERCOCEI)	65990002200330	Oxycodone w/ Acetaminophen Tab 7.5-500 MG		Daily Dosage=6
(Generic: PERCOCEI)	65990002200335	Oxycodone w/ Acetaminophen Tab 10-325 MG		Daily Dosage=6
(Generic: PERCOCEI)	65990002200340	Oxycodone w/ Acetaminophen Tab 10-650 MG		Daily Dosage=6
	65990002202005	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	ROXICET	Daily Dosage=30
(Generic: PERCODAN)	65990002220320	Oxycodone w/ Aspirin Tab Full Strength		Daily Dosage=6
	65991002050310	Acetaminophen w/ Codeine Tab 300-15 MG		Daily Dosage=6
(Generic: TYLENOL/COD)	65991002050315	Acetaminophen w/ Codeine Tab 300-30 MG		Daily Dosage=6

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: TYLENOL/COD)	65991002050320	Acetaminophen w/ Codeine Tab 300-60 MG		Daily Dosage=6
	65991002052020	Acetaminophen w/ Codeine Soln 120-12 MG/5ML		Daily Dosage=30
	65991002100315	Aspirin w/ Codeine Tab 325-30 MG		Daily Dosage=6
	65991002100320	Aspirin w/ Codeine Tab 325-60 MG		Daily Dosage=6
(Generic: FIORINAL/COD)	65991004300115	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG		Daily Dosage=4
(Generic: NORCO)	65991702100305	Hydrocodone-Acetaminophen Tab 10-325 MG		Daily Dosage=6
(Generic: LORTAB 5, VICODIN)	65991702100310	Hydrocodone-Acetaminophen Tab 5-500 MG		Daily Dosage=6
(Generic: LORTAB 7.5)	65991702100325	Hydrocodone-Acetaminophen Tab 7.5-500 MG		Daily Dosage=6
(Generic: LORTAB 10)	65991702100327	Hydrocodone-Acetaminophen Tab 10-500 MG		Daily Dosage=6
(Generic: ANEXSLA, LORCET PLUS)	65991702100340	Hydrocodone-Acetaminophen Tab 7.5-650 MG		Daily Dosage=6
(Generic: LORCET)	65991702100345	Hydrocodone-Acetaminophen Tab 10-650 MG		Daily Dosage=6
(Generic: ANEXSLA)	65991702100346	Hydrocodone-Acetaminophen Tab 10-660 MG		Daily Dosage=6
(Generic: VICODIN ES)	65991702100350	Hydrocodone-Acetaminophen Tab 7.5-750 MG		Daily Dosage=6
(Generic: NORCO)	65991702100356	Hydrocodone-Acetaminophen Tab 5-325 MG		Daily Dosage=120
(Generic: NORCO)	65991702100358	Hydrocodone-Acetaminophen Tab 7.5-325 MG		Daily Dosage=8
(Generic: LORTAB)	65991702102020	Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML		Daily Dosage=120
(Generic: ULTRACET)	65995002200320	Tramadol-Acetaminophen Tab 37.5-325 MG		Daily Dosage=4
ANALGESICS - ANTI-INFLAMMATORY				
(Generic: CATAFLAM)	66100007100330	Diclofenac Potassium Tab 50 MG		
	66100007200610	Diclofenac Sodium Tab Delayed Release 25 MG	DICLOFENAC	
	66100007200620	Diclofenac Sodium Tab Delayed Release 50 MG		
(Generic: VOLTAREN)	66100007200630	Diclofenac Sodium Tab Delayed Release 75 MG		
(Generic: VOLTAREN-XR)	66100007207530	Diclofenac Sodium Tab SR 24HR 100 MG		
	66100008000120	Etodolac Cap 200 MG		
	66100008000130	Etodolac Cap 300 MG		
	66100008000310	Etodolac Tab 400 MG		
	66100008000320	Etodolac Tab 500 MG		
	66100008007520	Etodolac Tab SR 24HR 400 MG		
	66100008007530	Etodolac Tab SR 24HR 500 MG		
	66100008007540	Etodolac Tab SR 24HR 600 MG		
	66100012000310	Flurbiprofen Tab 50 MG		
(Generic: ANSAID)	66100012000315	Flurbiprofen Tab 100 MG		
(Generic: ADVIL, NUPRIN)	66100020000305	Ibuprofen Tab 200 MG		
	66100020000320	Ibuprofen Tab 400 MG		
(Generic: MOTRIN)	66100020000330	Ibuprofen Tab 600 MG		
(Generic: MOTRIN)	66100020000340	Ibuprofen Tab 800 MG		
	66100020000510	Ibuprofen Chew Tab 50 MG	CHILD ADVIL, CHILD MOTRIN	
(Generic: CHILD MOTRIN, MOTRIN JR ST)	66100020000520	Ibuprofen Chew Tab 100 MG		
(Generic: CHILD ADVIL, CHLRNS MOTRN, MOTRIN, MOTRIN INFAN)	66100020001810	Ibuprofen Susp 40 MG/ML		
(Generic: CHILD ADVIL, CHILD MOTRIN, MOTRIN)	66100020001820	Ibuprofen Susp 100 MG/5ML		
	66100030000105	Indomethacin Cap 25 MG		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	66100030000110	Indomethacin Cap 50 MG		
(Generic: INDOCIN SR)	66100030000205	Indomethacin Cap CR 75 MG		
	66100035000105	Ketoprofen Cap 50 MG		
	66100035000110	Ketoprofen Cap 75 MG		
	66100035007030	Ketoprofen Cap SR 24HR 200 MG	KETOPROFEN	
(Generic: TORADOL ORAL)	66100037100320	Ketorolac Tromethamine Tab 10 MG		Limited to Ages 16 and Older; Max Qty=20/30 days
(Generic: MOBIC)	66100052000320	Meloxicam Tab 7.5 MG		
(Generic: MOBIC)	66100052000330	Meloxicam Tab 15 MG		
	66100525000110	Celecoxib 50 MG	CELEBREX	PA Required; Daily Dosage=2
	66100525000120	Celecoxib 100 MG	CELEBREX	PA Required; Daily Dosage=2
	66100525000130	Celecoxib 200 MG	CELEBREX	PA Required; Daily Dosage=2
	66100525000140	Celecoxib 300 MG	CELEBREX	PA Required; Daily Dosage=2
	66100055000320	Nabumetone Tab 500 MG		
	66100055000330	Nabumetone Tab 750 MG		
(Generic: NAPROSYN)	66100060000305	Naproxen Tab 250 MG		
(Generic: NAPROSYN)	66100060000310	Naproxen Tab 375 MG		
(Generic: NAPROSYN)	66100060000315	Naproxen Tab 500 MG		
(Generic: EC-NAPROSYN)	66100060000610	Naproxen Tab EC 375 MG		Daily Dosage=2
(Generic: EC-NAPROSYN)	66100060000615	Naproxen Tab EC 500 MG		Daily Dosage=2
(Generic: NAPROSYN)	66100060001805	Naproxen Susp 125 MG/5ML		
(Generic: ALEVE)	66100060100303	Naproxen Sodium Tab 220 MG		Max Qty=62/31 days
(Generic: ANAPROX)	66100060100305	Naproxen Sodium Tab 275 MG		
(Generic: ANAPROX DS)	66100060100310	Naproxen Sodium Tab 550 MG		
(Generic: DAYPRO)	66100065000320	Oxaprozin Tab 600 MG		
(Generic: FELDENE)	66100070000105	Piroxicam Cap 10 MG		
(Generic: FELDENE)	66100070000110	Piroxicam Cap 20 MG		
	66100080000305	Sulindac Tab 150 MG		
(Generic: CLINORIL)	66100080000310	Sulindac Tab 200 MG		
	66100090100105	Tolmetin Sodium Cap 400 MG		
	66100090100305	Tolmetin Sodium Tab 200 MG		
	66100090100320	Tolmetin Sodium Tab 600 MG	TOLMETIN SOD	
	66250050100320	Methotrexate Sodium Tab 2.5 MG (Antirheumatic)	RHEUMATREX	
(Generic: ARAVA)	66280050000310	Leflunomide Tab 10 MG		Daily Dosage=1
(Generic: ARAVA)	66280050000320	Leflunomide Tab 20 MG		Daily Dosage=1
MIGRAINE PRODUCTS				
(Generic: D.H.E. 45)	67000030102005	Dihydroergotamine Mesylate Inj 1 MG/ML		
	67000030102060	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	MIGRANAL	
	67406010100320	Almotriptan Malate Tab 6.25 MG	AXERT	Max Qty=6/30 days
	67406010100330	Almotriptan Malate Tab 12.5 MG	AXERT	Max Qty=6/30 days
	67406025100320	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	RELPAX	Max Qty=6/30 days
	67406025100340	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	RELPAX	Max Qty=6/30 days
	67406070002010	Sumatriptan Nasal Spray 5 MG/ACT	IMITREX	Max Qty=6/30 days
	67406070002040	Sumatriptan Nasal Spray 20 MG/ACT	IMITREX, SUMATRIPTAN	Max Qty=6/30 days
(Generic: IMITREX)	67406070100305	Sumatriptan Succinate Tab 25 MG		Max Qty=9/30 days
(Generic: IMITREX)	67406070100310	Sumatriptan Succinate Tab 50 MG		Max Qty=9/30 days
(Generic: IMITREX)	67406070100320	Sumatriptan Succinate Tab 100 MG		Max Qty=9/30 days
(Generic: IMITREX)	67406070102010	Sumatriptan Succinate Inj 12 MG/ML		Max Qty=2/30 days
	67406070106405	Sumatriptan Succinate Inj Kit 4 MG/0.5ML	IMITREX	Max Qty=2/30 days
	67406070106410	Sumatriptan Succinate Inj Kit	ALSUMA, IMITREX	Max Qty=2/30 days
	67406080000320	Zolmitriptan Tab 2.5 MG	ZOMIG	Max Qty=6/30 days
	67406080000330	Zolmitriptan Tab 5 MG	ZOMIG	Max Qty=6/30 days
	67406080002020	Zolmitriptan Nasal Spray 5 MG/Spray Unit	ZOMIG	Max Qty=6/30 days
	67406080007220	Zolmitriptan Orally Disintegrating Tab 2.5 MG	ZOMIG ZMT	Max Qty=6/30 days
	67406080007230	Zolmitriptan Orally Disintegrating Tab 5 MG	ZOMIG ZMT	Max Qty=6/30 days
(Generic: CAFERGOT)	67991002100310	Ergotamine w/ Caffeine Tab 1-100 MG		
GOUT AGENTS				
(Generic: ZYLOPRIM)	68000010000305	Allopurinol Tab 100 MG		
(Generic: ZYLOPRIM)	68000010000310	Allopurinol Tab 300 MG		
	68000020000310	Colchicine Tab 0.6 MG	COLCRYS	

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	68100010000310	Probenecid Tab 500 MG		
	68990002100310	Colchicine w/ Probenecid Tab 0.5-500 MG		
ANTICONVULSANTS				
(Generic: KLONOPIN)	72100010000305	Clonazepam Tab 0.5 MG		Daily Dosage=3
(Generic: KLONOPIN)	72100010000310	Clonazepam Tab 1 MG		Daily Dosage=3
(Generic: KLONOPIN)	72100010000315	Clonazepam Tab 2 MG		Daily Dosage=3
	72100030004030	Diazepam Rectal Gel Delivery System 2.5 MG	DIASTAT PED	Limited to Ages 21 and Under; Max Qty=1/claim
	72100030004040	Diazepam Rectal Gel Delivery System 10 MG	DIASTAT ACDL	Limited to Ages 21 and Under; Max Qty=1/claim
	72100030004060	Diazepam Rectal Gel Delivery System 20 MG	DIASTAT ACDL	Limited to Ages 21 and Under; Max Qty=1/claim
	72120020000310	Felbamate Tab 400 MG	FELBATOL	
	72120020000320	Felbamate Tab 600 MG	FELBATOL	
	72120020001810	Felbamate Susp 600 MG/5ML	FELBATOL	
	72170070100302	Tiagabine HCl Tab 2 MG	GABITRIL	
	72170070100305	Tiagabine HCl Tab 4 MG	GABITRIL	
	72170070100315	Tiagabine HCl Tab 12 MG	GABITRIL	
	72170070100320	Tiagabine HCl Tab 16 MG	GABITRIL	
	72200030000505	Phenytoin Chew Tab 50 MG	DILANTIN	
(Generic: DILANTIN-125)	72200030001810	Phenytoin Susp 125 MG/5ML		
	72200030200105	Phenytoin Sodium Extended Cap 30 MG	DILANTIN	
(Generic: DILANTIN)	72200030200110	Phenytoin Sodium Extended Cap 100 MG		
(Generic: ZARONTIN)	72400010000105	Ethosuximide Cap 250 MG		
(Generic: ZARONTIN)	72400010002005	Ethosuximide Soln 250 MG/5ML		
(Generic: DEPAKOTE)	72500010100605	Divalproex Sodium Tab Delayed Release 125 MG		
(Generic: DEPAKOTE)	72500010100610	Divalproex Sodium Tab Delayed Release 250 MG DEPAKOTE		
(Generic: DEPAKOTE)	72500010100615	Divalproex Sodium Tab Delayed Release 500 MG		
(Generic: DEPAKOTE SPR)	72500010106820	Divalproex Sodium Cap Sprinkle 125 MG		
(Generic: DEPAKOTE ER)	72500010107520	Divalproex Sodium Tab SR 24 HR 250 MG		
(Generic: DEPAKOTE ER)	72500010107530	Divalproex Sodium Tab SR 24 HR 500 MG	DEPAKOTE ER	
(Generic: DEPAKENE)	72500020101205	Valproate Sodium Syrup 250 MG/5ML		
(Generic: DEPAKENE)	72500030000105	Valproic Acid Cap 250 MG		
(Generic: TEGRETOL)	72600020000305	Carbamazepine Tab 200 MG		
(Generic: TEGRETOL)	72600020000505	Carbamazepine Chew Tab 100 MG		
(Generic: TEGRETOL)	72600020001810	Carbamazepine Susp 100 MG/5ML		
	72600020007410	Carbamazepine Tab SR 12HR 100 MG	TEGRETOL XR	
(Generic: TEGRETOL XR)	72600020007420	Carbamazepine Tab SR 12HR 200 MG	TEGRETOL XR	
(Generic: TEGRETOL XR)	72600020007440	Carbamazepine Tab SR 12HR 400 MG	TEGRETOL XR	
(Generic: NEURONTIN)	72600030000110	Gabapentin Cap 100 MG	NEURONTIN	Daily Dosage=4
(Generic: NEURONTIN)	72600030000130	Gabapentin Cap 300 MG		Daily Dosage=4
(Generic: NEURONTIN)	72600030000140	Gabapentin Cap 400 MG		Daily Dosage=4
	72600030000310	Gabapentin Tab 100 MG	GABARONE	Daily Dosage=4
	72600030000315	Gabapentin Tab 300 MG	GABARONE	Daily Dosage=4
	72600030000320	Gabapentin Tab 400 MG	GABARONE	Daily Dosage=4
(Generic: NEURONTIN)	72600030000330	Gabapentin Tab 600 MG		Daily Dosage=4
(Generic: NEURONTIN)	72600030000340	Gabapentin Tab 800 MG		Daily Dosage=4
(Generic: LAMICTAL)	72600030002020	Gabapentin Oral Soln 250 MG/5ML	NEURONTIN	
(Generic: LAMICTAL)	72600040000310	Lamotrigine Tab 25 MG		
(Generic: LAMICTAL)	72600040000330	Lamotrigine Tab 100 MG		
(Generic: LAMICTAL)	72600040000335	Lamotrigine Tab 150 MG		
(Generic: LAMICTAL)	72600040000340	Lamotrigine Tab 200 MG		
(Generic: LAMICTAL)	72600040000510	Lamotrigine Tab Chewable Dispersible 5 MG		
(Generic: LAMICTAL)	72600040000520	Lamotrigine Tab Chewable Dispersible 25 MG		
(Generic: KEPPRA)	72600043000320	Levetiracetam Tab 250 MG		Daily Dosage=4
(Generic: KEPPRA)	72600043000330	Levetiracetam Tab 500 MG		Daily Dosage=4
(Generic: KEPPRA)	72600043000340	Levetiracetam Tab 750 MG		Daily Dosage=4
(Generic: KEPPRA)	72600043002020	Levetiracetam Soln 100 MG/ML		Daily Dosage=30

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: TRILEPTAL)	72600046000310	Oxcarbazepine Tab 150 MG		
(Generic: TRILEPTAL)	72600046000320	Oxcarbazepine Tab 300 MG		
(Generic: TRILEPTAL)	72600046000340	Oxcarbazepine Tab 600 MG		
(Generic: TRILEPTAL)	72600046001820	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)		
(Generic: MYSOLINE)	72600060000305	Primidone Tab 50 MG		
(Generic: MYSOLINE)	72600060000310	Primidone Tab 250 MG		
(Generic: TOPAMAX)	72600075000310	Topiramate Tab 25 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX)	72600075000320	Topiramate Tab 50 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX)	72600075000330	Topiramate Tab 100 MG	TOPAMAX	Daily Dosage=3
(Generic: TOPAMAX)	72600075000340	Topiramate Tab 200 MG	TOPAMAX	Daily Dosage=3
(Generic: ZONEGRAN)	72600090000105	Zonisamide Cap 25 MG		
	72600090000110	Zonisamide Cap 50 MG		
(Generic: ZONEGRAN)	72600090000120	Zonisamide Cap 100 MG		
ANTIPARKINSON AGENTS				
	73100010100305	Benzotropine Mesylate Tab 0.5 MG		
	73100010100310	Benzotropine Mesylate Tab 1 MG		
	73100010100315	Benzotropine Mesylate Tab 2 MG		
	73100070100310	Trihexyphenidyl HCl Tab 2 MG		
(Generic: ARTANE)	73100070100320	Trihexyphenidyl HCl Tab 5 MG		
	73100070101005	Trihexyphenidyl HCl Elixir 0.4 MG/ML		Max Qty=500/31 days
	73200010100105	Amantadine HCl Cap 100 MG		
	73200010101205	Amantadine HCl Syrup 50 MG/5ML		
(Generic: PARLODEL)	73200020100105	Bromocriptine Mesylate Cap 5 MG		
(Generic: PARLODEL)	73200020100305	Bromocriptine Mesylate Tab 2.5 MG		
(Generic: REQUIP)	73203070100310	Ropinirole Hydrochloride Tab 0.25 MG	REQUIP	Daily Dosage=6
(Generic: REQUIP)	73203070100315	Ropinirole Hydrochloride Tab 0.5 MG		Daily Dosage=3
(Generic: REQUIP)	73203070100320	Ropinirole Hydrochloride Tab 1 MG	REQUIP	Daily Dosage=3
(Generic: REQUIP)	73203070100330	Ropinirole Hydrochloride Tab 2 MG	REQUIP	Daily Dosage=3
(Generic: REQUIP)	73203070100337	Ropinirole Hydrochloride Tab 3 MG		Daily Dosage=6
(Generic: REQUIP)	73203070100344	Ropinirole Hydrochloride Tab 4 MG		Daily Dosage=6
(Generic: REQUIP)	73203070100350	Ropinirole Hydrochloride Tab 5 MG		Daily Dosage=3
(Generic: SINEMET)	73209902100310	Carbidopa & Levodopa Tab 10-100 MG		
(Generic: SINEMET)	73209902100320	Carbidopa & Levodopa Tab 25-100 MG		
(Generic: SINEMET)	73209902100330	Carbidopa & Levodopa Tab 25-250 MG		
(Generic: SINEMET CR)	73209902100410	Carbidopa & Levodopa Tab CR 25-100 MG		
(Generic: SINEMET CR)	73209902100420	Carbidopa & Levodopa Tab CR 50-200 MG		
(Generic: ELDEPRYL)	73300030100120	Selegiline HCl Cap 5 MG		
	73300030100320	Selegiline HCl Tab 5 MG		
	73403030000320	Carbidopa Tab 25 MG	LODOSYN	
MUSCULOSKELETAL THERAPY AGENTS				
	75100010000305	Baclofen Tab 10 MG		
	75100010000310	Baclofen Tab 20 MG		
(Generic: SOMA)	75100020000305	Carisoprodol Tab 350 MG		Daily Dosage=4
(Generic: PARAFON FORT)	75100040000310	Chlorzoxazone Tab 500 MG		
(Generic: FLEXERIL)	75100050100303	Cyclobenzaprine HCl Tab 5 MG		Daily Dosage=3
(Generic: FLEXERIL)	75100050100305	Cyclobenzaprine HCl Tab 10 MG		Daily Dosage=3
(Generic: ROBAXIN)	75100070000305	Methocarbamol Tab 500 MG		
(Generic: ROBAXIN-750)	75100070000310	Methocarbamol Tab 750 MG		
	75100080107410	Orphenadrine Citrate Tab SR 12HR 100 MG		
(Generic: ZANAFLEX)	75100090100310	Tizanidine HCl Tab 2 MG		
(Generic: ZANAFLEX)	75100090100320	Tizanidine HCl Tab 4 MG		
(Generic: DANTRIUM)	75200010100105	Dantrolene Sodium Cap 25 MG		
(Generic: DANTRIUM)	75200010100110	Dantrolene Sodium Cap 50 MG		
(Generic: DANTRIUM)	75200010100115	Dantrolene Sodium Cap 100 MG		
ANTIMYASTHENIC AGENTS				
(Generic: MESTINON)	76000050100305	Pyridostigmine Bromide Tab 60 MG		
	76000050100405	Pyridostigmine Bromide Tab CR 180 MG	MESTINON	
VITAMINS				
	77101010100320	Thiamine HCl Tab 50 MG		Max Qty=100/31 days
	77101010100330	Thiamine HCl Tab 100 MG		Max Qty=100/31 days
	77101010100340	Thiamine HCl Tab 250 MG		Max Qty=100/31 days
	77101010100350	Thiamine HCl Tab 500 MG		Max Qty=100/31 days
	77101010200320	Thiamine Mononitrate Tab 100 MG	VITAMIN B-1	Max Qty=100/31 days
	77102010000320	Riboflavin Tab 25 MG		Max Qty=100/31 days
	77102010000330	Riboflavin Tab 50 MG		Max Qty=100/31 days
	77102010000340	Riboflavin Tab 100 MG		Max Qty=100/31 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	77103010000210	Niacin Cap CR 250 MG		
	77103010000220	Niacin Cap CR 500 MG		
	77103010000350	Niacin Tab 500 MG		
	77103010000440	Niacin Tab CR 250 MG		
(Generic: SLO-NIACIN)	77103010000450	Niacin Tab CR 500 MG		
(Generic: SLO-NIACIN)	77103010000460	Niacin Tab CR 750 MG		
	77103010000470	Niacin Tab CR 1000 MG	NIACIN TR	
	77105010000305	Pyridoxine HCl Tab 25 MG		
	77105010000310	Pyridoxine HCl Tab 50 MG		
	77105010000315	Pyridoxine HCl Tab 100 MG		
	77108010000320	Ascorbic Acid Tab 250 MG		Max Qty=100/31 days
	77108010000325	Ascorbic Acid Tab 500 MG	21ST CENT NA, KROGER VITAM	Max Qty=100/31 days
	77108010000330	Ascorbic Acid Tab 1000 MG	VITAMIN C TA	Max Qty=100/31 days
	77108010000335	Ascorbic Acid Tab 1500 MG		Max Qty=100/31 days
(Generic: DRISDOL)	77202030000110	Ergocalciferol Cap 50000 IU		
	77203050000125	Vitamin E Cap 100 IU		Max Qty=62/31 days
	77203050000130	Vitamin E Cap 200 IU		Max Qty=62/31 days
	77203050000135	Vitamin E Cap 400 IU		Max Qty=62/31 days
	77203050000535	Vitamin E Chew Tab 400 IU		Max Qty=62/31 days
	77204030000305	Phytonadione Tab 5 MG	MEPHYTON	
MULTIVITAMINS				
	78110000000100	*B-Complex Vitamin Cap**		Daily Dosage=1
	78120000000100	*B-Complex w/ C Cap**		Daily Dosage=1
(Generic: NEPHROCAPS)	78133000000130	*B-Complex w/ C & Folic Acid Cap 1 MG***		Daily Dosage=1
(Generic: NEPHRO-VITE)	78133000000330	*B-Complex w/ C & Folic Acid Tab 1 MG***		
	78135010000340	*B-Complex w/ C-Min-Fe & Folic Acid Tab 106-1 MG***		
(Generic: CARDENZ, LYSIPLEX, ONE-A-DAY, THERAGRAN)	78200000000300	*Multiple Vitamin Tab**		Daily Dosage=1
(Generic: GERITOL EXT, STRESSTABS)	78210000000300	*Multiple Vitamins w/ Iron Tab**	STRESS FORMU	Daily Dosage=1
(Generic: CAROMEGA, CENTRUM, COMPLERE, FEMTABS, FOSFREE...)	78310000000300	*Multiple Vitamins w/ Minerals Tab**	ADV DIABETIC, ANTIOXIDANT, B-50 FORMULA, BACMIN, BASIC AM...	Daily Dosage=1
(Generic: TRI-VI-SOL)	784015030002010	*Pediatric Vitamins ADC Drops 1500IU-400IU-35 MG/ML***		Max Qty=50/claim
(Generic: POLY-VI-SOL)	78411000002010	*Pediatric Multiple Vitamin w/ C Soln 35 MG/ML**		Max Qty=50/claim
	78412000000500	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**		Daily Dosage=1
(Generic: POLY-VI-SOL)	78430000002010	*Pediatric Multiple Vitamins w/ Iron Drops 10 MG/ML**		Max Qty=50/claim
	78431510002010	*Pediatric Vitamins ACD w/ Iron Drops 10 MG/ML***	TRI-VI-SOL	Max Qty=50/claim
	78440500000520	*Pediatric Vitamins ACD w/ Fluoride Chew Tab 1 MG***		Limited to Ages 16 and Under; Daily Dosage=1
	78440500002010	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	TRIPHLUORIVI	Limited to Ages 16 and Under; Max Qty=50/claim
	78440500002020	*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***		Limited to Ages 136 and Under; Max Qty=50/claim
	78441000000505	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***		Limited to Ages 16 and Under; Daily Dosage=1
	78441000000510	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***		Limited to Ages 16 and Under; Daily Dosage=1
	78441000000520	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***		Limited to Ages 16 and Under; Max Qty=30/30 days
	78441000002005	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	PHLUORIVIT	Limited to Ages 16 and Under; Max Qty=50/claim
(Generic: POLY-VI-FLOR)	78441000002010	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***		Limited to Ages 16 and Under; Max Qty=50/claim
	78450000000520	*Pediatric Multiple Vitamins w/ Fl-Fe Chew Tab 0.5-12 MG**		Limited to Ages 16 and Under; Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	7845000000530	*Pediatric Multiple Vitamins w/ Fl-Fe Chew Tab 1-12 MG**		Limited to Ages 16 and Under; Daily Dosage=1
	78450000002008	*Pediatric Multiple Vitamins w/ Fl-Fe Drops 0.25-10 MG/ML**		Limited to Ages 16 and Under; Max Qty=50/claim
	78450000002018	*Pediatric Multiple Vitamins w/ Fl-Fe Drops 0.5-10 MG/ML**	POLY-VIT/FE	Limited to Ages 16 and Under; Max Qty=50/claim
	78452000002010	*Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***		Limited to Ages 16 and Under; Max Qty=50/claim
	78510000000350	*Prenatal Vitamin Fast Dissolving Tab**	CALNA	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512000000105	*Prenatal Multivitamins & Minerals w/ Iron & FA Cap 0.1MG***	TYLER PRENAT	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512000000115	*Prenatal Multivitamins & Minerals w/ Iron & FA Cap 1 MG***	MYNATAL, VITA-NATAL	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512000000303	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 0.1MG***	KPN	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512000000306	*Prenatal Multivitamins & Minerals w/ Fe & FA Tab 0.25 MG***	NUTRICION	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512000000315	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 0.8MG***	P D NATAL/FA, P-D NATAL, PRE-NATAL, PRENATAL, PRENATAL/FE	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512000000320	*Prenatal Multivitamins & Minerals w/ Iron & FA Tab 1 MG***		Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: NESTABS RX)	78512010000330	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	PRENATABS RX, RE-NATA 29, VOL-TAB RX	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: NESTABS CBF)	78512010000350	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1 MG***		Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000108	*Prenatal Vit w/ Fe Fumarate-FA Cap 13.5-0.4 MG***	PERRY PRENAT	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000312	*Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG***	O-CAL	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: NOVASTART)	78512015000317	*Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***	PRENAFIRST	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000320	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.5 MG***		Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000322	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.8 MG***	MULTI PRENAT, PRENATAL, PRENATAL ONE, QC PRENATAL, RIGHT STEP	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000324	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	M-VIT, O-CAL FA, PRENAPLUS, PRENATAL, PRENATAL/FA...	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000328	*Prenatal Vit w/ Fe Fumarate-FA Tab 28-0.8 MG***	CVS PRENATAL, EQL PRENATAL, GNP PRENATAL, PRENATAL, PRENAVITE...	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: NESTABS FA)	78512015000332	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	CO-NATAL FA, PRENATABS FA, VENATAL-FA	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000358	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-0.8 MG***		Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000360	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	SE-NATAL ONE, TRINATAL RX, VINATE ONE	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000366	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	CAVAN-FOLATE, LACTOCAL-F, MYNATAL PLUS, MYNATAL-Z, VITAFOL-OB...	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512015000385	*Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***	NATALVIT	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: NATACHEW)	78512015000530	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	COMPLETENATE, NATACHEW, PRENATAL 19, RE PRENATAL, SE-NATAL 19	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512020000330	*Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.4 MG***	MISSION PREN	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512020000334	*Prenatal Vit w/ Fe Gluconate-FA Tab 30-0.8 MG***	MISSION PREN	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512025000325	*Prenatal Vit w/ Fe Sulfate-FA Tab 27-0.8 MG***	PRENATAL	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	78512030000360	*Prenatal Vit w/ Fe Polysac Cmplx-FA Tab 60-1 MG***	NIFEREX-PN, POLY IRON PN	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: CITRACAL, CITRANATAL)	78512045000324	*Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1MG***	CAL-NATE, VINATE CAL	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512050000630	*Prenatal w/o A Vit w/ Fe Fumarate-FA Tab DR 30-1 MG***	CAVAN, GESTICARE, TARON-EC CAL, TRINATE	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
(Generic: NOVANATAL)	78512052000329	*Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***	PRENATABS, RE-NATA 29, VITASPIRE	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512054000375	*Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***	COMPLETE-RF	Limited to Ages 50and Under; Limited to Female; Daily Dosage=1
	78512060000325	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***	VINATE M	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512065000375	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	INATAL ADV, INATAL GT, INATAL ULTRA, MYNATAL, PRENACARE...	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512070000330	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	PRENATAL 19, SE-NATAL 19	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78512070000475	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab CR 90-1 MG***	AMINATE FE, MYNATE 90, SE-NATAL 90	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78515030006320	*Prenatal w/FE Polys Cmplx-FA-Ca Tab & Omega 3 Cap Pack***	MARNATAL-F	Limited to Ages 50 and Under; Limited to Female; Daily Dosage=1
	78520000000100	*Vitamins w/ Lipotropics Cap**		Daily Dosage=1
MINERALS & ELECTROLYTES				
	79100007001820	Calcium Carbonate Susp 1250 MG/5ML		
	79100070000320	Oyster Shell Calcium Tab 500 MG		
	79109902100320	Calcium 500 MG w/ Vitamin D Tab		
	79109902630330	Calcium Carbonate-Vitamin D Tab 250MG-125IU		
	79109902630340	Calcium Carbonate-Vitamin D Tab 500MG-125IU	CVS CALCIUM	
	79109902630345	Calcium Carbonate-Vitamin D Tab 500MG-200IU		
	79109902630365	Calcium Carbonate-Vitamin D Tab 600MG-200IU		Max Qty=62/31 days
	79109902630368	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit		Max Qty=62/31 days
(Generic: LURIDE)	79300020000505	Sodium Fluoride Chew Tab 0.25MG F (from 0.55 MG NaF)		
(Generic: LURIDE)	79300020000510	Sodium Fluoride Chew Tab 0.5MG F (from 1.1 MG NaF)		
(Generic: LURIDE)	79300020000515	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)		
	79300020002030	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)		
	79300020002035	Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)	FLURA-DROPS	
(Generic: LURIDE)	79300020002050	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)		
	79350010002020	Potassium Iodide Soln 1 GM/ML	SSKI	
(Generic: K-LYTE-ORANG)	79700020000810	Potassium Bicarbonate Effer Tab 25 mEq		
(Generic: MICRO-K)	79700030000210	Potassium Chloride Cap CR 10 mEq		
	79700030000420	Potassium Chloride Tab CR 8 mEq		
(Generic: K-TABS)	79700030000430	Potassium Chloride Tab CR 10 mEq		
	79700030000910	Potassium Chloride Oral Liq 10%		
	79700030000920	Potassium Chloride Oral Liq 20%		
(Generic: K-LOR)	79700030003015	Potassium Chloride Powder Packet 20 mEq		
(Generic: KLOR-CON-25)	79700030003020	Potassium Chloride Powder Packet 25 mEq		
(Generic: K-DUR, K-TABS)	79700030100430	Potassium Chloride Microencapsulated CRYC CR Tab 10 mEq		
	79700030100435	Potassium Chloride Microencapsulated Crys CR Tab 15 mEq	KLOR-CON M15	
(Generic: K-DUR)	79700030100440	Potassium Chloride Microencapsulated CRYC CR Tab 20 mEq		
	79800010000120	Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)		

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: EQUALYTE, PEDIALYTE, PEDIALYTE ST)	7999100002000	*Oral Electrolyte Solution***	CERALYTE 50, CERALYTE 70, CERASPORT, ENFALYTE	
NUTRIENTS				
	80100025000900	Glucose Polymers Liqd	POLYCOSE	
	80100025002910	Glucose Polymers Powder 94%	POLYCOSE	
	80500030000190	*Omega-3 Fatty Acids Cap 1000 MG**		Daily Dosage=6
	80500030000195	*Omega-3 Fatty Acids Cap 1200 MG**		Daily Dosage=6
HEMATOPOIETIC AGENTS				
	82100010002015	Cyanocobalamin Inj 1000 MCG/ML		
	82200010000305	Folic Acid Tab 400 MCG		
	82200010000310	Folic Acid Tab 800 MCG		
	82200010000315	Folic Acid Tab 1 MG		
(Generic: ICAR)	82300005000520	Iron Chew Tab 15 MG		
	82300010000308	Ferrous Sulfate Tab 83 MG		
	82300010000330	Ferrous Sulfate Tab 324 MG		
	82300010000332	Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)		
	82300010000380	Ferrous Sulfate Tab 28 MG (Elemental Fe)		
	82300010000630	Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)		
(Generic: FEOSOL)	82300010001010	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)		Daily Dosage=16
(Generic: FER-IN-SOL)	82300010002003	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)		Daily Dosage=1.7
	82300010002005	Ferrous Sulfate Soln 75 MG/0.6ML		Max Qty=50/claim
(Generic: SLOW FE)	82300010100410	Ferrous Sulfate Dried Tab CR 160 MG (50 MG Fe Equivalent)		
	82300020000307	Ferrous Gluconate Tab 216 MG		
(Generic: FERGON)	82300020000308	Ferrous Gluconate Tab 240 MG		
	82300020000310	Ferrous Gluconate Tab 300 MG	FERROUS GLUC	
	82300020000319	Ferrous Gluconate Tab 324 MG	FERROUS GLUC	
	82300020000320	Ferrous Gluconate Tab 325 MG		
	82300020000380	Ferrous Gluconate Tab 225 MG (27 MG Fe Equivalent)	FERROUS GLUC	
	82300020000385	Ferrous Gluconate Tab 246 MG (28 MG Elemental Fe)		
(Generic: HEMOCYTE)	82300030000310	Ferrous Fumarate Tab 325 MG (106 MG Elemental Fe)		
	82300050000110	Polysaccharide Iron Complex Cap 150 MG		
ANTICOAGULANTS				
	83100020202015	Heparin Sodium (Porcine) Inj 1000 U/ML		
	83100020202025	Heparin Sodium (Porcine) Inj 5000 U/ML		
	83100020202035	Heparin Sodium (Porcine) Inj 10000 U/ML		
	83100020202045	Heparin Sodium (Porcine) Inj 20000 U/ML		
(Generic: LOVENOX)	83101020102012	Enoxaparin Sodium Inj 30 MG/0.3ML		
(Generic: LOVENOX)	83101020102013	Enoxaparin Sodium Inj 40 MG/0.3ML		
(Generic: LOVENOX)	83101020102014	Enoxaparin Sodium Inj 60 MG/0.3ML		
(Generic: LOVENOX)	83101020102015	Enoxaparin Sodium Inj 80 MG/0.3ML		
(Generic: LOVENOX)	83101020102016	Enoxaparin Sodium Inj 100 MG/ML		
(Generic: LOVENOX)	83101020102018	Enoxaparin Sodium Inj 120 MG/ML		
(Generic: LOVENOX)	83101020102020	Enoxaparin Sodium Inj 150 MG/ML		
(Generic: LOVENOX)	83101020102050	Enoxaparin Sodium Inj 300 MG/ML		
(Generic: COUMADIN)	83200030200303	Warfarin Sodium Tab 1 MG		
(Generic: COUMADIN)	83200030200305	Warfarin Sodium Tab 2 MG		
(Generic: COUMADIN)	83200030200310	Warfarin Sodium Tab 2.5 MG		
(Generic: COUMADIN)	83200030200311	Warfarin Sodium Tab 3 MG		
(Generic: COUMADIN)	83200030200313	Warfarin Sodium Tab 4 MG		
(Generic: COUMADIN)	83200030200315	Warfarin Sodium Tab 5 MG		
(Generic: COUMADIN)	83200030200317	Warfarin Sodium Tab 6 MG		
(Generic: COUMADIN)	83200030200320	Warfarin Sodium Tab 7.5 MG		
(Generic: COUMADIN)	83200030200325	Warfarin Sodium Tab 10 MG		
HEMOSTATICS				
(Generic: AMICAR)	84100010000305	Aminocaproic Acid Tab 500 MG		Max Qty=24/claim
(Generic: AMICAR)	84100010001205	Aminocaproic Acid Syrup 25%		Max Qty=60/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	84100040000320	Tranexamic Acid Tab 650 MG	LYSTEDA	Limited to Female; Limited to Ages 12 and Older; Limited to Ages 49 and Under; Max Qty=30/5 days; Max Fills=1/month
HEMATOLOGICAL AGENTS - MISC.				
(Generic: PERSANTINE)	85150030000310	Dipyridamole Tab 25 MG		
(Generic: PERSANTINE)	85150030000320	Dipyridamole Tab 50 MG		
(Generic: PERSANTINE)	85150030000330	Dipyridamole Tab 75 MG		
(Generic: PLETAL)	85155516000320	Cilostazol Tab 50 MG		Daily Dosage=2
(Generic: PLETAL)	85155516000330	Cilostazol Tab 100 MG		Daily Dosage=2
	85158020100320	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	PLAVIX	Daily Dosage=1
	85158060100320	Prasugrel HCl Tab 5 MG (Base Equiv)	EFFIENT	Daily Dosage=1
	85158060100330	Prasugrel HCl Tab 10 MG (Base Equiv)	EFFIENT	Daily Dosage=1
(Generic: TRENAL)	85200010000410	Pentoxifylline Tab CR 400 MG		
OPHTHALMIC AGENTS				
	86101005004205	Bacitracin Ophth Oint 500 U/GM	BACITRACIN	Max Qty=4/claim
(Generic: CILOXAN)	86101023102010	Ciprofloxacin HCl Ophth Soln 0.3%		Package Limit=1/claim
	86101023104210	Ciprofloxacin HCl Ophth Oint 0.3%	CILOXAN	Max Qty=4/claim
	86101025004210	Erythromycin Ophth Oint 5 MG/GM		Max Qty=4/claim
(Generic: GARAMYCIN)	86101030002005	Gentamicin Sulfate Ophth Soln 0.3%		Package Limit=1/claim
	86101030004205	Gentamicin Sulfate Ophth Oint 0.3%	GARAMYCIN, GENTAMICIN	Max Qty=4/claim
	86101038102020	Moxifloxacin HCl Ophth Soln 0.5%	VIGAMOX	Max Qty=3/claim
(Generic: OCUFLOX)	86101047002020	Ofloxacin Ophth Soln 0.3%		Package Limit=1/claim
(Generic: TOBEX)	86101070002005	Tobramycin Sulfate Ophth Soln 0.3%		Max Qty=5/claim
	86101070004205	Tobramycin Sulfate Ophth Oint 0.3%	TOBEX	Max Qty=4/claim
(Generic: BLEPH-10)	86102010102010	Sulfacetamide Sodium Ophth Soln 10%		Max Qty=15/claim
	86102010104205	Sulfacetamide Sodium Ophth Oint 10%	SULFACET SOD	Max Qty=4/claim
(Generic: VIROPTIC)	86103020002005	Trifluridine Ophth Soln 1%		Max Qty=8/claim
(Generic: POLYSPORIN)	86109902104200	Bacitracin-Polymyxin B Ophth Oint		Max Qty=4/claim
(Generic: POLYTRIM)	86109902602020	Polymyxin B-Trimethoprim Ophth Soln 10000 UNITS/ML-0.1%		Max Qty=10/claim
	86109903104220	Neomycin-Bacitracin Zn-Polymyx 3.5(5)MG-400U-10000U Op Oint		Max Qty=4/claim
(Generic: NEOSPORIN)	86109903202000	Neomycin-Polymyxin B-Gramicidin Ophth Soln		Max Qty=10/claim
(Generic: LIQUIFILM, PREMIER VALU)	86200050002030	Polyvinyl Alcohol Ophth Soln 1.4%		Max Qty=15/claim
(Generic: AKWA TEARS, LACRI-LUBE, MOISTURE EYE, REFRESH P.M.)	86202000004200	*Artificial Tear Ophth Ointment***		Max Qty=4/claim
	86209902452020	Polyethylene Glycol-Polyvinyl Alcohol Ophth Soln 1-1%		Max Qty=31/31 days
	86250010101810	Betaxolol HCl Ophth Susp 0.25%	BETOPTIC-S	Package Limit=1/claim
	86250010102005	Betaxolol HCl Ophth Soln 0.5%		Package Limit=1/claim
(Generic: OPTIPRANOLOL)	86250015102020	Metipranolol Ophth Soln 0.3%		
(Generic: BETAGAN)	86250020102003	Levobunolol HCl Ophth Soln 0.25%	LEVOBUNOLOL	Package Limit=1/claim
(Generic: BETAGAN)	86250020102005	Levobunolol HCl Ophth Soln 0.5%		Package Limit=1/claim
(Generic: TIMOPTIC)	86250030102005	Timolol Maleate Ophth Soln 0.25%	TIMOPTIC OCU	Package Limit=1/claim
(Generic: TIMOPTIC)	86250030102010	Timolol Maleate Ophth Soln 0.5%	TIMOPTIC OCU	Package Limit=1/claim
(Generic: TIMOPTIC-XE)	86250030107630	Timolol Maleate Ophth Gel Forming Soln 0.5%		Package Limit=1/claim
(Generic: COSOPT)	86259902202020	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML		Max Qty=10/claim
	86300010102005	Dexamethasone Sodium Phosphate Ophth Soln 0.1%		Max Qty=5/claim
(Generic: FML LIQUIFLM)	86300020001810	Fluorometholone Ophth Susp 0.1%		Package Limit=1/claim
	86300020004205	Fluorometholone Ophth Oint 0.1%	FML, FML S.O.P.	Max Qty=4/claim
	86300050101809	Prednisolone Acetate Ophth Susp 0.12%	PRED MILD	Max Qty=10/claim
(Generic: ECONOPRED PL, OMNIPRED, PRED FORTE)	86300050101815	Prednisolone Acetate Ophth Susp 1%		Package Limit=1/claim
	86300050202015	Prednisolone Sodium Phosphate Ophth Soln 1%	PRED SOD PHO	Package Limit=1/claim
	86300070001810	Rimexolone Ophth Susp 1%	VEXOL	Package Limit=1/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	86309902151810	Gentamicin-Prednisolone Ace Ophth Susp 0.3-1%	PRED-G	Package Limit=1/claim
	86309902721810	Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2%	BLEPHAMIDE, PREDNIS/SULF, SULF/PREDNIS	Package Limit=1/claim
	86309902722015	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.25%		Package Limit=1/claim
	86309902724210	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%	BLEPHAMIDE	Max Qty=4/claim
(Generic: TOBRADEX)	86309902801820	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%		Package Limit=1/claim
	86309902804220	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%	TOBRADEX	Max Qty=4/claim
(Generic: MAXITROL)	86309903321810	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%		Max Qty=5/claim
(Generic: MAXITROL)	86309903324210	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%		Max Qty=4/claim
(Generic: CORTISPORIN)	86309903341810	Neomycin-Polymyxin-HC Ophth Susp	NEO/POLY/HC	Max Qty=8/claim
	86309903361820	Neomycin-Polymyxin-Prednisolone Ace Ophth Susp 0.5% (new)	POLY-PRED	Max Qty=5/claim
	86330050002020	Latanoprost Ophth Soln 0.005%	XALATAN	Max Qty=3/claim
(Generic: ISO ATROPINE)	86350010102010	Atropine Sulfate Ophth Soln 1%	ATROPINE SOL	Package Limit=1/claim
	86350010104210	Atropine Sulfate Ophth Oint 1%		Max Qty=4/claim
	86350020102005	Cyclopentolate HCl Ophth Soln 0.5%	CYCLOGYL	Max Qty=15/claim
(Generic: CYCLOGYL)	86350020102010	Cyclopentolate HCl Ophth Soln 1%		Package Limit=1/claim
	86350020102015	Cyclopentolate HCl Ophth Soln 2%	CYCLOGYL	Package Limit=1/claim
	86350030102005	Homatropine HBr Ophth Soln 2%	ISO HOMATROP	Max Qty=5/claim
(Generic: ISO HOMATROP)	86350030102010	Homatropine HBr Ophth Soln 5%		Package Limit=1/claim
	86350050002005	Tropicamide Ophth Soln 0.5%		Max Qty=15/claim
(Generic: MYDRIACYL)	86350050002010	Tropicamide Ophth Soln 1%		Package Limit=1/claim
(Generic: ALBALON, NAPHCN FORT)	86400030102020	Naphazoline HCl Ophth Soln 0.1%		Max Qty=15/claim
(Generic: MYDFRIN)	86400040102010	Phenylephrine HCl Ophth Soln 2.5%		Package Limit=1/claim
	86501020002015	Carbachol Ophth Soln 1.5%	ISO CARBACHO	
	86501020002025	Carbachol Ophth Soln 3%	ISO CARBACHO	
(Generic: ISO CARPINE)	86501030102010	Pilocarpine HCl Ophth Soln 0.5%	PILOCARPINE, PILOPTIC-1/2	
(Generic: ISOPTO CARP)	86501030102015	Pilocarpine HCl Ophth Soln 1%		
(Generic: ISOPTO CARP)	86501030102020	Pilocarpine HCl Ophth Soln 2%		
(Generic: ISOPTO CARP)	86501030102025	Pilocarpine HCl Ophth Soln 3%	PILOCARPINE, PILOPTIC-3	
(Generic: ISOPTO CARP)	86501030102030	Pilocarpine HCl Ophth Soln 4%		
	86501030102040	Pilocarpine HCl Ophth Soln 6%		
	86600010002005	Dipivefrin HCl Ophth Soln 0.1%	PROPINE	
(Generic: IOPIDINE)	86602010102010	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)		
	86602010102020	Apraclonidine HCl Ophth Soln 1% (Base Equivalent)	IOPIDINE	
	86602020102010	Brimonidine Tartrate Ophth Soln 0.2%		Package Limit=1/claim
(Generic: OPTIVAR)	86802006102020	Azelastine HCl Ophth Soln 0.05%	OPTIVAR	Max Qty=6/claim; Step Therapy
(Generic: CROLOM)	86802010102005	Cromolyn Sodium Ophth Soln 4%		Max Qty=10/claim
(Generic: ZADITOR)	86802040102010	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)		Package Limit=1/claim
	86802050202010	Lodoxamide Tromethamine Ophth Soln 0.1%	ALOMIDE	Max Qty=10/claim; Step Therapy
	86802060102020	Nedocromil Sodium Ophth Soln 2%	ALOCRIAL	Max Qty=5/claim; Step Therapy
	86802320001820	Brinzolamide Ophth Susp 1%	AZOPT	Package Limit=1/claim
(Generic: TRUSOPT)	86802340102020	Dorzolamide HCl Ophth Soln 2%		Max Qty=10/claim
(Generic: VOLTAREN)	86805010102010	Diclofenac Sodium Ophth Soln 0.1%	VOLTAREN	Package Limit=1/claim
(Generic: OCUFEN)	86805020102010	Flurbiprofen Sodium Ophth Soln 0.03%		Max Qty=3/claim
(Generic: ACULAR LS)	86805035102015	Ketorolac Tromethamine Ophth Soln 0.4%		
(Generic: ACULAR)	86805035102020	Ketorolac Tromethamine Ophth Soln 0.5%	ACULAR, ACULAR PF	Package Limit=1/claim; Step Therapy
OTIC AGENTS				
(Generic: FLOXIN OTIC)	87100060002010	Ofloxacin Otic Soln 0.3%		Package Limit=1/claim
	87300018101720	Fluocinolone Acetonide (Otic) Oil 0.01%	DERMOTIC	
(Generic: VOSOL HC)	87300020102000	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%		Max Qty=10/claim
(Generic: VOSOL)	87400010102010	Acetic Acid Otic Soln 2%		Max Qty=15/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: DEBROX)	87400030002010	Carbamide Peroxide 6.5% Otic Soln	REED DEBROX	Max Qty=15/31 days
	87991002361820	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	CIPRODEX	Max Qty=8/claim
(Generic: CORTISPORIN, PEDIOTIC)	87991003101807	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML 10000 U/ML-1%		Pkg Size 10: Package Limit=1/claim
(Generic: CORTISPORIN)	87991003102010	Neomycin-Polymyxin-HC Otic Soln 1%		Max Qty=10/claim
	87992002202010	Benzocaine-Antipyrine Otic Soln 1.4-5.4%	OTILAM NR	Pkg Size 15: Package Limit=1/claim; Pkg Size 15: Package Limit=1/claim
MOUTH/THROAT/DENTAL AGENTS				
	88100010001805	Nystatin Susp 100000 U/ML		Max Qty=120/claim
(Generic: PERIDEX)	88150020102012	Chlorhexidine Gluconate Soln 0.12%		
	88200078004725	Zinc Lozenge 15 MG		
	88250020104410	Triamcinolone Acetonide in Orabase 0.1%		Max Qty=5/claim
(Generic: XYLOCAINE)	88350065102050	Lidocaine HCl Viscous Soln 2%		Max Qty=100/claim
(Generic: PREVIDENT)	88402020002020	Sodium Fluoride Rinse 0.2%		
				Pkg Size 57: Package Limit=1/claim; Pkg Size 51: Package Limit=1/claim; Pkg Size 51: Package Limit=1/claim
(Generic: PREVIDENT)	88402020003721	Sodium Fluoride Cream 1.1%		
	88402020004015	Sodium Fluoride Gel 1%		
(Generic: PREVIDENT, THERA-FLUR-N)	88402020004020	Sodium Fluoride Gel 1.1%		Pkg Size 56: Package Limit=1/claim; Pkg Size 56: Package Limit=1/claim
(Generic: PREVIDENT)	88402020004418	Sodium Fluoride Paste 1.1%		Max Qty=106/claim
(Generic: GEL-KAM)	88402030001320	Stannous Fluoride Conc 0.63%		
ANORECTAL AGENTS				
(Generic: CORTENEMA)	89150010005110	Hydrocortisone Enema 100 MG/60ML		Max Qty=420/claim
(Generic: PROCTOFOAM)	89200030103905	Pramoxine HCl Rectal Foam 1%		Max Qty=15/claim
		Phenyleph-Shark Liver Oil-Cocoa Butter Suppos 0.25-3-85.5%		
(Generic: PREPARATION)	89994003255220			Max Qty=12/31 days
		Phenylephrine-Shark Liver Oil-MO-Pet Oint 0.25-3-14-71.9%		
(Generic: PREPARATION)	89994004604220			Max Qty=31/31 days
DERMATOLOGICALS				
(Generic: BENZAC AC, BENZAC W, DESQUAM-X)	90050010000905	Benzoyl Peroxide Liq 5%		
(Generic: BENZAC AC, BENZAC W, DESQUAM-X)	90050010000910	Benzoyl Peroxide Liq 10%		
(Generic: BENZAC W)	90050010004005	Benzoyl Peroxide Gel 2.5%		
(Generic: BENZAC AC, BENZAC W, BENZAGEL-5, DESQUAM-E, DESQUAM-X)	90050010004010	Benzoyl Peroxide Gel 5%		
(Generic: BENZAC AC, BENZAC W, BENZAGEL-10, DESQUAM-E, DESQUAM-X)	90050010004015	Benzoyl Peroxide Gel 10%		
	90050010004110	Benzoyl Peroxide Lotion 5%	CLEAN&CLEAR	
	90050010004120	Benzoyl Peroxide Lotion 10%		
	90050010204110	Benzoyl Peroxide-Sulfur Lotion 5-2%	SULFOXYL	Max Qty=60/claim
	90050010204120	Benzoyl Peroxide-Sulfur Lotion 10-5%	SULFOXYL	Max Qty=60/claim
(Generic: ACCUTANE)	90050013000110	Isotretinoin Cap 10 MG		Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: ACCUTANE)	90050013000120	Isotretinoin Cap 20 MG		Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: ACCUTANE)	90050013000140	Isotretinoin Cap 40 MG		Limited to Ages 12 and Older; Limited to Ages 22 and Under; Daily Dosage=2
(Generic: RETIN-A)	90050030003703	Tretinoin Cream 0.025%		Limited to Ages 21 and Under; Max Qty=20/claim
(Generic: RETIN-A)	90050030003705	Tretinoin Cream 0.05%		Limited to Ages 21 and Under; Max Qty=20/30 days
(Generic: RETIN-A)	90050030003710	Tretinoin Cream 0.1%		Limited to Ages 21 and Under; Max Qty=20/30 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: RETIN-A)	90050030004005	Tretinoin Gel 0.01%		Limited to Ages 21 and Under; Max Qty=15/30 days
(Generic: RETIN-A)	90050030004010	Tretinoin Gel 0.025%		Limited to Ages 21 and Under; Package Limit=1/30 days
(Generic: CLEOCIN-T)	90051010102005	Clindamycin Phosphate Soln 1%		
(Generic: CLEOCIN-T)	90051010104005	Clindamycin Phosphate Gel 1%	CLINDAGEL	Pkg Size 30: Package Limit=1/claim; Pkg Size 60: Package Limit=1/claim; Pkg Size 30: Package Limit=1/claim; Pkg Size 60: Package Limit=1/claim
(Generic: CLEOCIN-T)	90051010104105	Clindamycin Phosphate Lotion 1%		Pkg Size 60: Package Limit=1/claim; Pkg Size 60: Package Limit=1/claim
(Generic: ERYGEL)	90051020002010	Erythromycin Soln 2%		
(Generic: ERYGEL)	90051020004010	Erythromycin Gel 2%		Package Limit=1/claim
(Generic: KLARON)	90051036104120	Sulfacetamide Sodium Lotion 10% (Acne)		Max Qty=120/claim
(Generic: PLEXION TS)	90059903201820	Sulfacetamide Sodium w/ Sulfur Susp 10-5%		Max Qty=30/claim
(Generic: NOVACET, SULFACET-R)	90059903204110	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%		Package Limit=1/claim
(Generic: METROCREAM)	90060040003710	Metronidazole Cream 0.75%		Max Qty=45/claim
	90060040004010	Metronidazole Gel 0.75%		Max Qty=45/claim
(Generic: METROLOTION)	90060040004110	Metronidazole Lotion 0.75%		
(Generic: BACIGUENT)	90100010004210	Bacitracin Oint 500 U/GM		Pkg Size 30: Package Limit=1/claim; Pkg Size 15: Package Limit=2/claim; Pkg Size 28: Package Limit=1/claim
	90100010104210	Bacitracin Zinc Oint 500 U/GM		
	90100050103705	Gentamicin Sulfate Cream 0.1%		Package Limit=1/claim
	90100050104205	Gentamicin Sulfate Oint 0.1%		Package Limit=1/claim
(Generic: BACTROBAN)	90100065104210	Mupirocin Oint 2%	WOUND COMPOU	Pkg Size 22: Package Limit=1/claim; Pkg Size .9: Package Limit=72/30 days
	90100065203710	Mupirocin Calcium Cream 2%	BACTROBAN	Package Limit=1/claim
	90109802102900	*Bacitracin-Polymyxin B Powder***	POLYSPORIN	
(Generic: NEOSPORIN, TRIPLE ANTIB)	90109803104200	*Neomycin-Bacitracin-Polymyxin Oint***		Package Limit=1/claim
(Generic: NEOSPORIN)	90109803353720	Neomycin-Polymyxin w/ Pramoxine Cream 1%		Package Limit=1/claim
(Generic: MYCOSTATIN)	90150080002900	*Nystatin Topical Powder**		Package Limit=1/claim
	90150080003710	Nystatin Cream 100000 U/GM		Package Limit=1/claim
	90150080004215	Nystatin Oint 100000 U/GM		Package Limit=1/claim
(Generic: TINACTIN)	90150085003705	Tolnaftate Cream 1%	TINEACIDE	Max Qty=30/claim
(Generic: LAMISIL AT, LAMISIL AT C)	90150087103710	Terbinafine HCl Cream 1%		Package Limit=1/claim
(Generic: LOTRIMIN AF, MYCELEX OTC)	90154020002005	Clotrimazole Soln 1%		Package Limit=1/claim
(Generic: LOTRIMIN AF, MYCELEX OTC)	90154020003705	Clotrimazole Cream 1%		Package Limit=1/claim
	90154035103705	Econazole Nitrate Cream 1%		
	90154045003710	Ketoconazole Cream 2%		Package Limit=1/claim
	90154045004505	Ketoconazole Shampoo 1%	NIZORAL A-D	Package Limit=1/claim
(Generic: NIZORAL)	90154045004510	Ketoconazole Shampoo 2%		Max Qty=120/claim
(Generic: MICATIN, MICATIN JOCK)	90154050103705	Miconazole Nitrate Cream 2%		Package Limit=1/claim
(Generic: LOTRISONE)	90159902053710	Clotrimazole w/ Betamethasone Cream 1-0.05%		Package Limit=1/claim
(Generic: LOTRISONE)	90159902054120	Clotrimazole w/ Betamethasone Lotion 1-0.05%		Max Qty=30/claim
	90159902253700	Nystatin-Triamcinolone Cream 100000-0.1 U/GM-%		Package Limit=1/claim
	90159902254200	Nystatin-Triamcinolone Oint 100000-0.1 U/GM-%		Package Limit=1/claim
(Generic: BENADRYL M-S)	90200010103705	Diphenhydramine HCl Cream 2%		
	90250020003725	Anthralin Cream 1%	DRITHO-CREME	
(Generic: DOVONEX, DOVONX SCALP)	90250025002020	Calcipotriene Soln 0.005% (50 MCG/ML)		Max Qty=60/claim
	90250025003710	Calcipotriene Cream 0.005%	DOVONEX	Max Qty=60/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	90250070003720	Tazarotene Cream 0.05%	TAZORAC	Package Limit=1/claim
	90250070003730	Tazarotene Cream 0.1%	TAZORAC	Package Limit=1/claim
	90250070004020	Tazarotene Gel 0.05%	TAZORAC	Package Limit=1/claim
	90250070004030	Tazarotene Gel 0.1%	TAZORAC	Package Limit=1/claim
(Generic: SELSUN BLUE)	90300050004110	Selenium Sulfide Lotion 1%	DENOREX	Max Qty=240/claim
(Generic: SELSUN)	90300050004120	Selenium Sulfide Lotion 2.5%		Max Qty=120/claim
(Generic: OVACE PLUS, OVACE WASH)	90300060000920	Sulfacetamide Sodium Liquid 10%		Package Limit=1/claim
(Generic: CARMOL SCALP)	90309902604120	Sulfacetamide Sodium-Urea Lotion 10-10%		
	90350010003720	Acyclovir Cream 5%	ZOVIRAX	Package Limit=1/claim
	90350010004205	Acyclovir Oint 5%	ZOVIRAX	Max Qty=15/claim
(Generic: EFUDEX)	90372030002020	Fluorouracil Soln 2%		Max Qty=10/claim
(Generic: EFUDEX)	90372030002050	Fluorouracil Soln 5%		Max Qty=10/claim
	90372030003705	Fluorouracil Cream 0.5%	CARAC	Max Qty=30/claim
(Generic: EFUDEX)	90372030003730	Fluorouracil Cream 5%		Max Qty=40/claim
				Pkg Size 1000: Max Qty=1/claim; Pkg Size 20: Package Limit=1/claim; Pkg Size 25: Package Limit=1/claim; Pkg Size 50: Package Limit=1/claim; Pkg Size 85: Package Limit=1/claim; Pkg Size 400: Package Limit=1/claim
(Generic: SILVADENE)	90450030003710	Silver Sulfadiazine Cream 1%		
	90550020003705	Betamethasone Dipropionate Cream 0.05%		Package Limit=1/claim
	90550020004105	Betamethasone Dipropionate Lotion 0.05%		Max Qty=60/claim
	90550020004205	Betamethasone Dipropionate Oint 0.05%		Package Limit=1/claim
(Generic: DIPROLENE AF)	90550020053705	Betamethasone Dipropionate Augmented Cream 0.05%		Package Limit=1/claim
	90550020054005	Betamethasone Dipropionate Augmented Gel 0.05%		Package Limit=1/claim
(Generic: DIPROLENE)	90550020054105	Betamethasone Dipropionate Augmented Lotion 0.05%		Package Limit=1/claim
(Generic: DIPROLENE)	90550020054205	Betamethasone Dipropionate Augmented Oint 0.05%		Package Limit=1/claim
	90550020103710	Betamethasone Valerate Cream 0.1%		Package Limit=1/claim
	90550020104105	Betamethasone Valerate Lotion 0.1%		Max Qty=60/claim
	90550020104205	Betamethasone Valerate Oint 0.1%		Package Limit=1/claim
(Generic: TEMOVATE)	90550025102005	Clobetasol Propionate Soln 0.05%		Package Limit=1/claim
(Generic: TEMOVATE)	90550025103705	Clobetasol Propionate Cream 0.05%		Package Limit=1/claim
(Generic: TEMOVATE)	90550025104010	Clobetasol Propionate Gel 0.05%		Package Limit=1/claim
(Generic: TEMOVATE)	90550025104205	Clobetasol Propionate Oint 0.05%		Package Limit=1/claim
(Generic: TEMOVATE E)	90550025153705	Clobetasol Propionate Emollient Base Cream 0.05%		Package Limit=1/claim
(Generic: DESOWEN)	90550035003705	Desonide Cream 0.05%		Package Limit=1/claim
(Generic: DESOWEN)	90550035004105	Desonide Lotion 0.05%		Package Limit=1/claim
(Generic: DESOWEN)	90550035004205	Desonide Oint 0.05%		Package Limit=1/claim
(Generic: TOPICORT LP)	90550040003705	Desoximetasone Cream 0.05%		Package Limit=1/claim
(Generic: TOPICORT)	90550040003710	Desoximetasone Cream 0.25%		Package Limit=1/claim
(Generic: TOPICORT)	90550040004005	Desoximetasone Gel 0.05%		Package Limit=1/claim
(Generic: TOPICORT)	90550040004205	Desoximetasone Oint 0.25%		Package Limit=1/claim
	90550050103705	Diflorasone Diacetate Cream 0.05%		Package Limit=1/claim
	90550050104205	Diflorasone Diacetate Oint 0.05%		Package Limit=1/claim
(Generic: PSORCON E)	90550050153705	Diflorasone Diacetate Emollient Base Cream 0.05%	APEXICON E	Package Limit=1/claim
(Generic: SYNALAR)	90550055102005	Fluocinolone Acetonide Soln 0.01%	FLUOCIN ACET	Max Qty=60/claim
	90550055103705	Fluocinolone Acetonide Cream 0.01%	FLUOCIN ACET	Package Limit=1/claim
(Generic: SYNALAR)	90550055103710	Fluocinolone Acetonide Cream 0.025%	FLUOCIN ACET	Package Limit=1/claim
(Generic: SYNALAR)	90550055104205	Fluocinolone Acetonide Oint 0.025%		Package Limit=1/claim
(Generic: LIDEX)	90550060002005	Fluocinonide Soln 0.05%		Package Limit=1/claim
(Generic: LIDEX)	90550060003705	Fluocinonide Cream 0.05%		Package Limit=1/claim
(Generic: LIDEX)	90550060004005	Fluocinonide Gel 0.05%		Package Limit=1/claim
(Generic: LIDEX)	90550060004205	Fluocinonide Oint 0.05%		Package Limit=1/claim
(Generic: LIDEX-E)	90550060103705	Fluocinonide Emulsified Base Cream 0.05%		Package Limit=1/claim
(Generic: CUTIVATE)	90550068103710	Fluticasone Propionate Cream 0.05%		Package Limit=1/claim
(Generic: CUTIVATE)	90550068104210	Fluticasone Propionate Oint 0.005%		Package Limit=1/claim
(Generic: ULTRAVATE)	90550073103710	Halobetasol Propionate Cream 0.05%		Package Limit=1/claim
(Generic: ULTRAVATE)	90550073104210	Halobetasol Propionate Oint 0.05%		Package Limit=1/claim
	90550075003715	Hydrocortisone Cream 0.5%		Max Qty=30/claim
(Generic: HYTONE)	90550075003725	Hydrocortisone Cream 2.5%		Package Limit=1/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	90550075004115	Hydrocortisone Lotion 1%		Package Limit=1/claim
	90550075004120	Hydrocortisone Lotion 2.5%		Package Limit=1/claim
	90550075004210	Hydrocortisone Oint 1%		
	90550075004215	Hydrocortisone Oint 2.5%		Package Limit=1/claim
(Generic: WESTCORT)	90550075203705	Hydrocortisone Valerate Cream 0.2%		Package Limit=1/claim
(Generic: WESTCORT)	90550075204205	Hydrocortisone Valerate Oint 0.2%		Package Limit=1/claim
(Generic: LOCOID)	90550075302020	Hydrocortisone Butyrate Soln 0.1%		Package Limit=1/claim
				Pkg Size 15: Package Limit=1/claim; Pkg Size 45: Package Limit=1/claim; Pkg Size 15: Package Limit=1/claim; Pkg Size 45: Package Limit=1/claim
(Generic: LOCOID)	90550075303705	Hydrocortisone Butyrate Cream 0.1%		Package Limit=1/claim
(Generic: LOCOID)	90550075304205	Hydrocortisone Butyrate Oint 0.1%		Package Limit=1/claim
(Generic: ELOCON)	90550082102010	Mometasone Furoate Solution 0.1% (Lotion)		Package Limit=1/claim
(Generic: ELOCON)	90550082103710	Mometasone Furoate Cream 0.1%	ELOCON	Package Limit=1/claim
(Generic: ELOCON)	90550082104210	Mometasone Furoate Oint 0.1%		Package Limit=1/claim
(Generic: DERMATOP)	90550083003710	Prednicarbate Cream 0.1%		Package Limit=1/claim
(Generic: DERMATOP)	90550083004210	Prednicarbate Oint 0.1%		Package Limit=1/claim
	90550085103705	Triamcinolone Acetonide Cream 0.025%		Package Limit=1/claim
(Generic: ARISTOCORT A, KENALOG)	90550085103710	Triamcinolone Acetonide Cream 0.1%		Package Limit=1/claim
	90550085103720	Triamcinolone Acetonide Cream 0.5%		Max Qty=15/claim
	90550085104105	Triamcinolone Acetonide Lotion 0.025%		Max Qty=60/claim
(Generic: KENALOG)	90550085104110	Triamcinolone Acetonide Lotion 0.1%		Max Qty=60/claim
	90550085104205	Triamcinolone Acetonide Oint 0.025%		Package Limit=1/claim
	90550085104210	Triamcinolone Acetonide Oint 0.1%		Package Limit=1/claim
	90550085104215	Triamcinolone Acetonide Oint 0.5%		Max Qty=15/claim
	90559902503720	Hydrocortisone-Aloe Vera Cream 1%		Max Qty=30/claim
(Generic: EUCERIN, VASELINE INT)	90650000004100	*Emollient - Lotion**	ALA DERM	
(Generic: LAC-HYDRIN)	90650015003730	Lactic Acid (Ammonium Lactate) Cream 12%		Package Limit=1/claim
(Generic: LAC-HYDRIN)	90650015004130	Lactic Acid (Ammonium Lactate) Lotion 12%		Package Limit=1/31 days
	90660080003725	Urea Cream 40%		Package Limit=1/claim
(Generic: CARMOL 40)	90660080004140	Urea Lotion 40%		Package Limit=1/claim
(Generic: CONDYLOX)	90750015002020	Podofilox Soln 0.5%		Max Qty=4/claim
(Generic: KERALYT)	90750030004005	Salicylic Acid Gel 6%		Max Qty=40/claim; Pkg Size 40: Package Limit=1/claim
	90750030004080	Salicylic Acid Gel 3%	KERALYT	Max Qty=30/claim
(Generic: ALDARA)	90773040003720	Imiquimod Cream 5%	ALDARA	Max Qty=48/180 days
	90784060003720	Pimecrolimus Cream 1%	ELIDEL	PA Required; Max Qty=30/30 days
(Generic: ZOSTRIX, ZOSTRIX ARTH)	90850025003710	Capsaicin Cream 0.025%		
	90850025003715	Capsaicin Cream 0.035%	CAPZASIN-P	
(Generic: ZOSTRIX, ZOSTRIX HP, ZOSTRIX SPRT, ZOSTRX FOOT)	90850025003730	Capsaicin Cream 0.075%		
(Generic: ICY HOT)	90850025004010	Capsaicin Gel 0.025%	CAPSAGEL	
	90850025004020	Capsaicin Gel 0.05%	CAPSAGEL XS	
	90850025004030	Capsaicin Gel 0.075%	CAPSAGEL MS	
	90850025004115	Capsaicin Lotion 0.035%	CASTIVA	
	90850045004205	Dibucaine Oint 1%		Max Qty=30/claim
	90850060004210	Lidocaine Oint 5%		Package Limit=1/claim
(Generic: LIDAMANTLE)	90850060103730	Lidocaine HCl Cream 3%		
(Generic: XYLOCAINE)	90850060104005	Lidocaine HCl Gel 2%		Max Qty=30/claim
(Generic: EMLA)	90859902903710	Lidocaine-Prilocaine Cream 2.5-2.5%		Package Limit=1/claim
(Generic: ELDOQUIN, LUSTRA)	90872010003720	Hydroquinone Cream 4%		Package Limit=1/claim
	90900010003705	Crotamiton Cream 10%	EURAX	Max Qty=60/claim
	90900010004105	Crotamiton Lotion 10%	EURAX	Package Limit=1/claim
	90900035000903	Permethrin Liq Spray 0.25%	NIX LICE	
(Generic: NIX COMPLETE, NIX CREM RIN)	90900035000910	Permethrin Creme Rinse 1%		
	90900035003208	Permethrin Aerosol 0.4%	PRONTO	
	90900035003210	Permethrin Aerosol 0.5%		
(Generic: ELIMITE)	90900035003720	Permethrin Cream 5%		Package Limit=1/claim
	90900035004110	Permethrin Lotion 1%		Package Limit=1/claim

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	90901001004500	*Nit Remover - Shampoo***	KLOUT, SCHOOLTIME	
	90901001006400	*Nit Remover - Kit***	KLOUT LICE	
	90909902100916	Pyrethrins-Piperonyl Butoxide Liq 0.17-2%	TISIT	
	90909902100918	Pyrethrins-Piperonyl Butoxide Liq 0.18-2.2%	BARC	
	90909902100920	Pyrethrins-Piperonyl Butoxide Liq 0.2-2%		
(Generic: RID)	90909902100930	Pyrethrins-Piperonyl Butoxide Liq 0.3-3%		
(Generic: RID)	90909902100940	Pyrethrins-Piperonyl Butoxide Liq 0.33-4%	NIX LICE TRE	Package Limit=1/claim
	90909902103930	Pyrethrins-Piperonyl Butoxide Foam 0.33-4%	RID LICE KIL	
	90909902104030	Pyrethrins-Piperonyl Butoxide Gel 0.3-3%		
	90909902104040	Pyrethrins-Piperonyl Butoxide Gel 0.33-4%	A-200	
(Generic: TEGRIN-LT)	90909902104530	Pyrethrins-Piperonyl Butoxide Shampoo 0.3-3%		
(Generic: PRONTO)	90909902104540	Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%		
(Generic: PRONTO)	90909902106405	Pyrethrins-Piperonyl Butoxide Shampoo Kit		
	90909902106410	Pyrethrins Spray & Pyrethrins-Piperonyl Butoxide Shamp Kit	LICE TRTMNT	
	90909902106420	Pyreth-Piper But Spray & Pyreth-Piper But Shamp Kit	LICE COMBIN, LICIDE TREAT, TEGRIN-LT, TISIT	
(Generic: A-200)	90909903206400	Permethrin Spray & Pyrethrins-Piperonyl Butoxide Shamp Kit		
(Generic: RID COMPLETE)	90909904506420	Pyreth-Piperonyl Butox Sham-Permeth Aero-Nit Remover Gel Kit		
(Generic: DRY SOL)	90970010002010	Aluminum Chloride Soln 20%		Package Limit=1/claim
ANTISEPTICS & DISINFECTANTS				
	92100030100940	Chlorhexidine Gluconate Liquid 4%		
ANTIDOTES				
	93000092001200	Ipecac Syrup		
	93100080000120	Succimer Cap 100 MG	CHEMET	
(Generic: REVIA)	93400030100305	Naltrexone HCl Tab 50 MG		
DIAGNOSTIC PRODUCTS				
	94100005006100	Acetone (Urine) Test Strip	CHEK-STIX, CHEMSTRIP K, KETOCARE, KETOSTIX	
	94100030006100	Glucose Blood Test Strip	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	Daily Dosage=5
	94100038006100	Ketone Blood Test Strip		Max Qty=30/30 days
MEDICAL DEVICES				
	97051030056320	Insulin Syringe (Disp) U-100 1 ML	INSULIN SYRG	Daily Dosage=5
	97051030406320	Insulin Syringe/Needle U-40 1 ML 26 x 1/2"	INSULIN SYRG	Max Qty=150/30 days
	97051030906304	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906305	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	97051030906306	Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	INSULIN SYRG	Daily Dosage=5
	97051030906307	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906308	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	97051030906309	Insulin Syringe/Needle U-100 0.3 ML 30 x 7/16"	INSULIN SYRG	Daily Dosage=5
	97051030906310	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906312	Insulin Syringe/Needle U-100 0.3 ML 28 G x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906313	Insulin Syringe/Needle U-100 1/2 ML 29 x 7/16"	INSULIN SYRG	Daily Dosage=5
	97051030906315	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	INSULIN SYRG	Daily Dosage=5
	97051030906316	Insulin Syringe/Needle U-100 1/2 ML 30 x 7/16"	INSULIN SYRG	Daily Dosage=5
	97051030906317	Insulin Syringe/Needle U-100 1/2 ML 30 G x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906318	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	INSULIN SYRG	Daily Dosage=5

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	97051030906320	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906324	Insulin Syringe/Needle U-100 1/2 ML 29 x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906325	Insulin Syringe/Needle U-100 1/2 ML 28 x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906326	Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906327	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	97051030906328	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906329	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	97051030906330	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	INSULIN SYRG	Daily Dosage=5
	97051030906335	Insulin Syringe/Needle U-100 1 ML 25 x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906340	Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906350	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906360	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	INSULIN SYRG	Daily Dosage=5
	97051030906368	Insulin Syringe/Needle U-100 1 ML 28 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906370	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906378	Insulin Syringe/Needle U-100 1 ML 30 G x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906379	Insulin Syringe/Needle U-100 1 ML 29 x 7/16"	INSULIN SYRG	Daily Dosage=5
	97051030906380	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	INS SYRINGE, INSULIN SYRG, MAGELLAN INS	Daily Dosage=5
	97051030906381	Insulin Syringe/Needle U-100 1 ML 29 x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906382	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906384	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906385	Insulin Syringe/Needle U-100 1 ML 30 x 7/16"	INSULIN SYRG	Daily Dosage=5
	97051030906386	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	INS SYRINGE, INSULIN SYRG	Daily Dosage=5
	97051030906387	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906388	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906390	Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8"	INSULIN SYRG	Daily Dosage=5
	97051030906392	Insulin Syringe/Needle U-100 2 ML 29 x 1/2"	INSULIN SYRG	Daily Dosage=5
	97051030906395	Insulin Syringe/Needle U-100 0.3 ML 29 x 7/16"	INSULIN SYRG	Daily Dosage=5
	97051030906396	Insulin Syringe/Needle U-100 0.3 ML 29 x 5/16"	INSULIN SYRG	Daily Dosage=5
	97051030906397	Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	INSULIN SYRG	Daily Dosage=5
	97051030906398	Insulin Syringe/Needle U-100 0.3 ML 30 x 1"	INSULIN SYRG	Daily Dosage=5
	97100000006300	*Respiratory Therapy Supplies - Misc**	AEROSOL MASK	Max Qty=1/360 days
	97100550006200	*Spacer/Aerosol-Holding Chambers - Device***	AEROCHAMBER	Max Qty=2/360 days
	97100550106300	*Spacer/Aerosol-Holding Chamber Supplies - Bags***	INSPIREASE	Max Qty=3/180 days
	97100550156300	*Spacer/Aerosol-Holding Chamber Supplies - Mouthpieces***	INSPIREASE	Max Qty=1/180 days
	97202007100900	*Blood Glucose Calibration - Liquid***	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	Max Qty=1/90 days

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
	97202007100910	*Blood Glucose Calibration - Liquid - High***	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	Max Qty=1/90 days
	97202007100920	*Blood Glucose Calibration - Liquid - Normal***	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	Max Qty=1/90 days
	97202007100930	*Blood Glucose Calibration - Liquid - Low***	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	Max Qty=1/90 days
	97202010006200	*Blood Glucose Monitoring Devices****	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	Max Qty=1/720 days
	97202010006410	*Blood Glucose Monitoring Kit w/ Device****	ONE-TOUCH, TRUE-TRACK, TRUE-TEST	
	97202025006300	*Lancets****		Max Qty=200/30 days
	97202027006300	*Lancet Devices****		Max Qty=1/180 days
	97303000004309	*Gauze Pads & Dressings - Pads 2" X 2"***	CUREX SPONGE	
	97303000004319	*Gauze Pads & Dressings - Pads 3" X 3"***	CURITY GAUZE	
	97303000004340	*Gauze Pads & Dressings - Pads 4" X 4"***	ALLEVYN, AMD FOAM	
	97401010106200	Condoms Latex Lubricated	ATLAS CONDOM	Max Qty=36/claim
	97401010206200	Condoms Latex Non-Lubricated	ATLAS CONDOM	Max Qty=36/claim
	97402010005445	Diaphragm Arc-Spring 65 MM	ORTHO FLEX	
	97402010005450	Diaphragm Arc-Spring 70 MM	ORTHO FLEX	
	97402010005455	Diaphragm Arc-Spring 75 MM	ORTHO FLEX	
	97402010005460	Diaphragm Arc-Spring 80 MM	ORTHO FLEX	
	97402010006435	Diaphragm Arc-Spring Kit 55 MM	ORTHO FLEX	
	97402010006440	Diaphragm Arc-Spring Kit 60 MM	ORTHO FLEX	
	97402010006445	Diaphragm Arc-Spring Kit 65 MM	ORTHO FLEX	
	97402010006450	Diaphragm Arc-Spring Kit 70 MM	ORTHO FLEX	
	97402010006455	Diaphragm Arc-Spring Kit 75 MM	ORTHO FLEX	
	97402010006460	Diaphragm Arc-Spring Kit 80 MM	ORTHO FLEX	
	97402010006465	Diaphragm Arc-Spring Kit 85 MM	ORTHO FLEX	
	97402010006470	Diaphragm Arc-Spring Kit 90 MM	ORTHO FLEX	
	97402010006475	Diaphragm Arc-Spring Kit 95 MM	ORTHO FLEX	
	97402020006430	Diaphragm Coil Spring Kit 50 MM	ORTHO COIL	Max Qty=1/365 days
	97402020006480	Diaphragm Coil Spring Kit 100 MM	ORTHO COIL	Max Qty=1/180 days
	97402020006485	Diaphragm Coil Spring Kit 105 MM	ORTHO COIL	Max Qty=1/180 days
	97402040006435	Diaphragm Flat Spring Kit 55 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006440	Diaphragm Flat Spring Kit 60 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006445	Diaphragm Flat Spring Kit 65 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006450	Diaphragm Flat Spring Kit 70 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006455	Diaphragm Flat Spring Kit 75 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006460	Diaphragm Flat Spring Kit 80 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006465	Diaphragm Flat Spring Kit 85 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006470	Diaphragm Flat Spring Kit 90 MM	ORTHO FLAT	Max Qty=1/180 days
	97402040006475	Diaphragm Flat Spring Kit 95 MM	ORTHO FLAT	Max Qty=1/180 days
	97703040004300	*Alcohol Swabs***	ALCOHOL, ALCOHOL PREP, ALCOHOL SWAB, BD SWAB BFLY, BD SWAB REG...	Max Qty=400/claim
PHARMACEUTICAL ADJUVANTS				
	98600020204200	Lanolin	LAN-O-SOOTHE, LANOLIN HYDR, LANSINOH	
ASSORTED CLASSES				
	99200030000105	Penicillamine Cap 125 MG	CUPRIMINE	
	99200030000110	Penicillamine Cap 250 MG	CUPRIMINE	
(Generic: SANDIMMUNE)	99402020000110	Cyclosporine Cap 25 MG		Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: SANDIMMUNE)	99402020000140	Cyclosporine Cap 100 MG		Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: SANDIMMUNE)	99402020002010	Cyclosporine Oral Soln 100 MG/ML		Max Qty=50/claim at Retail/MD must contact CAREMARK800-237-2767
(Generic: NEORAL)	99402020300120	Cyclosporine Modified Cap 25 MG		Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767
	99402020300130	Cyclosporine Modified Cap 50 MG		Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767

Common Brand Name(s)	GPI Code	Product Description	Covered Brand Product	Limitations/Restrictions
(Generic: NEORAL)	99402020300150	Cyclosporine Modified Cap 100 MG		Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: NEORAL)	99402020302020	Cyclosporine Modified Oral Soln 100 MG/ML		Max Qty=50/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: CELLCEPT)	99403030100120	Mycophenolate Mofetil Cap 250 MG		Max Qty=14/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: CELLCEPT)	99403030100330	Mycophenolate Mofetil Tab 500 MG		Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767
	99403030101920	Mycophenolate Mofetil For Oral Susp 200 MG/ML	CELLCEPT	Max Qty=225/claim at Retail/MD must contact CAREMARK 800-237-2767
	99403030300620	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	MYFORTIC	Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
	99403030300630	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	MYFORTIC	Max Qty=28/claim at Retail/MD must contact CAREMARK 800-237-2767
	99404070000320	Sirolimus Tab 1 MG	RAPAMUNE	Max Qty=42/claim at Retail/MD must contact CAREMARK 800-237-2767
	99404070000330	Sirolimus Tab 2 MG	RAPAMUNE	Max Qty=14/claim at Retail/MD must contact CAREMARK 800-237-2767
	99404070002020	Sirolimus Oral Soln 1 MG/ML	RAPAMUNE	Max Qty=60/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: PROGRAF)	99404080000105	Tacrolimus Cap 0.5 MG		Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: PROGRAF)	99404080000110	Tacrolimus Cap 1 MG		Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: PROGRAF)	99404080000120	Tacrolimus Cap 5 MG		Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: IMURAN)	99406010000305	Azathioprine Tab 50 MG		Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
	99406010000315	Azathioprine Tab 75 MG	AZASAN	Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
	99406010000325	Azathioprine Tab 100 MG	AZASAN	Max Qty=21/claim at Retail/MD must contact CAREMARK 800-237-2767
(Generic: SPS)	99450010001840	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML		
(Generic: KAYEXALATE)	99450010002900	*Sodium Polystyrene Sulfonate Powder**		Max Qty=454/claim