

Discount Drug Program Rx List

Effective 10/01/2024

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

QL - Quantity Limits

Effective 10/01/2024

Drug Name	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib caps 50mg, 100mg, 200mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
ANALGESICS - NONNARCOTIC	
SALICYLATES	
<i>aspirin tbec 81mg</i>	
<i>aspirin 81 low dose chew 81mg</i>	
<i>aspirin adult low dose tbec 81mg</i>	
<i>aspirin childrens chew 81mg</i>	
<i>aspirin ec adult low dose tbec 81mg</i>	
<i>aspirin low dose tbec 81mg</i>	
<i>aspirin regimen tbec 81mg</i>	
<i>bayer aspirin ec low dose tbec 81mg</i>	
<i>bayer childrens aspirin chew 81mg</i>	
<i>bayer low dose tbec 81mg</i>	
<i>childrens aspirin chew 81mg</i>	
<i>cvs aspirin adult low str tbec 81mg</i>	
<i>ecotrin low strength tbec 81mg</i>	
<i>eq aspirin low dose chew 81mg</i>	
<i>eql aspirin low dose chew 81mg</i>	
<i>ft aspirin chew 81mg</i>	
<i>ft aspirin low dose tbec 81mg</i>	
<i>gnp adult aspirin low str chew 81mg</i>	
<i>gnp aspirin tbec 81mg</i>	
<i>goodsense aspirin chew 81mg; tbec 81mg</i>	
<i>kls aspirin low dose tbec 81mg</i>	
<i>kp aspirin tbec 81mg</i>	
<i>mm aspirin tbec 81mg</i>	
<i>qc aspirin low dose chew 81mg</i>	
<i>qc childrens aspirin chew 81mg</i>	
<i>ra aspirin adult low stre chew 81mg</i>	
<i>ra aspirin ec tbec 81mg</i>	
<i>sb childrens aspirin chew 81mg</i>	
<i>sm aspirin ec low strengt tbec 81mg</i>	
<i>sm aspirin low dose chew 81mg</i>	
<i>sm childrens aspirin chew 81mg</i>	
<i>st joseph low dose aspiri chew 81mg; tbec 81mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
ANALGESICS - OPIOID	
OPIOID AGONISTS	
<i>tramadol hcl tabs 50mg</i>	QL (180 tabs every 23 days)
<i>tramadol hcl tb24 100mg</i>	QL (30 tabs every 23 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	
OPIOID PARTIAL AGONISTS	
<i>buprenorphine hcl subl 2mg, 8mg</i>	QL (90 tabs every 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (90 tabs every 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 tabs every 25 days)
ANDROGENS-ANABOLIC	
ANDROGENS	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>sulfatrim pd sus 200-40/5</i>	
LINCOSAMIDES	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
URINARY ANTI-INFECTIVES	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro caps 100mg</i>	
ANTIANGINAL AGENTS	
NITRATES	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	
ANTIANKXIETY AGENTS	
ANTIANKXIETY AGENTS - MISC.	
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BENZODIAZEPINES	
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	QL (150 tabs every 23 days)
<i>diazepam soln 5mg/5ml</i>	QL (1200 mL every 23 days)
<i>diazepam tabs 2mg, 5mg, 10mg</i>	QL (120 tabs every 23 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL (150 tabs every 23 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
LEUKOTRIENE MODULATORS	
<i>montelukast sodium tabs 10mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
SYMPATHOMIMETICS	
<i>albuterol sulfate aers 108mcg/act</i>	QL (2 inhalers every 23 days)
<i>albuterol sulfate aers 108mcg/act</i>	QL (2.09 inhalers every 23 days)
<i>albuterol sulfate aers 108mcg/act</i>	QL (2.118 inhalers every 23 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	
ANTICOAGULANTS	
COUMARIN ANTICOAGULANTS	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
ANTICONSULSANTS	
ANTICONSULSANTS - MISC.	
<i>gabapentin caps 100mg, 300mg, 400mg</i>	QL (180 caps every 30 days)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	QL (2160 mL every 30 days)
<i>gabapentin tabs 600mg</i>	QL (180 tabs every 30 days)
<i>gabapentin tabs 800mg</i>	QL (120 tabs every 30 days)
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
VALPROIC ACID	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
ANTIDEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	
ANTIDEPRESSANTS - MISC.	
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	
SEROTONIN MODULATORS	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
TRICYCLIC AGENTS	
<i>amitriptyline hcl tabs 10mg</i>	QL (150 tabs every 23 days)
<i>amitriptyline hcl tabs 25mg</i>	QL (60 tabs every 23 days)
<i>amitriptyline hcl tabs 50mg</i>	QL (30 tabs every 23 days)
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	
<i>nortriptyline hcl caps 10mg</i>	QL (150 caps every 23 days)
<i>nortriptyline hcl caps 25mg</i>	QL (60 caps every 23 days)
<i>nortriptyline hcl caps 50mg</i>	QL (30 caps every 23 days)
<i>nortriptyline hcl caps 75mg</i>	
<i>nortriptyline hcl soln 10mg/5ml</i>	QL (750 mL every 23 days)
ANTIDIABETICS	
BIGUANIDES	
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
OPIOID ANTAGONISTS	
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
<i>ondansetron tbdp 4mg</i>	QL (18 ea every 21 days)
<i>ondansetron tbdp 8mg</i>	QL (18 tabs every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	QL (200 mL every 28 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	QL (18 tabs every 21 days)
ANTIFUNGALS	
ANTIFUNGALS	
<i>terbinafine hcl tabs 250mg</i>	
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
ANTIHISTAMINES	
ANTIHISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
ANTIHYPERLIPIDEMICS	
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
ANTIHYPERTENSIVES	
ACE INHIBITORS	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
VASODILATORS	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>anastrozole tabs 1mg</i>	
<i>exemestane tabs 25mg</i>	
<i>letrozole tabs 2.5mg</i>	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg;</i>	
<i>tbcr 300mg, 450mg</i>	
ANTIVIRALS	
ANTIRETROVIRALS	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL (30 tabs every 30 days)
INFLUENZA AGENTS	
<i>oseltamivir phosphate caps 30mg</i>	QL (40 ea every 68 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	QL (20 ea every 68 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	QL (360 mL every 68 days)
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
BETA BLOCKERS CARDIO-SELECTIVE	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml,</i>	
<i>250mg/5ml; tabs 250mg, 500mg</i>	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	
<i>altavera tab</i>	
<i>alyacen tab 1/35</i>	
<i>alyacen tab 7/7/7</i>	
<i>amethyst tab 90-20mcg</i>	
<i>apri tab</i>	
<i>aranelle tab</i>	
<i>ashlyna tab</i>	
<i>aubra eq tab 0.1-0.02</i>	
<i>aurovela 24 tab fe 1/20</i>	
<i>aurovela fe tab 1.5/30</i>	
<i>aurovela fe tab 1/20</i>	
<i>aurovela tab 1.5/30</i>	
<i>aurovela tab 1/20</i>	
<i>aviane tab</i>	
<i>ayuna tab</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
<i>azurette tab</i>	
<i>balziva tab</i>	
<i>blisovi 24 tab fe 1/20</i>	
<i>blisovi fe tab 1.5/30</i>	
<i>blisovi fe tab 1/20</i>	
<i>briellyn tab</i>	
<i>camrese lo tab</i>	
<i>camrese tab</i>	
<i>charlotte 24 chw fe 1/20</i>	
<i>chateal eq tab 0.15/30</i>	
<i>cryselle-28 tab 28 tabs</i>	
<i>cyred eq tab</i>	
<i>dasetta tab 1/35</i>	
<i>dasetta tab 7/7/7</i>	
<i>daysee tab</i>	
<i>delyla tab 0.1-0.02</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale tab 90-20mcg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest tab</i>	
<i>enpresse-28 tab</i>	
<i>enskyce tab</i>	
<i>estarylla tab 0.25-35</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina tab</i>	
FEMLYV TAB 1/0.02MG	
<i>finzala chw fe 1/20</i>	
<i>gemmily cap 1/20</i>	
<i>hailey 24 tab fe</i>	
<i>hailey fe tab 1.5/30</i>	
<i>hailey fe tab 1/20</i>	
<i>hailey tab 1.5/30</i>	
<i>iclevia tab</i>	
<i>introvale tab</i>	
<i>isibloom tab</i>	
<i>jaimiess tab</i>	
<i>jasmiel tab 3-0.02mg</i>	
<i>jolessa tab</i>	
<i>joyeaux tab 0.1-20</i>	
<i>juleber tab</i>	
<i>junel 1.5/30 tab</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
<i>junel 1/20 tab</i>	
<i>junel fe 24 tab 1/20</i>	
<i>junel fe tab 1.5/30</i>	
<i>junel fe tab 1/20</i>	
<i>kaitlib fe chw</i>	
<i>kalliga tab</i>	
<i>kariva tab 28 day</i>	
<i>kelnor 1/50 tab</i>	
<i>kelnor tab 1/35</i>	
<i>kurvelo tab 0.15/30</i>	
<i>larin 24 tab fe 1/20</i>	
<i>larin fe tab 1.5/30</i>	
<i>larin fe tab 1/20</i>	
<i>larin tab 1.5/30</i>	
<i>larin tab 1/20</i>	
<i>layolis fe chw</i>	
<i>leena tab</i>	
<i>lessina tab</i>	
<i>levonest tab</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	
<i>levora-28 tab 0.15/30</i>	
<i>LO LOESTRIN TAB 1-10-10</i>	
<i>lo-zumandimi tab 3-0.02mg</i>	
<i>loestrin 21 tab 1.5/30</i>	
<i>loestrin fe tab 1.5/30</i>	
<i>loestrin fe tab 1/20</i>	
<i>loestrin tab 1/20-21</i>	
<i>lojaimiess tab</i>	
<i>loryna tab 3-0.02mg</i>	
<i>low-ogestrel tab</i>	
<i>lutra tab</i>	
<i>marlissa tab 0.15/30</i>	
<i>merzee cap 1/20</i>	
<i>mibelas 24 chw fe</i>	
<i>microgestin tab 1.5/30</i>	
<i>microgestin tab 1/20</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
<i>microgestin tab fe1.5/30</i>	
<i>microgestin tab fe 1/20</i>	
<i>mili tab 0.25/35</i>	
<i>mono-lynyah tab 0.25-35</i>	
NATAZIA TAB	
<i>necon tab 0.5/35</i>	
NEXTSTELLIS TAB 3-14.2MG	
<i>nikki tab 3-0.02mg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel tab 0.5/35</i>	
<i>nortrel tab 1/35</i>	
<i>nortrel tab 7/7/7</i>	
<i>nylia tab 1/35</i>	
<i>nylia tab 7/7/7</i>	
<i>ocella tab 3-0.03mg</i>	
<i>philith tab 0.4-35</i>	
<i>pimtrea tab</i>	
<i>portia-28 tab</i>	
<i>reclipsen tab</i>	
<i>rivelsa tab</i>	
<i>setlakin tab</i>	
<i>simliya tab 28 day</i>	
<i>simpesse tab</i>	
<i>sprintec 28 tab 28 day</i>	
<i>sronyx tab</i>	
<i>syeda tab 3-0.03mg</i>	
<i>tarina 24 fe tab</i>	
<i>tarina fe tab 1/20 eq</i>	
<i>taysofy cap 1/20</i>	
<i>tilia fe tab</i>	
<i>tri-estaryll tab</i>	
<i>tri-legest tab fe</i>	
<i>tri-lynyah tab</i>	
<i>tri-lo tab estaryll</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
<i>tri-lo- tab marzia</i>	
<i>tri-lo- tab sprintec</i>	
<i>tri-lo-mili tab</i>	
<i>tri-mili tab</i>	
<i>tri-sprintec tab</i>	
<i>tri-vylibra tab</i>	
<i>tri-vylibra tab lo</i>	
<i>trivora-28 tab</i>	
<i>turqoz tab</i>	
TYBLUME CHW 0.1-0.02	
<i>tydemy tab</i>	
<i>velivet pak</i>	
<i>vestura tab 3-0.02mg</i>	
<i>vienva tab 0.1-20</i>	
<i>viorele tab</i>	
<i>volnea tab</i>	
<i>vyfemla tab 0.4-35</i>	
<i>vylibra tab 0.25-35</i>	
<i>wera tab 0.5/35</i>	
<i>wymzya fe chw 0.4mg-35</i>	
<i>zovia 1/35 tab</i>	
<i>zumandimine tab 3-0.03mg</i>	

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
TWIRLA DIS 120-30	
<i>xulane dis 150-35</i>	
<i>zafemy dis 150/35</i>	

COMBINATION CONTRACEPTIVES - VAGINAL

ANNOVERA MIS	QL (13 rings every 300 days)
<i>eluryng mis</i>	QL (13 rings every 300 days)
<i>enilloring mis</i>	QL (13 ea every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	QL (13 rings every 300 days)
<i>haloette mis</i>	QL (13 rings every 300 days)

COPPER CONTRACEPTIVES - IUD

PARAGARD IUD T380A	QL (1 IUD every 300 days)
--------------------	---------------------------

EMERGENCY CONTRACEPTIVES

<i>aftera tabs 1.5mg</i>	
<i>afterpill tabs 1.5mg</i>	
<i>curae tabs 1.5mg</i>	
<i>econtra one-step tabs 1.5mg</i>	
ELLA TABS 30MG	
<i>her style tabs 1.5mg</i>	
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	
<i>my choice tabs 1.5mg</i>	
<i>my way tabs 1.5mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
<i>new day tabs 1.5mg</i>	
<i>opcicon one-step tabs 1.5mg</i>	
<i>option 2 tabs 1.5mg</i>	
<i>react tabs 1.5mg</i>	
<i>take action tabs 1.5mg</i>	
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	QL (1 ea every 300 days)
PROGESTIN CONTRACEPTIVES - INJECTABLE	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	QL (6.154 injections every 300 days)
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	QL (1 IUD every 300 days)
LILETTA IUD 20.1MCG/DAY	QL (1 IUD every 300 days)
MIRENA IUD 20MCG/DAY	QL (1 IUD every 300 days)
SKYLA IUD 13.5MG	QL (1 IUD every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	
<i>emzahh tabs .35mg</i>	
<i>errin tabs .35mg</i>	
<i>heather tabs .35mg</i>	
<i>incassia tabs .35mg</i>	
<i>jencycla tabs .35mg</i>	
<i>lyleq tabs .35mg</i>	
<i>lyza tabs .35mg</i>	
<i>nora-be tabs .35mg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norlyroc tabs .35mg</i>	
OPILL TABS .075MG	
<i>sharobel tabs .35mg</i>	
SLYND TABS 4MG	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
DERMATOLOGICALS	
ANTIBIOTICS - TOPICAL	
<i>mupirocin oint 2%</i>	QL (30 gm every 23 days)
ANTIFUNGALS - TOPICAL	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	QL (120 gm every 23 days)
CORTICOSTEROIDS - TOPICAL	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	QL (120 gm every 23 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	QL (120 mL every 23 days)
<i>triderm crea .5%</i>	QL (120 gm every 23 days)
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
DIURETICS	
DIURETIC COMBINATIONS	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
LOOP DIURETICS	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
POTASSIUM SPARING DIURETICS	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tabs 60mg</i>	
ESTROGENS	
ESTROGENS	
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
FLUOROQUINOLONES	
FLUOROQUINOLONES	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS	
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tb24 10mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
GOUT AGENTS	
GOUT AGENTS	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
PLATELET AGGREGATION INHIBITORS	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
NON-BARBITURATE HYPNOTICS	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	QL (15 tabs every 23 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	QL (15 tabs every 23 days)
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
CLARITHROMYCIN	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
AIMSCO MIS LUBRICAT	QL (12 boxes every 30 days)
CAYA DPR	QL (1 each every 300 days)
COLOR CONDOM MIS + LUBE	QL (12 boxes every 30 days)
CONDOMS MIS	QL (12 boxes every 30 days)
DUREX EXTRA MIS SENSITIV	QL (12 each every 30 days)
DUREX MIS REALFEEL	QL (12 each every 30 days)
DUREX MIS TROPICAL	QL (12 boxes every 30 days)
FANTASY LUBR MIS	QL (12 boxes every 30 days)
FANTASY LUBR MIS COLORS	QL (12 boxes every 30 days)
FANTASY LUBR MIS SPERMICI	QL (12 boxes every 30 days)
FANTASY MIS LUBRICAT	QL (12 boxes every 30 days)
FC2 FEMALE MIS CONDOM	QL (12 boxes every 30 days)
FEMCAP MIS 22MM	QL (1 each every 300 days)
FEMCAP MIS 26MM	QL (1 each every 300 days)
FEMCAP MIS 30MM	QL (1 each every 300 days)
KAMELEON LUB MIS COLORS	QL (12 boxes every 30 days)
KAMELEON MIS TRI-COLR	QL (12 boxes every 30 days)
KIMONO COLOR MIS	QL (12 each every 30 days)
KIMONO MAXX MIS LG FLARE	QL (12 boxes every 30 days)

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
KIMONO MICRO MIS THIN	QL (12 boxes every 30 days)
KIMONO MICRO MIS THIN +	QL (12 boxes every 30 days)
KIMONO MICRO MIS THIN PLS	QL (12 each every 30 days)
KIMONO MIS LUBRICAT	QL (12 boxes every 30 days)
KIMONO MIS SENSATIO	QL (12 boxes every 30 days)
KIMONO PLUS MIS LUBRICAT	QL (12 each every 30 days)
KIMONO PLUS MIS SPERMICI	QL (12 boxes every 30 days)
KIMONO PS MIS LUBRICAT	QL (12 each every 30 days)
KIMONO PS MIS PLUS	QL (12 each every 30 days)
KIMONO SENA MIS PLUS	QL (12 boxes every 30 days)
KIMONO SPEC MIS	QL (12 each every 30 days)
MAXX MIS LUBRICAT	QL (12 boxes every 30 days)
MAXX PLUS MIS SPERMICI	QL (12 boxes every 30 days)
NATURAL COND MIS + LUBE	QL (12 boxes every 30 days)
OMNIFLEX DPR	QL (1 each every 300 days)
REALITY MIS LUBRICAT	QL (12 boxes every 30 days)
REALITY ULTR MIS TEXTURED	QL (12 each every 30 days)
REALITY ULTR MIS THIN	QL (12 each every 30 days)
TROJAN MAGN MIS	QL (12 boxes every 30 days)
TROJAN ULTRA MIS THIN	QL (12 boxes every 30 days)
TROJAN-ENZ MIS LUBRICAT	QL (12 boxes every 30 days)
TROJAN-ENZ MIS W/SPERMI	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS ASSORTED	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS BANANA	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS CHOC	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS COLA	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS COLORS	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS EX LARGE	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS EX STR	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS GRAPE	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS MINT	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS RIB/STUD	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS SPERMICI	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS STRWBRY	QL (12 boxes every 30 days)
TRUSTEX LUBR MIS VANILLA	QL (12 boxes every 30 days)
TRUSTEX MIS BANANA	QL (12 boxes every 30 days)
TRUSTEX MIS CHOCOLAT	QL (12 boxes every 30 days)
TRUSTEX MIS FLAVORS	QL (12 boxes every 30 days)
TRUSTEX MIS MINT	QL (12 boxes every 30 days)
TRUSTEX MIS STRWBRY	QL (12 boxes every 30 days)
TRUSTEX MIS VANILLA	QL (12 boxes every 30 days)
TRUSTEX/RIA MIS LUBRICAT	QL (12 boxes every 30 days)
TRUSTEX/RIA MIS NON-LUB	QL (12 boxes every 30 days)
TRUSTEX/RIA MIS SPERMICI	QL (12 boxes every 30 days)
TRUSTX NON-9 MIS RIB/STUD	QL (12 boxes every 30 days)

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
WIDE-SEAL SILICONE DIAPHR DPRH 2%	QL (1 each every 300 days)
MIGRAINE PRODUCTS	
SEROTONIN AGONISTS	
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	QL (12 tabs every 23 days)
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
OPHTHALMIC AGENTS	
OPHTHALMIC ANTI-INFECTIVES	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>tobramycin (ophth) soln .3%</i>	
OPHTHALMIC STEROIDS	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
OTIC AGENTS	
OTIC ANTI-INFECTIVES	
<i>ofloxacin (otic) soln .3%</i>	
OTIC COMBINATIONS	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
NATURAL PENICILLINS	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name	Requirements/Limits
PROGESTINS	
PROGESTINS	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>disulfiram tabs 250mg, 500mg</i>	
TETRACYCLINES	
TETRACYCLINES	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	
<i>mondoxylene nl caps 100mg</i>	
THYROID AGENTS	
THYROID HORMONES	
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
ANTISPASMODICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	
VAGINAL AND RELATED PRODUCTS	
SPERMICIDES	
ENCARE SUPP 100MG	
OPTIONS GYNOL II VAGINAL GEL 3%	
TODAY SPONGE MISC 1000MG	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	
VAGINAL CONTRACEPTIVE - PH MODULATORS	
PHEXXI GEL	
VAGINAL ESTROGENS	
<i>estradiol vaginal tabs 10mcg</i>	

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

Drug Name

Requirements/Limits

yuvafem tabs 10mcg

* Drugs not covered under the basic plan require purchase of the optional rider and are subject to copays * Additional drugs not listed may be covered under the medical benefit * \$0 products on this list is limited to certain manufacturers *

