



**Integral**  
Quality Care<sup>®</sup>

**Preferred Drug List**

## What is the Integral Quality Care Preferred Drug List (PDL)?

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

## Can Integral's Drug List change?

The plan may add or remove drugs on the list. All changes will be sent to the state within 30 days of when the change was made. All changes to the PDL will be posted on the plan's website.

## How do I use Integral's PDL?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** lists the brand name of the drug when a generic is covered
- **Column #3:** shows coverage rules for the drug

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

## How much will I pay for covered drugs?

You do not have to pay for covered drugs.

## What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

**What if my drug is not on Integral's PDL?**

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

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

**What are generic drugs?**

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

**What is Integral's \$25 Over-the-Counter (OTC) program?**

The \$25 Over-The-Counter (OTC) program covers certain drugs and supplies. The limit is \$25 per family per month. The \$25 OTC program can be used at certain pharmacies. Drugs that are covered in this program are marked as "Covered under \$25/month OTC benefit" on the drug list. Please check the plan's website for more information on the \$25 OTC program.

**What is Integral's 100-day supply drug list?**

Drugs that you take on a regular basis for a long-term condition may be available for a 100-day supply. The 100-day supply drug list is posted on the plan's website.

### ¿Qué es el Listado de Medicamentos Preferidos (PDL) de Integral Quality Care?

Es un listado de medicamentos creado por Integral Quality Care (Integral o plan). Integral cubrirá los medicamentos que figuran en este listado. Es posible que para algunos medicamentos se apliquen reglas de cobertura. Si se cumplen las reglas para ese medicamento, Integral lo cubrirá. Además, los medicamentos deben adquirirse en una farmacia de la red de Integral.

### ¿Puede cambiar el Listado de Medicamentos de Integral?

El plan puede agregar o quitar medicamentos del listado. Todos los cambios se enviarán al estado dentro de los 30 días posteriores a la fecha en que se realizaron. Encontrará todos los cambios del PDL en el sitio en Internet del plan.

### ¿Cómo utilizo el PDL de Integral?

- **Columna Nº 1:** enumera los medicamentos cubiertos. Los medicamentos de marca aparecen en mayúscula (por ejemplo, MEDICAMENTO), los genéricos aparecen en minúscula (por ejemplo, medicamento).
- **Columna Nº 2:** enumera los medicamentos de marca cuando una opción genérica está cubierta.
- **Columna Nº 3:** muestra las reglas de cobertura del medicamento.

Los medicamentos también están agrupados según el tipo de condición que tratan. Los medicamentos que se utilizan para tratar el dolor de oído se enumeran en la sección "Ear-Nose-Throat Medications" (Medicamentos para oídos, nariz y garganta). Si sabe para qué se utiliza el medicamento, busque el nombre de esa sección en el listado de medicamentos y luego, el medicamento en esa sección.

### ¿Cuánto pagaré por los medicamentos cubiertos?

Usted no tiene que pagar por los medicamentos cubiertos.

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

- **Aprobación Previa (PA):** significa que su médico primero deberá obtener la aprobación del plan antes de que se pueda adquirir el medicamento en la farmacia. Si no se aprueba, el plan no cubrirá el medicamento.
- **Límites de Cantidad (QLL):** significa que el plan cubre hasta una cierta cantidad del medicamento. Por ejemplo, en el caso de algunos medicamentos, el plan cubre 60 píldoras en 30 días.

- **Terapia Escalonada (ST):** significa que posiblemente primero deba probar ciertos medicamentos para tratar su condición. Después de probar el primer medicamento, el plan cubrirá el otro medicamento para la misma condición. Por ejemplo, el Medicamento A y el Medicamento B pueden tratar su condición. Es posible que el plan no cubra el Medicamento B a menos que usted primero pruebe el Medicamento A. Si el Medicamento A no funciona en su caso, entonces se cubrirá el Medicamento B.

### ¿Qué sucede si mi medicamento no está en el PDL de Integral?

Llame a su médico y pregúntele si su medicamento está cubierto. Si el plan no lo cubre, entonces:

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

### ¿Qué son los medicamentos genéricos?

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

### ¿Qué es el programa de venta libre (OTC) de \$25 de Integral?

El programa de OTC de \$25 cubre ciertos medicamentos y suministros. El límite es \$25 por familia por mes. El programa de OTC de \$25 puede utilizarse en ciertas farmacias. En el listado de medicamentos se indica “Cubiertos por el beneficio de OTC de \$25 por mes” cuando los medicamentos están cubiertos por este programa. Visite el sitio en Internet del plan para obtener más información sobre el programa de OTC de \$25 en [www.IntegralQualityCare.com](http://www.IntegralQualityCare.com).

### ¿Qué es el listado de medicamentos para 100 días de suministro de Integral?

Es posible que los medicamentos que usted toma de manera regular por una condición a largo plazo se encuentren disponibles para un suministro de 100 días. El listado de medicamentos para 100 días de suministro se encuentra en el sitio en Internet del plan: [www.IntegralQualityCare.com](http://www.IntegralQualityCare.com).

**PREFERRED DRUG LIST  
APRIL 30 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANESTHETICS</b>		
<b>TOPICAL ANESTHETICS</b>		
lidocaine hcl	Xylocaine	
lidocaine hcl viscous	Xylocaine	
lidocaine-prilocaine	Emla	
<b>ANTIINFECTIVES</b>		
<b>CEPHALOSPORINS</b>		
cefaclor	Ceclor	
cefaclor er	Ceclor ER	
cefadroxil	Duricef	
cefdinir	Omnicef	
cefepodoxime proxetil	Vantin	
cefprozil	Cefzil	
cefuroxime	Ceftin	
cephalexin	Keflex	
ceftriaxone	Rocephin	QLL=2 grams/Rx
cefuroxime axetil	Ceftin	
<b>SUPRAX</b>		QLL= 1 tab/Rx
<b>CLINDAMYCINS</b>		
<b>CLEOCIN GRANULES</b>		
clindamycin	Cleocin	
<b>ERYTHROMYCINS</b>		
erythromycin	Eryc	
erythromycin ethylsuccinate	E.E.S.	
erythromycin w/sulfisoxazole	Pediazole	
<b>KETOLIDES</b>		
<b>KETEK</b>		PA
<b>OTHER MACROLIDES</b>		
azithromycin	Zithromax	QLL for 250 mg=12 tabs/30 days QLL for 600 mg=8 tabs/30 days
clarithromycin, er	Biaxin, Biaxin XL	QLL=28 tabs/30 days for extended-release; QLL=28 tabs/30 days for immediate-release
<b>PENICILLINS</b>		
amox tr-potassium clavulanate	Augmentin	QLL=28/30 days
amoxicillin	Amoxil	
ampicillin	Principen	
dicloxacillin		
penicillin v potassium	Veetids	
<b>SULFONAMIDES</b>		
<b>GANTRISIN (SUSPENSION)</b>		
sulfamethoxazole/trimethoprim	Septra	
sulfadiazine		
<b>TETRACYCLINES</b>		
demeclocycline		
doxycycline	Vibramycin	

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**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
minocycline hcl	Dynacin	
tetracycline hcl	Sumycin	
<b>URINARY ANTIINFECTIVES</b>		
FURADANTIN (25 MG/5 ML SUSPENSION)		
MACRODANTIN (25 MG ONLY)		
methenamine hippurate		
nitrofurantoin, nitrofurantoin macrocrystal nitrofurantoin mono/macrocrystals	Macrodantin Macrobid	
trimethoprim		
<b>QUINOLONES</b>		
ciprofloxacin er	Cipro XR	QLL=3 tabs/Rx
ciprofloxacin hcl	Cipro	QLL=28 tabs/30 days
levofloxacin	Levaquin	QLL=14 tabs/90 days
ofloxacin	Floxin	
<b>TOPICAL ANTIBACTERIAL DRUGS</b>		
BACTROBAN 2% TOPICAL CREAM		
OTC bacitracin topical ointment		
bacitracin/polymyxin B	Polysporin	
chlorhexidine gluconate	Peridex	
erythromycin	Eryderm	
gentamicin sulfate	Genoptic	
mupirocin ointment	Bactroban	
silver sulfadiazine	Silvadene	
sulfacetamide sodium	Ovace	
OTC triple antibiotic cream	Neosporin	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>ORAL ANTIFUNGAL DRUGS</b>		
clotrimazole	Mycelex	
fluconazole	Diflucan	
GRIFULVIN V		
griseofulvin 125 mg/5 ml suspension		
GRIS-PEG		
itraconazole capsule	Sporanox	
ketoconazole	Nizoral	
nystatin	Mycostatin	
SPORANOX (ORAL SOLUTION)		
terbinafine	Lamisil	PA; QLL=84 tabs/year
<b>VAGINAL ANTIFUNGALS</b>		
OTC clotrimazole	Mycelex	
miconazole 200 mg suppositories	Monistat 3	
nystatin	Mycostatin	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
terconazole	Terazol	
<b>OTHER TOPICAL ANTIFUNGALS</b>		
ciclopirox	Loprox/Penlac	
clotrimazole	Lotrimin	
OTC clotrimazole 1% cream (30 grams)	Lotrimin 1% cream	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
econazole nitrate	Spectazole	
ketoconazole	Nizoral	
OTC miconazole 2%		
nystatin		
OTC terbinafine 1% cream (15 grams)	Lamisil 1% cream	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
OTC tolnaftate	Tinactin	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB</b>		
clotrimazole/betamethasone	Lotrisone	
nystatin w/triamcinolone	Mycolog II	
<b>ANTIRETROVIRALS &amp; PROTEASE INHIBITORS</b>		
APTIVUS		
ATRIPLA		
COMBIVIR		
COMPLERA		
CRIXIVAN		
didanosine		
EMTRIVA		
EDURANT		
EPIVIR, EPIVIR HBV		
EPZICOM		
FORTOVASE		
FUZEON		
INTELENCE		
INVIRASE		
KALETRA		
LEXIVA		
NORVIR		
PREZISTA		
RESCRIPTOR		
REYATAZ		

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
stavudine	Zerit	
<b>SUSTIVA</b>		
<b>TRIZIR</b>		
<b>TRUVADA</b>		
<b>VIDEX SOLUTION, CHEWABLE TABS</b>		
<b>VIRACEPT</b>		
<b>VIRAMUNE, XR</b>		
<b>VIREAD</b>		
<b>ZIAGEN</b>		
zidovudine		
<b>OTHER ANTIINFECTIVE DRUGS</b>		
<b>CLEOCIN (100 MG VAGINAL OVULE)</b>		
dapsone		
<b>MEPRON</b>		COVERED FOR ID SPECIALISTS; ALL OTHERS REQUIRE PA
<b>ZYVOX</b>		PA
<b>OTHER ANTIVIRAL DRUGS</b>		
acyclovir	Zovirax	QLL=60 caps or tabs/30 days
amantadine hcl	Symmetrel	
<b>BARACLUDE</b>		
famciclovir	Famvir	
ganciclovir		
<b>ISENTRESS</b>		
<b>PEGINTRON</b>		PA
<b>PEGINTRON REDIPEN</b>		PA
<b>PEGASYS</b>		PA
rimantadine	Flumadine	QLL=7 tabs/30 days
<b>REBETOL (ORAL SOLUTION)</b>		MUST BE ON INTERFERON
<b>RELENZA</b>		PA ≤ 6 years; QLL/Rx=20 inhalation diskus/Rx MUST BE ON INTERFERON
ribavirin		
<b>SELZENTRY</b>		
<b>TAMIFLU</b>		QLL/Rx=75mg 10 capsules/Rx; 45mg 10 capsules /Rx; 30mg 20 capsules/Rx; 12mg/ml oral suspension 3 bottles/Rx
<b>TYZEKA</b>		COVERED FOR GASTROENTEROLOGISTS OR ID SPECIALISTS; ALL OTHERS REQUIRE PA
valacyclovir	Valtrex	500 mg tablet QLL=60 tabs/30 days 1 gram tablet QLL=30 tabs/30 days
<b>VALCYTE</b>		PA
<b>ZOVIRAX (5% CREAM, OINTMENT)</b>		

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APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTITUBERCULOSIS DRUGS</b>		
ethambutol	Myambutol	
isoniazid	Nydrazid	
<b>MYCOBUTIN</b>		
<b>PRIFTIN</b>		
pyrazinamide		
rifampin	Rifadin	
<b>AMEBICIDES</b>		
<b>YODOXIN</b>		
<b>ANTHELMINTICS</b>		
<b>ALBENZA</b>		
mebendazole		
<b>STROMECTOL</b>		
<b>PLASMODICIDES</b>		
chloroquine phosphate		
<b>DARAPRIM</b>		
hydroxychloroquine sulfate	Plaquenil	
mefloquine	Lariam	
<b>TRICHOMONOCIDES</b>		
metronidazole	Flagyl	
<b>AMINOGLYCOSIDES</b>		
neomycin		
paromomycin		
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
<b>MEDICATIONS WITHIN THIS CLASS ARE COVERED FOR FDA APPROVED INDICATIONS AND MAY REQUIRE PRIOR AUTHORIZATION. ALL INJECTABLE MEDICATIONS WITHIN THIS CLASS REQUIRE PRIOR AUTHORIZATION.</b>		
<b>ABRAXANE</b>		PA (INJECTABLE)
adriamycin		PA (INJECTABLE)
<b>ALIMTA</b>		PA (INJECTABLE)
anagrelide capsules	Agrylin	
anastrozole tablets	Arimidex	
<b>AVASTIN</b>		PA (INJECTABLE)
<b>AZASAN</b>		
azathioprine tablets	Imuran	
azathioprine inj		PA (INJECTABLE)
bicalutamide	Casodex	
<b>BICNU</b>		PA (INJECTABLE)
bleomycin		PA (INJECTABLE)
<b>CAMPATH</b>		PA (INJECTABLE)
<b>CAMPTOSAR</b>		PA (INJECTABLE)
carboplatin		PA (INJECTABLE)
<b>CEENU CAPSULE</b>		
<b>CELLCEPT inj</b>		PA (INJECTABLE)
<b>CELLCEPT oral susp</b>		PA

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
cisplatin		PA (INJECTABLE)
cladribine		PA (INJECTABLE)
<b>COSMEGEN</b>		PA (INJECTABLE)
cyclophosphamide inj	Cytoxan	PA (INJECTABLE)
cyclophosphamide tablets	Cytoxan	
cyclosporine capsule, oral soln	Sandimmune	
cyclosporine inj	Neoral	PA (INJECTABLE)
cytarabine		PA (INJECTABLE)
dacarbazine		PA (INJECTABLE)
<b>DACOGEN</b>		PA (INJECTABLE)
daunorubicin		PA (INJECTABLE)
<b>DAUNOXOME</b>		PA (INJECTABLE)
<b>DEPO-PROVERA 400 MG/ML (INJ)</b>		PA (INJECTABLE)
<b>DEXRAZOXANE</b>		PA (INJECTABLE)
<b>DOXIL</b>		PA (INJECTABLE)
doxorubicin		PA (INJECTABLE)
<b>DROXIA CAPSULE</b>		
<b>ELIGARD</b>		PA (INJECTABLE)
<b>ELITEK</b>		PA (INJECTABLE)
<b>ELLENC</b>		PA (INJECTABLE)
<b>ELOXATIN</b>		PA (INJECTABLE)
<b>ELSPAR</b>		PA (INJECTABLE)
<b>EMCYT CAPSULE</b>		
<b>ENBREL</b>		PA (INJECTABLE)
<b>ERBITUX</b>		PA (INJECTABLE)
<b>ETHYOL</b>		PA (INJECTABLE)
<b>ETOPOPHOS</b>		PA (INJECTABLE)
etoposide capsule	Vepesid	
etoposide inj	Vepesid	PA (INJECTABLE)
exemestane	Aromasin	
<b>FARESTON TABLET</b>		
<b>FASLODEX</b>		PA (INJECTABLE)
fludarabine		PA (INJECTABLE)
fluorouracil cream, solution	Efudex	
fluorouracil inj	Adrucil	PA (INJECTABLE)
flutamide capsule		
<b>GEMZAR</b>		PA (INJECTABLE)
<b>GLEEVEC</b>		PA
<b>HERCEPTIN</b>		PA (INJECTABLE)
<b>HEXALEN CAPSULE</b>		
<b>HUMIRA</b>		PA (INJECTABLE)
<b>HYCAMTIN CAPSULE</b>		PA
<b>HYCAMTIN INJ</b>		PA (INJECTABLE)
hydroxyurea capsule, tablet	Hydrea	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
idarubicin	Idamycin	PA (INJECTABLE)
ifosfamide	Ifex	PA (INJECTABLE)
ifosfamide/ mesna	Ifex/Mesna	PA (INJECTABLE)
IRESSA TABLET		PA
leflunomide tablet	Arava	COVERED FOR RHEUMATOLOGIST; ALL OTHERS REQUIRE PA
letrozole	Femara	
leucovorin tablet		
leucovorin inj		PA (INJECTABLE)
LEUKERAN TABLET		
leuprolide		PA (INJECTABLE)
LUPRON DEPOT, DEPOT-PED		PA (INJECTABLE)
LYSODREN TABLET		
MATULANE CAPSULE		
megestrol acetate suspension, tablet	Megace	
mercaptopurine tablet	Purinethol	
MESNEX INJ		PA (INJECTABLE)
MESNEX TABLET		
methotrexate injection		PA (INJECTABLE)
methotrexate tablet	Trexall	
mitomycin		PA (INJECTABLE)
mitoxantrone		PA (INJECTABLE)
mycophenolate 250 mg capsules, 500 mg tablets	CellCept	PA
MUSTARGEN		PA (INJECTABLE)
MYFORTIC TABLET		PA
MYLOTARG		PA (INJECTABLE)
NEXAVAR TABLET		PA
NILANDRON TABLET		
octreotide	Sandostatin	PA (INJECTABLE)
ONCASPAR		PA (INJECTABLE)
ONTAK		PA (INJECTABLE)
onxol		PA (INJECTABLE)
ORTHOCLONE		PA (INJECTABLE)
paclitaxel	Taxol	PA (INJECTABLE)
PHOTOFRIN		PA (INJECTABLE)
PROGRAF INJ		PA (INJECTABLE)
RAPAMUNE ORAL SOLN, TABLET		PA
REMICADE		PA (INJECTABLE)
TABLOID TABLET		
tacrolimus capsule	Prograf	PA
tamoxifen citrate tablet	Nolvadex	
TARCEVA TABLET		PA
TARGETIN TOPICAL GEL, TABLET		

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
TESLAC TABLET		
THERACYS		PA (INJECTABLE)
thiotepa		PA (INJECTABLE)
toposar		PA (INJECTABLE)
TRELSTAR, LA		PA (INJECTABLE)
tretinoin capsule, cream, gel, solution	Vesinoid	
TRISENOX		PA (INJECTABLE)
TYKERB TABLET		PA
VANTAS		PA (IMPLANT); QLL=1 kit/365 days
VELCADE		PA (INJECTABLE)
VIDAZA		PA (INJECTABLE)
vinblastine		PA (INJECTABLE)
vincristine		PA (INJECTABLE)
vinorelbine		PA (INJECTABLE)
ZANOSAR		PA (INJECTABLE)
ZINECARD		PA (INJECTABLE)
ZOLADEX		PA (IMPLANT)
ZOLINZA CAPSULE		PA
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<b>ALCOHOL ANTAGONIST</b>		
ANTABUSE		
disulfiram 250 mg	Antabuse 250 mg	
naltrexone		PA
<b>ANALGESICS</b>		
OTC acetaminophen children 80 mg chewable tablet	Tylenol Children's Chewable Tablet	Covered under \$25/month OTC benefit; (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only) QLL=4 grams/day
OTC acetaminophen children drops	Tylenol Infant Drops	Covered under \$25/month OTC benefit; (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only) QLL=4 grams/day
OTC acetaminophen children elixir	Tylenol elixir	QLL= 4 grams APAP/day
OTC acetaminophen	Tylenol	QLL= 4 grams APAP/day
OTC acetaminophen 500 mg	Tylenol	Covered under \$25/month OTC benefit; (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only) QLL=4 grams/day
tramadol hcl	Ultram	QLL=240 tabs/30 days
tramadol hcl-acetaminophen	Ultracet	QLL= 4 grams APAP/day
<b>CLASS II NARCOTICS</b>		
codeine sulfate		QLL=30 tabs/30 days
fentanyl patches	Duragesic	QLL=10 patches/30 days
fentanyl lozenges	Actiq	QLL=90 lozenges /30 days
hydromorphone hcl	Dilaudid	QLL for 8 mg=120 tabs/30 days

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APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
methadone hcl	Dolophine	QLL=540 tabs/30 days
morphine sulfate, -ER	MS Contin	
oxycodone-acetaminophen	Percocet	QLL=240 tabs/30 days
oxycodone-aspirin		QLL=240 tabs/30 days
oxycodone hcl	Oxyir	QLL for 5 mg=240 tabs/30 days, 10 mg, 15 mg, 20 mg, or 30 mg=150 tabs/30 days
<b>OXYCONTIN</b>		PA/QLL=90 tabs/30 days
<b>CLASS III NARCOTICS</b>		
acetaminophen-codeine	Tylenol #3	QLL= 4 grams APAP/day
buprenorphine	Subutex	PA; QLL=60 tabs/30 days
hydrocodone-acetaminophen	Vicodin	QLL= 4 grams APAP/day
hydrocodone bit-ibuprofen	Vicoprofen	QLL=240 tabs/30 days
<b>SUBOXONE</b>		PA; QLL=90 tabs/30 days
<b>DRUGS TO PREVENT AND TREAT HEADACHES</b>		
butalbital/acetaminophen/caffeine	Esgic/Fioricet/Triad	
butalbital/acetaminophen/caffeine/ codeine	Fioricet w/codeine	
butalbital/aspirin/caffeine	Fiorinal, Fortabs	
butalbital compound capsule	Fiorinal w/codeine	
butorphanol nasal spray	Stadol	QLL=1 bottle/30 days
<b>ERGOMAR</b>		
ergotamine/caffeine	Cafergot	
sumatriptan	Imitrex	QLL=6 nasal sprays/30 days; 9 tabs/30 days
sumatriptan (inj)	Imitrex	QLL=4 vials/30 days; 1 kit/30 days
<b>MIGRANAL</b>		QLL=8 units/30 days
<b>RELPAK</b>		QLL=6 tabs/30 days
<b>ANXIOLYTICS</b>		
alprazolam, -XR, intensol solution	Xanax, XR	Immediate-release: PA < 18; Extended-release: PA < 7
buspirone hcl	Buspar	QLL=90 tabs/30 days
chlordiazepoxide hcl	Librium	PA < 6 years
clorazepate dipotassium	Tranxene T-Tab	PA < 9 years
clonazepam	Klonapin	
<b>DIASTAT 5 MG, 15 MG; diazepam 2.5 mg, 10 mg, 20 mg rectal gel</b>		PA; QLL=2 pkgs/30 days
diazepam	Valium	
lorazepam	Ativan	
meprobamate		
oxazepam	Serax	PA < 6 years
<b>SEDATIVE/HYPNOTIC DRUGS</b>		
estazolam		QLL=30 tabs/30 days
flurazepam hcl	Dalmane	PA < 15 years;

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
		QLL=30 caps/30 days
temazepam	Restoril	PA< 18 years; QLL=30 caps/30 days
<b>ROZEREM</b>		PA< 18 years; QLL=30 tabs/30 days
zaleplon	Sonata	PA < 18 years; QLL=30 caps/30 days
<b>ANTIMANIA DRUGS</b>		
lithium carbonate	Eskalith/CR	
lithium citrate		
<b>CARBAMAZEPINES</b>		
carbamazepine	Tegretol	
carbamazepine ER	Tegretol XR	QLL=400 tabs/100 days
<b>CARBATROL</b>		
oxcarbazepine tablets, suspension	Trileptal	
<b>ANTICONVULSANT/BENZODIAZEPINES</b>		
clonazepam	Klonopin	
<b>HYDANTOINS</b>		
phenytoin sodium, extended	Dilantin, ER	
<b>DILANTIN INFATABS, DILANTIN 30 MG EXTENDED RELEASE</b>		
<b>PHENYTEK</b>		
<b>VALPROIC ACID AND DERIVATIVES</b>		
<b>DEPAKOTE ER, DELAYED RELEASE,SPRINKLE</b>		
divalproex sodium ER, delayed-release	Depakote ER, Delayed-Release	
valproic acid	Depakene	
<b>ANTICONVULSANT BARBITURATES</b>		
mephobarbital	Mebaral	
phenobarbital		
primidone	Mysoline	
<b>OTHER ANTICONVULSANTS</b>		
<b>CELONTIN</b>		
ethosuximide		
<b>FELBATOL</b>		
gabapentin	Neurontin	
<b>GABITRIL</b>		QLL=60 tabs/30 days
lamotrigine	Lamictal	
levetiracetam	Keppra	
<b>NEURONTIN SOLUTION</b>		
topiramate	Topamax	
zonisamide	Zonegran	QLL=180 units/30 days
<b>MAO INHIBITORS</b>		
<b>MARPLAN</b>		

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
NARDIL		
tranylcypromine	Parnate	
<b>TERTIARY AMINES</b>		
amitriptyline hcl	Elavil	
clomipramine	Anafranil	
doxepin hcl	Sinequan	
imipramine hcl	Tofranil	
trimipramine	Surmontil	
<b>SECONDARY AMINES</b>		
amoxapine		
desipramine hcl	Norpramin	
nortriptyline hcl	Pamelor	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>		
citalopram	Celexa	PA < 18 YEARS OF AGE; QLL=30 tabs/30 days or 300 ml/30 days
fluoxetine hcl	Prozac	PA < 18 YEARS OF AGE; QLL for 10 mg=30 caps/30 days; 40 mg= 60 tabs/caps/ 30 days; soln=150 ml/30 days
fluvoxamine maleate	Luvox	PA < 18 YEARS OF AGE; QLL for 100 mg=90 tabs/30 days; 50 mg=60 tabs/30 days; 25 mg= 30 tabs/30 days
paroxetine hcl	Paxil	PA < 18 YEARS OF AGE; QLL=60 tabs/30 days; soln=300 ml/30 days
sertraline hcl	Zoloft	PA < 18 YEARS OF AGE; QLL for 25 mg=30 tabs/30 days; 50 mg or 100 mg=60 tabs/30 days; soln=75 ml/30 days
<b>OTHER ANTIDEPRESSANTS</b>		
amitriptyline/ chlordiazepoxide		
budeprion sr	Wellbutrin SR	QLL=60 tabs/30 days
bupropion, xl, sr	Wellbutrin, Wellbutrin XL	QLL=90 tabs/30 days
maprotiline		
mirtazapine, ODT	Remeron	QLL=30 tabs/30 days
trazodone hcl	Desyrel	
venlafaxine	Effexor	
venlafaxine XR capsules	Effexor XR	ST
<b>ANTIVERTIGO AND ANTIEMETIC DRUGS</b>		
granisetron	Kytril	COVERED FOR ONCOLOGISTS; ALL OTHERS REQUIRE PA;
meclizine		
ondansetron hcl	Zofran	COVERED FOR ONCOLOGISTS

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
		AND PEDIATRICIANS; ALL OTHERS REQUIRE PA; QLL=12 TABS/RX AND 1 BOTTLE/RX
ondansetron ODT	Zofran ODT	COVERED FOR ONCOLOGISTS; ALL OTHERS REQUIRE PA
prochlorperazine maleate	Compazine	
promethazine hcl	Phenergan	
EMEND		COVERED FOR ONCOLOGISTS; ALL OTHERS REQUIRE PA
<b>ANTIPARKINSON ANTICHOLINERGIC DRUGS</b>		
benztropine mesylate		
trihexyphenidyl		
<b>OTHER ANTIPARKINSON DRUGS</b>		
bromocriptine mesylate	Parlodel	
carbidopa/levodopa	Sinemet	
COMTAN		COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA; QLL=120 tabs/30 days
pramipexole	Mirapex	COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA
ropinirole	Requip	COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA; QLL=90 tabs/30 days
selegiline		COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA
STALEVO		COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA; QLL=270 tabs/30 days
<b>ANTIPSYCHOTIC DRUGS</b>		
ABILIFY		PA < 18 years; QLL=30 tabs/30 days
chlorpromazine tablets		PA < 18 years
clozapine		PA < 18 years
haloperidol		PA < 18 years
haloperidol inj		PA < 18 years
loxapine		PA < 18 years
olanzapine		PA < 18 years
perphenazine		PA < 18 years
risperidone, odt	Risperdal Risperdal M-Tab	PA < 18 years; QLL=60 tabs/30 days
SEROQUEL		PA < 18 years; QLL=90 tabs/30 days; 300 mg=60 tabs/30 days
thioridazine		PA < 18 years
thiothixene		PA < 18 years
trifluoperazine		PA < 18 years

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CNS STIMULANT DRUGS</b>		
amphetamine/dextroamphetamine	Adderall, Adderall XR	Immediate release QLL=90 tabs/30 days; Extended release QLL=30 caps/30 days
dextroamphetamine		
methylin, er tabs, methylin suspension	Ritalin, Ritalin SR	QLL=120 tabs/30 days
methylphenidate er , sr 10 mg, 20 mg (methylphenidate ER 18 mg, 27 mg, 36 mg, and 54 mg are non-formulary and requires PA)	Ritalin-SR	
methylphenidate hcl	Ritalin	QLL=120 tabs/30 days
<b>METADATE CD</b>		QLL=60 caps/30 days
<b>ANTIDEMENTIA DRUGS</b>		
donepezil 5MG, 10 MG (23 MG IS NON-FORMULARY)	Aricept	PA < 18 years; QLL=30 tabs/30 days
donepezil ODT	Aricept ODT	PA < 18 years; QLL=30 tabs/30 days
<b>EXELON PATCHES</b>		PA < 18 years
galantamine, -ER	Razadyne, Razadyne ER	PA < 18 years; galantamine QLL=60 tabs/30 days galantamine ER QLL=30 caps/30 days
<b>NAMENDA</b>		PA < 18 years
rivastigmine capsules	Exelon capsules	PA < 18 years QLL=60 caps/30 days
<b>SMOKING CESSATION DRUGS</b>		
buproban	Zyban	Duration for all <u>formulary</u> smoking cessation meds=84 days/year
<b>CHANTIX</b>		Duration for all <u>formulary</u> smoking cessation meds=84 days/year
OTC nicotine patch	Nicoderm	Duration for all <u>formulary</u> smoking cessation meds=84 days/year
<b>OTHER CNS DRUGS</b>		
caffeine citrate oral solution		
pyridostigmine		
<b>CARDIOVASCULAR MEDICATIONS</b>		
<b>CARDIAC GLYCOSIDES</b>		
digoxin	Lanoxin	
<b>LANOXIN</b>		
<b>CALCIUM ANTAGONISTS</b>		
amlodipine	Norvasc	QLL= 30 tabs/30 days
cartia xt	Cardizem CD	QLL = 60 caps/30 day
diltiazem er	Tiazac/Taztia XT	QLL=30 caps or tabs/30 days
diltiazem hcl	Cardizem	QLL=120 tabs/30 days

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
diltia xt	Cardizem CD	QLL = 60 caps/30 day
dilt-CD	Cardizem CD	QLL = 60 caps/30 day
felodipine er	Plendil	
isradipine	DynaCirc	
nicardipine hcl	Cardene	
nifediac cc		
nifedipine, er	Procardia Procardia XL	Extended Release QLL=90 tabs/30 days
nimodipine	Nimotop	
nisoldipine	Sular	QLL=60 tabs/30 days
verapamil, er	Verelan/Calan/Calan SR	QLL for Immediate Release=120 units/30days; QLL for Extended Release=60 units/30 days
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide, -ER	Diamox	
<b>LOOP DIURETICS</b>		
bumetanide	Bumex	
furosemide	Lasix	
torseamide	Demadex	
<b>THIAZIDE AND RELATED DRUGS</b>		
chlorthalidone		
chlorothiazide		
hydrochlorothiazide	Microzide	
indapamide	Lozol	
methyclothiazide		
metolazone	Zaroxolyn	
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride	Midamor	
amiloride hcl w/hctz	Moduretic	
spironolactone	Aldactone	
spironolactone w/hctz	Aldactazide	
triamterene w/hctz	Maxzide/Diazide	
<b>BETA-ADRENERGIC ANTAGONIST DRUGS</b>		
acebutolol		
atenolol	Tenormin	
betaxolol	Kerlone	
bisoprolol fumarate	Zebeta	
carvedilol	Coreg	
labetalol hcl	Normodyne/Trandate	
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
nadolol	Corgard	
pindolol		
propranolol, er	Inderal/LA	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
timolol maleate		
<b>VASODILATOR ANTIHYPERTENSIVES</b>		
doxazosin mesylate	Cardura	QLL=30 tabs/30 days
hydralazine hcl	Appresdine	
minoxidil		
prazosin hcl	Minipress	
terazosin hcl	Hytrin	QLL 1mg, 2mg, 5mg=30/30 days; QLL 10 mg=60/30 days
<b>CENTRALLY ACTING ANTIHYPERTENSIVES</b>		
clonidine patches	Catapres TTS	PA
clonidine tablets	Catapres	
guanfacine hcl	Tenex	
methyldopa		
<b>ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>		
benazepril	Lotensin	
captopril	Capoten	
enalapril	Vasotec	
fosinopril	Monopril	
lisinopril	Prinivil/Zestril	QLL=30 tabs/30 days; 40 mg=60 tabs/30 days
moexipril	Univasc	
perindopril	Aceon	
quinapril	Accupril	
ramipril	Altace	
trandolapril	Mavik	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
BENICAR		STEP; COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA; QLL=30 tabs/30 days
DIOVAN		STEP; COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA; QLL=60 tabs/30 days;
losartan	Cozaar	
<b>OTHER ANTIHYPERTENSIVES</b>		
amlodipine/benazepril 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg, 10/40 mg	Lotrel 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg	
atenolol w/chlorthalidone	Tenoretic	
benazepril hcl w/hctz	Lotensin HCT	
bisoprolol fumarate w/hctz	Ziac	
captopril w/hctz	Capozide	
enalapril maleate w/hctz	Vaseretic	
fosinopril w/hctz	Monopril HCT	
hydra-zide		
lisinopril w/hctz	Prinzide/Zestoretic	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
LOTREL 10 MG/40 MG		
methyldopa w/hctz		
metoprolol w/hctz	Lopressor HCT	
moexipril w/hctz	Uniretic	
propranolol hcl w/hctz	Inderide	
quinapril w/hctz	Quinaretic	
resperine		
<b>BENICAR HCT</b>		STEP; COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA; QLL=30 tabs/30 days
<b>DIOVAN HCT</b>		STEP; COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA; QLL=30 tabs/30 days
losartan HCTZ	Hyzaar	
<b><i>NITRATES</i></b>		
isosorbide dinitrate, ER	Isochron/Isordil	
isosorbide mononitrate, ER	Imdur/Ismo/Monoket	
nitro-bid ointment		
nitroglycerin (patch, sublingual tablet, extended-release capsule)	Nitro-Dur/Nitrostat	
<b>NITROSTAT</b>		
<b><i>OTHER VASODILATING DRUGS</i></b>		
<b>ADCIRCA</b>		COVERED FOR CARDIOLOGIST AND PULMONOLOGIST; ALL OTHERS REQUIRE PA
<b>REVATIO</b>		COVERED FOR CARDIOLOGIST AND PULMONOLOGIST; ALL OTHERS REQUIRE PA /QLL=90 tabs/30 days
<b><i>ENDOTHELIN RECEPTOR ANTAGONIST</i></b>		
<b>LETAIRIS</b>		PA
<b>TRACLEER</b>		PA
<b><i>CLASS 1A ANTIARRHYTHMICS</i></b>		
disopyramide, er	Norpace	
<b>MULTAQ</b>		COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA
procainamide		
quinidine gluconate		
quinidine sulfate		
<b><i>CLASS 1B ANTIARRHYTHMICS</i></b>		
mexiletine	Mexitil	COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA
<b><i>CLASS 1C ANTIARRHYTHMICS</i></b>		
flecainide acetate	Tambocor	

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
propafenone hcl	Rythmol	COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA
<b>OTHER ANTIARRHYTHMICS</b>		
amiodarone	Pacerone	COVERED FOR CARDIOLOGIST; ALL OTHERS REQUIRE PA
sotalol, af	Betapace	
<b>HYPOLIPOPROTEINEMICS</b>		
cholestyramine		
colestipol hcl	Colestid	
fenofibrate	Lofibra	
gemfibrozil	Lopid	QLL=60 tabs/30 days
niacin		
<b>OTC SLO NIACIN</b>		
<b>TRILIPIX</b>		
<b>ZETIA</b>		STEP
<b>HMG-COA REDUCTASE INHIBITORS</b>		
atorvastatin	Lipitor	QLL=30 tabs/30 days
lovastatin	Mevacor	QLL=30 tabs/30 days; 40 mg=60 tabs/30 days
pravastatin	Pravachol	QLL=30 tabs/30 days
simvastatin	Zocor	QLL=30 tabs/30 days
<b>LESCOL</b>		QLL=30 caps/30 days
<b>LESCOL XL</b>		QLL=30 tabs/30 days
<b>OTHER CARDIOVASCULAR DRUGS</b>		
midodrine	ProAmatine	
pentoxifylline	Trental	
<b>DERMATOLOGICAL MEDICATIONS</b>		
<b>TOPICAL CORTICOSTEROID DRUGS</b>		
alclometasone dipropionate	Aclovate	
amcinonide		
betamethasone dipropionate	Diprolene	
betamethasone valerate	Beta-Val	
clobetasol propionate	Clobevate/Temovate	
desonide	Desowen/Lokara	
desoximetasone	Topicort	
diflorasone diacetate	Apexicon/Maxiflor/Psorcon	
fluocinolone		
fluocinonide		
fluticasone propionate	Cutivate	
halobetasol	Ultravate	
hydrocortisone	Ala-Cort/Cetacort/Hytone	
<b>OTC hydrocortisone 1% cream</b>	Cortaid	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies)

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
		Only)
hydrocortisone butyrate	Locoid	
hydrocortisone valerate	Westcort	
lidocaine-hydrocortisone		
mometasone furoate	Elocon	
prednicarbate	Dermatop	
triamcinolone acetonide	Kenalog	
<b>ANTIPRURITIC DRUGS</b>		
hydroxyzine hcl		
hydroxyzine pamoate		
<b>ANTIACNE DRUGS</b>		
adapalene cream, gel	Differin	
amnestem	Accutane	
claravis	Accutane	
clindamycin phosphate	Cleocin T/Cлиндamax	
erythromycin	A/T/S / Emgel/Erycette	
<b>METROGEL 1% TOPICAL GEL</b>		
metronidazole	Metrocream/Metro lotion	
sod.sulfacetamide/sulfur tf	Avar/Plexion	
sotret	Accutane	
tretinoin	Avita/Retin-A	QLL=20 gram tube/30days
<b>KERATOLYTIC DRUGS</b>		
<b>CONDYLOX GEL</b>		
podofilox solution	Condylox	
<b>ANTIPSORIASIS AND ANTIECZEMA DRUGS</b>		
calcipotriene ointment, scalp solution	Dovonex	
<b>OTC DOAK TAR DISTILLATE, OIL</b>		
<b>DRITHO-SCALP</b>		
<b>POLYTAR</b>		
selenium sulfide	Selseb	
sulfacetamide sodium	Carmol Scalp	
<b>VECTICAL OINTMENT</b>		
<b>ORAL DERMATOLOGICAL DRUGS</b>		
<b>OXSORALEN ULTRA</b>		
<b>TOPICAL DERMATOLOGICAL DRUGS</b>		
ammonium lactate	Lac-Hydrin	
<b>CARAC</b>		
<b>DRYSOL 20% TOPICAL SOLN</b>		
<b>ELIDEL</b>		STEP; PA FOR AGE < 2 AND > 10; QLL=30 gm/30 days
<b>OTC calamine lotion</b>	Caladryl	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies)

**PREFERRED DRUG LIST  
APRIL 30, 2012**

COVERED DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
		Only)
<b>FLUOROPLEX</b>		
fluorouracil	Efudex	
<b>HYPERCARE 20% TOPICAL SOLN</b>		
imiquimod 5% cream	Aldara	
<b>OTC OCCLUSAL-HP</b>		
<b>SANTYL</b>		
OTC zinc oxide ointment	Desitin	
<b>SCABICIDES</b>		
acticin	Elimite 5% Topical Cream	
malathion 0.5% lotion	Ovide	
OTC permethrin 1% lotion	Nix	
permethrin 5% cream (prescription Strength)	Elimite	
OTC pyrethrin 0.33% shampoo		
<b>ULESFIA LOTION</b>		
<b>EAR-NOSE-THROAT MEDICATIONS</b>		
<b>DRUGS AFFECTING THE EAR</b>		
antipyrine/benzocaine otic	Benzotic/Otogesic	
acetic acid otic		
<b>CIPRO HC</b>		
<b>CIPRODEX OTIC</b>		
neomycin/polymixin/hydrocortisone		
ofloxacin		
<b>DRUGS AFFECTING THE NOSE</b>		
azelastine	Astelin	QLL= 2 bottles/30 days
flunisolide	Nasarel	
fluticasone propionate	Flonase	
ipratropium bromide	Atrovent	
<b>NASONEX</b>		COVERED FOR 3 YEARS OF AGE AND YOUNGER; STEP FOR 4 YEARS OF AGE AND OLDER; QLL=2 bottles/30 days
<b>DRUGS AFFECTING THE THROAT AND MOUTH</b>		
chlorhexidine gluconate	Peridex	
doxycycline hyclate	Periostat	
pilocarpine hcl	Salagen	
triamcinolone acetonide 0.1% paste	Kenalog	
<b>ENDOCRINE MEDICATIONS</b>		
<b>ORAL HYPOGLYCEMIC DRUGS</b>		
acarbose	Precose	
chlorpropamide	Diabinese	
glimepiride	Amaryl	
glipizide, er	Glucotrol, XL	

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
glipizide-metformin	Metaglip	
glyburide	Diabeta/Micronase	
glyburide-metformin	Glucovance	
metformin, -er	Glucophage, XR	
nateglinide	Starlix	
<b>PRANDIN</b>		
<b>PRANDIMET</b>		
tolazamide		
tolbutamide		
<b>INSULIN SENSITIZERS</b>		
ACTOPLUS MET		QLL=90 tabs/30 days
ACTOS		QLL=30 tabs/30 days
AVANDAMET		QLL=60 tabs/30 days
AVANDARYL		QLL=60 tabs/30 days
AVANDIA		QLL=30 tabs/30 days
DUETACT		QLL=30 tabs/30 days
<b>AMYLIN ANALOGUES</b>		
SYMLIN		PA
<b>INCRETIN MIMETICS</b>		
BYETTA		PA
<b>INSULIN (VIALS ONLY)</b>		
HUMALOG 50/50 VIAL		
HUMALOG 75/25 VIAL		
HUMALOG 100U VIAL		
HUMULIN 50/50 VIAL		
HUMULIN R (500 U/ML VIAL)		
HUMULIN 70/30 VIAL		
NOVOLIN 70/30 VIAL		
NOVOLIN R VIAL		
NOVOLIN N VIAL		
NOVOLOG VIAL		
NOVOLOG MIX 70/30 VIAL		
LANTUS VIAL		
LEVEMIR VIAL		
<b>GLUCOSE ELEVATING DRUGS</b>		
GLUCAGEN VIALS		
GLUCAGON		
OTC glucose chewable tablets		
<b>GLUCOCORTICOID DRUGS</b>		
cortisone		
dexamethasone		
hydrocortisone	Cortef	
methylprednisolone	Medrol	
prednisolone	Prelone	

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
prednisone	Sterapred	
ORAPRED ODT		
<b>GROWTH HORMONES</b>		
NORDITROPIN		PA
NORDITROPIN NORDIFLEX		PA
NUTROPIN		PA
NUTROPIN AQ		PA
<b>MINERALOCORTICOID DRUGS</b>		
fludrocortisone acetate	Florinef	
<b>THYROID SUPPLEMENTS</b>		
ARMOUR THYROID		
levothroid		
levothyroxine sodium	Synthroid	
levoxyI	Synthroid	
liothyronine	Cytomel	
thyroid, dessicated	Armour Thyroid	
unithroid	Synthroid	
<b>ANTITHYROID DRUGS</b>		
methimazole	Tapazole	
propylthiouracil		
<b>ANDROGEN DRUGS</b>		
danazol		
testosterone cypionate (200 mg/ml only)		
<b>OTHER ENDOCRINE DRUGS</b>		
alendronate sodium	Fosamax	QLL 35 mg or 70 mg=4 tabs/30 days; QLL 5 mg, 10 mg, 40 mg=30 tabs/30 days
cabergoline	Dostinex	COVERED FOR ENDO; ALL OTHERS REQUIRE PA
calcitonin nasal spray	Miacalcin	
CHEMET		
desmopressin acetate	DDAVP/Minirin	COVERED FOR ENDO/NEURO; ALL OTHERS REQUIRE PA; QLL=1 bottle/30 days; QLL=90 tabs/30 days
etidronate	Didronel	
fortical nasal spray		
MIACALCIN (INJ)		PA
SENSIPAR		COVERED FOR NEPHROLOGIST; ALL OTHERS REQUIRE PA
<b>GASTROINTESTINAL MEDICATIONS</b>		
<b>ANTIDIARRHEAL DRUGS</b>		
diphenoxylate w/atropine	Lomotil	
OTC loperamide	Imodium	Covered under \$25/month

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
		OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
<b>OTC stomach relief chewable tablet</b>	Pepto Bismol	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
<b>ANTISPASMODICS/DRUGS AFFECT GI MOTILITY</b>		
<b>dicyclomine hcl</b>	Bentyl	
<b>glycopyrrolate</b>		
<b>hyoscyamine</b>	Nulev/Levbrel	
<b>metoclopramide hcl</b>	Reglan	
<b>ANTIULCER DRUGS</b>		
<b>cimetidine</b>	Tagamet	
<b>famotidine</b>	Pepcid	
<b>nizatidine</b>	Axid	
<b>OTC ranitidine 75 mg</b>	OTC Zantac	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
<b>ranitidine</b>	Zantac	
<b>OTHER ANTIULCER DRUGS</b>		
<b>misoprostol</b>	Cytotec	
<b>sucralfate</b>	Carafate	
<b>PROTON PUMP INHIBITORS</b>		
<b>Omeprazole (Rx &amp; OTC)</b>	OTC Prilosec	QLL=120 tabs/30 days
<b>pantoprazole</b>	Protonix	PA/QLL=30 tabs/30 days
<b>lansoprazole oral disintegrating tablet</b>	Prevacid Solu-tab	COVERED FOR PEDIATRICIANS; ALL OTHERS REQUIRE PA
<b>LAXATIVES AND CATHARTICS</b>		
<b>OTC bisacodyl 5 mg</b>	Dulcolax	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
<b>OTC docusate 100 mg</b>	Colace	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
<b>OTC FLEET BISACODYL ENEMA</b>		
<b>generlac</b>		
<b>OTC glycerin suppositories</b>	Fleet	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
<b>OTC MIRALAX</b>		QLL=510 g/30 days
<b>OTC polyethylene glycol 3350 powder for</b>	Miralax	(also covered under \$25 OTC

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
solution		program at Collier, CVS, Thomas E Langley Health Services, Winn Dixie pharmacies)
polyethylene glycol 3350 powder for solution (prescription-strength)	Miralax	
OTC senna laxative	Senokot	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
OTC psyllium	Metamucil	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
OTC SORBITOL 70% ORAL SOLN		
<b>OTHER GI DRUGS</b>		
OTC aluminum hydroxide gel	Alternagel	
AMITIZA		QLL=60 caps/30 days
ASACOL		
OTC calcium antacid tablet	Tums	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
CANASA		
CORTIFOAM		
CREON 5, 10, 15, CREON LIPASE 6,000; 12,000; 24,000 UNITS		
DIPENTUM		
OTC effervescent pain relief	Alka Seltzer	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
OTC extra strength gas relief softgel	Mylanta Gas Maximum Strength Softgel	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
OTC hemorrhoidal cream	PreparationH	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
proctosol-hydrocortisone 2.5% rectal cream		
hydrocortisone rectal enema suspension	Colocort/ Cortenema	
IPECAC SYRUP		
LIPRAM 4,500; LIPRAM CR5; LIPRAM PN10, LIPRAM PN16, LIPRAM PN 20, LIPRAM UL20		

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
mesalamine enema		
NULYTELY WITH FLAVOR PACKS		
PANCREAZE		
PANCRELIPASE 5,000 UNITS		
PEG 3350 ELECTROLYTE SOLUTION		
PENTASA		
PROCTOFOAM-HC		
Proctosol-hydrocortisone 2.5% cream		
propantheline		
OTC simethicone drops		
sulfasalazine, sulfasalazine delayed-release	Azulfidine	
sulfazine, sulfazine delayed -release	Azulfidine	
ULTRASE, ULTRASE MT12, MT18, MT20		
ursodiol	Actigall	
VIOKASE 8, 16		
ZENPEP 5,000U; 10,000U, 15,000U, 20,000U		
<b>IMMUNOLOGICALS AND VACCINES</b>		
FLUMIST		PA FOR AGES <2 OR >49 YEARS
RHOGAM		
<b>MUSCULOSKELETAL MEDICATIONS</b>		
<b>SALICYLATES AND RELATED DRUGS</b>		
OTC EC aspirin 81 mg, 325 mg, OTC aspirin 325 mg	Ecotrin	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
choline magnesium trisalicylate		
diflunisal	Dolobid	
salsalate	Disalcid	
<b>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>		
diclofenac sodium		
etodolac	Lodine/Lodine XL	
fenoprofen		
flurbiprofen	Anasaid	
ibuprofen	Motrin	
OTC ibuprofen 200 mg	Advil	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
indomethacin	Indocin SR	
ketoprofen	Orudis/Oruvail	
ketorolac	Toradol	QLL=20 tabs/30 days and 2 Rxs per 90 days
meclofenamate		

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
meloxicam	Mobic	
nabumetone	Relafen	
naproxen	Naprosyn	
OTC naproxen	Aleve	
oxaprozin	Daypro	
piroxicam	Feldene	
sulindac	Clinoril	
tolmetin		
<b>OTHER DRUGS FOR ARTHRITIS</b>		
RIDAURA		COVERED FOR RHEUMATOLOGIST; ALL OTHERS REQUIRE PA
<b>DRUGS TO PREVENT AND TREAT GOUT</b>		
allopurinol	Zyloprim	
COLCRYS		
colchicine / probenecid		
probenecid		
ULORIC		STEP
<b>DIRECT MUSCLE RELAXANTS</b>		
baclofen		
dantrolene capsule	Dantrium	
tizanidine hcl	Zanaflex	
<b>CNS MUSCLE RELAXANTS</b>		
carisoprodol	Soma	QLL=120 tabs/30 days
cyclobenzaprine hcl	Flexeril	QLL=120 tabs/30 days
methocarbamol	Robaxin	QLL=120 tabs/30 days
metaxalone	Skelaxin	QLL=120 tabs/30 days
<b>OTHER MUSCULOSKELETAL MEDICATIONS</b>		
OTC arthritis muscle relief cream		Covered under \$25/month OTC benefit
OTC capsaicin	Zostrix 0.025% Topical Cream	
RILUTEK		COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA
<b>NUTRITION, BLOOD MODIFIERS, ELECTROLYTES</b>		
<b>THERAPEUTIC VITAMINS &amp; MINERALS</b>		
CALCIFEROL	Drisdol	
calcitriol	Calcijex/Rocaltrol	
calcium acetate	Phoslo	
OTC calcium carbonate 600 mg + D	Caltrate	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
calcium citrate	Citracal	
OTC cholecalciferol	Vitamin D	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
<b>cyanocobalamin [inj]</b>		PA
<b>ergocalciferol 1.25 mg capsule, (prescription) OTC ergocalciferol 8,000U/ml drops</b>	Vitamin D2	
<b>OTC ferrous gluconate</b>		
<b>OTC ferrous sulfate 325 mg</b>	Iron	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>folic acid (prescription-strength covered only)</b>		
<b>OTC glucosamine/chondroitin 500/40 capsule</b>	Joint Eze	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>levocarnitine</b>		<b>COVERED FOR NEUROLOGIST; ALL OTHERS REQUIRE PA</b>
<b>OTC children's chewable multivitamin</b>	Flintstones	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>pediatric multivitamin with fluoride and iron (prescription-strength only): multivit-fluoride tab, chewable tab, drops; polyvit-fluoride drops</b>		COVERED FOR AGES < 13
<b>NEPHROCAPS</b>		
<b>pyridoxine</b>		
<b>sodium bicarbonate</b>		
<b>sodium fluoride</b>		
<b>stannous fluoride rinse</b>		
<b>OTC ADV FROM Senior Tab</b>	Centrum Silver	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC Vitamin A 8000 IU</b>		Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC vitamin B-Complex w/C tablet</b>		Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC vitamin C 500 mg</b>		Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC Vitamin E 400 IU</b>		Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)

**PREFERRED DRUG LIST  
APRIL 30, 2012**

COVERED DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
		Only)
thiamine		
ZEMPLAR		COVERED FOR NEPHROLOGIST; ALL OTHERS REQUIRE PA
<b>POTASSIUM SUPPLEMENTS</b>		
citric acid monohydrate, sodium citrate dihydrate oral solution	Bicitra	
klor con, klor con m, klor con effervescent		
potassium chloride	K-Dur/Klotrix	
SHOHL'S MODIFIED		
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene sulfonate	Kayexalate	
<b>ORAL ANTICOAGULANTS, VITAMIN K</b>		
warfarin sodium	Coumadin	
<b>HEPARINS</b>		
heparin sodium vials [inj] (heparin lock flush solution not covered)		
<b>LOW-MOLECULAR WEIGHT HEPARINS (LMWH)</b>		
enoxaparin [inj]	Lovenox	10 DAYS W/O PA (10 DAYS=20 SYRINGES)
FRAGMIN [inj]		10 DAYS W/O PA (10 DAYS=10 SYRINGES)
<b>ANTIPLATELET DRUGS</b>		
cilostazol	Pletal	
dipyridamole	Persantine	
ticlopidine hcl	Ticlid	
PLAVIX		QLL=30 tabs/30 days
<b>HEMOSTATICS</b>		
aminocaproic acid	Amicar	
MEPHYTON		
<b>BLOOD DETOXICANTS</b>		
enulose		
generlac		
lactulose		
FOSRENOL		PA
RENVELA		
<b>OTHER BLOOD MODIFIERS</b>		
anagrelide	Agrylin	
ARCALYST		PA
SOLIRIS		COVERED FOR HEMATOLOGIST; ALL OTHERS REQUIRE PA
<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>		
<b>CONTRACEPTIVES</b>		
apri	Desogen	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
aranelle	Tri-Norinyl	
aviane	Alesse-28	
azurette	Mircette	
balziva	Ovcon-35	
brevicon	Modicon	
camila	Nor-Q-D	
caziant	Cyclessa	
cesia	Cyclessa	
cryselle	Lo/Ovral-28	
<b>ELLA</b>		
enprese	Tri-levlen 28	
errin	Nor-Q-D	
gildess FE	Loestrin FE	
jolessa	Seasonale	
jolivette	Nor-Q-D	
junel, junel FE	Loestrin, Loestrin FE	
kariva	Mircette	
kelnor 1/35	Demulen 1/35-28	
leena	Tri-Norinyl	
lessina	Alesse-28	
levonorgestrel	Plan B	
levora-28	Nordette-28	
low-ogestrel	Lo/Ovral-28	
lutera	Alesse-28	
mirogestin, microgestin FE	Loestrin, Loestrin FE	
monessa	Ortho-Cyclen	
necon	Modicon, Necon, Norinyl 1+35, Norinyl 1+50, Ortho Novum	
nora-be	Nor-Q-D	
nortrel	Modicon, Norinyl 1+35, Ortho Novum	
<b>NUVARING</b>		QLL=1 ring/month
ocella	Yasmin 28	
ogestrel	Ovral-28	
<b>ORTHO EVRA</b>		QLL=3 patches/28 days
<b>OTC NEXT CHOICE</b>		QLL=2 tabs (1 pkg)/1 month; QLL=6 tabs (3 pkg)/year
<b>OTC PLAN B ONE STEP</b>		QLL=1 tab (1 pkg)/1 month; QLL=3 tabs (3 pkg)/year
portia	Nordette-28	
previfem	Ortho-Cyclen	
quasense	Seasonale	
reclipsen	Desogen	
solia	Desogen	

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
sprintec	Ortho-Cyclen	
sronyx	Alesse-28	
tilia fe	Estrostep Fe	
tri-legest	Estrostep Fe	
trinessa	Ortho Tri-Cyclen	
tri-previfem	Ortho Tri-Cyclen	
tri-sprintec	Ortho Tri-Cyclen	
trivora-28	Tri-Levlen 28	
velivet	Cyclessa	
zenchent	Ortho Novum	
zovia 1/35E	Demulen 1/35-28	
zovia 1/50E	Demulen 1/50-21	
<b><i>PRENATAL VITAMINS; QLL=100 tabs/90 days for all legend prenatal vitamins</i></b>		
advanced care plus		
bp multinatal plus		
cal-nate		
CONCEPT DHA		
folbecal		
natalcare glosstabs		
natatab Rx		
preafirst		
prenatabs FA		
prenatabs rx		
prenate dha		
prenatal advantage (prenatal AD)		
prenatal low iron		
prenatal H		
prenatal U		
SELECT-OB, SELECT-OB + DHA		
trimesis rx		
trinate		
ultra-natal		
vinatal forte		
vinate II		
vinate az		
vinate calcium		
vinate gt		
vinate m		
vinate one		
vinate ultra		
vitafol-ob		
vitafol-pn		
vitaspire		
<b><i>OB/GYN TOPICAL ANTIINFECTIVES</i></b>		

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
acidic vaginal jelly		
clindamycin 2% vaginal cream	Clindamax	
<b>CLEOCIN OVULE</b>		
metronidazole 0.75% vaginal gel	MetroGel	
OTC miconazole vaginal suppositories, cream		
<b>OTC MOMISTAT CREAM AND COMBINATION PACK</b>		
<b>ESTROGEN DRUGS</b>		
estradiol tablets	Estrace	
estradiol transdermal patch	Climara	QLL=4 patches/30 days
estropipate	Ogen/Ortho-Est	
<b>ESTRACE VAGINAL CREAM</b>		
<b>ESTRING</b>		
<b>FEMRING</b>		
<b>MENEST</b>		
<b>PREMARIN VAGINAL CREAM W/APPLICATOR</b>		
<b>VAGIFEM</b>		
<b>ESTROGEN/PROGESTIN COMBINATIONS</b>		
<b>ACTIVELLA 0.5 MG-0.1 MG</b>		
<b>CLIMARA PRO</b>		
<b>COMBIPATCH</b>		
estradiol/norethindrone acetate 1 mg-0.5 mg	Activella1 mg-0.5mg	
<b>FEMHRT</b>		
<b>PREFEST</b>		
<b>PREMPHASE</b>		
<b>PREMPRO</b>		
<b>SELECTIVE ESTROGEN RECEPTOR MODULATOR</b>		
<b>EVISTA</b>		QLL=30 tabs/30 days
<b>PROGESTIN DRUGS</b>		
camila	Micronor/Nor-Q-D	
errin	Micronor/Nor-Q-D	
jolivette	Micronor/Nor-Q-D	
medroxyprogesterone acetate (inj)	Provera	QLL for injection=1/90 days
<b>medroxyprogesterone acetate tablets</b>		
nora-be	Micronor/Nor-Q-D	
norethindrone acetate	Aygestin	
<b>PROMETRIUM</b>		
<b>OTHER OB/GYN DRUGS</b>		
<b>METHERGINE TABLETS</b>		
<b>OPHTHALMIC MEDICATIONS</b>		
<b>OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS</b>		

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
bacitracin ophth ointment		
bacitracin/polymixin ophth ointment	AK-Poly Bac	
ciprofloxacin hcl (ophth drops)	Ciloxan	
<b>CILOXAN OPHTHALMIC OINTMENT</b>		
erythromycin		
gentamicin sulfate	Garamycin/Gentak	
levofloxacin 0.5% ophth soln	Quixin	
neomycin/polymyxin/bacitracin	Neosporin	
neomycin/polymyxin/gramicidin		
ofloxacin	Ocuflox	
polymyxin/trimethoprim	Polytrim	
sulfacetamide sodium	Bleph-10	
tobramycin sulfate	Tobrex	
<b>TOBREX OINTMENT</b>		
<b>VIGAMOX</b>		
<b>ZYMAR</b>		
<b>ZYMAXID</b>		
<b><i>OPHTHALMIC CORTICOSTEROID DRUGS</i></b>		
dexamethasone		
fluorometholone		
<b>FML FORTE</b>		
<b>PRED MILD</b>		
prednisolone	Omnipred/Pred Forte	
<b><i>OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS</i></b>		
neomycin/polymixin/hydrocortisone	Cortisporin	
neomycin/polymyxin/dexamethasone	Methadex/Maxitrol	
prednisolone/sulfacetamide		
<b>TOBRADEX OINTMENT</b>		
tobramycin/dexamethasone susp	Tobradex	
<b><i>ANTI GLAUCOMA DRUGS</i></b>		
acetazolamide, -ER		
<b>AZOPT</b>		
<b>BETOPTIC S</b>		
betaxolol hcl		
brimonidine tartrate	Alphagan, Alphagan P	
carteolol hcl		
<b>COMBIGAN</b>		
dipivefrin hcl	Propine	
dorzolamide	Trusopt	
dorzolamide/timolol	Cosopt	
<b>ISOPTO CARBACHOL</b>		
levobunolol hcl	Betagan	
<b>LUMIGAN</b>		
methazolamide		

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
metipranolol	Optipranolol	
<b>PHOSPHOLINE IODIDE</b>		
pilocarpine hcl	Isopto Carpine	
timolol maleate	Timoptic/Timoptic-XE	
<b>TRAVATAN Z</b>		
<b>OTHER OPHTHALMIC DRUGS</b>		
ak-con		
OTC artificial tears	Tears Again	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
atropine sulfate drops, ointment	Isopto Atropine	
cromolyn sodium	Crolom	
cyclopentolate	Cyclogyl	
diclofenac sodium	Voltaren	
flurbiprofen sodium	Ocufen	
ketorolac tromethamine	Acular, Acular LS	
<b>ISOPTO HOMATROPINE</b>		
<b>ISOPTO HYOSCINE</b>		
<b>MUROCOLL-2</b>		
OTC NAPHCN-A		Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>NEVANAC</b>		
<b>PATANOL</b>		
phenylephrine		
<b>REFRESH TEARS, LIQUIGEL (15 ML AND 30 ML BOTTLE ONLY)</b>		
<b>SYSTANE (15 ML AND 30 ML BOTTLE ONLY)</b>		
trifluridine		
tropicamide	Tropicacyl	
<b>ZADITOR OTC</b>		
<b>RESPIRATORY MEDICATIONS</b>		
<b>BETA-2 ADRENERGIC DRUGS</b>		
albuterol sulfate (inhalation soln, syrup, tablet)		QLL=375 ml/30 days for inhalation soln
<b>ALUPENT (650 MCG INHALER)</b>		
<b>MAXAIR AUTOHALER</b>		
metaproterenol		
<b>PROAIR HFA</b>		QLL= 2 inhalers/30 days
<b>PROVENTIL HFA</b>		QLL= 2 inhalers/30 days
<b>SEREVENT DISKUS</b>		
terbutaline		

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
VENTOLIN HFA		QLL= 2 inhalers/30 days
<b>INHALED CORTICOSTEROIDS</b>		
ADVAIR DISKUS		
ADVAIR HFA		
budesonide respules 0.25 mg/2 ml, 0.50 mg/2 ml	Pulmicort Respules	QLL=120 ml/30 days (60 respules/30 days)
COMBIVENT		
FLOVENT DISKUS		
FLOVENT HFA		
PULMICORT FLEXHALER/INHALER		QLL=1 inhaler or flexhaler/30 days
PULMICORT 1 MG/2 ML RESPULES		QLL=120 ml/30 days (60 respules/30 days)
SYMBICORT		
<b>LEUKOTRIENE MODIFIERS</b>		
SINGULAIR		STEP/COVERED FOR MEMBERS WITH DIAGNOSIS OF ASTHMA; PA FOR ALLERGIC RHINITIS; QLL=30 tabs/30 days
zafirlukast	Accolate	COVERED FOR MEMBERS WITH DIAGNOSIS OF ASTHMA; QLL=60 tabs/30 days
<b>METHYL XANTHINE DRUGS</b>		
aminophylline		
theophylline, er		
<b>OTHER DRUGS FOR ASTHMA</b>		
ATROVENT (INHALER)		
cromolyn sodium inhalation soln		
EPIPEN, EPIPEN JR		
INTAL		
ipratropium bromide		
ipratropium bromide/albuterol inhalation soln		
sodium chloride 0.9% nebulizer solution OTC		
<b>OTHER RESPIRATORY DRUGS</b>		
SPIRIVA		STEP; QLL=30 caps/30 days (pkg size=30); 6 caps/30 days (pkg size=6); 1 pkg/30 days (pkg size=5);
<b>ANTIHISTAMINES</b>		
brompheniramine maleate chewable tablets, suspension		
carbinoxamine		
cetirizine OTC tablets, cetirizine-D OTC tablets, cetirizine OTC solution, cetirizine syrup (prescription and OTC)	OTC Zyrtec	cetirizine-D QLL=60 tabs/30 days cetirizine soln QLL=150 ml/30 days (also covered under \$25 OTC program at Collier, CVS, Thomas E

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
		Langley Health Services, Winn Dixie pharmacies)
chlorpheniramine maleate		
clemastine fumarate	Tavist	
cyproheptadine hcl	Periactin	
dexchlorpheniramine		
diphenhydramine	Benadryl	
OTC diphenhydramine 25 mg capsule	Benadryl	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only)
fexofenadine	Allegra	
hydroxyzine hcl		
OTC loratadine, OTC loratadine-D	OTC Claritin, Claritin-D	OTC loratadine: Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langley, Winn Dixie Pharmacies Only); OTC loratadine-D=30 tabs/30 days
<b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>		
andehist nr syrup	Rondec syrup	
bromhist nr drops	Rondec syrup	
ceron drops, syrup	Rondec drops, syrup	
chlor-pseudo sr capsule	Deconamine SR	
colfed-a capsule sr	Deconamine SR	
histade capsule sa		
lohist-lq liquid		
lohist-pd drops		
lohist 12d tablet		
nohist caplet		
p-ephed-cpm 120-8 mg SA	Deconamine SR	
pseudo-chlor capsule	Rynatan pediatric susp	
r-tanna pediatric suspension		
rhinacon a liquid, tablet		
<b>ANTITUSSIVE AND EXPECTORANT DRUGS</b>		
allanhist pdx drops		
benzonatate	Tessalon	
bromhist pdx, -dm drops		
bromplex dm solution		
ceron dm drops, syrup	Rondec DM drops, syrup	
CHERATUSSIN AC OTC		
guaifenesin-dm nr liquid		
guaifenesin tablets	Humibid	
guaifenesin w/codeine	Romilar AC/Tussi-Organidin DM NR	
guaifenex pse	Entex PSE/Zephrex-LA	

**PREFERRED DRUG LIST  
APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MUCINEX, DM OTC</b>		
<b>promethazine vc w/codeine syrup</b>	Phenergan VC w/Codeine	
<b>promethazine vc syrup</b>	Phenergan VC	
<b>promethazine w/dm syrup</b>	Phenergan DM	
<b>pseudoephedrine-gg syrup</b>		
<b>OTC tussin syrup</b>	Robitussin	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC tussin CF</b>	Robitussin CF	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC tussin DM</b>	Robitussin DM	Covered under \$25/month OTC benefit(Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>su-tuss DM elixir</b>		
<b>OTHER DRUGS FOR COUGH/COLD ALLERGY</b>		
<b>OTC medicated chest rub</b>	Vicks Vaporub	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC oxymetazoline or OTC nasal spray</b>	Afrin	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>OTC pseudoephedrine 30 mg</b>	Sudafed	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely Winn Dixie Pharmacies Only)
<b>OTC sore throat spray</b>	Chloraseptic Sore Throat Spray	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
<b>TOXICOLOGY MEDICATIONS</b>		
<b>acetylcysteine</b>		
<b>CUPRIMINE</b>		
<b>UROLOGICAL MEDICATIONS</b>		
<b>ANTICHOLINERGIC ANTISPASMODICS DRUGS</b>		
<b>flavoxate</b>	Urispas	
<b>oxybutynin chloride</b>	Ditropan	
<b>oxybutynin chloride er</b>	Ditropan XL	
<b>SANCTURA XR</b>		STEP
<b>tropium</b>	Sanctura	STEP; QLL=60 tabs/30 days
<b>CHOLINERGIC STIMULANTS</b>		

**PREFERRED DRUG LIST**  
**APRIL 30, 2012**

<b>COVERED DRUG</b>	<b>REFERENCE DRUG NAME</b>	<b>REQUIREMENTS/LIMITS</b>
bethanecol		
<b>URINARY ANESTHETICS</b>		
phenazopyridine hcl	Pyridium/Urodol	
<b>OTHER GENITOURINARY PRODUCTS</b>		
ELMIRON		
finasteride	Proscar	
K-PHOS		
CYTRA, -K		
potassium citrate		
tamsulosin	Flomax	STEP; QLL=60 caps/30 days
UROXATRAL		
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>		
<b>DIABETIC SUPPLIES: Combined QLL for test strips=204/month</b>		
ACCU-CHEK		
ACCU-CHEK III		
ACCU-CHEK AVIVA GLUCOMETER/TEST STRIPS		
ACCU-CHEK ACTIVE GLUCOMETER/TEST STRIPS		
ACCU-CHEK ADVANTAGE GLUCOMETER/TEST STRIPS		
ACCU-CHEK COMPACT GLUCOMETER/TEST STRIPS		
ACCU-CHEK COMPLETE GLUCOMETER		
ACCU-CHEK SIMPLICITY		
ACCU-CHEK COMFORT CURVE TEST STRIPS		
ACCU-CHEK MULTICLIX LANCET DEVICE/LANCETS		
ACCU-CHEK SOFTCLIX LANCET DEVICE/LANCETS		
ACCU-CHEK SOFT TOUCH LANCETS		
MICROLET LANCING DEVICE/LANCETS		
AUTOJECT 2 INJECTION DEVICE		
insulin syringes		
ONE TOUCH DELICA LANCETS		
ONE TOUCH SELECT		
ONE TOUCH SURESOFT LANCETS		
ONE TOUCH TEST STRIPS, CONTROL SOLUTION		
ONE TOUCH ULTRA2, UKTRALINK, ULTRAMINI, ULTRASMART		
ONE TOUCH ULTRASOFT LANCETS		
SOFT TOUCH		
CHEMSTRIP		

**PREFERRED DRUG LIST  
APRIL 30, 2012**

COVERED DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
KETOSTIX		
<b>OTHER SUPPLIES</b>		
OTC ACE BANDAGES		Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)
AEROCHAMBER, MICROCHAMBER		QLL=#1/YEAR
ALCOHOL PREP PADS		
ASSESS PEAK FLOW METER		QLL=#1/YEAR
MICROLIFE PEAK FLOW METER		QLL=#1/YEAR
PERSONAL BEST PEAK FLOW METER		QLL=#1/YEAR
OTC super stretch bandaid	Band-Aid	Covered under \$25/month OTC benefit (Collier, CVS, Thomas E Langlely, Winn Dixie Pharmacies Only)