

LEGEND

TIER	DESCRIPTION
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1 Generic

2 Brands

TYPE	DESCRIPTION
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QL Quantity Limit

There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

GL Gender Limit

This prescription drug may only be covered for a single gender.

C Custom

This drug has unique Plan defined coverage.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>acetaminophen 160 mg/5ml oral susp</i>	1	
<i>aspirin 81 mg tab chew</i>	1	
<i>aspirin 81 mg tablet dr</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Smoking Cessation Agents		
<i>nicotine 14mg/24hr patch td24</i>	1	QL 90 / 365 Days
<i>nicotine 7mg/24hr patch td24</i>	1	QL 90 / 365 Days
<i>nicotine polacrilex 2 mg gum</i>	1	QL 90 / 365 days
<i>nicotine polacrilex 4 mg gum</i>	1	QL 90 / 365 days
Central Nervous System Agents		
Central Nervous System Agents, Other		
<i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>	1	
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	1	
Dermatological Agents		
<i>benzoyl peroxide 5 % gel (gram)</i>	1	
Gastrointestinal Agents		
Laxatives		
<i>bisacodyl 5 mg tablet</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>thyroid,pork 60 mg tablet</i>	1	
Immunological Agents		
Vaccines		
FLUARIX 2014-2015 SYRINGE <i>influenza virus vaccine trival 2014-15 (36 mos and older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUARIX QUAD 2014-2015 SYRINGE <i>influenza virus vaccine quadrival 2014-15(36 mos, older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUBLOK 2014-2015 VIAL <i>influenza virus vaccine tv 2014-2015(18 yrs, older)recomb/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUCELVAX 2014-2015 SYRINGE <i>influenza vaccine tv split 2014-15 (18 yr,up)cell derived/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLULAVAL 2014-2015 SYRINGE <i>influenza virus vaccine trival 2014-15 (36 mos and older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLULAVAL 2014-2015 VIAL <i>influenza virus vaccine trivalent 2014-15 (36 mos and older)</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLULAVAL QUAD 2014-2015 SYR <i>influenza virus vaccine quadrival 2014-15(36 mos, older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLULAVAL QUAD 2014-2015 VIAL <i>influenza virus vaccine quad vs 2014-2015 (36 mos and older)</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUMIST QUAD NASAL 2014-15 VAC <i>influenza vaccine quadrivalent live 2014-2015 (2 yrs-49 yrs)</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUVIRIN 2014-2015 SYRINGE <i>influenza virus vaccine trivalnt 2014-2015 (4 yr, older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUVIRIN 2014-2015 VIAL <i>influenza virus vaccine trivalent 2014-2015 (4 yr and older)</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUZONE 2014-2015 SYRINGE <i>influenza virus vaccine trival 2014-15 (36 mos and older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUZONE 2014-2015 VIAL <i>influenza virus vaccine trivalent 2014-15 (6 mos and older)</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUZONE HIGH-DOSE 2014-15 SYR <i>influenza virus vaccine trivalent 2014-2015 (65 yr,older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUZONE QUAD 2014-2015 SYRINGE <i>influenza virus vaccine quadrival 2014-15(36 mos, older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUZONE QUAD 2014-2015 VIAL <i>influenza virus vaccine quadrival 2014-15(36 mos, older)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
FLUZONE QUAD PEDI 2014-15 SYR <i>influenza virus vaccine quadrival 2014-15 (6 mos-35 mos)/pf</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PNEUMOVAX 23 SYRINGE <i>pneumococcal 23-valent polysaccharide vaccine</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
PNEUMOVAX 23 VIAL <i>pneumococcal 23-valent polysaccharide vaccine</i>	1	
PREVNAR 13 SYRINGE <i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetaminophen 120 mg supp.rect</i>	1	
<i>acetaminophen 160 mg/5ml liquid</i>	1	
<i>acetaminophen 160 mg/5ml oral susp</i>	1	
<i>acetaminophen 325 mg supp.rect</i>	1	
<i>acetaminophen 325 mg tablet</i>	1	
<i>acetaminophen 500 mg tablet</i>	1	
<i>acetaminophen 650 mg supp.rect</i>	1	
<i>acetaminophen 650 mg tablet er</i>	1	
<i>aluminum hydroxide 320 mg/5ml oral susp</i>	1	
<i>aspirin 300 mg supp.rect</i>	1	
<i>aspirin 325 mg tablet</i>	1	
<i>aspirin 325 mg tablet dr</i>	1	
<i>aspirin 81 mg tab chew</i>	1	
<i>aspirin 81 mg tablet dr</i>	1	
BISAC-EVAC 10 MG SUPPOSITORY <i>bisacodyl</i>	1	
<i>bisacodyl 10 mg supp.rect</i>	1	
<i>bisacodyl 5 mg tablet</i>	1	
<i>bisacodyl 5 mg tablet dr</i>	1	
<i>bismuth subsalicylate 262 mg tab chew</i>	1	
<i>blood glucose strips-dispmeter kit</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood sugar diagnostic strip</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood sugar diagnostic, disc strip</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>blood sugar diagnostic, drum strip</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood-glucose meter each</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood-glucose meter kit</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood-glucose meter, drum-type kit</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>carboxymethylcellulose sodium 0.5 % drops</i>	1	
<i>docusate sodium 100 mg capsule</i>	1	
<i>docusate sodium 250 mg capsule</i>	1	
<i>docusate sodium 50 mg capsule</i>	1	
<i>ferrous sulfate 142(45)mg tablet er</i>	1	
<i>ferrous sulfate 300 mg/5ml liquid</i>	1	
<i>ferrous sulfate 325(65) mg tablet</i>	1	
<i>inhaler, assist devices spacer</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>ketotifen fumarate 0.025 % drops</i>	1	
<i>lancets 18 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 21 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 25 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 28 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 30 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 33 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancing device/lancets kit</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>loratadine 10 mg tablet</i>	1	
<i>loratadine 5 mg/5 ml solution</i>	1	
<i>miconazole nitrate 2 % cream/appl</i>	1	GL Female
<i>nicotine 14mg/24hr patch td24</i>	1	QL 90 / 365 Days
<i>nicotine 21 mg/24hr patch td24</i>	1	QL 90 / 365 Days
<i>nicotine 21-14-7mg patch dysq</i>	1	QL 90 / 365 Days
<i>nicotine 7mg/24hr patch td24</i>	1	QL 90 / 365 Days
<i>nicotine polacrilex 2 mg gum</i>	1	QL 90 / 365 Days
<i>nicotine polacrilex 20 % powder</i>	1	QL 360 / 30 Days C Cumulative Max 90 days therapy per year
<i>nicotine polacrilex 4 mg gum</i>	1	QL 90 / 365 Days
PAIN & FEVER 500 MG TABLET <i>acetaminophen</i>	1	
<i>piperonyl butoxide/pyrethrins 4%-0.33% shampoo</i>	1	
STOOL SOFTENER 100 MG CAPSULE <i>docusate sodium</i>	1	
STOOL SOFTENER 100 MG SOFTGEL <i>docusate sodium</i>	1	
STOOL SOFTENER 250 MG SOFTGEL <i>docusate sodium</i>	1	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>neomycin sulf/bacitracin/poly 3.5mg-400 oint. (g)</i>	1	
Uncategorized		
Unclassified		
<i>acetaminophen 160 mg tab chew</i>	1	
<i>acetaminophen 160 mg/5ml elixir</i>	1	
<i>acetaminophen 500 mg capsule</i>	1	
<i>aluminum hydroxide 600 mg/5ml oral susp</i>	1	
<i>aspirin 500 mg tablet dr</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aspirin 600 mg supp.rect</i>	1	
<i>benzoyl peroxide 2.5 % gel (gram)</i>	1	
<i>bismuth subsalicylate 262 mg tablet</i>	1	
<i>blood ketone test, strips strip</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood-glucose meter each</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>blood-glucose meter kit</i>	1	C BvsD: Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>calcium carb/vit d3/minerals 600 mg-400 tablet</i>	1	
<i>chlorpheniramine maleate 2 mg/5 ml syrup</i>	1	
<i>ferrous gluconate 240(27)mg tablet</i>	1	
<i>ferrous sulfate 134 mg tablet</i>	1	
<i>ferrous sulfate 325(65) mg tablet dr</i>	1	
GAVISCON LIQUID <i>magnesium carbonate/aluminum hydroxide/alginic acid</i>	1	
<i>inhaler, assist devices spacer</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>inhaler,assist device,acesory each</i>	1	C Bill Med D First, Only Co-Ins. is billed to Medicaid
<i>iron polysaccharide complex 150 mg capsule</i>	1	
<i>lancets each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 17 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 21 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 23 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 25 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lancets 26 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 28 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 30 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 31 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 32 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancets 33 gauge each</i>	1	C BvsD: Bill Med D first, Only Co-Ins is billed to Medicaid
<i>lancing device each</i>	1	
<i>lancing device/lancets kit</i>	1	
<i>mag carb/aluminum hydrox/algin 358-95/15 oral susp</i>	1	
<i>miconazole nitrate 2 % oint. (g)</i>	1	
MONISTAT 3 4% CREAM <i>miconazole nitrate</i>	2	GL Female
<i>niacin (inositol niacinate) 500 mg tablet</i>	1	
<i>niacinamide 500 mg tablet</i>	1	
<i>nicotine polacrilex 15 % powder</i>	1	QL 360 / 30 days C Cumulative Max 90 days therapy per year
<i>piperonyl butox/pyrethr/permet 4-.33-.5% kit</i>	1	
<i>piperonyl butoxide/pyrethrins liquid</i>	1	
<i>psyllium seed (with dextrose) powder</i>	1	
<i>psyllium seed (with sugar) powder</i>	1	
RID COMPLETE LICE KIT <i>piperonyl butoxide/pyrethrins/permethrin</i>	1	
<i>tioconazole 6.5 % oin/pf app</i>	1	GL Female

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