



Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
ANTIBIOTICS			
Amoxicillin 250 mg Capsule	30 Capsules	Bactrim DS Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Ciprofloxacin HCL 500 mg Tablet	14 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets	Metronidazole 500 mg Tablet	21 Tablets
Augmentin 875-125 Tablet - Generic	14 Tablets	Fluconazole 150 mg Tablet	1 Tablet
Azithromycin 500 mg Tablet	6 Tablets	Zithromax 250 mg Tablet - Generic	6 Tablets
Bacitracin 500 Unit/G Ointment	28 Grams		
BRONCHITIS / ASTHMA			
Medrol Dose Pack - Generic	21 Tablets	Prednisone 5 mg Tablet	30 Tablets
Prednisone 10 mg Tablet	30 Tablets	Prednisone 50 mg Tablet	30 Tablets
Prednisone 20 mg Tablet	30 Tablets		
COUGH			
Guaifenesin/Codeine 10-100 mg/5 mL Liquid	4 oz	Tessalon Perle 100 mg Capsule - Generic	30 Capsules
Promethazine w/ Codeine 10-6.25 mg/5 mL Syrup	200 mLs	Tessalon Perle 200 mg Capsule - Generic	15 Capsules
EAR INFECTION			
Amoxicillin 250 mg Capsule	30 Capsules	Augmentin 875-125 Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Bactrim DS Tablet - Generic	14 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets		
EYE INFECTION / PINK EYE			
Ocuflox Ophthalmic Solution 0.3% - Generic	5 ml	Polytrim Ophthalmic Solution - Generic	10 ml
FEVER			
Ibuprofen 400 mg Tablet	20 Tablets	Ibuprofen 800 mg Tablet	20 Tablets
Ibuprofen 600 mg Tablet	20 Tablets		
NAUSEA / VOMITING			
Meclizine 12.5 mg Tablet	20 Tablets	Promethazine 25 mg Tablet	12 Tablets
Meclizine 25 mg Tablet	20 Tablets		
PAIN MANAGEMENT			
Ibuprofen 400 mg Tablet	20 Tablets	Naproxen 250 mg Tablet	30 Tablets
Ibuprofen 600 mg Tablet	20 Tablets	Naproxen 375 mg Tablet	20 Tablets
Ibuprofen 800 mg Tablet	20 Tablets	Naproxen 500 mg Tablet	20 Tablets
Lortab 10-500 mg Tablet - Generic	12 Tablets		
POISON IVY			
Cyproheptadine 4 mg Tablet	21 Tablets	Triamcinolone 0.25% Ointment	15 Grams
Hydrocortisone 1% Cream	28 Grams		
RASH			
Cyproheptadine 4 mg Tablet	21 Tablets	Hydrocortisone 1% Cream	28 Grams
SORE THROAT / STREP			
Amoxicillin 250 mg Capsule	30 Capsules	Augmentin 875-125 Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Azithromycin 500 mg Tablet	6 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets	Zithromax 250 mg Tablet - Generic	6 Tablets
UTI			
Bactrim DS Tablet - Generic	14 Tablets	Ciprofloxacin HCL 500 mg Tablet	14 Tablets
WOMEN'S HEALTH			
Metronidazole 500 mg Tablet	21 Tablets	Fluconazole 150 mg Tablet	1 Tablet

**PROGRAM DETAILS:**

1. Your No-cost Acute Medication Program includes all medications listed on the Acute Formulary at no charge.
2. You may pick-up your prescription medication at any retail pharmacy of your choice (70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. Present your Rx Card to the pharmacy of your choice to utilize benefits.
5. All medications require a prescription.
6. No limit on prescription medication orders.
7. You also get access to the entire suite of products and discounts!

HOW THIS PROGRAM WORKS:

1. For drugs that are not covered under the formulary, the pharmacy will receive a message telling them to use the discount card for your program. You may also look up non-covered drugs for an approximate price by going to www.singlecare.com and entering in your prescription information.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. You will pay nothing at the pharmacy.
3. If you need other medications, easily search our website for deeply discounted prices.

This a Pharmacy Subscription Program. THIS IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing, and Home Delivery Pharmacy pricing on a pre-paid basis.. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

Your Rx Card is NOT Insurance. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Verus Rx, Dallas, TX

Formulary and pricing are subject to change. Please see website for current pricing.



Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
ALLERGY					
Carbinoxamine 4 mg/5 mL Liquid	118 mLs	118 mLs	Diphenhydramine Hcl 50 mg Capsule	30 Capsules	90 Capsules
Cetirizine Hcl 10 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Hcl 10 mg/5 mL Solution	200 mLs	473 mLs
Cetirizine Hcl 1 mg/mL Solution	118 mLs	354 mLs	Hydroxyzine Hcl 50 mg Tablet	30 Tablets	90 Tablets
Cyproheptadine Hcl 2 mg/5 mL Syrup	200 mLs	473 mLs	Montelukast 10 mg Tablet	30 Tablets	90 Tablets
ANEMIA					
Ferrex 150 Forte Caps - Vit B12, Vit B9, Iron - Generic	30 Capsules	90 Capsules			
ANTIBIOTICS					
Augmentin 875-125 mg Tablet - Generic	14 Tablets	14 Tablets	Polytrim Ophthalmic Solution - Generic	10 mLs	10 mLs
Cephalexin 500 mg Capsule	20 Capsules	60 Capsules	Bactrim DS - Generic	21 Tablets	21 Tablets
ANTICOAGULANT					
Clopidogrel 75 mg Tablet	30 Tablets	90 Tablets	Warfarin 3 mg Tablet	30 Tablets	90 Tablets
Warfarin 1 mg Tablet	30 Tablets	90 Tablets			
ANTIFUNGAL					
Clotrimazole 1% Topical Cream	15 Grams	45 Grams	Ketoconazole 200 mg Tablet	20 Tablets	60 Tablets
ANTIVIRAL					
Acyclovir 200 mg Capsule	30 Capsules	30 Capsules	Famciclovir 250 mg Tablet	10 Tablets	21 Tablets
BLOOD PRESSURE					
Amlodipine 10 mg Tablet	30 Tablets	90 Tablets	Lisinopril 2.5 mg Tablet	30 Tablets	90 Tablets
Amlodipine 2.5 mg Tablet	30 Tablets	90 Tablets	Lisinopril 20 mg Tablet	30 Tablets	90 Tablets
Amlodipine 5 mg Tablet	30 Tablets	90 Tablets	Lisinopril 30 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 10-20 mg Capsule	30 Capsules	90 Capsules	Lisinopril 40 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 2.5-10 mg Capsule	30 Capsules	90 Capsules	Lisinopril 5 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 5-40 mg Capsule	30 Capsules	90 Capsules	Lisinopril/HCTZ 20-12.5 mg Tablet	30 Tablets	90 Tablets
Atenolol 25 mg Tablet	30 Tablets	90 Tablets	Lisinopril/HCTZ 20-25 mg Tablet	30 Tablets	90 Tablets
Atenolol 50 mg Tablet	30 Tablets	90 Tablets	Metoprolol Tartrate 25 mg Tablet	30 Tablets	90 Tablets
Carvedilol 12.5 mg Tablet	30 Tablets	90 Tablets	Metoprolol Tartrate 75 mg Tablet	30 Tablets	90 Tablets
Carvedilol 25 mg Tablet	30 Tablets	90 Tablets	Olmesartan Medoxomil 20 mg Tablet	30 Tablets	90 Tablets
Carvedilol 3.125 mg Tablet	30 Tablets	90 Tablets	Olmesartan Medoxomil 40 mg Tablet	30 Tablets	90 Tablets
Clonidine 0.1 mg Tablet	30 Tablets	90 Tablets	Spironolactone 25 mg Tablet	30 Tablets	90 Tablets
Clonidine 0.2 mg Tablet	30 Tablets	90 Tablets	Terazosin 10 mg Capsule	30 Capsules	90 Capsules
Furosemide 10 mg/mL Solution (Oral)	60 mLs	120 mLs	Terazosin 1 mg Capsule	30 Capsules	90 Capsules
Hydralazine 10 mg Tablet	30 Tablets	90 Tablets	Terazosin 2 mg Capsule	30 Capsules	90 Capsules
Hydralazine 25 mg Tablet	30 Tablets	90 Tablets	Terazosin 5 mg Capsule	30 Capsules	90 Capsules
Hydralazine 50 mg Tablet	30 Tablets	90 Tablets	Triamterene/Hydrochlorothiazide 37.5-25 mg Tablet	30 Tablets	90 Tablets
Hydrochlorothiazide 25 mg Tablet	30 Tablets	90 Tablets	Verapamil 120 mg Tablet	30 Tablets	90 Tablets
Hydrochlorothiazide 50 mg Tablet	30 Tablets	90 Tablets	Verapamil 40 mg Tablet	30 Tablets	90 Tablets
Lisinopril 10 mg Tablet	30 Tablets	90 Tablets			
CHOLESTEROL					
Atorvastatin 10 mg Tablet	30 Tablets	90 Tablets	Simvastatin 10 mg Tablet	30 Tablets	90 Tablets
Atorvastatin 20 mg Tablet	30 Tablets	90 Tablets	Simvastatin 20 mg Tablet	30 Tablets	90 Tablets
Pravastatin 10 mg Tablets	30 Tablets	90 Tablets	Simvastatin 40 mg Tablet	30 Tablets	90 Tablets
Rosuvastatin 10 mg Tablet	30 Tablets	90 Tablets			
COLD					
Albuterol Sulfate Syrup 2 mg/5mL 2 mg/5 mL Syrup	473 mLs	473 mLs	Amoxicillin 400 mg/5 mL Suspension	200 mLs	N/A
Amoxicillin 125 mg/5 mL Suspension	200 mLs	N/A	Amoxicillin 500 mg Capsule	30 Capsules	N/A
Amoxicillin 200 mg/5 mL Suspension	200 mLs	N/A	Amoxicillin/Potassium Clav 200-28.5 mg/5mL Suspension	50 mLs	N/A
Amoxicillin 250 mg Capsule	30 Capsules	N/A	Amoxicillin/Potassium Clav 400-57 mg/5mL Suspension	50 mLs	N/A
Amoxicillin 250 mg/5 mL Suspension	200 mLs	N/A	Azithromycin 250 mg Tablet	6 Tablets	N/A



Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
COLD					
Azithromycin 500 mg Tablet	6 Tablets	N/A	Promethazine w/ Dextromethorphan 6.25-15 mg/5 mL Syrup	118 mLs	354 mLs
Guaifenesin 200 mg Tablet	10 Tablets	N/A	Tessalon Perle 100 mg Capsule	30 Capsules	90 Capsules
Promethazine w/ Codeine 10-6.25 mg/5mL Syrup	200 mLs	N/A	Tessalon Perle 200 mg Capsule	15 Capsules	45 Capsules
COPD					
Ipratropium/Albuterol Sulfate 0.5-3 mg/3 - Sol for Nebulization	90 mLs	270 mLs			
CORTICOSTEROID					
Dexamethasone 0.5 mg Tablet	30 Tablets	90 Tablets	Hydrocortisone 5 mg Tablet	30 Tablets	90 Tablets
Dexamethasone 0.5 mg/5 mL Elixir	237 mLs	237 mLs	Medrol Dose Pack 4 mg - Generic	21 Tablets	21 Tablets
Hydrocortisone 2.5% Cream	28 Grams	84 Grams	Triamcinolone 0.1% Ointment	15 Grams	45 Grams
DIABETES					
Glimepiride 2 mg Tablet	30 Tablets	90 Tablets	Glyburide Micronized 1.5 mg Tablet	15 Tablets	45 Tablets
Glimepiride 4 mg Tablet	30 Tablets	90 Tablets	Glyburide Micronized 3 mg Tablet	15 Tablets	45 Tablets
Glipizide 5 mg Tablet	30 Tablets	90 Tablets	Metformin 1000 mg Tablet	30 Tablets	90 Tablets
Glipizide ER 2.5 mg Tablet	30 Tablets	90 Tablets	Metformin 500 mg Tablet	30 Tablets	90 Tablets
Glipizide ER 5 mg Tablet	30 Tablets	90 Tablets	Metformin ER 500 mg Tablet	30 Tablets	90 Tablets
Glyburide 1.25 mg Tablet	30 Tablets	90 Tablets	Metformin ER 750mg Tablet	30 Tablets	90 Tablets
DIURETIC					
Furosemide 20 mg Tablet	30 Tablets	90 Tablets	Torsemide 20 mg Tablet	30 Tablets	90 Tablets
Furosemide 40 mg Tablet	30 Tablets	90 Tablets	Torsemide 5 mg Tablet	30 Tablets	90 Tablets
Torsemide 10 mg Tablet	30 Tablets	90 Tablets			
GASTROINTESTINAL					
Dicyclomine 10 mg Capsule	30 Capsules	90 Capsules	Omeprazole 40 mg Capsule DR/EC	30 Capsules	90 Capsules
Dicyclomine 20 mg Tablet	30 Tablets	90 Tablets	Pantoprazole Sodium 20 mg Tablet DR/EC	30 Tablets	90 Tablets
Omeprazole 10 mg Capsule DR/EC	30 Capsules	90 Capsules	Pantoprazole Sodium 40 mg Tablet DR/EC	30 Tablets	90 Tablets
Omeprazole 20 mg Capsule DR/EC	30 Capsules	90 Capsules	Promethazine 6.25 mg/5 mL Syrup	200 mLs	473 mLs
GOUT					
Allopurinol 100 mg Tablet	30 Tablets	90 Tablets	Allopurinol 300 mg Tablet	30 Tablets	90 Tablets
INSOMNIA					
Doxepin 10 mg/mL Concentrate	120 mLs	120 mLs	Triazolam 0.25 mg Tablet	30 Tablets	N/A
Trazodone 50 mg Tablet	30 Tablets	90 Tablets			
LAXATIVE					
Gavilyte-C Powder Solution	1 Kit	1 Kit	Lactulose 10 Gram/15 mL Solution	473 mLs	946 mLs
MEN'S HEALTH					
Cialis 10 mg Tablet - Generic	HD Only	50 Tablets	Viagra 100 mg Tablet -Generic	HD Only	72 Tablets
Cialis 20 mg Tablet - Generic	HD Only	50 Tablets	Viagra 50 mg Tablet - Generic	HD Only	72 Tablets
MENTAL HEALTH					
Alprazolam 0.5 mg Tablet	30 Tablets	N/A	Diazepam 2 mg Tablet	30 Tablets	N/A
Alprazolam 1 mg Tablet	30 Tablets	N/A	Diazepam 5 mg Tablet	30 Tablets	N/A
Bupropion 75 mg Tablet	30 Tablets	90 Tablets	Duloxetine 20 mg Capsule	30 Capsules	90 Capsules
Carbamazepine 100 mg/5 mL Suspension	150 mLs	450 mLs	Escitalopram 10 mg Tablet	30 Tablets	90 Tablets
Chlordiazepoxide 10 mg Capsule	15 Capsules	N/A	Escitalopram 5 mg Tablet	30 Tablets	90 Tablets
Chlordiazepoxide 5 mg Capsule	15 Capsules	N/A	Fluoxetine 20 mg Capsule	30 Capsules	90 Capsules
Citalopram 20 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Pamoate 25 mg Capsule	20 Capsules	60 Capsules
Citalopram 40 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Pamoate 50 mg Capsule	20 Capsules	60 Capsules
Clonazepam 0.5 mg Tablet	30 Tablets	N/A	Imipramine 10 mg Tablet	30 Tablets	90 Tablets
Clonazepam 1 mg Tablet	30 Tablets	N/A	Lamotrigine 200 mg Tablet	30 Tablets	90 Tablets
Clonazepam 2 mg Tablet	30 Tablets	N/A	Lamotrigine 25 mg Tablet	30 Tablets	90 Tablets
Diazepam 10 mg Tablet	30 Tablets	N/A	Levetiracetam 250 mg Tablet	30 Tablets	90 Tablets



Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
MENTAL HEALTH					
Lithium Carbonate 150 mg Capsule	30 Capsules	90 Capsules	Nortriptyline 75 mg Capsule	30 Capsules	90 Capsules
Lithium Carbonate 300 mg Capsule	30 Capsules	90 Capsules	Paroxetine 10 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate 600mg Capsule	30 Capsules	90 Capsules	Paroxetine 20 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate ER 300 mg Tablet	30 Tablets	90 Tablets	Paroxetine 30 mg Tablet	30 Tablets	90 Tablets
Lorazepam 0.5 mg Tablet	30 Tablets	N/A	Sertraline 100 mg Tablet	30 Tablets	90 Tablets
Lorazepam 1 mg Tablet	30 Tablets	N/A	Sertraline 25 mg Tablet	30 Tablets	90 Tablets
Methadone 10 mg Tablet	30 Tablets	N/A	Sertraline 50 mg Tablet	30 Tablets	90 Tablets
Nortriptyline 25 mg Capsule	30 Capsules	90 Capsules			
NAUSEA/VOMITING					
Meclizine Hcl 12.5 mg Tablet	20 Tablets	60 Tablets	Promethazine 12.5 mg Tablet	30 Tablets	90 Tablets
Meclizine Hcl 25 mg Tablet	20 Tablets	60 Tablets	Promethazine 25 mg Tablet	30 Tablets	90 Tablets
PAIN					
Acetaminophen w/ Codeine 120-12 mg/5mL Solution	473 mLs	N/A	Naproxen 220 mg Tablet	30 Tablets	90 Tablets
Baclofen 20 mg Tablet	30 Tablets	90 Tablets	Oxycodone 10 mg Tablet	30 Tablets	N/A
Carisoprodol 350 mg Tablet	30 Tablets	N/A	Prednisone 1 mg Tablet	30 Tablets	90 Tablets
Cyclobenzaprine 10 mg Tablet	30 Tablets	90 Tablets	Prednisone 2.5 mg Tablet	30 Tablets	90 Tablets
Gabapentin 100 mg Capsule	30 Capsules	90 Capsules	Prednisone 20 mg Tablet	30 Tablets	90 Tablets
Gabapentin 300 mg Capsule	30 Capsules	90 Capsules	Prednisone 5 mg Tablet	30 Tablets	90 Tablets
Ibuprofen 400 mg Tablet	20 Tablets	60 Tablets	Tizanidine Hcl 2 mg Tablet	30 Tablets	90 Tablets
Indomethacin 25 mg Capsule	20 Capsules	Capsules	Tizanidine Hcl 4 mg Tablet	30 Tablets	90 Tablets
Meloxicam 15 mg Tablet	30 Tablets	90 Tablets	Tramadol Hcl 50 mg Tablet	30 Tablets	N/A
Meloxicam 7.5 mg Tablet	30 Tablets	90 Tablets			
THYROID					
Levothyroxine 175 Mcg Tablet	30 Tablets	90 Tablets	Levothyroxine 25 Mcg Tablet	30 Tablets	90 Tablets
WEIGHT LOSS					
Phendimetrazine Tartrate 35mg Tablet	30 Tablets	N/A			
WOMEN'S HEALTH					
Alendronate Sodium 35mg Tablet	4 Tablets	12 Tablets	Loestrin-21 1-20 Mcg - Generic	21 Tablets	84 Tablets
Alyacen 1 mg/35 Mcg Tablet - Generic	28 Tablets	84 Tablets	Medroxyprogesterone 2.5 mg Tablet	30 Tablets	90 Tablets
Anastrozole 1 mg Tablet	30 Tablets	90 Tablets	Sprintec Tablet - Generic	28 Tablets	84 Tablets
Folic Acid 1 mg Tablet	30 Tablets	90 Tablets	Tri-Lo Marzia Tablet - Generic	28 Tablets	84 Tablets
Heather Tablet - Generic	28 Tablets	84 Tablets	Tri-Sprintec Tablet - Generic	28 Tablets	84 Tablets

**PROGRAM DETAILS:**

1. Your One-dollar Medication Program provides 200 common acute and chronic medications for \$1.00 per medication.
2. You may pick-up your prescription medication at the retail pharmacy of your choice (70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. After your first retail purchase, all CHRONIC medications must be filled through our mail-order service.
5. Men's Health: generic Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100 mg pills or 48 generic Cialis 5/20 mg pills per year.
6. Drugs not on the formulary can be purchased at a discount using our Prescription Discount Card

HOW THIS PROGRAM WORKS:

1. For drugs that are not covered under the formulary, the pharmacy will receive a message telling them to use the discount card for your program. You may also look up non-covered drugs for an approximate price by going to www.singlecare.com and entering in your prescription information.
2. If you are needing a medication immediately, utilize our retail pickup. Over 70,000 pharmacies are in our network. The site will prompt you through your order.
3. If you can wait up to 10 days, mail-order is your most cost-effective option. Click on mail-order and the site will prompt you through your order.
4. You will need to contact the mail order pharmacy for reorders.

A valid prescription is required for all medications. Mail-order is fulfilled by our partner pharmacies and is subject to change without notice.

Your Rx Card is NOT Insurance. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Verus Rx, Dallas, TX.

Pricing, program details and formularies are subject to change without notice. Always visit website for current pricing.



Introduction

Recommendations below are made in accordance with guidance from U.S. Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA) and Advisory Committee on Immunization Practices (ACIP). These preventative medications are covered as part of the Affordable Care Act (ACA) and are available at no member cost share with a valid prescription.

Certain drugs may not be covered by your particular pharmacy plan or may be subject to additional charges or restrictions, regardless of their appearance in this document. Information is believed to be accurate as of the production date; however, it is subject to change.

ASPIRIN

Recommendation

- No prior authorization
- No quantity limits
- No age limits
- Generic only
- Over the counter (OTC) (requires prescription)

Product Description

Single ingredient: All oral dosage forms 81 mg Includes dosage forms such as:

- Aspirin chew tab 81 mg
- Aspirin enteric coated tab 81 mg

ORAL FLUORIDES

Recommendation

- No age limits
- No prior authorization
- No quantity limits
- Generics and single source brands
- Rx products only

Product Description

Single ingredient: Oral dosage forms ≤ 0.5 mg

- Sodium fluoride chew tab 0.25 mg – 0.5 mg
- Sodium fluoride soln 0.125 mg/drop & 0.25 mg/drop
- Sodium fluoride soln 0.25 mg/0.6 mL
- Sodium fluoride soln 0.5 mg/mL
- Sodium fluoride tab 0.5 mg

BOWEL PREPARATION MEDICATIONS

Recommendation

- Age limit 50 through 74 years (men and women) (Note effective 5/1/2022 the age limit will change to 45 through 75 years)
- No prior authorization or quantity limits
- Rx only
- Generics and single source brands
- Brands until generics become available
- Generics are in *italics*. Brand-names are CAPITALIZED

Product Description

- CLENPIQ
- PEG-PREP KIT
- PLENVU
- SUPREP
- SUTAB
- *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid*

PREEXPOSURE PROPHYLAXIS

Recommendation

- Preventive use only – **if no other HIV medication is found in patient history**
- Quantity limit (1 tab/day)
- Rx
- Generic only

Product Description

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg

FOLIC ACID

Recommendation

- No age limits
- No prior authorization
- No quantity limits
- Generic only
- OTC (requires prescription)

Product Description

Single ingredient

- Folic acid tab 0.4 mg & 0.8 mg
- Folic acid cap 0.8 mg

TOBACCO CESSATION

Recommendation

- No prior authorization of tobacco cessation products
- Limit of 168-day supply of each product in one year of treatment
- Coverage includes generic nicotine replacement products (nicotine patch, gum and lozenges), brand Nicotrol (inhaler system), brand Nicotrol NS (nasal spray), brand Chantix and generic Zyban
- Generics and single source brands
- Brands until generics become available
- Rx or OTC (requires prescription)

Product Description

- Bupropion HCl tab SR 12hr 150 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg, 7 mg
- Nicotine polacrilex gum 2 mg & 4 mg
- Nicotine polacrilex lozenge 2 mg & 4 mg
- Nicotine inhaler system 10 mg (4 mg delivered)
 - Nicotrol brand
- Nicotine nasal spray 10 mg/mL (0.5 mg/spray)
 - Nicotrol NS brand
- Varenicline tartrate tab 0.5 mg (base equiv) & 1 mg (base equiv)
 - Chantix/Varenicline brand

PRIMARY PREVENTION OF BREAST CANCER

Recommendation

- No age limits
- No prior authorization
- Generic only
- Rx Only

GPI Description*

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg (base equiv) & 20 mg (base equiv)

IMMUNIZATIONS

Recommendation

- No age limits
- Rx only
- No prior authorization

Product Description

Doses, recommended ages and recommended populations vary:

- Covid-19 (Recommended ages and populations vary)
- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

STATINS

Recommendation

- Age limit 40 to 75 years (men and women)
- No prior authorization
- No quantity limits
- Generic only
- Only low to moderate intensity statins
- Rx

Product Description

Generic low to moderate intensity statins— includes the following strengths:

- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

DIABETES PREVENTION

Recommendation

- Preventive use only – Member has no claim for an anti-diabetic agent in their history (other than Metformin 850 mg) in the past 180 days
- No prior authorization
- No quantity limit
- Generic only
- Rx only

Note: Effective August 1, 2022.

Product Description

- Metformin 850 mg

CONTRACEPTIVES – BARRIER METHODS

Recommendation

- No quantity limits
- No age limits
- Rx
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage

Product Description

- Diaphragms
 - **MILEX WIDE-SEAL**
 - **OMNIFLEX COIL SPRING SILICONE**
 - **CAYA**
- Cervical Caps
 - **FEMCAP**

OTC – CONTRACEPTIVES

Recommendation

- OTC (requires prescription)
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage

Product Description

- Female Condoms
 - **FC-2**
- Vaginal Sponge
 - **TODAY (Nonoxynol-9)**
- Spermicides
 - Nonoxynol-9 Gel 4% (Conceptrol Gel 4%, VCF Vaginal Contraceptive Gel)
 - **ENCARE VAGINAL SUPPOSITORIES**
 - **GYNOL II GEL 3%**
 - **SHUR-SEAL GEL 2%**
 - **VCF VAGINAL FILM 28%**
 - **VCF VAGINAL FOAM 12.5%**

CONTRACEPTIVES – TRANSDERMAL PATCH

Recommendation

- No age limits
- Rx
- Brand names in italics and in parentheses are for reference only
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage

Product Description

- Ethinyl estradiol 35 mcg/Norelgestromin 150 mcg (*Xulane, Zafemy*)
- **TWIRLA** (Ethinyl estradiol 30 mcg/Levonorgestrel 120 mcg)

INJECTABLE CONTRACEPTIVES

Recommendation

- No quantity limits
- No age limits
- Rx Only
- Brands until generics become available
- Brand names in italics and in parentheses are for reference only
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage

Product Description

- **DEPO-SUBQ-PROVERA 104** (Medroxyprogesterone acetate 104 mg SQ X q3 months)
- Medroxyprogesterone acetate 150 mg IM x q3 months (*Depo-Provera*)

EMERGENCY CONTRACEPTIVES

Recommendation

- No age limits
- Rx Only
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage
- OTCs (requires prescription)

Product Description

- **ELLA** (Ulipristal 30 mg tablet) (progesterone receptor modulator)
- Levonorgestrel 1.5 mg tablet (*AfterPill, Aftera, Plan B, Econtra EZ, Econtra OS, My Choice, My Way, New Day, Opicon, Option 2, Preventeza, Take Action, React*)

MISCELLANEOUS CONTRACEPTIVES – INTRAUTERINE DEVICES, SUBDERMAL RODS & VAGINAL RINGS

Recommendation

- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage
- No age limits
- Rx Only

Product Description

- **KYLEENA** IUD (Levonorgestrel 19.5 mcg/day)
- **LILETTA** IUD (Levonorgestrel 18.6 mcg/day)
- **MIRENA** IUD (Levonorgestrel 20 mcg/day)
- **PARAGARD T 380A** IUD (Copper 309 mg/day)
- **SKYLA** IUD (Levonorgestrel 13.5 mcg/day)
- **NEXPLANON** Subdermal Rod (Etonogestrel 68 mg – release rate varies over time)
- Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring (*EluRyng*, *NuvaRing*)
- **ANNOVERA** Vaginal System (Ethinyl estradiol 17.4 mg/Segesterone acetate 103 mg)

ORAL CONTRACEPTIVES

Recommendation

- No age limits
- Rx Only
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in **(BOLD/BLUE)** have no generic available and are recommended for coverage
- Brands until generics become available

Product Description

EE = Ethinyl Estradiol

HIGH-DOSE MONOPHASIC PILLS

- EE 50 mcg/Ethinodiol diacetate 1 mg (*Ethinodiol 1/50*, *Kelnor 1/50*)

ORAL CONTRACEPTIVES

LOW-DOSE MONOPHASIC PILLS

- EE 20 mcg/Drospirenone 3 mg (*Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura, Yaz*)
- EE 20 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Beyaz*)
- EE 20 mcg/Levonorgestrel 0.1 mg (*Afirmelle, Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Larissia, Lessina, Luter, Orsythia, Sronyx, Vienva*)
- **TYBLUME** (EE 20 mcg/Levonorgestrel 0.1 mg)
- **BALCOLTRA** (EE 20 mcg/Levonorgestrel 0.1 mg/FE)
- EE 20 mcg/Norethindrone 1 mg and/FE (*Aurovela 1/20, Aurovela 24 FE, Aurovela FE 1/20, Blisovi 24 FE, Blisovi FE 1/20, Hailey 24 FE, Hailey FE 1/20, Junel 1/20, Junel 24 FE, Junel FE 1/20, Larin 1/20, Larin 24 FE, Larin FE 1/20, Loestrin 1/20-21, Loestrin FE 1/20, Microgestin 1/20, Microgestin 24 FE, Microgestin FE 1/20, Tarina FE 1/20, Tarina 24 FE, Tarina FE 1/20 EQ*)
- EE 20 mcg/Norethindrone 1 mg/FE (*Charlotte 24 FE, Minastrin 24 FE*)
- EE 20 mcg Norethindrone 1 mg/FE (*Gemmily, Merzee, Taysofy, Tayulla*)
- EE 25 mcg/Norethindrone 0.8 mg/FE (*Generess FE, Kaitlib FE, Layolis FE*)
- EE 30 mcg/Levonorgestrel 0.15 mcg (*Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Levora, Lillow, Marlissa, Portia-28*)
- EE 30 mcg/Norgestrel 0.03 mg (*Cryselle-28, Elinest, Low-Ogestrel*)
- EE 30 mcg/Norethindrone acetate 1.5 mg and/FE (*Aurovela 1.5/30, Aurovela FE 1.5/30, Blisovi FE 1.5/30, Hailey 1.5/30, Junel 1.5/30, Junel FE 1.5/30, Larin 1.5/30, Loestrin 1.5/30 -21, Loestrin FE 1.5/30, Microgestin 1.5/30, Microgestin FE 1.5/30*)
- EE 30 mcg/Desogestrel 0.15 mg (*Apri, Cyred, Cyred EQ, Emoquette, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen*)
- EE 30 mcg/Drospirenone 3 mg (*Ocella, Syeda, Yasmin, Zumandimine*)
- EE 35 mcg/Ethinodiol diacetate 1 mg (*Kelnor 1/35, Zovia 1/35*)
- EE 35 mcg/Norgestimate 0.25 mg (*Estartylla, Femynor, Mili, Mono-lynyah, Nymyo, Previfem, Sprintec, Vylibra*)
- EE 35 mcg/Norethindrone 0.4 mg and/FE (*Balziva-28, Briellyn, Philith, Vyfemla, Wymzya FE*)
- EE 35 mcg/Norethindrone 0.5 mg (*Necon 0.5/35, Nortrel 0.5/35, Wera*)
- EE 35 mcg/Norethindrone 1 mg (*Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35, Pirmella 1/35*)
- EE 30 mcg/Drospirenone 3 mg + Calcium 0.451 mg (*Safyral, Tydemy*)
- **NEXTSTELLIS** (Estetrol 14.2 mg/Drospirenone 3 mg)

BIPHASIC PILLS

- EE 20 mcg/Desogestrel 0.15 mg (*Azurette, Kariva, Mircette, Pimtree, Simliya, Viorele, Volnea*)

TRIPHASIC PILLS

- EE 20 mcg, 30 mcg, 35 mcg/Norethindrone 1 mg (*Eurostep FE, Tilia Fe, Tri-Legest FE*)
- EE 25 mcg/Desogestrel 0.1 mg, 0.125, 0.15 mg (*Caziant, Velivet*)
- EE 25 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo*)
- EE 30 mcg, 40 mcg, 30 mcg/Levonorgestrel 0.05 mg, 0.075 mg, 0.125 mg (*Enpresse, Levonest, Trivora*)
- EE 35 mcg/Norethindrone 0.5 mg, 1 mg, 0.5 mg (*Aranella, Leena*)
- EE 35 mcg/Norethindrone 0.5 mg, 0.75 mg, 1 mg (*Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7, Pirmella 7/7/7*)
- EE 35 mcg/Norgestimate 0.18 mg, 0.215 mg, 0.25 mg (*Tri-Estartylla, Tri-Femynor, Tri-Linyah, Tri-Mili, TriNessa, Tri-Nymyo, Tri-Previfem, Tri-Sprintec, Tri-Vylibra*)

ORAL CONTRACEPTIVES

FOUR-PHASIC

- **NATAZIA** (Estradiol valerate/Dienogest)

PROGESTIN-ONLY PILLS “Mini-Pills”

- **SLYND** (Drospirenone 4 mg)
- Norethindrone 0.35 mg (*Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, Norlyda, Norlyroc, Ortho Micronor, Sharobel, Tulana*)

EXTENDED – CYCLE PILLS

- **LO LOESTRIN FE** (EE 10 mcg/Norethindrone 1 mg)
- EE 10, 20, 25, 30 mcg/Levonorgestrel 0.15 mg (*Fayosim, Quartette, Rivelisa*)
- EE 20, 10 mcg/Levonorgestrel 0.1 mg (*Camrese Lo, LoJaimiess, LoSeasonique*)
- EE 30 mcg/Levonorgestrel 0.15 mg (*Iclevia, Introvale, Jolessa, Setlakin*)
- EE 30, 10 mcg/Levonorgestrel 0.15 mg (*Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Seasonique, Simpesse*)

CONTINUOUS – CYCLE PILLS

- EE 20 mcg/Levonorgestrel 90 mcg (*Amethyst, Dolishale*)

VAGINAL PH MODULATORS

Recommendation

- No age limit
- Rx Only
- Generics and single source brands (Brand names in *italics* and in parentheses are for reference only)
- Brand names in (**BOLD/BLUE**) have no generic available and are recommended for coverage

Note: Effective May 15, 2022

Product Description

- **PHEXXI** (lactic acid 1.8%, citric acid 1% and potassium bitartrate 0.4% vaginal gel)