

Medication Group	Therapeutic Class	Covered Medications (30 day supply unless noted)
Anti-Infectives	Penicillins	penicillin VK, amoxicillin, amoxicillin/clavulanate, ampicillin, dicloxacillin
	Cephalosporins	cephalexin, cefadroxil, cefprozil, cefuroxime, cefdinir, cefaclor
	Macrolides	Azithromycin, clarithromycin
	Tetracyclines	Doxycycline, minocycline
	Fluoroquinolones	Levofloxacin, ciprofloxacin, moxifloxacin
	Aminoglycosides	Not covered
	Sulfonamides	Not covered
	Antituberculars	Not covered
	Antifungals	Not covered
	Antivirals	Isentress, Truvada, Reyataz, Prezista, Norvir, Emtriva, Epivir, Retrovir, Viread, Intelence, Edurant, Combivir, Kaletra
	Misc. Anti-infectives	Sulfamethoxazole/trimethoprim, metronidazole, clindamycin
Vaccines, Toxoids, Immunological Agents, Anti-Cancer Agents	Vaccines	Energix B, Hepelisav-B, Recombivax HB, allowed once
	Toxoids	Not covered
	Passive Immunizing Agents	Hepatitis B Immune Globulin, allowed once
	Misc. Biologicals	Not covered
	Antineoplastics	Not covered

Medication Group	Therapeutic Class	Covered Medications (30 day supply unless noted)	
Endocrine & Metabolic Agents	Corticosteroids	prednisone immediate release, prednisolone, methylprednisolone, dexamethasone, cortisone	
	Anabolic Steroids	Not Covered	
	Estrogens		
	Contraceptives		
	Progestins		
	Antidiabetics		
	Thyroid		
	Oxytocics		
Misc. Endocrine			
Cardiovascular Agents	Cardiotonics		Not Covered
	Antianginal agents		
	Beta Blockers		
	Ca Channel Blockers		
	Antiarrhythmics		
	Antihypertensive		
	Diuretics		
	Pressors		
	Antihyperlipidemics		
	Misc. Cardiovascular (ED drugs)		

Medication Group	Therapeutic Class	Covered Medications (30 day supply unless noted)
Respiratory Agents	Antihistamines	promethazine, cetirizine, fexofenadine, loratadine, chlorpheniramine, diphenhydramine
	Decongestants	Not covered
	Cough/cold	
	Antiasthmatics	albuterol, albuterol/ipratropium, budesonide, beclomethasone, fluticasone/salmeterol, ciclesonide, fluticasone, mometasone, levalbuterol
	Misc. Respiratory	Not covered
Gastrointestinal Agents	Laxatives	all OTC laxatives, lactulose
	Antidiarrheals	Imodium, Pepto-Bismol allowed
	Antacids	Mylanta, Tums, etc. (all OTC allowed)
	Ulcer Drugs	Omeprazole tablet, esomeprazole 20mg, lansoprazole 15mg, ranitidine, famotidine, cimetidine, misoprostol
	Antiemetics	meclizine, dimenhydrinate, trimethobenzamide
	Digestive Aids	Not covered
	Misc. GI Agents	

Medication Group	Therapeutic Class	Covered Medications (30 day supply unless noted)
Genitourinary Agents	Urinary Anti-infectives	Not Covered
	Urinary Antispasmodics	
	Vaginal products	
	Misc. Genitourinary products	
Behavioral Health Agents	Anxiolytics	hydroxyzine hcl
	Antidepressants	Not covered
	Antipsychotics	
	Sedative/hypnotics	
	Stimulants	
	Misc. Psychotherapeutics	
Analgesics	Non-opioid Analgesics	aspirin, acetaminophen (apap), salicylates, diflunisal, aspirin/apap/caffeine combos
	Opioids	codeine, codeine/acetaminophen, hydrocodone/acetaminophen, hydromorphone, morphine, oxycodone, oxycodone/acetaminophen, tramadol, tramadol/acetaminophen <i>*Max 10 day supply – state regulations may be more restrictive*</i>
	Analgesics, Anti-Inflammatory	celecoxib, diclofenac tab, etodolac, ibuprofen, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, sulindac, tolmetin
	Migraine products	Not covered
	Gout products	
	Local anesthetics	
	General anesthetics	
Neurological Agents	Anticonvulsants	Not covered
	Antiparkinson agents, Neuromuscular blockers	
	Musculoskeletal Therapy Agents	
	Antimyasthenic/cholinergic Agents	Not covered

Medication Group	Therapeutic Class	Covered Medications (30 day supply unless noted)
Vitamins/ Supplements	Vitamins	Not covered
	Multivitamins	
	Minerals and Electrolytes	
	Nutrients	
	Dietary Products	
Blood Modulating Agents	Hematopoietic Agents	
	Anticoagulants	
	Hemostatics	
	Misc. Hematological	
Eye and Ear Agents	Ophthalmics	artificial tears, lubricating agents, redness agents, anti-swelling agents, anti-itch agents, anti-inflammatory agents, anti-infective agents, irrigation/wash agents
	Otics	Allowed

Medication Group	Therapeutic Class	Covered Medications (30 day supply unless noted)
Mouth & Throat Agents	Mouth/throat/dental agents	Ambesol, chlorhexidine, Chloraseptic, anti-inflammatory dental paste
Rectal/Hemorrhoid Agents	Hemorrhoidal agents	Not covered
Topical Agents	Dermatologics	OTC pain rubs & patches, diclofenac gel 1%. Price cap: \$150 OTC examples (brand names utilized for recognition only): Tiger Balm, Salonpas, Aspercreme, BioFreeze, IcyHot, Ben-Gay, lidocaine 4% patch, etc.
Miscellaneous Agents	Disinfectants	Dakin's, Hibiclens, Betadine
	Antidotes	Narcan, generic naloxone injectables
	Herbal products	Not covered
	Bulk chemicals	rubbing alcohol, ethyl alcohol
	Medical devices	bandages, support wraps, heating/cooling aids, alcohol pads, eye patches
	Pharmaceutical Adjuvants	Not covered
	Assorted	