



2010 Commercial Medication Formulary
Effective September 1, 2010

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Definitions

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer or a medication that is identified as a Brand medication by AvMed. AvMed delegates determination of Generic/Brand status to our Pharmacy Benefits Manager.

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable non-Preferred brand copay.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life threatening conditions. Such medications are subject to co-insurance and coverage is limited.

Generic medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. FDA-approved generic products are just as effective and safe as the brand name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail order, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy.

Preferred Medication List - The listing of preferred medications as determined by AvMed's Pharmacy and Therapeutics Committee (P&T) based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by AvMed's Pharmacy and Therapeutics Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. A copy of the list of medications requiring prior authorization are listed in this document on page VII. To initiate a prior authorization, please visit our website at www.avmed.org to obtain a Medication Exception Request Form (MER).

Progressive Medication Program – Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons, you cannot use the first-line medication and require a second-line or third-line medication; your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication. These medications are listed on page VIII along with the criteria.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

Introduction

The AvMed Commercial Medication Formulary was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted. The purpose of the AvMed Commercial Medication Formulary is to assist health care practitioners in providing and members in receiving optimal, cost-effective medication therapy.

This document reflects the expert opinion and effort of AvMed's Pharmacy and Therapeutics (P&T) Committee, which is comprised of practicing prescribers and pharmacists representing different specialties. The P&T Committee continually review new and existing medications to ensure this medication formulary remains responsive to the needs of our members and health care professionals. The criteria used by the P&T Committee to evaluate medication selection for the formulary includes, but is not limited to, medication safety profile, medication efficacy and effectiveness data, comparison of similar prescription or over-the counter (OTC) medications with equivalent indications and/or use while minimizing potential duplications and assessment of equitable cost of medication.

The medication formulary is a fluid document, which is continually reviewed and modified based on the current clinical opinion of AvMed's P&T Committee. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org. AvMed welcomes your input and feedback on the information provided in this document.

How to Read the Medication Formulary

There are two ways to find your medication within the formulary:

Medical Condition: The formulary begins on page 1. The formulary is arranged into categories identifying groups of medications used to treat a specific condition or disease. For example, medications used to treat a heart condition are listed under the category, Cardiovascular Agents.

Alphabetical Listing: If you are not sure what category to look under, you should look for your medication in the Index, which is listed in the back of this document. The Index provides an alphabetical listing of all of the medications included in this document. Both brand name medications and generic medications are listed in the Index. Once you have found your medication in the Index, you will see the page number next to the medication where you can find coverage information. Once you have turned to that page listed in the Index, you will need to scan the first column (left hand-side) to find the name of your medication.

Sample Listing:

Medication Name	Copay Tier	Quantity Limit	Progressive Medication Program	Prior Authorization	Specialty Pharmacy	Comment
Gastrointestinal Agents: PPIs						
DEXILANT (formerly KAPIDEX)	2	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.
omeprazole (PRILOSEC)	1	60/30 days				QL- 30/30 days for 40 mg strength
omeprazole OTC (PRILOSEC OTC)	1	56/28 days				
pantoprazole (PROTONIX)	1	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.

Once the category or medication is located, the following items can be viewed in their respective columns:

Medication Name: This lists the generic name or brand name for the product. If the medication is available in generic form then it will be listed in lowercase **bold** print followed by the brand name medication (in parenthesis). Brand name products will be listed in capital letters.

Copay Tier: This section identifies if the product is a Tier 1 copay product (usually generic), Tier 2 copay product (preferred brand), Tier 3 copay product (non-preferred brand), Tier 4 copay product (self-administered injectable medication, excluding insulin), or Tier 5 copay product (cost-sharing medication) on the AvMed Commercial Medication Formulary. **Please note:** Tier 5 copay is not applicable to all plans.

Quantity Limit: Certain medications may be limited to specific quantities per prescription and/or time period for one copay or coinsurance.

Progressive Medication Program (PMP): Medications which require trial of one or more first-line medications prior to coverage of a second-line or third-line medication. Please refer to page VIII for a complete list of medications that are part of the PMP program.

Prior Authorization: Medications which require prior approval from AvMed before your medication will be covered by AvMed. Please refer to page VII for a complete list of medications that require prior authorization.

Specialty Pharmacy: Specialty medications are typically high cost, often injectable medications, used to treat complex, chronic diseases. They often require special handling, such as refrigeration or mixing. These medications will be required to be dispensed by CuraScript Pharmacy. These medications will be noted in this column.

Benefit Coverage and Limitations

This printed medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the AvMed Commercial Medication Formulary. You may contact AvMed's Member Services Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of new approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted/included in error or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your AvMed provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been used and subject to a maximum of 13 refills per year. You also have the opportunity to obtain a 90-day supply of medications used for chronic conditions including, but not limited to asthma, cardiovascular disease, and diabetes from the retail pharmacy for the applicable copay per 30-day supply. However, prior authorization may be required for certain covered medications.

Your mail order prescription medication coverage includes up to a 90-day supply of a routine maintenance medication for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail order copay per your prescription benefits. Therefore, it is important that you only utilize this option for maintenance medications.

Your self-administered injectable medication coverage extends to many injectable medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy. The copay levels for self-administered injectable medications apply regardless of provider. This means that you are responsible for the appropriate copay whether you receive your self-administered injectable medication from the pharmacy, at the prescriber's office or during home health visits. Self-administered injectable medications are limited to a 30-day supply.

If applicable to your specific prescription benefits, Tier 5 coverage is limited to itraconazole (Sporanox®), Aciphex, and Nexium.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

Tier Description

Each copay tier is assigned an established co-payment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific co-payments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 Copay (Lowest-Cost Option)** – These are typically generic medications and are the lowest out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decided they are appropriate to treat your condition.
- **Tier 2 Copay (Midrange-Cost Option)** – These are typically brand name medications and are in the middle range for out-of-pocket expense.
- **Tier 3 Copay (Higher-Cost Option)** – These are non-preferred brand name medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower co-payment alternatives that may be right for your treatment.
- **Tier 4 Copay (Self-Injectable Medications)** – These are generally self-injectable medications, excluding insulin, and are typically the highest out-of-pocket expense.
- **Tier 5 Copay (Cost-Sharing Medications)** - If applicable to your specific prescription benefits, this category is limited to Itraconazole (Sporanox®), Aciphex, and Nexium.

Common Medication Exclusions

Due to employer chosen benefit design parameters; there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter, or OTC, medications or their equivalents unless otherwise specified in the Medication Formulary listing.
- Nicotine smoking cessation products (i.e. transdermal nicotine, nicotine gum, nicotine inhaler)
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food & Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Diaphragms and other contraceptive devices
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals except prenatal vitamins
- Nutritional supplements
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications

- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or co-insurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand name medication. Generally, generic medications cost less than brand name medications. If a member or prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Transition of Care

The Transition-of-Care Form has been developed for newly enrolled members with AvMed Health Plans who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or PA Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications.

How Can I Save Money on Prescriptions

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as the Tier 1 copay or Tier 2 copay. Medications within these tiers have the lowest out of pocket cost for you. If you are currently taking a Tier 3 medication, you may want to discuss with your doctor other medication alternatives that are on a lower copay tier.

Mail Order

AvMed offers mail order as a benefit option for maintenance medications, which are needed for chronic or long-term health conditions. Through our mail order vendor, Medco, prescriptions may be ordered for up to a 90-day supply of your medication, which will be delivered to your home. When using mail order for the first time, it is best to get a 30-day supply prescription filled at your retail pharmacy first and then ask your prescriber for an additional prescription for up to a 90-day supply. This can help to prevent you from running out of any medication prior to obtaining your mailed prescription. It can also help to reduce medication waste if you or your doctor decides the new medication is not the best choice due to intolerable side effects or ineffectiveness.

Mail To: Medco Health Solutions of Fairfield
P.O. BOX 747000
Cincinnati, OH 45274-7000

Contact Information

The AvMed Commercial Medication Formulary is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective agents. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Services Department by calling the number listed on the back of your card.

For additional information, please visit our website at www.avmed.org.

Prior Authorization

The following medications require prior approval before coverage can be determined. Your prescriber may need to provide clinical information so that coverage may be considered. To initiate a Prior Authorization, please visit our website at www.avmed.org to obtain a Medication Exception Request Form (MER).

ADCIRCA	DAYTRANA	HUMIRA	PEG-INTRON	SOMATULINE DEPOT
ADDERALL XR	dexmethylphenidate (FOCALIN)	HYALGAN**	PERFOROMIST	STIMATE
amphetamine salt combo (ADDERALL)	dextroamphetamine/-CR (DEXEDRINE/-CR)	INTRON-A	PROCHIEVE	sumatriptan Injectable (IMITREX STATDOSE)
AMPYRA	DIFFERIN	itraconazole (SPORANOX)	PROCRIT	SUPARTZ**
anastrozole (ARIMIDEX)	dihydroergotamine (D.H.E 45)	IVIG**	PROMACTA	SUPPRELINLA**
ANDRODERM	dronabinol (MARINOL)	KINERET	PROVIGIL	SYNAGIS**
ANDROGEL PUMP	ENBREL	LEUKINE	QUALAQUIN	TESTIM
ARANESP	enoxaparin sodium (LOVENOX)	LOTRONEX	REGRANEX	tretinoin (RETIN-A)
ARIXTRA	EMEND	LUPRON DEPOT**	REMICADE**	TYSABRI**
AVITA	EMSAM	METADATE CD/ER	RESTASIS	TYVASO
AVONEX	ENDOMETRIN	methamphetamine hcl (DESOXYN)	RETIN-A MICRO	ULORIC
BETASERON	EPOGEN	methylphenidate (RITALIN)	REVATIO	VANCOCIN HCL
BROVANA	EXTAVIA	NEUMEGA**	ribavirin (COPEGUS, REBETOL, ribapak , ribasphere)	VENTAVIS
budesonide (PULMICORT RESPULES)	FEMARA	NEUPOGEN	RITALIN LA	VIMPAT
CAPHOSOL	fentanyl citrate oral transmucosal (ACTIQ)	NPLATE**	RITUXAN**	VYVANSE
CELEBREX	FENTORA	NUVIGIL	SABRIL	XOLAIR**
ciclopirox nail lacquer (PENLAC)	FOCALIN XR	OMNITROPE	SANCUSO	XYREM
CIMZIA	FORTEO	ORENCIA**	SELZENTRY	XYZAL
CINRYZE**	FRAGMIN	ORTHOVISC**	SEROSTIM	ZYVOX
CONCERTA	FUZEON	oxandrolone (OXANDRIN)	SIMPONI	
CRINONE	HEPSERA	PEGASYS	SOLIRIS**	

* This list of Prior Authorizations is subject to change.

**These medications are designated by AvMed as prescription drugs that require administration by a medical professional (physician, nurse, etc.). Therefore, these medications will be covered under your medical benefits if you have applicable coverage and should not be covered through your prescription benefits. However, these products still require prior authorization prior to administration by a medical professional.

Progressive Medication Program

For certain medications, coverage requires trial of one or more 1st line medications prior to coverage of a 2nd line medication. Coverage for 3rd line medications require a trial of one or more 1st line **AND** 2nd line medications. If for medical reasons, you cannot use the 1st line medication and require the 2nd or 3rd line medication; your prescriber may request an exception via the prior authorization process. Members who are already controlled on a 2nd or 3rd line medication in the medication categories noted with an (**) will be grandfathered in.

Medication Category	1 st Line Meds (typically generics)	2 nd Line Meds	3 rd Line Meds
Antidiabetics	metformin , a sulfonylurea (e.g. glyburide, glimiperide), and/or ACTOS/AVANDIA	BYETTA, VICTOZA	
Antidiabetics	Insulin	SYMLIN (<i>must continue on 1st line medication</i>)	
Antihypertensives** (ACEI/ARB)	benazepril/-hct, captopril/-hct, enalapril/-hct, fosinopril/-hct, lisinopril/-hct, moexipril/-hct, quinapril/-hct, trandolapril/-hct	losartan/-hct , DIOVAN/-HCT, EXFORGE, EXFORGE HCT, VALTURNA	ATACAND/-HCT, AVAPRO/AVALIDE, AZOR, BENICAR/-HCT, MICARDIS/-HCT, TEVETEN/-HCT
Cholesterol** (Statins)	lovastatin, pravastatin, simvastatin	CRESTOR	LIPITOR, LESCOL XL, VYTORIN, CADUET
Heartburn/Ulcer** (Proton Pump Inhibitors)	omeprazole Rx/OTC (PRILOSEC), PREVACID OTC, ZEGERID OTC	lansoprazole, pantoprazole, DEXILANT (formerly KAPIDEX), omeprazole/sodium bicarbonate (ZEGERID)	NEXIUM, ACIPHEX
Osteoporosis** (Oral Bisphosphonate)	alendronate (FOSAMAX)	ACTONEL, BONIVA, FOSAMAX PLUS D	

*This list of Progressive Medication Programs is subject to change.

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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Analgesics: Miscellaneous

ALAGESIC	3					
anabar	1	240/30 days				
bupap (SEDAPAP)	1	180/30 days				
butalbital /acetaminophen /caffeine (ESGIC-PLUS)	1	180/30 days				
butalbital /apap /caffeine (FIORICET)	1	180/30 days				
butalbital/acetaminophen (PHRENILIN)	1	180/30 days				
butalbital/apap/caffeine (ESGIC)	1	180/30 days				
cafgesic (DURABAC)	1	180/30 days				
DOLGIC LQ	3	480/30 days				
DOLGIC PLUS	3	150/30 days				
FRENADOL	2	180/30 days				
PHRENILIN FORTE	2	180/30 days				
RIDAURA	2	90/30 days				

Analgesics: Nonsteroidal Anti-inflammatory Drugs

ARTHROTEC 50	3	120/30 days				
ARTHROTEC 75	3	90/30 days				
butalbital /aspirin /caffeine (FIORINAL)	1	180/30 days				
butalbital/asa/caffeine (FIORINAL)	1	180/30 days				
CELEBREX	3	60/30 days		Y		
choline magnesium trisalicylate	1					
choline magnesium trisalicylate (TRILISATE)	1					
diclofenac potassium (CATAFLAM)	1	120/30 days				
diclofenac sodium (VOLTAREN)	1	120/30 days				
DICLOFENAC SODIUM EC	2	120/30 days				
diclofenac sodium er (VOLTAREN-XR)	1	60/30 days				
diflunisal	1	90/30 days				
etodolac tabs (LODINE)	1	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
etodolac caps (LODINE)	1	90/30 days				
etodolac er (LODINE XL)	1	60/30 days				
fenoprofen calcium	1	150/30 days				
FLECTOR	3	60/30 days				
flurbiprofen (ANSAID)	1	90/30 days				
ibuprofen (MOTRIN)	1	120/30 days				
indomethacin caps	1	120/30 days				
INDOMETHACIN SUPP.	2	120/30 days				
indomethacin er (INDOCIN SR)	1	120/30 days				
ketoprofen	1					
KETOPROFEN ER	2					
ketorolac tromethamine (TORADOL)	1	20/30 days				
LEVACET	2	240/30 days				
MECLOFENAMATE SODIUM	3					
meloxicam susp	1	300/30 days				
meloxicam tabs (MOBIC)	1	30/30 days				
mst 600 (NOVASAL)	1	180/30 days				
nabumetone (RELAFEN)	1	90/30 days				
NALFON	3	150/30 days				
NAPRELAN	3	60/30 days				
naproxen susp (NAPROSYN SUSP)	1	480/30 days				
naproxen tabs (NAPROSYN TABS)	1	90/30 days				
naproxen dr (EC-NAPROSYN)	1	60/30 days				
naproxen sodium (ANAPROX)	1	90/30 days				
naproxen sodium (ANAPROX DS)	1	90/30 days				
naproxen sodium (NAPRELAN)	1	60/30 days				
orphenadrine compound (NORGESIC)	1	120/30 days				
ORPHENADRINE COMPOUND DS	2	120/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
oxaprozin (DAYPRO)	1	90/30 days				
PENNSAID	3	300/30 days				
piroxicam (FELDENE)	1					
PONSTEL	3					
salsalate	1					
sulindac (CLINORIL)	1					
tolmetin sodium	1					
Analgesics: Opiate Agonists						
acetaminophen/caffeine/dihydrocodeine bitartrate (PANLOR SS)	1	150/30 days				
acetaminophen/codeine soln (TYLENOL/CODEINE SOLN)	1	480/30 days				
acetaminophen/codeine tabs (TYLENOL/CODEINE TABS)	1	360/30 days				
acetaminophen/codeine #3 (TYLENOL/CODEINE)	1	360/30 days				
aspirin/codeine	1	360/30 days				
AVINZA	2	30/30 days				
butal /asa /caff /cod (FIORINAL/CODEINE #3)	1	180/30 days				
butalbital /apap /caffeine /codeine (FIORICET/CODEINE)	1	180/30 days				
CAPITAL/CODEINE	2	180/30 days				
CODEINE PHOSPHATE	2					
codeine sulfate	1					
DARVON-N	3	150/30 days				
EMBEDA	3	60/30 days				
EXALGO	3	120/30 days				For the 8mg strength QL is 30/30 days
fentanyl (DURAGESIC)	1	10/28 days				
fentanyl citrate oral transmucosal (ACTIQ)	1	120/28 days		Y		
FENTORA	3	112/25 days		Y		
HYCET	3	540/30 days				
hydrocet (BANCAP-HC)	1	200/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
hydrocodone /acetaminophen (ANEXSIA, LORCET LORTAB, VICODIN)	1	200/28 days				
hydrocodone /acetaminophen soln (LORTAB SOLN)	1	480/30 days				
hydrocodone bitartrate/acetaminophen (MAXIDONE)	1	200/28 days				
hydrocodone/ibuprofen (VICOPROFEN)	1	200/28 days				
hydromorphone hcl (DILAUDID)	1					
KADIAN	2	60/30 days				
MEPERIDINE HCL	2					
meperidine hcl (DEMEROL)	1					
meperidine/promethazine (MEPERGAN FORTIS)	1					
methadone hcl (DOLOPHINE)	1					
methadone hcl soln	1					
morphine sulfate	1					
morphine sulfate (RMS)	1					
morphine sulfate (ROXANOL)	1					
morphine sulfate cr (MS CONTIN)	1					
morphine sulfate er (MS CONTIN)	1					
ONSOLIS	3	120/30 days				
oxycodone hcl (OXYIR)	1					
oxycodone hcl (ROXICODONE)	1					
oxycodone hcl (ROXICODONE INTENSOL)	1	60/30 days				
oxycodone hcl er tabs (OXYCONTIN)	1	60/28 days				10MG, 20MG, 40MG, AND 80MG ONLY TIER 1
oxycodone/acetaminophen (TYLOX)	1	200/28days				
oxycodone /acetaminophen (PERCOCET)	1	200/28days				
oxycodone/aspirin (PERCODAN)	1	360/30 days				
OXYCONTIN	2	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
propoxyphene /acetaminophen (DARVOCET)	1	200/28days				
propoxyphene hcl (DARVON)	1	180/30 days				
propoxyphene-n /acetaminophen (DARVOCET)	1	200/28days				
ROXICET SOLN	3	480/30 days				
ROXICET TABS	3	200/28days				
RYZOLT	3	30/30 days				
SYNALGOS-DC	3	300/30 days				
tramadol hcl (ULTRAM)	1	240/30 days				
tramadol SR (ULTRAM ER)	1	30/30 days				
tramadol hydrochloride/acetaminophen (ULTRACET)	1	240/30 days				
trezix (PANLOR DC)	1	300/30 days				
XODOL	3	200/30 days				
ZYDONE	3	200/30 days				
Analgesics: Opiate Partial Agonists						
buprenorphine (SUBUTEX)	1	90-180/30 days				
butorphanol tartrate (STADOL)	1	5/30 days				
pentazocine /acetaminophen (TALACEN)	1	360/30 days				
pentazocine/naloxone hcl (TALWIN NX)	1	360/30 days				
SUBOXONE	3	90-180/30 days				
Antibacterials: Cephalosporins						
CEDAX	3					
cefaclor caps	1					
CEFACTOR ER	2					
cefadroxil (DURICEF)	1					
cefdinir (OMNICEF)	1					
cefepodoxime proxetil (VANTIN)	1					
cefprozil (CEFZIL)	1					
cefuroxime axetil (CEFTIN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
cephalexin (KEFLEX)	1					
RANICLOR	3					
SPECTRACEF	3					
SUPRAX	3					
Antibacterials: Macrolides						
azithromycin pack	1	2/30 days				
azithromycin (ZITHROMAX)	1	12/30 days				
azithromycin susp (ZITHROMAX SUSP)	1					
clarithromycin (BIAXIN)	1					
clarithromycin er (BIAXIN XL)	1					
ERYPED	2					
ERY-TAB	2					
erythrocin stearate	1					
ERYTHROMYCIN	2					
erythromycin /sulfisoxazole (PEDIAZOLE)	1					
erythromycin base	2					
erythromycin ethylsuccinate	1					
KETEK	3					
PCE	2					
ZMAX	2	1/30 days				
Antibacterials: Other						
CAYSTON	2	84/30 days				
CLEOCIN	2					Only 75MG Caps Tier 2
clindamycin hcl (CLEOCIN)	1					
clindamycin hcl solution (CLEOCIN PEDIATRIC GRANULES)	1					
neomycin sulfate	1					
TOBI	2	300/30 days				
VANCOCIN HCL	2	40/30 days		Y		
XIFAXAN	3	60/30 days				QL 200mg strength #9/30

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ZYVOX SUSP	2	1680/30 days		Y		Prior authorization required; 3 days therapy allowed initially
ZYVOX TABS	2	56/30 days		Y		Prior authorization required; 3 days therapy allowed initially
Antibacterials: Penicillins						
amoxicillin (AMOXIL)	1					
amoxicillin/clavulanate potassium (AUGMENTIN)	1					
amoxicillin/clavulanate potassium (AUGMENTIN ES-600)	1					
amoxicillin/clavulanate potassium sr (AUGMENTIN XR)	1	40/30 days				
AMOXIL	2					Only 50MG/mL Tier 2
ampicillin caps	1					
AMPICILLIN SUSP	2					
AUGMENTIN CHEW	2					Only 250MG Chewable Tier 2
AUGMENTIN SUSP	2					Only 125Mg Tier 2
dicloxacillin sodium	1					
penicillin v potassium	1					
Antibacterials: Quinolones						
AVELOX	2	30/30 days				
CIPRO	2					
ciprofloxacin er (CIPRO XR)	1	30/30 days				
ciprofloxacin hcl (CIPRO)	1					
FACTIVE	3	10/30 days				
LEVAQUIN SOLN	3					
LEVAQUIN TABS	3	14/30 days				
ofloxacin (FLOXIN)	1					
Antibacterials: Sulfonamides						

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
GANTRISIN PEDIATRIC	2					
SULFADIAZINE	2					
sulfamethoxazole /trimethoprim (BACTRIM)	1					
sulfamethoxazole/trimethoprim ds (BACTRIM DS)	1					
sulfasalazine (AZULFIDINE EN-TABS)	1					
sulfazine (AZULFIDINE)	1					
Antibacterials: Tetracyclines						
demeclocycline hcl	1					
doxycycline hyclate (DORYX, VIBRAMYCIN)	1					Tier 1 applies to immediate release (IR) products only
doxycycline monohydrate (ADOXA, MONODOX)	1	30/30 days				Tier 1 does not apply to Adoxa 150mg
minocycline hcl (DYNACIN, MINOCIN)	1	60/30 days				
minocycline hcl er (SOLODYN)	1					Solodyn strengths 65mg and 115mg are not covered
tetracycline hcl	1					
Antidiabetic Agents: Insulins						
APIDRA	3					
HUMALOG	2	45/30 days				
HUMALOG MIX 50/50	2	45/30 days				
HUMALOG MIX 50/50 PEN	2	45/30 days				
HUMALOG MIX 75/25	2	45/30 days				
HUMALOG MIX 75/25 PEN	2	45/30 days				
HUMALOG PEN	2	45/30 days				
HUMULIN 50/50	2	45/30 days				
HUMULIN 70/30	2	45/30 days				
HUMULIN N	2	45/30 days				
HUMULIN R	2	45/30 days				
HUMULIN R U-500 (CONCENTRATED)	2	45/30 days				
LANTUS	2	45/30 days				
LANTUS FOR OPTICLIK	2	45/30 days				
LEVEMIR	2	45/30 days				
LEVEMIR FLEXPEN	2	45/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
NOVOLIN 70/30	2	45/30 days				
NOVOLIN 70/30 INNOLET	2	45/30 days				
NOVOLIN 70/30 PENFILL	2	45/30 days				
NOVOLIN N	2	45/30 days				
NOVOLIN N INNOLET	2	45/30 days				
NOVOLIN N PENFILL	2	45/30 days				
NOVOLIN R	2	45/30 days				
NOVOLIN R INNOLET	2	45/30 days				
NOVOLIN R PENFILL	2	45/30 days				
NOVOLOG	2	45/30 days				
NOVOLOG FLEXPEN	2	45/30 days				
NOVOLOG MIX 70/30	2	45/30 days				
NOVOLOG MIX 70/30 PENFILL	2	45/30 days				
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	45/30 days				
NOVOLOG PENFILL	2	45/30 days				

Antidiabetic Agents: Miscellaneous

BYETTA	2	2.4/30 days	Y			Progressive Medication Program therapy with metformin, sulfonylureas, and/or thiazolidinedione.
SYMLIN SOLN	2	10/30 days	Y			Progressive Medication Program Therapy with insulin required <i>Must continue on 1st line medication.</i>
SYMLINPEN 120	2	11/30 days	Y			Progressive Medication Program Therapy with insulin required <i>Must continue on 1st line medication.</i>
SYMLINPEN 60	2	6/30 days	Y			Progressive Medication Program Therapy with insulin required <i>Must continue on 1st line medication.</i>
VICTOZA	3	9/30 days	Y			Progressive Medication Program therapy with metformin, sulfonylureas, and/or thiazolidinedione.

Antidiabetic Agents: Oral

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
acarbose (PRECOSE)	1	90/30 days				
ACTOPLUS MET	2	90/30 days				
ACTOPLUS MET XR	2	30/30 days				
ACTOS	2	30/30 days				
AVANDAMET	2	60/30 days				
AVANDARYL	2	30/30 days				
AVANDIA	2	30/30 days				
chlorpropamide (DIABINESE)	1					
DUETACT	2	30/30 days				
glimepiride (AMARYL)	1					
glipizide (GLUCOTROL)	1					
glipizide xl (GLUCOTROL XL)	1					
glipizide/metformin hcl (METAGLIP)	1					
GLUMETZA	3	60/30 days				
glyburide (MICRONASE)	1					
glyburide micronized (GLYNASE)	1					
glyburide/metformin hcl (GLUCOVANCE)	1					
GLYCRON	2					
GLYSET	2	90/30 days				
JANUMET	2	60/30 days				
JANUVIA	2	30/30 days				
metformin hcl (GLUCOPHAGE)	1	75/30 days				
metformin hcl er (GLUCOPHAGE XR)	1	90/30 days				
natelinide (STARLIX)	1	90/30 days				
ONGLYZA	2	30/30 days				
PRANDIN	2	120/30 days				
tolazamide	1					
Antifungals						
ANCOBON	2					
fluconazole susp (DIFLUCAN SUSP)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
fluconazole tabs (DIFLUCAN TABS)	1	2/30 days				
GRIFULVIN V	2					
griseofulvin microsize (GRIFULVIN V)	1					
GRIS-PEG	2					
itraconazole (SPORANOX)	1			Y		For 5 Tier benefit, PA not required. Copay Tier 5 applies.
ketoconazole (NIZORAL)	1	60/30 days				
NOXAFIL	2					
nystatin	1					
terbinafine hcl (LAMISIL)	1					
VFEND SUSP	3	150/30 days				
VFEND TABS	3	60/30 days				
Antigout Agents						
probenecid	1					
probenecid/colchicine	1					
Antihelmintics						
ALBENZA	3					
BILTRICIDE	3					
mebendazole	1					
Antihistamines: 1st Generation						
ACUFLEX	3					
ACCUHIST PDX	3					
ALLERX	2					
ALPAIN	2					
BROFED	2					
bromhist pediatric	1					
brompheniramine sr (RESPA-B)	1					
brompheniramine/dextromethorphan/ph enylephrine (ALAHIST DM)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
CARBAPHEN 12 PED	3					
carbinoxamine maleate (CARBINOXAMINE MALEATE)	1					
chlorex-a (NALEX-A)	1					
chlorpheniramine /phenyltoloxamine /phenylephrine (NALEX-A)	1					
chlorpheniramine/phenylephrine hcl	1					
chlorpheniramine/pseudoephedrine cr (DECONAMINE SR)	1					
chlorpheniramine/pseudoephedrine la (BIOHIST LA)	1					
COMHIST	2					
cpm 8/pse 90/msc 2.5	1					
cyproheptadine hcl	1					
DESPEC-PDC	3					
DEXCHLORPHENIRAMINE MALEATE	2					
DEXCHLORPHENIRAMINE MALEATE CR	2					
d-hist d (DURAHIST D)	1					
dologen	1					
DOLOGESIC	2					
DRYMAX	3					
DUOTAN PD	2					
ED-CHLOR-TAN	2					
k-tan (RYNA-12)	1					
k-tan 4 (RYNA-12 S)	1					
lohist-pd (ACCUHIST)	1					
PALGIC	2					
phenyl chlor-tan (RYNATAN PEDIATRIC)	1					
phenylephrine cm (RESCON-MX)	1					
PROLEX DMX	3					
promethazine hcl supp	1	12/30 days				
promethazine hcl tabs	1					
promethazine hcl plain syrup	1					
PROTID	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
pseudo cm	1					
RELAGESIC	3					
RESCON	3					
RESCON-JR	3					
rhinoflex	1					
rhinoflex-650 (RELAGESIC)	1					
r-tanna (RYNATAN)	1					
r-tanna pediatric (RYNATAN PEDIATRIC)	1	480/30 days				
RYDEX	3					
SYMPAK	3					
SYMPAK II	3					
SYMPAK PDX	3					
triotann pediatric	1					
ultrabrom	1					
ultrabrom pd	1					
VAZOTAB	3	60/30 days				
V-COF	3					
V-HIST	3					
Antihistamines: 2nd Generation						
alavert allergy/sinus (CLARITIN-D 12 HOUR)	1	30/30 days				OTC Only
cetirizine hcl (ZYRTEC)	1	30/30 days				OTC Only
cetirizine hcl/pseudoephedrine hcl er (ZYRTEC-D)	1	60/30 days				OTC Only
fexofenadine hcl (ALLEGRA)	1	30/30 days				
loratadine (CLARITIN)	1	30/30 days				OTC Only
loratadine-d 24hr	1	30/30 days				OTC Only
XYZAL SOLN	3	150/30 days		Y		PA requires trial of loratadine and

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
						cetirizine syrup
XYZAL TABS	3	30/30 days		Y		PA requires trial of fexofenadine, loratadine, and cetirizine
Anti-HIV Agents: Fusion Inhibitors						
FUZEON	4			Y	Y	Curascript Only
SELZENTRY	2			Y		
Anti-HIV Agents: Integrase Inhibitors						
ISENTRESS	2	60/30 days				
ATRIPLA	2	30/30 days				
Anti-HIV Agents: Nonnucleoside RTIs						
INTELENCE	2	120/30 days				
RESCRIPTOR	2	180/30 days				
SUSTIVA	2	30/30 days				
VIRAMUNE SUSP	2					
VIRAMUNE TABS	2	60/30 days				
Anti-HIV Agents: Nucleoside/Nucleotide RTIs						
COMBIVIR	2					
didanosine (VIDEX EC)	1					
EMTRIVA CAPS	2	30/30 days				
EMTRIVA SOLN	2	75/30 days				
EPIVIR SOLN	2					
EPIVIR TABS	2	60/30 days				
EPIVIR HBV	2					
EPIVIR HBV	2	90/30 days				
EPZICOM	2	30/30 days				
stavudine (ZERIT)	1	60/30 days				
TRIZIVIR	2	60/30 days				
TRUVADA	2	30/30 days				
VIDEX EC	3					
VIDEX PEDIATRIC	2					
VIREAD	2	30/30 days				
ZIAGEN SOLN	2	900/30 days				
ZIAGEN TABS	2	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
zidovudine (RETROVIR)	1					
Anti-HIV Agents: Protease Inhibitors						
APTIVUS	2	120/30 days				
CRIXIVAN	2	150/30 days				
INVIRASE CAPS	2	270/30 days				
INVIRASE TABS	2	210/30 days				
KALETRA TABS/CAPS	2	120/30 days				
KALETRA SOLN	2	600/30 days				
LEXIVA	2	120/30 days				
NORVIR	2					
PREZISTA	2	60/30 days				
REYATAZ	2	30/30 days				
VIRACEPT POWD	2					
VIRACEPT TABS	2	120/30 days				
Antihypoglycemics						
GLUCAGEN HYPOKIT	2	2/365 days				
Anti-infectives: Miscellaneous						
HELIDAC	3	56/30 days				
PYLERA	3	120/30 days				
Anti-infectives: Urinary						
FURADANTIN	3					
MACRODANTIN	2					
methenamine/hyosc/meth blue/benz acid/phenyl sol (PROSED D/S)	1					
methenamine hippurate (HIPREX)	1					
MONUROL	2					
nitrofurantoin macrocrystalline (MACRODANTIN)	1					
nitrofurantoin monohydrate (MACROBID)	1					
PRIMSOL	2					
trimethoprim (PROLOPRIM)	1					
URETRON D/S	2					
urimar t	1					
urogesic-blue	1					
UTA	2					
visqid a/a (UROQID #2)	1					
Antimigraine Agents						

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
AXERT	3	6/30 days				
dihydroergotamine mesylate (D.H.E. 45)	1			Y		
ERGOMAR	2					
ergotamine tartrate/caffeine (CAFERGOT)	1					
FROVA	3	9/30 days				
IMITREX STATDOSE REFILL	4			Y		
IMITREX STATDOSE SYSTEM	4			Y		
isometh/apap (MIDRIN CAPS)	1					
MAXALT	2	12/30 days				
MAXALT-MLT	2	12/30 days				
MIGERGOT	2	20/30 days				
MIGRAL	3					
MIGRANAL	3	8/30 days				
naratriptan tab (AMERGE)	1	9/30 days				
RELPAK	2	9/30 days				
sumatriptan soln (IMITREX SOLN)	1	6/30 days				
sumatriptan tabs (IMITREX TABS)	1	9/30 days				
ZOMIG	3	6/30 days				
ZOMIG ZMT	3	6/30 days				

Antimycobacterials

cycloserine (SEROMYCIN)	3					
DAPSONE	2					
ethambutol hcl	1					
isonarif (RIFAMATE)	1					
ISONIAZID SYRP	2					
isoniazid tabs	1					
MYCOBUTIN	2					
PASER	2					
PRIFTIN	2					
pyrazinamide	1					
rifampin (RIFADIN)	1					
RIFATER	2					
TRECTOR	2					

Antineoplastics

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
AFINITOR	2	30/30 days			Y	Curascript Only
ALKERAN	2					
anastrozole (ARIMIDEX)	1			Y		
AROMASIN	2					
bicalutamide (CASODEX)	1	30/30 days				
CEENU	2	3/30 days				
CYCLOPHOSPHAMIDE	2					
DROXIA	2					
EMCYTE	2					
etoposide (VEPESID)	1					
FARESTON	2	30/30 days				
FEMARA	2			Y		
flutamide	1	180/30 days				
GLEEVEC	2	60/30 days			Y	Curascript Only
HEXALEN	2					
HYCAMPTIN	2				Y	Curascript Only
hydroxyurea (HYDREA)	1					
INTRON-A	4			Y	Y	Curascript Only
INTRON-A W/DILUENT	4			Y	Y	Curascript Only
IRESSA	2	30/30 days			Y	Curascript Only
LEUKERAN	2					
LYSODREN	2					
MATULANE	2					
megestrol acetate (MEGACE)	1					
mercaptopurine (PURINETHOL)	1					
methotrexate	1					
MYLERAN	2					
NEXAVAR	2	120/30 days			Y	Curascript Only
NILANDRON	2					
OFORTA	2					
SOLTAMOX	2	300/30 days				
SPRYCEL	2	60/30 days			Y	Curascript Only
SUTENT	2	30/30 days			Y	Curascript Only
TABLOID	2					
tamoxifen citrate	1	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
TARCEVA	2	30/30 days			Y	Curascript Only
TARGRETIN	2					
TASIGNA 150 MG	2	120/30 days			Y	Curascript Only
TASIGNA 200 MG	2	112/28 days			Y	Curascript Only
TEMODAR	2				Y	Curascript Only
TESLAC	2					
tretinoin (VESANOID)	1					
TYKERB	2	150/30 days			Y	Curascript Only
VOTRIENT	2	60/30 days				
XELODA	2				Y	Curascript Only
ZOLINZA	2	120/30 days			Y	Curascript Only

Antiparkinsonian Agents

AMANTADINE HCL TABS	2					
amantadine hcl (SYMMETREL)	1					
APOKYN	4	18/30 days			Y	Curascript Only
AZILECT	2	30/30 days				
benztropine mesylate (COGENTIN)	1					
bromocriptine mesylate (PARLODEL)	1					
cabergoline (DOSTINEX)	1					
carbidopa/levodopa (SINEMET)	1					
carbidopa/levodopa er (SINEMET CR)	1					
COMTAN	2					
EMSAM	3	30/30 days		Y		
KEMADRIN	2					
LODOSYN	2					
MIRAPEX ER	3	30/30 days				
NEUPRO	2	30/30 days				
PARCOPA	2					
pramipexole (MIRAPEX)	1					
REQUIP XL	2					
ropinirole hcl (REQUIP)	1					
selegiline hcl (ELDEPRYL)	1					
STALEVO	2					
TASMAR	2					
trihexyphenidyl hcl (ARTANE)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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Antiprotozoals

ALINIA	3					
COARTEM	2	24/30 days				
FLAGYL ER	3					
MEPRON	2					
metronidazole (FLAGYL)	1					
NEBUPENT	3					
QUALAQUIN	2			Y		
TINDAMAX	2					
YODOXIN	2					

Antivirals

acyclovir (ZOVIRAX)	1					
BARACLUDE SOLN	2	180/30 days				
BARACLUDE TABS	2	30/30 days				
famciclovir (FAMVIR)	1	90/30 days				
GANCICLOVIR	2					
HEPSERA	2	30/30 days		Y		
INFERGEN	4	2/28 days			Y	Curascript Only
PEGASYS	4			Y	Y	Curascript Only; Pegasys is preferred product
PEG-INTRON	4			Y	Y	Curascript Only; Pegasys is preferred product
PEG-INTRON REDIPEN PAK 4	4			Y	Y	Curascript Only; Pegasys is preferred product
RELENZA DISKHALER	3	20/30 days				
ribapak	1			Y	Y	Curascript Only
ribasphere	1			Y	Y	Curascript Only
ribavirin (COPEGUS)	1			Y	Y	Curascript Only
ribavirin (REBETOL)	1			Y	Y	Curascript Only
rimantadine hcl (FLUMADINE)	1	15/30 days				
TAMIFLU CAPS	3	10/30 days				
TAMIFLU SUSP	3	75/30 days				
TYZEKA	2	30/30 days				
valacyclovir (VALTREX)	1	60/30 days				
VALCYTE	2					

Autonomic Drugs

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ADRENACLICK	2					
ATROVENT HFA	3	40/30 days				
CANTIL	2					
chlordiazepoxide /clidinium (LIBRAX)	1					
COLYTROL	2					
COLYTROL PEDIATRIC	2					
dicyclomine hcl (BENTYL)	1					
EPIPEN 2-PAK	2	1/365 days				
EPIPEN-JR 2-PAK	2	1/365 days				
ergoloid mesylates	1					
glycopyrrolate (ROBINUL)	1					
glycopyrrolate forte (ROBINUL FORTE)	1					
hyomax-dt (SYMAX DUOTAB)	1					
hyoscyamine	1					
hyoscyamine sulfate (ANASPAZ)	1					
hyoscyamine sulfate (LEVSIN)	1					
hyoscyamine sulfate (LEVSIN/SL)	1					
hyoscyamine sulfate er (LEVBID)	1					
hyoscyamine sulfate er (LEVSINEX)	1					
ipratropium bromide	1	360/30 days				
methscopolamine bromide (PAMINE)	1					
methscopolamine bromide (PAMINE FORTE)	1					
midodrine hcl (PROAMATINE)	1					
PROPANTHELINE BROMIDE	2					
SAL-TROPINE	2					
SPIRIVA HANDIHALER	2	30/30 days				
symax fastabs (NULEV)	1					
TWINJECT	2	2/365 days				

Autonomic Drugs: Cholinergics

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ARICEPT	2	30/30 days				
ARICEPT ODT	2	30/30 days				
bethanechol chloride (URECHOLINE)	1					
COGNEX	3	120/30 days				
EVOXAC	2	90/30 days				
EXELON PATCH	2	30/30 days				
EXELON SOLN	2	600/30 days				
galantamine (RAZADYNE)	1	60/30 days				
galantamine er (RAZADYNE ER)	1	30/30 days				
GUANIDINE HCL	2					
MESTINON	3					
MESTINON TIMESPAN	3					
MYTELASE	3					
pilocarpine hcl (SALAGEN)	1					
PROSTIGMIN	2					
pyridostigmine bromide (MESTINON)	1					
rivastigmine cap (EXELON)	1	60/30 days				
RAZADYNE SOLUTION	2					
Blood Regulators: Anticoagulants						
jantoven (COUMADIN)	1					
warfarin sodium (COUMADIN)	1					
Blood Regulators: Antithrombotics						
AGGRENOX	2	60/30 days				
anagrelide hydrochloride (AGRYLIN)	1					
ARIXTRA	2	21/60 days		Y		Prior authorization required >21 day supply in 60 days
cilostazol (PLETAL)	1	60/30 days				
EFFIENT	2	35/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
enoxaparin sodium (LOVENOX)	1	21/60 days		Y		Prior authorization required >21 day supply in 60 days
FRAGMIN	3	21/60 days		Y		Prior authorization required >21 day supply in 60 days
heparin sodium	1					
HEPARIN SODIUM	2					
heparin sodium dcu	1					
PLAVIX	2	33/30 days				
ticlopidine hcl (TICLID)	1					
Blood Regulators: Hematopoietics						
ARANESP ALBUMIN FREE	4			Y	Y	PA requires trial with Procrit; Curascript Only
ARANESP ALBUMIN FREE SURECLICK	4			Y	Y	PA requires trial with Procrit; Curascript Only
EPOGEN	4			Y	Y	Curascript Only
LEUKINE	4			Y	Y	Curascript Only
NEUPOGEN	4			Y	Y	Curascript Only
PROCRIT	4			Y	Y	Curascript Only
Blood Regulators: Miscellaneous						
AMICAR	2					
aminocaproic acid (AMICAR)	1					
pentoxifylline er (TRENTAL)	1					
PROMACTA	3			Y	Y	Curascript Only
Cardiovascular Agents: a-Adrenergic Blockers						
CARDURA XL	3	30/30 days				
doxazosin mesylate (CARDURA)	1					
prazosin hcl (MINIPRESS)	1					
terazosin hcl (HYTRIN)	1					
Cardiovascular Agents: ACE Inhibitors						
benazepril hcl (LOTENSIN)	1					
benazepril hcl/hydrochlorothiazide (LOTENSIN HCT)	1					
captopril (CAPOTEN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
captopril /hydrochlorothiazide (CAPOZIDE)	1					
enalapril maleate (VASOTEC)	1					
enalapril maleate/hydrochlorothiazide (VASERETIC)	1					
fosinopril sodium (MONOPRIL)	1					
fosinopril sodium/hydrochlorothiazide (MONOPRIL HCT)	1					
lisinopril (ZESTRIL)	1					
lisinopril /hydrochlorothiazide (PRINZIDE)	1					
moexipril /hydrochlorothiazide (UNIRETIC)	1					
moexipril hcl (UNIVASC)	1					
perinodopril (ACEON)	1	30/30 days				
quinapril hcl (ACCUPRIL)	1					
quinaretic (ACCURETIC)	1					
ramipril (ALTACE)	1	30/30 days				
trandolapril (MAVIK)	1					
Cardiovascular Agents: Aldosterone Receptor Agonists						
eplerenone (INSPRA)	1	60/30 days				
spironolactone (ALDACTONE)	1					
spironolactone /hydrochlorothiazide (ALDACTAZIDE)	1					
Cardiovascular Agents: Alpha-adrenergic Agonists						
clonidine hcl (CATAPRES)	1					
clonidine- tts (CATAPRES-TTS)	1	4-8/28 days				
GUANABENZ ACETATE	2					
guanfacine hcl (TENEX)	1					
methyldopa (ALDOMET)	1					
METHYLDOPA /HYDROCHLOROTHIAZIDE	2					
Cardiovascular Agents: Antiarrhythmics						

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
amiodarone hcl (CORDARONE)	1	60/30 days				
amiodarone hcl (PACERONE)	1	60/30 days				
disopyramide phosphate (NORPACE)	1					
disopyramide phosphate er (NORPACE CR)	1					
flecainide acetate (TAMBOCOR)	1					
MEXILETINE HCL	2					
MULTAQ	3	60/30 days				
NORPACE CR	2					
PRONESTYL	2					
PRONESTYL SR	2					
propafenone hcl (RYTHMOL)	1					
quinidine gluconate cr	1					
quinidine sulfate	1					
quinidine sulfate er	1					
RYTHMOL SR	2					
TIKOSYN	2	60/30 days				

Cardiovascular Agents: ARBs

ATACAND	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan or Diovan required
ATACAND HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct or Diovan HCT required
AVALIDE	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct or Diovan HCT required
AVAPRO	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan or Diovan required
BENICAR	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan or Diovan required

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
BENICAR HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct or Diovan HCT required
DIOVAN	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor required
DIOVAN HCT	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor combo required
losartan (COZAAR)	1	30/30 days	Y			Progressive Medication Program with ACE Inhibitor required
losartan/hctz (HYZAAR)	1	30/30 days	Y			Progressive Medication Program with ACE Inhibitor combo required
MICARDIS	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan or Diovan required
MICARDIS HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct or Diovan HCT required
TEVETEN	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan or Diovan required
TEVETEN HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct or Diovan HCT required

Cardiovascular Agents: Calcium-Channel Blockers

amlodipine besylate (NORVASC)	1	30/30 days				
amlodipine besylate/benazepril hydrochloride (LOTREL)	1	30/30 days				
AZOR	3	30/30 days	Y			
CADUET	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
CARDENE SR	3	30/30 days				
COVERA-HS	3	30/30 days				
diltiazem cd (CARDIZEM CD)	1					
diltiazem hcl (CARDIZEM)	1					
diltiazem hcl (TIAZAC)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
diltiazem hcl er (DILACOR XR)	1					
diltiazem hcl er (TIAZAC)	1					
diltiazem hcl sr (CARDIZEM LA)	1					
diltiazem xr (DILACOR XR)	1					
DYNACIRC CR	2	60/30 days				
EXFORGE	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor required
EXFORGE HCT	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor combo required
felodipine er (PLENDIL)	1					
isradipine (DYNACIRC)	1	120/30 days				
LEXXEL	3					
LOTREL	2	30/30 days				ONLY 5/40MG and 10/40MG CAPS Tier 2
nicardipine hcl (CARDENE)	1					
nifediac cc (ADALAT CC)	1					
nifedical xl (PROCARDIA XL)	1					
NIFEDIPINE 20mg	2					
nifedipine (PROCARDIA)	1					
nifedipine er (PROCARDIA XL)	1					
nisoldipine (SULAR)	2	30/30 days				
SULAR	2	30/30 days				
trandolapril/verapamil (TARKA)	1	30/30 days				
verapamil hcl (CALAN)	1					
verapamil hcl er (CALAN SR)	1					
verapamil hcl er (VERELAN)	1					
verapamil hcl er (VERELAN PM)	1					
verapamil hcl sr (VERELAN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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Cardiovascular Agents: Diuretics

acetazolamide	1					
amiloride /hydrochlorothiazide (MODURETIC 5-50)	1					
AMILORIDE HCL	2					
bumetanide (BUMEX)	1					
chlorothiazide	1					
chlorthalidone	1					
CHLORTHALIDONE 100mg	2					
DIURIL	3					
DYRENIUM	2					
EDECRIN	3					
FUROSEMIDE SOLN	2					
furosemide (LASIX)	1					
hydrochlorothiazide	1					
hydrochlorothiazide (MICROZIDE)	1					
indapamide (LOZOL)	1					
methazolamide	1					
METHYCLOTHIAZIDE	2					
metolazone (ZAROXOLYN)	1					
THALITONE	2					
toremide (DEMADEX)	1					
triamterene /hydrochlorothiazide	1					
triamterene /hydrochlorothiazide (MAXZIDE)	1					
triamterene /hydrochlorothiazide (MAXZIDE-25)	1					

Cardiovascular Agents: Dyslipidemics

ADVICOR	2	30/30 days				
cholestyramine (QUESTRAN)	1					
cholestyramine light (QUESTRAN LIGHT)	1					
colestipol hcl (COLESTID)	1					
colestipol hcl for oral suspension (COLESTID)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
CRESTOR	2	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin required
fenofibrate (LOFIBRA)	1	30/30 days				
gemfibrozil (LOPID)	1	60/30 days				
LESCOL	3	30/30 days				
LESCOL XL	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
LIPITOR	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
LIPOFEN	3	30/30 days				
lovastatin (MEVACOR)	1	30/30 days				
LOVAZA	2	120/30 days				
NIASPAN	2	60/30 days				
pravastatin sodium (PRAVACHOL)	1	30/30 days				
SIMCOR	2	60/30 days				
SLO-NIACIN	1					
simvastatin (ZOCOR)	1	30/30 days				
TRICOR	3	30/30 days				
TRIGLIDE	3	60/30 days				
TRILIPIX	3	30/30 days				
VYTORIN	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
WELCHOL	2	30-210/30 days				
ZETIA	3	30/30 days				
Cardiovascular Agents: Hypotensives, Misc						
RESERPINE	3					
TEKTURNA	2	30/30 days				
TEKTURNA HCT	2	30/30 days				
VALTURNA	2	30/30 days				Progressive Medication Program with ACE Inhibitor

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
						required
Cardiovascular Agents: Other						
DIGOXIN SOLN	2					
digoxin (LANOXIN)	1					
RANEXA	2	60/30 days				
Cardiovascular Agents: β-Adrenergic Blockers						
acebutolol hcl (SECTRAL)	1					
atenolol (TENORMIN)	1					
atenolol/chlorthalidone (TENORETIC 100)	1					
atenolol/chlorthalidone (TENORETIC 50)	1					
betaxolol hcl (KERLONE)	1	30/30 days				
bisoprolol fumarate (ZEBETA)	1					
bisoprolol fumarate/hydrochlorothiazide (ZIAC)	1					
BYSTOLIC	2	120/30 days				
carvedilol (COREG)	1	60/30 days				
COREG CR	2	30/30 days				
INNOPRAN XL	2					
labetalol hcl (TRANDATE)	1					
LEVATOL	3					
metoprolol /hydrochlorothiazide (LOPRESSOR HCT)	1					
metoprolol succinate er (TOPROL XL)	1					
metoprolol tartrate (LOPRESSOR)	1					
nadolol (CORGARD)	1					
nadolol /bendroflumethiazide (CORZIDE)	1					
PINDOLOL	2					
PROPRANOLOL /HYDROCHLOROTHIAZIDE 25/80mg	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
propranolol /hydrochlorothiazide (INDERIDE)	1					
PROPRANOLOL HCL SOLN	2					
propranolol hcl (INDERAL)	1					
propranolol hcl er (INDERAL LA)	1	30/30 days				
sorine (BETAPACE)	1					
sotalol hcl (BETAPACE)	1					
TIMOLOL MALEATE	2					

Cardiovascular Agents: Vasodilators

ADCIRCA	3	60/30 days		Y	Y	Curascript Only
BIDIL	3	180/30 days				
DILATRATE SR	2					
dipyridamole (PERSANTINE)	1					
HYDRALAZINE /HYDROCHLOROTHIAZIDE	2					
hydralazine hcl	1					
ISORDIL TITRADOSE	3					
isosorbide dinitrate (ISORDIL)	1					
isosorbide dinitrate er (ISORDIL)	1					
isosorbide mononitrate (ISMO)	1					
isosorbide mononitrate (MONOKET)	1					
isosorbide mononitrate er (IMDUR)	1					
isoxsuprine hcl (VASODILAN)	1					
LETAIRIS	2	30/30 days			Y	Curascript Only
minoxidil	1					
NITRO-BID	2	120/30 days				
NITRO-DUR	3	30/30 days				
NITROMIST	2					
nitroglycerin (NITROSTAT)	1					
nitroglycerin cr	1					
nitroglycerin er	1					
nitroglycerin transdermal (NITRO-DUR)	1	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
NITROLINGUAL PUMPSPRAY	2					
papaverine hcl	1					
papaverine hcl cr	1					
PROGLYCEM	3					
REVATIO	3			Y	Y	Curascript Only
TRACLEER	2	60/30 days			Y	Curascript Only
TYVASO	3	28/28 days		Y		
VENTAVIS	3			Y		
Central Nervous System Agents: Antipsychotics: Atypical						
ABILIFY SOLN	2	300/30 days				
ABILIFY TABS	2	30/30 days				
ABILIFY DISCMELT	2	30/30 days				
clozapine (CLOZARIL)	1					
FAZACLO	3	90/30 days				QL 90/30- 12.5mg; QL 120/30 25mg, 100mg, & 200mg; QL 180/30-150 mg
GEODON	2	60/30 days				
INVEGA	3	30/30 days				
RISPERDAL SOLN	3	240/30 days				
RISPERDAL M-TAB	3	60/30 days				
risperidone soln (RISPERDAL SOLN)	1	240/30 days				
risperidone tabs (RISPERDAL TABS)	1	60/30 days				
risperidone odt (RISPERDAL M-TABS)	1	60/30 days				
SEROQUEL	2	60/30 days				
SEROQUEL XR	2	30/30 days				
ZYPREXA	2	30/30 days				
ZYPREXA ZYDIS	2	30/30 days				
Central Nervous System Agents: Anitpsychotics: Conventional						
chlorpromazine hcl (THORAZINE)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
compro	1					
fluphenazine hcl (PROLIXIN)	1					
haloperidol	1					
loxapine succinate (LOXITANE)	1					
MOBAN	2					
NAVANE	2					
ORAP	2					
perphenazine	1					
prochlorperazine maleate	1					
thioridazine hcl	1					
thiothixene (NAVANE)	1					
trifluoperazine hcl	1					
Central Nervous System Agents: Anticonvulsants						
BANZEL	3	240/30 days				
carbamazepine (TEGRETOL)	1					
carbamazepine XR (TEGRETOL-XR)	1					
CELONTIN	2					
clonazepam (KLONOPIN)	1					
clonazepam orally disintegrating (KLONOPIN WAFERS)	1					
DEPAKOTE ER	3					
DEPAKOTE SPRINKLES	3					
DIASTAT ACUDIAL	3	10/30 days				
DIASTAT PEDIATRIC	3	10/30 days				
DILANTIN	2					Only 30mg caps at Tier 2
DILANTIN INFATABS	2					
divalproex (DEPAKOTE)	1					
divalproex er (DEPAKOTE ER)	1					
divalproex sprinkles (DEPAKOTE SPRINKLES)	1					
epitol (TEGRETOL)	1					
ethosuximide (ZARONTIN)	1					
FELBATOL	2					
gabapentin (NEURONTIN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
GABITRIL	2					
KEPPRA SOLN	3					
KEPPRA XR	2	180/30 days				
lamotrigine (LAMICTAL)	1					
lamotrigine chewable dispersible (LAMICTAL CHEWABLE DISPERSIBLE)	1					
levetiracetam (KEPPRA)	1	90/30 days				
LYRICA	3					
NEURONTIN SOLN	2	480/30 days				
oxcarbazepine (TRILEPTAL)	1					
PEGANONE	2					
phenytoin (DILANTIN, PHENYTEK)	1					
phenytoin sodium extended (DILANTIN)	1					
primidone (MYSOLINE)	1					
SABRIL	2	180/30 days		Y		QL for packets: 150/30 days; PA required > 2 yoa
topiramate (TOPAMAX)	1	240/30 days				
topiramate sprinkles (TOPAMAX SPRINKLES)	1					
valproic acid (DEPAKENE)	1					
VIMPAT	3	60/30 days		Y		QL for oral solution is 1200ml/30 days
zonisamide (ZONEGRAN)	1					

Central Nervous System Agents: Antidepressants: NRIs and TCAs

amitriptyline hcl	1					
AMOXAPINE	2					
chlordiazepoxide /amitriptyline (LIMBITROL)	1					
chlordiazepoxide /amitriptyline (LIMBITROL DS)	1					
clomipramine hcl (ANAFRANIL)	1					
desipramine hcl (NORPRAMIN)	1					
doxepin hcl	1					
imipramine hcl (TOFRANIL)	1					
IMIPRAMINE PAMOATE	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
MAPROTILINE HCL	2					
nortriptyline hcl (PAMELOR)	1					
PERPHENAZINE /AMITRIPTYLINE	2					
SURMONTIL	2					
trimipramine maleate (SURMONTIL)	1					
VIVACTIL	2					

Central Nervous System Agents: Antidepressants: Other

budeprion sr (WELLBUTRIN SR)	1	60/30 days				
budeprion xl (WELLBUTRIN XL)	1	30/30 days				
bupropion hcl (WELLBUTRIN)	1					
bupropion hcl (WELLBUTRIN XL)	1	30/30 days				
bupropion hcl sr (WELLBUTRIN SR)	1	60/30 days				
mirtazapine (REMERON)	1	30/30 days				
mirtazapine (REMERON SOLTAB)	1	30/30 days				
nefazodone hcl	1	60/30 days				
trazodone hcl	1					

Central Nervous System Agents: Antidepressants: Selective Serotonin and Norepinephrine-reuptake Inhibitors

CYMBALTA	3	30/30 days				
PRISIQ	3	30/30 days				
SAVELLA	2	60/30 days				* Titration pack qty limit = 55/28 days
venlafaxine hcl (EFFEXOR)	1	30/30 days				
venlafaxine hcl sr (EFFEXOR XR)	1	30/30 days				
VENLAFAXINE ER	2	30/30 days				37.5MG, 75MG, 150MG, AND 225MG

Central Nervous System Agents: Antidepressants: SSRIs

citalopram hydrobromide (CELEXA)	1					
fluoxetine hcl (PROZAC)	1					
fluoxetine hcl dr (PROZAC WEEKLY)	1	4/28 days				
fluvoxamine maleate	1					
LEXAPRO SOLN	3	300/30 days				
LEXAPRO TABS	3	30/30 days				
paroxetine hcl susp (PAXIL SUSP)	1	600/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
paroxetine hcl tabs (PAXIL TABS)	1					
paroxetine hcl (PAXIL CR)	1	30/30 days				
sertraline hcl (ZOLOFT)	1					
SYMBYAX	2	30/30 days				

Central Nervous System Agents: Antimanics

LITHIUM CARBONATE TABS 300mg	2					
lithium carbonate (LITHIUM CARBONATE)	1					
lithium carbonate er (LITHOBID)	1					
lithium citrate	1					

Central Nervous System Agents: Barbiturates

mephobarbital (MEBARAL)	1					
SECONAL	2					

Central Nervous System Agents: Benzodiazepines

alprazolam (XANAX)	1					
chlordiazepoxide hcl (LIBRIUM)	1					
clorazepate dipotassium (TRANXENE T)	1					
diazepam (VALIUM)	1					
DORAL	3					
estazolam (PROSOM)	1					
flurazepam hcl (DALMANE)	1					
lorazepam (ATIVAN)	1					
oxazepam (SERAX)	1					
RESTORIL	2	30/30 days				Only 7.5MG Caps Tier 2
temazepam (RESTORIL)	1					
triazolam (HALCION)	1					

Central Nervous System Agents: MAO Inhibitors

MARPLAN	3					
NARDIL	2					
tranylcypromine sulfate (PARNATE)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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Central Nervous System Agents: Miscellaneous

NAMENDA	2	60/30 days				
NAMENDA TITRATION PAK	2	49/30 days				
RILUTEK	2	60/30 days				
STRATTERA	3	30/30 days				
XENAZINE	2	90/30 days				
XYREM	2			Y		

Central Nervous System Agents: Sedatives/Hypnotics

AMBIEN CR	3	30/30 days				
buspirone hcl (BUSPAR)	1					
CHLORAL HYDRATE SUPP	2					
chloral hydrate syrup	1					
EQUAGESIC	2					
hydroxyzine hcl (ATARAX)	1					
hydroxyzine pamoate (VISTARIL)	1					
LUNESTA	3	30/30 days				
meprobamate (MEPROBAMATE)	1					
ROZEREM	2	30/30 days				
SOMNOTE	2					
zaleplon (SONATA)	1	30/30 days				
zolpidem tartrate (AMBIEN)	1	30/30 days				

Central Nervous System Stimulating Agents

ADDERALL XR	3	60/30 days		Y		Prior authorization required >18 years of age
amphetamine salt combo (ADDERALL)	1	60/30 days		Y		Prior authorization required >18 years of age
CONCERTA	3	30/30 days		Y		Prior authorization required >18 years of age
DAYTRANA	3	30/30 days		Y		Prior authorization required >18 years of age
dexmethylphenidate hcl (FOCALIN)	1	60/30 days		Y		Prior authorization required >18 years of age

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
dextroamphetamine sulfate (DEXTROSTAT)	1	180/30 days		Y		Prior authorization required >18 years of age
dextroamphetamine sulfatecr (DEXEDRINE)	1	90/30 days		Y		Prior authorization required >18 years of age
FOCALIN XR	3	30/30 days		Y		Prior authorization required >18 years of age
INTUNIV	3	30/30 days				
METADATE CD	3	30/30 days		Y		Prior authorization required >18 years of age
methamphetamine hcl (DESOXYN)	1			Y		Prior authorization required >18 years of age
methylin er (METADATE ER)	1	60/30 days		Y		Prior authorization required >18 years of age
methylphenidate hcl (RITALIN)	1	90/30 days		Y		Prior authorization required >18 years of age
methylphenidate hcl (RITALIN SR)	1	60/30 days		Y		Prior authorization required >18 years of age
methylphenidate hcl soln (METHYLIN SOLN)	1	450/30 days		Y		Prior authorization required >18 years of age
NUVIGIL	3	30/30 days		Y		
PROVIGIL	3	60/30 days		Y		
RITALIN LA	3	30/30 days		Y		Prior authorization required >18 years of age
VYVANSE	3	30/30 days		Y		Prior authorization required >18 years of age

Dermatological Agents: Antibacterials

AKNE-MYCIN	3					
ALTABAX	3	15/30 days				
BACTROBAN	2	30/30 days				
BENZACLIN	3	50/30 days				Copay per 25 grams
CLEOCIN	2	6/30 days				
CLINDAGEL	3					
clindamax (CLEOCIN)	1					
clindamycin phosphate (CLEOCIN-T)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
clindamycin phosphate foam (EVOCLIN)	1	100/30 days				
CLINDESSE	3					
DUAC CS	3	1/30 days				
erythromycin	1					
erythromycin (ERYGEL)	1					
erythromycin/benzoyl peroxide (BENZAMYCIN)	1	46.6/30 days				Copay per 25 grams
gentamicin sulfate	1					
METROGEL	2	60/30 days				
METROGEL 1% KIT	2	1/30 days				
metronidazole (METROCREAM)	1	45/30 days				
metronidazole (METROGEL)	1	60/30 days				
metronidazole (METROLOTION)	1	60/30 days				
metronidazole vaginal (METROGEL VAGINAL)	1					
mexar wash (OVACE WASH)	1					
mupirocin (BACTROBAN)	1	44/30 days				
NORITATE	2					
seb-prev wash (OVACE WASH)	1	360/30 days				
sulfacetamide sodium (KLARON)	1	336/30 days				
Dermatological Agents: Antifungals						
ciclopirox (LOPROX)	1					
ciclopirox nail lacquer (PENLAC NAIL LACQUER)	1			Y		
clotrimazole (MYCELEX)	1					
clotrimazole/betamethasone dipropionate (LOTRISONE)	1					
econazole nitrate (SPECTAZOLE)	1					
EXELDERM	2					
GYNAZOLE-1	2					
ketconazole (NIZORAL)	1	120/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ketoconazole (NIZORAL)	1	240/30 days				
LOPROX SHAMPOO	3	240/30 days				
NAFTIN	2					
NAFTIN-MP	2					
nystatin (MYCOSTATIN)	1					
NYSTATIN VAGINAL	2					
nystop (MYCOSTATIN)	1					
OXISTAT	2	60/30 days				
terconazole cream (TERAZOL 3 CREAM)	1	40/30 days				
terconazole supp (TERAZOL 3 SUPP)	1	6/30 days				
terconazole (TERAZOL 7)	1	90/30 days				
zazole (TERAZOL 3)	1	40/30 days				
zazole (TERAZOL 7)	1	90/30 days				

Dermatological Agents: Anti-inflammatories

ALA-SCALP	3					
alclometasone dipropionate (ACLOVATE)	1					
AMCINONIDE LOTN	2					
amcinonide cream (CYCLOCORT CREAM)	1					
apexicon e (PSORCON E)	1	60/30 days				
augmented betamethasone dipropionate (DIPROLENE)	1					
augmented betamethasone dipropionate (DIPROLENE AF)	1					
betamethasone dipropionate	1					
betamethasone valerate	1					
beta-val	1					
CAPEX	3					
clobetasol propionate foam	1	100/30 days				Copay per 50 grams
clobetasol propionate (TEMOVATE)	1					
clobetasol propionate e (TEMOVATE E)	1					
CLOBEX LIQD	3	118/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
CLOBEX LOTN/SHAMP	3	236/30 days				
CLODERM PUMP	3					
CORDRAN	2					
CORDRAN SP	2					
CORDRAN TAPE	2					
cormax (TEMOVATE)	1					
CORTIFOAM	2					
CORTISPORIN	2					
CUTIVATE	3					
DERMA-SMOOTHIE/FS BODY OIL	2					
DERMA-SMOOTHIE/FS SCALP OIL	2					
desonide (DESOWEN)	1					
desoximetasone (TOPICORT)	1					
desoximetasone (TOPICORT LP)	1					
diflorasone diacetate	1					
EPIFOAM	2					
fluocinolone acetonide	1					
fluocinolone acetonide (SYNALAR)	1					
fluocinonide (LIDEX)	1					
fluocinonide emollient base (LIDEX-E)	1					
fluticasone propionate (CUTIVATE)	1					
halobetasol propionate (ULTRAVATE)	1					
HALOG	2					
hc pram (PRAMOSONE)	1					
hemril-30 (PROCTOCORT)	1	12/30 days				
hydrocortisone	1					
hydrocortisone (HYTONE)	1					
hydrocortisone acetate (ANUSOL-HC)	1	12/30 days				
hydrocortisone butyrate (LOCOID)	1					
hydrocortisone valerate (WESTCORT)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
KENALOG	3					
lidocaine hcl/hydrocortisone acetate (LIDAMANTLE HC)	1	177/30 days				
LOCOID LIPOCREAM	2					
LUXIQ	3	100/30 days				Copay per 50 grams
mometasone furoate (ELOCON)	1					
NOVACORT	2					
nystatin/triamcinolone	1					
nystatin/triamcinolone (MYCOLOG II)	1					
OLUX-E	3	100/30 days				Copay per 50 grams
PANDEL	3	80/30 days				
PRAMOSONE	2					
prednicarbate (DERMATOP)	1					
proctocream-hc (ANUSOL-HC)	1	30/30 days				
PROCTOFOAM HC	2					
proctosol hc	1	30/30 days				
proctozone hc	1	30/30 days				
TACLONEX	3	100/30 days				
TACLONEX SCALP	3	240/30 days				
TEXACORT	3					
triamcinolone acetonide (KENALOG)	1					
triamcinolone in orabase (KENALOG IN ORABASE)	1					
VANOS	3					
VOLTAREN GEL	3					
Dermatological Agents: Antivirals						
DENAVIR	3	2/30days				
ZOVIRAX CREAM	2	5/30 days				
ZOVIRAX OINT	2	15/30 days				
Dermatological Agents: Miscellaneous						
ACCUZYME SE	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ACID JELLY	2					
acticin (ELIMITE)	1					
adapalene cream (DIFFERIN CREAM)	1	45/30 days		Y		PA required >26 years of age
adapalene gel (DIFFERIN GEL)	1	45/30 days		Y		PA required >26 years of age
ALCORTIN A	3					
amnesteem (ACUTANE)	1					
ANACAINE	2					
anthralin (DRITHO-CRÈME HP)	1	50/30 days				
ATOPICLAIR	2	200/30 days				Copay per 100 grams
AVAR	3					
avita (RETIN-A)	1			Y		PA required >26 years of age
AZELEX	2					
calcipotriene (DOVONEX)	1	60/30 days				
CARAC	2	30/30 days				
claravis (ACUTANE)	1					
CONDYLOX	3	3.5/30 days				
dermazene (VYTONE)	1					
DIFFERIN LOTION	2	59/30 days		Y		PA required >26 years of age
DOVONEX	2	120/30 days				
DRITHO-SCALP	2	50/30 days				
ELIDEL	2	120/30 days				Copay per 60 grams
EURAX	3					
FEM PH	2					
FINACEA	2	50/30 days				
FLUOROPLEX	2	30/30 days				
fluorouracil cream (EFUDEX CREAM)	1	40/30 days				
fluorouracil soln (EFUDEX SOLN)	1	10/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
hydrocortisone acetate/pramoxine (ANALPRAM-HC)	1					
hypercare (DRYSOL)	1					
imiquimod (ALDARA)	1	12/30 days				
kovia (ACCUZYME)	1					
kovia 6.5	1	60/30 days				
lidazone hc (ANAMANTLE HC)	1	98/30 days				
lidocaine	1					
lidocaine (LIDAMANTLE)	1	177/30 days				
lidocaine hcl jelly (XYLOCAINE JELLY)	1					
lidocaine/prilocaine (EMLA)	1					
LIDODERM	3	60/30 days				
lindane	1					
LINDANE	2					
malathion (OVIDE)	1					
OXSORALEN ULTRA	2					
PANAFIL SE	2	34/30 days				
PANRETIN	2	60/30 days				
phenazopyridine hcl (PYRIDIUM)	1					
phenazopyridine plus (PYRIDIUM PLUS)	1					
PHISOHEX	3	296/30 days				
podofilox (CONDYLOX W/APPLICATORS)	1					
prascion fc (PLEXION CLEANSING CLOTH)	1	60/30 days				
PROTOPIC	2	120/30 days				Copay per 60 grams
prudoxin (ZONALON)	1					
RAPTIVA	4			Y	Y	Curascript Only
REGRANEX	3			Y		
RETIN-A MICRO	3	50/30 days		Y		PA required >26 years of age
RETIN-A MICRO PUMP	3	50/30 days		Y		PA required >26 years of age

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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SANTYL	2					
selenium sulfide (SELSUN SHAMPOO)	1					
silver sulfadiazine (SILVADENE)	1					
sodium hyaluronate	1	340/30 days				
sodium sulfacetamide/sulfur (PLEXION TS)	1	341/30 days				
SOLARAZE	2					
sulfacetamide sodium/sulfur cleanser	1	341/30 days				
SULFAMYLON	2					
sulfatol cleanser (ROSULA)	1	355/30 days				
SYNERA	2	2/30 days				
TAZORAC	2	30/30 days				
tbc (GRANULEX)	1					
tretinoin (RETIN-A)	1	50/30 days		Y		PA required >26 years of age
XCLAIR	2	150/30 days				
XERAC AC	2	60/30 days				
ziox (PANAFIL)	1	60/30 days				
ziox 405 (PANAFIL)	1	60/30 days				

Devices

ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION	2					
ACCU-CHEK ADVANTAGE GLUCOSE CONTROL	2					
ACCU-CHEK AVIVA	2					
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ACCU-CHEK COMFORT CURVE LINEARITY SOLUTION	2					
ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION	2					
ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION (2 LEVELS)	2					
ACCU-CHEK MULTICLIX LANC ET DEVICE KIT	2	200/30 days				
AEROCHAMBER PLUS	2	1/365 days				
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X ½"	2	120/30 days				
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	2	120/30 days				
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X ½"	2	120/30 days				
BD ULTRA FINE LANCETS	2	204/30 days				
BD ULTRA-FINE 33 LANCETS	2	204/30 days				
BD ULTRAFINE III MINI PEN NEEDLES/31G X 5MM	2	120/30 days				
BD ULTRAFINE III SHORT PEN NEEDLES/31G X 5/16"	2	120/30 days				
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	120/30 days				
E-Z SPACER	2	1/365 days				
INSULIN SYRINGE/0.3ML/29G X ½"	2	120/30 days				
INSULIN SYRINGE/0.5ML/29G X ½"	2	120/30 days				
INSULIN SYRINGE/1ML/29G X ½"	2	120/30 days				
INSULIN SYRINGE/1ML/31G X 5/16"	2	120/30 days				
Diabetic Supplies						
ACCU-CHEK ACTIVE STRIPS	2	200/30 days				
ACCU-CHEK COMFORT CURVE TEST STRIPS	2	200/30 days				
ACCU-CHEK COMPACT STRIPS	2	204/30 days				
ACCU-CHEK COMPACT TEST DRUM	2	204/30 days				
ACCU-CHEK INSTANT GLUCOSE	2					
Electrolyte and Fluid Maintenance						

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
acetic acid 0.25%	1					
calcium acetate (PHOSLO)	1					
effervescent potassium/chloride (K-LYTE/CL)	1					
FOSRENOL	2	90/30 days				
GALZIN	2					
klor-con (K-LOR)	1					
klor-con 8	1					
KLOR-CON M15	2					
klor-con m20 (K-DUR)	1					
klotrix (K-TABS)	1					
K-PHOS	2					
K-PHOS MF	2					
K-PHOS NO 2	2					
lactulose	1	2880/30 days				
LITHOSTAT	2					
MICRO-K	2					
ORACIT	2					
potassium bicarbonate (K-LYTE)	1					
potassium chloride	1					
potassium chloride powder packet (KLOR-CON 25)	1					
potassium chloride er (K-DUR)	1					
potassium chloride er (MICRO-K)	1					
potassium citrate (UROCIT-K 5)	1					
potassium citrate extended-release (UROCIT-K 10)	1					
RENAGEL	2	360/30 days				
REVELA	2	525/30 days				
sodium polystyrene sulfonate	1	480/30 days				
sodium polystyrene sulfonate (KAYEXALATE)	1	480/30 days				
sps	1	480/30 days				
UROCIT-K 15	3					
vis-phos n (K-PHOS NEUTRAL)	1					
Enzyme Replacement						
PULMOZYME	2					
SUCRAID	2					
Eyes, Ears, Nose, and Throat Agents: Anesthetics						

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
AKTEN	3	5/30 days				
altacaine	1					
antipyrine/benzocaine	1					
auroguard	1					
benzotic	1					
CAPHOSOL	3	120/30 days		Y		
ear-gesic (TYMPAGESIC DROPS)	1					
oticaine otic	1					
otogesic (TYMPAGESIC DROPS)	1					
proparacaine hcl (ALCAINE)	1	15/30 days				
Eyes, Ears, Nose, and Throat Agents: Anti-infectives						
AZASITE	3	5/30 days				
bacitracin	1					
bacitracin /neomycin /polymyxin	1	4/30 days				
bacitracin/polymyxin b	1	4/30 days				
BESIVANCE	3	5/30 days				
chlorhexadine gluconate oral rinse (PERIDEX ORAL RINSE)	1	960/30 days				
CILOXAN	2	4/30 days				
ciprofloxacin hcl (CILOXAN)	1	10/30 days				
IQUIX	3	10/30 days				
NATACYN	3	15/30 days				
neomycin /polymyxin /gramicidin (NEOSPORIN)	1					
ofloxacin (FLOXIN OTIC)	1	20/30 days				
ofloxacin (OCUFLOX)	1	10/30 days				
pramoxine/chloroxylenol (PRAMOTIC)	1	10/30 days				
QUIXIN	3	10/30 days				
sodium sulfacetamide (BLEPH-10)	1					
tobrasol (TOBREX)	1	10/30 days				
TOBREX	2	4/30 days				
trifluridine (VIROPTIC)	1	8/30 days				
trimethoprim sulfate/polymyxin b sulfate (POLYTRIM)	1	10/30 days				
VIGAMOX	2	3/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ZIRGAN	3	5/30 days				
ZYMAR	2	5/30 days				
Eyes, Ears, Nose, and Throat Agents: Anti-inflammatories						
ACULAR	3	5/30 days				
ACULAR LS	3	5/30 days				
ACULAR PF	3	5/30 days				
diclofenac sodium (VOLTAREN)	1	5/30 days				
flurbiprofen sodium (OCUFEN)	1	2.5/30 days				
Eyes, Ears, Nose, and Throat Agents: Corticosteroids						
acetic acid/hydrocortisone	1					
ALREX	3	5/30 days				
bac /poly /neomy /hc	1	4/30 days				
BECONASE AQ	3	25/30 days				
BLEPHAMIDE	2	10/30 days				
BLEPHAMIDE S.O.P.	2	4/30 days				
CIPRO HC	3	10/30 days				
CIPRODEX	2	7.5/30 days				
cortisporin-tc	2					
cortomycin (CORTISPORIN)	1					
dexamethasone sodium phosphate	1					
DUREZOL	3	10/30 days				
FLAREX	3	10/30 days				
flunisolide (NASALIDE)	1	25/30 days				
fluorometholone (FML LIQUIFILM)	1	10/30 days				
fluticasone propionate (FLONASE)	1	16/30 days				
FML FORTE	2	10/30 days				
FML S.O.P.	2	4/30 days				
LOTEMAX	3	5/30 days				
MAXIDEX	3					
methadex (MAXITROL)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
NASACORT AQ	2	16.5/30 days				
NASONEX	2	34/30 days				
neo /poly /bac /hc	1					
neomycin /polymyxin /dexamethasone (MAXITROL)	1					
neomycin /polymyxin /hydrocortisone (CORTISPORIN)	1					
otomar (CORTANE-B-OTIC)	1					
POLY-PRED	2	15/30 days				
PRED MILD	2	5/30 days				
PRED-G	3	5/30 days				
PRED-G S.O.P.	3	4/30 days				
PREDNISOLONE SODIUM PHOSPHATE	2	15/30 days				
RHINOCORT AQUA	3	8.6/30 days				
sulfacetamide sodium/prednisolone sodium phosphate	1	15/30 days				
TOBRADEX OINT	3	4/30 days				
TOBRADEX SUSP	3	10/30 days				
tobramycin/ dexamethasone (TOBRADEX)	1	10/30 days				
VERAMYST	3	10/30 days				
VEXOL	3	5/30 days				
ZYLET	3	5/30 days				
Eyes, Ears, Nose, and Throat Agents: Miscellaneous						
acetic acid	1					
acetic acid/aluminum acetate	1					
apraclonidine (IOPIDINE)	1	15/30 days				*ONLY 0.5% at tier 1
ASTEPRO	2	30/30 days				
azelastine (ASTELIN)	1	30/30 days				
cromolyn sodium (NASALCROM)	1	26/30 days				
FIRST-BXN MOUTHWASH	3	473/30 days				
IOPIDINE	3	15/30 days				
LACRISERT	2					
PATANASE	3	30.5/30 days				
RESTASIS	2	64/30 days		Y		

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
TYZINE PEDIATRIC	2					
Gastrointestinal Agents: Antiemetics						
ANZEMET	3	4-8/30 days				
CESAMET	3	6/30 days				
dronabinol (MARINOL)	1			Y		
EMEND	2	4-12/30 days		Y		
granisetron hcl (KYTRIL)	1	2/30 days				
maldemar (SCOPACE)	1					
ondansetron hcl (ZOFTRAN)	1	6-12/30 days				
ondansetron odt (ZOFTRAN ODT)	1	6-12/30 days				
SANCUSO	3	4/28 days		Y		
trimethobenzamide hcl (TIGAN)	1					
Gastrointestinal Agents: Anti-inflammatories						
APRISO	3	120/30 days				
ASACOL	2	360/30 days				
ASACOL-HD	2	180/30 days				
balsalazide disodium (COLAZAL)	1	270/30 days				
CANASA	2	60/30 days				
DIPENTUM	2	120/30 days				
hydrocortisone (CORTENEMA)	1					
LIALDA	2	120/30 days				
mesalamine (ROWASA)	1	3600/30 days				
PENTASA	2	240/30 days				
Gastrointestinal Agents: Enzyme Replacement						
CREON	2					
CREON 5	2					
CREON 10	2					
CREON 20	2					
DYGASE	2					
ENZYMAX	2					
GASTRINEX	2					
LIPRAM 4500	3					
LIPRAM-PN10	2					
LIPRAM-PN16	2					
LIPRAM-PN20	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
LIPRAM-UL12	3					
LIPRAM-UL18	3					
LIPRAM-UL20	3					
PANCREASE MT 10	3					
PANCREASE MT 16	3					
PANCREASE MT 20	3					
PANCREASE MT 4	2					
PANCREATIN	2					
PANCREAZE	2					
PANCRECARB MS-16	2					
PANCRECARB MS-4	2					
PANCRECARB MS-8	2					
PANCRELIPASE	2					
PANGESTYME CN 10	2					
PANGESTYME CN 20	2					
PANGESTYME EC	2					
PANGESTYME MT 16	2					
PANGESTYME UL 12	2					
PANGESTYME UL 18	2					
PANGESTYME UL 20	2					
plaretase 8000	1					
PLARETASE 8000	2					
ULTRASE	2					
ULTRASE MT 12	2					
ULTRASE MT 18	2					
ULTRASE MT 20	2					
VIOKASE	2					
VIOKASE 16	2					
VIOKASE 8	2					
ZENPEP	3					
Gastrointestinal Agents: H2 Antagonists						
cimetidine (TAGAMET)	1					
famotidine (PEPCID)	1					
famotidine susp. (PEPCID SUSP)	3	150/30 days				Excluded from coverage >12 years

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
						of age
nizatadine (AXID)	1	30-480/30 days				Solution: Excluded from coverage >12 years of age
ranitidine hcl (ZANTAC)	1					
Gastrointestinal Agents: Other						
AMITIZA	2	60/30 days				
belladonna alkaloids/phenobarbital cr (DONNATAL EXTENTAB)	1					
DIGEX NF	3					
difenoxylate/atropine (LOMOTIL)	1					
HALFLYTELY BOWEL PREP	2					
hyoscyamine/ phenyltoloxamine (DIGEX NF)	1					
loperamide hcl	1					
LOTRONEX	2			Y		
metoclopramide hcl (REGLAN)	1					
MOVIPREP	2					
OSMOPREP	2					
paregoric	1					
peg 3350/electrolytes (COLYTE)	1					
polyethylene glycol 3350 (MIRALAX)	1					
ursodiol (ACTIGALL)	1					
ursodiol 250 (URSO 250)	1					
ursodiol (URSO FORTE)	1					
VISICOL	2					
Gastrointestinal Agents: PPIs						
ACIPHEX	3	30/30 days	Y			Progressive Medication Program with omeprazole AND pantoprazole AND lansoprazole AND Dexilant (formerly Kapidex) required; For 5 Tier benefit, Copay Tier 5 applies.
DEXILANT (formerly KAPIDEX)	2	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.
lansoprazole (PREVACID)	1	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
NEXIUM	3	30/30 days	Y			Progressive Medication Program with omeprazole AND pantoprazole AND lansoprazole AND Dexilant (formerly Kapidex) required; For 5 Tier benefit, Copay Tier 5 applies.
omeprazole (PRILOSEC)	1	60/30 days				QL- 30/30 days for 40 mg strength
omeprazole otc (PRILOSEC OTC)	1	56/28 days				
omeprazole/sodium bicarbonate cap (ZEGERID)	1	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.
pantoprazole sodium (PROTONIX)	1	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.
PREVACID OTC	1	56/28 days				
PREVACID SOLUTAB	3	30/30 days	Y			Progressive Medication Program with omeprazole or Prevacid OTC required.
PREVPAC	3	14/30 days				
PRILOSEC PACKETS	3	30/30 days	Y			Progressive Medication Program with generic omeprazole required.
PROTONIX PACK	3	30/30 days	Y			Progressive Medication Program with generic pantoprazole required.
ZEGERID OTC	1	28/28 days				
Gastrointestinal Agents: Protectants						
CARAFATE SUSP	2	480/30 days				
misoprostol (CYTOTEC)	1	120/30 days				
sucrafate tabs (CARAFATE TABS)	1	120/30 days				
Genitourinary Agents						
DETROL	2	60/30 days				
DETROL LA	2	30/30 days				
ENABLEX	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
GELNIQUE	3	30/30 days				
flavoxate hcl (URISPAS)	1	240/30 days				
oxybutynin chloride (DITROPAN)	1	480/30 days				
oxybutynin chloride er (DITROPAN XL)	1	30/30 days				
SANCTURA	3	60/30 days				
SANCTURA XR	3	30/30 days				
TOVIAZ	3	30/30 days				
VESICARE	2	30/30 days				

Hormonal Agents: Androgens

ANDRODERM	3	30/30 days		Y		
ANDROGEL PUMP	2	300/30 days		Y		
danazol	1					
oxandrolone (OXANDRIN)	1			Y		
TESTIM	3	300/30 days		Y		

Hormonal Agents: Contraceptives

apri (DESOGEN)	1	28/28 days				
aviane (ALESSE-28)	1	28/28 days				
cesia (CYCLESSA)	1	28/28 days				
crystelle-28 (LO/OVRAL-28)	1	28/28 days				
drospirenone/ethinyl estradiol 3/0.02 (YAZ)	2	28/28 days				
enpresse-28 (TRI-LEVLEN)	1	28/28 days				
errin (NOR-QD)	1	28/28 days				
FEMCON FE	2	28/28 days				
jolessa (SEASONALE)	1	91/91 days				
junel 1.5/30 (LOESTRIN 1.5/30-21)	1	28/28 days				
kariva (MIRCETTE)	1	28/28 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
kelnor 1/35 (DEMULEN 1/35-28)	1	28/28 days				
leena (TRI-NORINYL 28)	1	28/28 days				
LOESTRIN 24 FE	2	28/28 days				
LOSEASONIQUE	2	91/91 days				
LYBREL	2	28/28 days				
microgestin 1/20 (LOESTRIN 1/20-21)	1	28/28 days				
microgestin fe (LOESTRIN FE 1/20)	1	28/28 days				
microgestin fe 1.5/30 (LOESTRIN FE 1.5/30)	1	28/28 days				
mononessa (ORTHO-CYCLEN-28)	1	28/28 days				
NECON 10/11-28	2	28/28 days				
next choice (PLAN B)	1	2/30 days				Excluded for members >16 years old
nortrel 0.5/35 (28) (BREVICON-28)	1	28/28 days				
nortrel 1/35 (28) (NORINYL 1+35)	1	28/28 days				
nortrel 7/7/7 (ORTHO-NOVUM 7/7/7-28)	1	28/28 days				
NUVARING	3	1/28 days				
ocella (YASMIN-28)	1	28/28 days				
OGESTREL	2	28/28 days				
ORTHO EVRA	2	3/28 days				
ORTHO TRI-CYCLEN LO	2	28/28 days				
OVCON-50 28	2	28/28 days				
SEASONIQUE	2	91/91 days				
tri-legest fe (ESTROSTEP FE)	1	28/28 days				
tri-sprintec (ORTHO TRI-CYCLEN)	1	28/28 days				
zenchent (OVCON-35)	1	28/28 days				
zovia 1/50e (DEMULEN 1/50-28)	1	28/28 days				

Hormonal Agents: Corticosteroids

AEROBID	3	21/30 days				
ASMANEX 120 METERED DOSES	2	1/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ASMANEX 30 METERED DOSES	2	1/30 days				
ASMANEX 60 METERED DOSES	2	1/30 days				
budesonide (PULMICORT)	1	2/30 days		Y		Only 0.25 and 0.5mg strengths tier 1; Prior authorization required >8 yrs of age
CELESTONE	3					
cortisone acetate	1					
DEXAMETHASONE ELIX	2					
dexamethasone tabs	1					
ENTOCORT EC	2					
FLOVENT DISKUS	2	60/30 days				
FLOVENT HFA	2	21.2/30 days				
fludrocortisone acetate (FLORINEF)	1					
hydrocortisone (CORTEF)	1					
methylprednisolone (MEDROL)	1					
methylprednisolone (MEDROL DOSEPAK)	1					
PREDNISOLONE TABS	2					
prednisolone (PRELONE)	1					
prednisolone sodium phosphate (ORAPRED)	1					
prednisolone sodium phosphate (PEDIAPRED)	1					
prednisone (DELTASONE)	1					
prednisone (STERAPRED DS)	1					
PULMICORT FLEXHALER	2	2/30 days				
PULMICORT RESPULES	3	60/30 days		Y		Prior authorization required >8 yrs of age
QVAR	3	24/30 days				
SYMBICORT	2	10.2/30 days				
Hormonal Agents: Estrogen Agonists						
ACTIVELLA	2	28/28 days				
alora	1	8/28 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ANGELIQ	3	28/28 days				
CENESTIN	2					
CLIMARA PRO	3	4/28 days				
COMBIPATCH	2	8/28 days				
covaryx (ESTRATEST)	1					
covaryx hs (ESTRATEST H.S.)	1					
essian (ESTRATEST)	1					
essian h.s. (ESTRATEST H.S.)	1					
ESTRACE	2					
ESTRADERM	2					
estradiol (CLIMARA)	1	4/28 days				
estradiol (ESTRACE)	1					
estradiol/norethindrone acetate (ACTIVELLA)	1	28/28 days				
DIVIGEL	3					
ESTRASORB	3	98/30 days				
ESTRING	3	1/84 days				Covered for 3 copays
ESTROGEL	3	100/30 days				Copay per 50 grams
estropipate (OGEN)	1					
EVAMIST SPRAY	3					
EVISTA	2	30/30 days				
FEMHRT 1/5	2					
FEMHRT LOW DOSE	2					
FEMRING	3	1/84 days				Covered for 3 copays
FEMTRACE	2					
MENEST	2					
MENOSTAR	3					
PREFEST	2					
PREMARIN	2					
PREMARIN W/APPLICATOR	2	86/30 days				
PREMPHASE	2	28/28 days				
PREMPRO	2	28/28 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
VAGIFEM	3	18/28 days				
VIVELLE-DOT	3	8/28 days				
Hormonal Agents: Growth Hormone						
INCRELEX	4				Y	Curascript Only
IPLEX	4				Y	Curascript Only
OMNITROPE	4			Y	Y	Exclusive Somatropin agent covered; Curascript only
SEROSTIM	4			Y	Y	Curascript Only
Hormonal Agents: Miscellaneous						
METHERGINE	2					
FORTEO	4	3/28 days		Y	Y	Curascript Only
fortical	1	3.7/28 days				
MIACALCIN NASAL SOLN	3	3.7/28 days				
MIACALCIN INJ SOLN	4				Y	Curascript Only
Hormonal Agents: Pituitary						
desmopressin acetate (DDAVP)	1					
STIMATE	3			Y		
Hormonal Agents: Progestins						
CRINONE	3			Y		
ENDOMETRIN	3			Y		
medroxyprogesterone acetate (DEPO-PROVERA CONTRACEPTIVE)	1	1/84 days				Covered for 3 copays
medroxyprogesterone acetate (PROVERA)	1					
MEGACE ES	3	150/30 days				
norethindrone acetate (AYGESTIN)	1					
PROCHIEVE	3			Y		
PROMETRIUM	2					
Hormonal Agents: Thyroid Agents						
ARMOUR THYROID	2					
levothroid	1					
levothyroxine sodium	1					
levoxyI	1					
liothyronine (CYTOMEL)	1					
methimazole (TAPAZOLE)	1					
propylthiouracil	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
SYNTHROID	2					
thyroid	1					
THYROLAR-1	2					
THYROLAR-1/2	2					
THYROLAR-1/4	2					
THYROLAR-2	2					
THYROLAR-3	2					
TIROSINT	2					
unithroid direct	1					
Miscellaneous Agents						
ACTONEL	3	1-30/30 days	Y			Progressive Medication Program with alendronate required.
ACTONEL WITH CALCIUM	3	28/28 days	Y			Progressive Medication Program with alendronate required.
alendronate sodium (FOSAMAX)	1	4-30/30 days				
allopurinol (ZYLOPRIM)	1					
AMPYRA	3	60/30 days		Y		
ANTABUSE	2					
AVODART	2	30/30 days				
AVONEX	4	4/30 days		Y	Y	Curascript Only; Copaxone and Rebif are preferred products
azathioprine (IMURAN)	1					
BETASERON	4	15/30 days		Y	Y	Curascript Only; Copaxone and Rebif are preferred products
BONIVA	3	1-30/30 days	Y			Progressive Medication Program with alendronate required.
CELLCEPT SUSP	2					
CIMZIA	4	1/30 days		Y	Y	Humira and Simponi required first; Curascript Only
CIMZIA STARTER KIT	4	1/30 days		Y	Y	Humira and Simponi required first; Curascript Only
COLCHICINE	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
COPAXONE	4	4/28 days			Y	Curascript Only; Copaxone and Rebif are preferred products
cyclosporine (SANDIMMUNE)	1					
CYCLOSPORINE MODIFIED CAP 50mg	2					
cyclosporine modified (NEORAL)	1					
CYSTADANE	2					
CYSTAGON	2					
DEMSER	3					
ELMIRON	3					
ENBREL	4			Y	Y	Humira and Simponi required first; Curascript Only
ENBREL SURECLICK	4			Y	Y	Humira and Simponi required first; Curascript Only
etidronate disodium (DIDRONEL)	1					
EXTAVIA	4	15/30 days		Y	Y	Curascript Only; Copaxone and Rebif are preferred products
FINASTERIDE	1	30/30 days				
FOSAMAX SOLN	2	300/30 days				
FOSAMAX PLUS D	2	4/28 days	Y			Progressive Medication Program with alendronate required.
HUMIRA	4			Y	Y	Curascript Only
HUMIRA PEN	4			Y	Y	Curascript Only
KINERET	4			Y	Y	Curascript Only
leflunomide (ARAVA)	1					
LEUCOVORIN CALCIUM 10&15mg	2					
leucovorin calcium	1					
levocarnitine (CARNITOR)	1					
MEPHYTON	2					
MESNEX	3					
mycophenolate (CELLCEPT)	1					
MYFORTIC	3					
ORFADIN	2					
RAPAMUNE	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
REBIF	4	4/30 days			Y	Curascript Only; Copaxone and Rebif are preferred products
REBIF TITRATION PACK	4	4/30 days			Y	Curascript Only; Copaxone and Rebif are preferred products
RELISTOR	4	32/30 days				
REVLIMID	2	21/28 days			Y	Curascript Only
RIMSO-50	2					
SAMSCA	3	60/30 days				
SENSIPAR	2	60/30 days				
SIMPONI	4			Y	Y	Curascript Only
SKELID	2					
SOMATULINE DEPOT	4	1/28 days		Y	Y	Curascript Only
SORIATANE	2	30/30 days				
SORIATANE CK	2	1/30 days				
tacrolimus (PROGRAF)	1					
tamsulosin (FLOMAX)	1	60/30 days				
THALOMID	2				Y	Curascript Only
THIOLA	2					
SYNALGOS-DC	3	300/30 days				
ULORIC	3	30/30 days		Y		
UROXATRAL	2	30/30 days				
ZAVESCA	2	90/30 days				
Ophthalmic Agents: Anti-Allergy						
ALAMAST	3	10/30 days				
ALOCRIL	2	15/30 days				
ALOMIDE	2	10/30 days				
azelastine (OPTIVAR)	1	6/30 days				
BEPREVE	2	10/30 days				
cromolyn sodium (CROLOM)	1	10/30 days				
ELESTAT	3	5/30 days				
EMADINE	3	5/30 days				
PATADAY	2	10/30 days				
PATANOL	2	10/30 days				
ZADITOR OTC	1	10/30 days				
Ophthalmic Agents: Antiglaucoma						

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ALPHAGAN P	2	10/30 days				ONLY 0.1% Strength
AZOPT	2	10/30 days				
BETAXOLOL HCL	2	10/30 days				
BETIMOL	2	10/30 days				
BETOPTIC-S	2	10/30 days				
brimonidine tartrate (ALPHAGAN P)	1	10/30 days				Tier 1 applies to 0.15% and 0.2% strengths
carboptic (ISOPTO CARBACHOL)	1	15/30 days				
carteolol hcl	1	10/30 days				
COMBIGAN	3	5/30 days				
dorzolamide (TRUSOPT)	1	10/30 days				
dorzolamide hcl/ timolol maleate (COSOPT)	1	10/30 days				
ISOPTO CARBACHOL	3	15/30 days				
ISTALOL	2	10/30 days				
levobunolol hcl (BETAGAN)	1	10/30 days				
levobunolol hcl (BETAGAN WITHOUT C CAP)	1	10/30 days				
LUMIGAN	3	2.5/30 days				
metipranolol (OPTIPRANOLOL)	1	10/30 days				
PHOSPHOLINE IODIDE	2	15/30 days				
pilocarpine hcl (ISOPTO CARPINE)	1	15/30 days				
PILOPINE HS	2					
timolol maleate (TIMOPTIC)	1	10/30 days				
timolol maleate ophthalmic gel forming (TIMOPTIC-XE)	1	10/30 days				
TRAVATAN	2	2.5/30 days				
TRAVATAN Z	2	2.5/30 days				
XALATAN	2	2.5/30 days				
Ophthalmic Agents: Mydriatics						
atropine sulfate	1	3.5/30 days				
atropine sulfate (ISOPTO ATROPINE)	1	15/30 days				
CYCLOGYL	3	15/30 days				
CYCLOMYDRIL	3	2/30 days				
cyclopentolate hcl (CYCLOGYL)	1	15/30 days				
dipivefrin hcl (PROPINE)	1	10/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
homatropaire (ISOPTO HOMATROPINE)	1	15/30 days				
ISOPTO HOMATROPINE	2	15/30 days				
ISOPTO HYOSCINE	2	15/30 days				
Ophthalmic Agents: Vasoconstrictors						
ak-con (ALBALON)	1					
phenylephrine hcl	1					
Prenatal Vitamins						
advanced care plus (PRECARE PREMIER)	1	30/30 days				
advanced natalcare	1	30/30 days				
advanced-rf natalcare	1	30/30 days				
ATABEX EC	3	30/30 days				
cal-nate	1	30/30 days				
CARENATAL DHA	3	60/30 days				
CAVAN-HEME OB	3	30/30 days				
CITRANATAL 90 DHA	3	60/30 days				
CITRANATAL B-CALM	3	60/30 days				
CITRANATAL HARMONY	3	30/30 days				
docosavit (TANDEM DHA)	1	30/30 days				
DUET	2	30/30 days				
DUET DHA COMPLETE	3	60/30 days				
FEMECAL OB	3	30/30 days				
FEMECAL OB PLUS DHA	3	60/30 days				
FOLCAPS OMEGA 3	3	30/30 days				
FOLIVANE-OB	3	30/30 days				
elite-ob (OB COMPLETE)	1	30/30 days				
MARNATAL-F	3	30/30 days				
mynatal ultracaplet	1	30/30 days				
mynate 90 plus	1	30/30 days				
natalcare glosstabs	1	30/30 days				
natalcare pic forte	1	30/30 days				
natalcare plus	1	30/30 days				
natalcare rx	1	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
natatab fa (NESTABS FA)	1	30/30 days				
natatab rx (NESTABS RX)	1	30/30 days				
NATELLE ONE	3	30/30 days				
NEEVO	3	30/30 days				
NEEVO DHA	3	30/30 days				
nestabs cbf	1	30/30 days				
nutrinate (NATACHEW)	1	30/30 days				
nutrispire	1	30/30 days				
OB COMPLETE 400	3	30/30 days				
ob-natal one (PRIMACARE ONE)	1	60/30 days				
obstetrix ec (OBTREX)	1	30/30 days				
OBTREX DHA	2	60/30 days				
perry prenatal	1	30/30 days				
pnv (PRENATE ELITE)	1	30/30 days				
pnv-dha (PRENATE DHA)	1	30/30 days				
PREFERA OB + DHA	3	60/30 days				
prenafirst	1	30/30 days				
prenatabs rx (NESTABS RX)	1	30/30 days				
PRENATAL + DHA	2	30/30 days				
prenatal 1 plus 1 (LACTOCAL-F)	1	30/30 days				
prenatal low iron (RIGHT STEP PRENATAL)	1	30/30 days				
prenatal mr 90 fe	1	30/30 days				
prenatal mtr/selenium	1	30/30 days				
prenatal plus	1	30/30 days				
prenatal rx	1	30/30 days				
prenatal rx 1	1	30/30 days				
prenatal rx/beta-carotene	1	30/30 days				
prenatal z (LACTOCAL-F)	1	30/30 days				
PRENEXA	3	30/30 days				
PRIMACARE	2	60/30 days				
re dualvit ob (RE DUALVIT OB)	1	30/30 days				
renate dha (DUET DHA)	1	60/30 days				
rovin-nv	3	30/30 days				
rovin-nv dha	3	30/30 days				
TARON-C DHA	3	30/30 days				
TL G-FOL OS	3	30/30 days				
TRICARE DHA 301	2	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
TRICARE PRENATAL DHA ONE	3	30/30 days				
trinate	1	30/30 days				
ultra natalcare	1	30/30 days				
vinatal forte (NATAFORT)	1	30/30 days				
vinate az	1	30/30 days				
vinate ii (VINATE AZ EXTRA)	1	30/30 days				
vinate m	1	30/30 days				
vinate ultra	1	30/30 days				
vita-natal (MYNATAL)	1	30/30 days				
VITAFOL-OB +DHA	3	60/30 days				

Respiratory Agents: Antitussives

airacof	1					
ALBATUSIN	3					
ALLFEN CDX	3					
benzonatate (TESSALON)	1	90/30 days				
bromphen./phenylephrine (RESPAHIST-II)	1					
CARBAPHEN 12	3					
CENHIST	3					
CORZALL	3					
CORZALL PLUS	3					
DONATUSS DC	3					
DONATUSS XP	3					
EXALL	3					
EXALL-D	3					
GILTUSS	3					
GILTUSS PEDIATRIC	3					
GILTUSS TR	3					
guaifenesin/codeine (TUSSO-C)	1					
hydromet (HYCODAN)	1	480/30 days				
J-TAN D	3					
LORTUSS EX	3					
MAR-COF BP	3					
NEO AC	3					
NOTUSS-PE	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
phenylephrine/bromphen./codeine (POLY-TUSSIN LIQ AC)	1					
phenylephrine/bromphen./dm (BROVEX PEB LIQ DM)	1					
phenylephrine/diphenhy./codeine (ENDAL CD)	1					
POLY HIST DHC	3					
POLY HIST NC	3					
POLY-TUSSIN EX	3					
pseudoephedrine/bromphen./dm (BROVEX PSB LIQ DM)	1					
PRO-CLEAR	3					
PYRIL DM	3					
RESCON-MX	3					
RESPA C&C IR	3					
RYNEZE	3					
SYMPAK DM	3					
TUSSIONEX PENNKINETIC EXTENDED RELEASE	3	120/30 days				
TUSSO-XR	2					
TUSSO-ZR	2					
TUSSO-ZMR	2					
Z-TUSS AC	3	120/30 days				
ZODRYL AC	3					
ZODRYL AC ADULT	3					
ZODRYL DAC	3					
Respiratory Agents: Bronchodilators						
ADVAIR DISKUS	2	60/30 days				
ADVAIR HFA	2	12/30 days				
albuterol sulfate neb solution (ACCUNEB)	1	375/30 days				
albuterol sulfate neb solution (PROVENTIL)	1	375/30 days				
albuterol sulfate neb solution (VENTOLIN)	1	375/30 days				
albuterol sulfate syrup (VENTOLIN)	1	480/30 days				
albuterol sulfate er tab (VOSPIRE ER)	1					
albuterol sulfate/ipratropium bromide neb solution (DUONEB)	1	540/30 days				
ALUPENT	3	28/30 days				
aminophylline	1					
BROVANA	3			Y		
COMBIVENT	2	29.4/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
copd (LUFYLLIN-GG)	1					
DY-G	1					
DYLIX	2					
dyphylline-gg (LUFYLLIN-GG)	1					
FORADIL AEROLIZER	2	60/30 days				
ipratropium bromide (ATROVENT)	1	360/30 days				
jay-phyl (PANFIL-G)	1					
levalbuterol hcl concentrate (XOPENEX CONCENTRATE)	1	96/30 days				*ONLY concentrate on tier 1
LUFYLLIN	2					
MAXAIR AUTOHALER	2	14/30 days				
metaproterenol sulfate nebu	1	300/30 days				
metaproterenol sulfate syrup	1	480/30 days				
METAPROTERENOL SULFATE TABS	2					
PERFOROMIST	3			Y		
PROAIR HFA	3	17/30 days				2 inhalers per month
PROVENTIL HFA	3	13.4/30 days				2 inhalers per month
SEREVENT DISKUS	2	60/30 days				
terbutaline sulfate (BRETHINE)	1					
THEO-24	2					
theophylline er (UNIPHYL)	2					
VENTOLIN HFA	2	36/30 days				2 inhalers per month
XOPENEX	3	288/30 days				
XOPENEX HFA	3	30/30 days				
Respiratory Agents: Leukotriene Modifiers						
ACCOLATE	3	60/30 days				
SINGULAIR	2	30/30 days				
ZYFLO	2	120/30 days				
ZYFLO CR	2	120/30 days				
Respiratory Agents: Mast Cell Stabilizers						
cromolyn sodium (INTAL)	1	240/30 days				
INTAL INHALER	2	30/30 days				
TILADE	2	48.6/30 days				
Respiratory Agents: Miscellaneous						
acetylcysteine (MUCOMYST)	1					
baclofen	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
carisoprodol (SOMA)	1	120/30 days				
carisoprodol /aspirin /codeine (SOMA COMPOUND/ CODEINE)	1	120/30 days				
carisoprodol/aspirin (SOMA COMPOUND)	1	120/30 days				
chlorzoxazone (PARAFON FORTE DSC)	1					
cyclobenzaprine hcl (FLEXERIL)	1	90/30 days				
dantrolene sodium (DANTRIUM)	1					
metaxalone (SKELAXIN)	1	120/30 days				
methocarbamol (ROBAXIN)	1					
orphenadrine citrate er (NORFLEX)	1	60/30 days				
tizanidine hcl (ZANAFLEX)	1					
Toxicologic Agents						
CHEMET	2					
CUPRIMINE	2					
DEPEN TITRATABS	3					
EXJADE	2	180/30 days			Y	Curascript Only
naltrexone hcl (REVIA)	1					
SYPRINE	2					
Vitamin D Agents						
calcitriol (ROCALTROL)	1					
HECTOROL	2					
ZEMPLAR	2					

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BEPREVE	69
BESIVANCE	55
betamethasone dipropionate	47
betamethasone valerate	47
BETASERON	67
beta-val	47
BETAXOLOL HCL	70
betaxolol hcl (KERLONE)	37
bethanechol chloride (URECHOLINE)	29
BETIMOL	70
BETOPTIC-S	70
bicalutamide (CASODEX)	25
BIDIL	38
BILTRICIDE	19
bisoprolol fumarate (ZEBETA)	37
bisoprolol fumarate/hydrochlorothiazide (ZIAC)	37
BLEPHAMIDE	56
BLEPHAMIDE S.O.P.	56
BONIVA	67
BROFED	19
bromhist pediatric	19
bromocriptine mesylate (PARLODEL)	26
bromphen./phenylephrine (RESPAHIST-II)	73
brompheniramine sr (RESPA-B)	19
brompheniramine/dextromethorphan/phenylephri ne (ALAHIST DM)	19
BROVANA	74
budeprion sr (WELLBUTRIN SR)	42
budeprion xl (WELLBUTRIN XL)	42

bumetanide (BUMEX)	35
bupap (SEDAPAP)	9
buprenorphine (SUBUTEX)	13
bupropion hcl (WELLBUTRIN XL)	42
bupropion hcl (WELLBUTRIN)	42
bupropion hcl sr (WELLBUTRIN SR)	42
buspirone hcl (BUSPAR)	44
butal /asa /caff /cod (FIORINAL/CODEINE #3)	11
butalbital /acetaminophen /caffeine (ESGIC-PLUS)	9
butalbital /apap /caffeine (FIORICET)	9
butalbital /apap /caffeine /codeine (FIORICET/CODEINE)	11
butalbital /aspirin /caffeine (FIORINAL)	9
butalbital/acetaminophen (PHRENILIN)	9
butalbital/apap/caffeine (ESGIC)	9
butalbital/asa/caffeine (FIORINAL)	9
butorphanol tartrate (STADOL)	13
BYETTA	17
BYSTOLIC	37

C

cabergoline (DOSTINEX)	26
CADUET	33
cafgesic (DURABAC)	9
calcipotriene (DOVONEX)	50
calcitriol (ROCALTROL)	76
calcium acetate (PHOSLO)	54
cal-nate	71
CANASA	58
CANTIL	28
CAPEX	47
CAPHOSOL	55
CAPITAL/CODEINE	11
captopril (CAPOTEN)	30
captopril /hydrochlorothiazide (CAPOZIDE)	31
CARAC	50
CARAFATE SUSP	61
carbamazepine (TEGRETOL)	40
carbamazepine XR (TEGRETOL-XR)	40
CARBAPHEN 12	73
CARBAPHEN 12 PED	20
carbidopa/levodopa (SINEMET)	26
carbidopa/levodopa er (SINEMET CR)	26
carbinoxamine maleate (CARBINOXAMINE MALEATE)	20
carboptic (ISOPTO CARBACHOL)	70
CARDENE SR	33
CARDURA XL	30
CARENATAL DHA	71
carisoprodol (SOMA)	76
carisoprodol /aspirin /codeine (SOMA COMPOUND/ CODEINE)	76
carisoprodol/aspirin (SOMA COMPOUND)	76
carteolol hcl	70
carvedilol (COREG)	37

CAVAN-HEME OB	71	CIPRO	15
CAYSTON	14	CIPRO HC	56
CEDAX	13	CIPRODEX	56
CEENU	25	ciprofloxacin er (CIPRO XR)	15
cefaclor caps	13	ciprofloxacin hcl (CILOXAN)	55
CEFACLOR ER	13	ciprofloxacin hcl (CIPRO)	15
cefadroxil (DURICEF)	13	citalopram hydrobromide (CELEXA)	42
cefdinir (OMNICEF)	13	CITRANATAL 90 DHA	71
cefpodoxime proxetil (VANTIN)	13	CITRANATAL B-CALM	71
cefprozil (CEFZIL)	13	CITRANATAL HARMONY	71
cefuroxime axetil (CEFTIN)	13	claravis (AC CUTANE)	50
CELEBREX	9	clarithromycin (BIAXIN)	14
CELESTONE	64	clarithromycin er (BIAXIN XL)	14
CELLCEPT SUSP	67	CLEOCIN	14, 45
CELONTIN	40	CLIMARA PRO	65
CENESTIN	65	CLINDAGEL	45
CENHIST	73	clindamax (CLEOCIN)	45
cephalexin (KEFLEX)	14	clindamycin hcl (CLEOCIN)	14
CESAMET	58	clindamycin hcl solution (CLEOCIN PEDIATRIC GRANULES)	14
cesia (CYCLESSA)	62	clindamycin phosphate (CLEOCIN-T)	45
cetirizine hcl (ZYRTEC)	21	clindamycin phosphate foam (EVOCLIN)	46
cetirizine hcl/pseudoephedrine hcl er (ZYRTEC-D)	21	CLINDESSE	46
CHEMET	76	clobetasol propionate (TEMOVATE)	47
CHLORAL HYDRATE SUPP	44	clobetasol propionate e (TEMOVATE E)	47
chloral hydrate syrup	44	clobetasol propionate foam	47
chlordiazepoxide /amitriptyline (LIMBITROL DS)	41	CLOBEX LIQD	47
chlordiazepoxide /amitriptyline (LIMBITROL)	41	CLOBEX LOTN/SHAMP	48
chlordiazepoxide /clidinium (LIBRAX)	28	CLODERM PUMP	48
chlordiazepoxide hcl (LIBRIUM)	43	clomipramine hcl (ANAFRANIL)	41
chlorex-a (NALEX-A)	20	clonazepam (KLONOPIN)	40
chlorhexadine gluconate oral rinse (PERIDEX ORAL RINSE)	55	clonazepam orally disintegrating (KLONOPIN WAFERS)	40
chlorothiazide	35	clonidine hcl (CATAPRES)	31
chlorpheniramine /phenyltoloxamine /phenylephrine (NALEX-A)	20	clonidine- tts (CATAPRES-TTS)	31
chlorpheniramine/phenylephrine hcl	20	clorazepate dipotassium (TRANXENE T)	43
chlorpheniramine/pseudoephedrine cr (DECONAMINE SR)	20	clotrimazole (MYCELEX)	46
chlorpheniramine/pseudoephedrine la (BIOHIST LA)	20	clotrimazole/betamethasone dipropionate (LOTRISONE)	46
chlorpromazine hcl (THORAZINE)	39	clozapine (CLOZARIL)	39
chlorpropamide (DIABINESE)	18	COARTEM	27
chlorthalidone	35	CODEINE PHOSPHATE	11
CHLORTHALIDONE 100mg	35	codeine sulfate	11
chlorzoxazone (PARAFON FORTE DSC)	76	COGNEX	29
cholestyramine (QUESTRAN)	35	COLCHICINE	67
cholestyramine light (QUESTRAN LIGHT)	35	colestipol hcl (COLESTID)	35
choline magnesium trisalicylate	9	colestipol hcl for oral suspension (COLESTID)	35
choline magnesium trisalicylate (TRILISATE)	9	COLYTROL	28
ciclopirox (LOPROX)	46	COLYTROL PEDIATRIC	28
ciclopirox nail lacquer (PENLAC NAIL LACQUER)	46	COMBIGAN	70
cilostazol (PLETAL)	29	COMBIPATCH	65
CILOXAN	55	COMBIVENT	74
cimetidine (TAGAMET)	59	COMBIVIR	22
CIMZIA	67	COMHIST	20
CIMZIA STARTER KIT	67	compro	40
		COMTAN	26
		CONCERTA	44
		CONDYLOX	50

COPAXONE	68	DERMA-SMOOTH/FS BODY OIL	48
copd (LUFYLLIN-GG)	75	DERMA-SMOOTH/FS SCALP OIL	48
CORDRAN	48	dermazene (VYTON)	50
CORDRAN SP	48	desipramine hcl (NORPRAMIN)	41
CORDRAN TAPE	48	desmopressin acetate (DDAVP)	66
COREG CR	37	desonide (DESOWEN)	48
cormax (TEMOVATE)	48	desoximetasone (TOPICORT LP)	48
CORTIFOAM	48	desoximetasone (TOPICORT)	48
cortisone acetate	64	DESPEC-PDC	20
CORTISPORIN	48	DETROL	61
cortisporin-tc	56	DETROL LA	61
cortomycin (CORTISPORIN)	56	DEXAMETHASONE ELIX	64
CORZALL	73	dexamethasone sodium phosphate	56
CORZALL PLUS	73	dexamethasone tabs	64
covaryx (ESTRATEST)	65	DEXCHLORPHENIRAMINE MALEATE	20
covaryx hs (ESTRATEST H.S.)	65	DEXCHLORPHENIRAMINE MALEATE CR	20
COVERA-HS	33	DEXILANT (formerly KAPIDEX)	60
cpm 8/pse 90/msc 2.5	20	dexmethylphenidate hcl (FOCALIN)	44
CREON	58	dextroamphetamine sulfate (DEXTROSTAT)	45
CREON 5	58	dextroamphetamine sulfatecr (DEXEDRINE)	45
CREON 10	58	d-hist d (DURAHIST D)	20
CREON 20	58	DIASTAT ACUDIAL	40
CRESTOR	36	DIASTAT PEDIATRIC	40
CRINONE	66	diazepam (VALIUM)	43
CRIXIVAN	23	diclofenac potassium (CATAFLAM)	9
cromolyn sodium (CROLOM)	69	diclofenac sodium (VOLTAREN)	9, 56
cromolyn sodium (INTAL)	75	DICLOFENAC SODIUM EC	9
cromolyn sodium (NASALCROM)	57	diclofenac sodium er (VOLTAREN-XR)	9
cryselle-28 (LO/OVRAL-28)	62	dicloxacillin sodium	15
CUPRIMINE	76	dicyclomine hcl (BENTYL)	28
CUTIVATE	48	didanosine (VIDEX EC)	22
cyclobenzaprine hcl (FLEXERIL)	76	DIFFERIN LOTION	50
CYCLOGYL	70	diflorasone diacetate	48
cyclopentolate hcl (CYCLOGYL)	70	diflunisal	9
CYCLOPHOSPHAMIDE	25	DIGEX NF	60
cycloserine (SEROMYCIN)	24	digoxin (LANOXIN)	37
cyclosporine (SANDIMMUNE)	68	DIGOXIN SOLN	37
cyclosporine modified (NEORAL)	68	dihydroergotamine mesylate (D.H.E. 45)	24
CYCLOSPORINE MODIFIED CAP 50mg	68	DILANTIN	40
CYMBALTA	42	DILANTIN INFATABS	40
cyproheptadine hcl	20	DILATRATE SR	38
CYSTADANE	68	diltiazem cd (CARDIZEM CD)	33
CYSTAGON	68	diltiazem hcl (CARDIZEM)	33
D			
danazol	62	diltiazem hcl (TIAZAC)	33
dantrolene sodium (DANTRIUM)	76	diltiazem hcl er (DILACOR XR)	34
DAPSONE	24	diltiazem hcl er (TIAZAC)	34
DARVON-N	11	diltiazem hcl sr (CARDIZEM LA)	34
DAYTRANA	44	diltiazem xr (DILACOR XR)	34
demeclocycline hcl	16	DIOVAN	33
DEMSE	68	DIOVAN HCT	33
DENAVIR	49	DIPENTUM	58
DEPAKOTE ER	40	diphenoxylate/atropine (LOMOTIL)	60
DEPAKOTE SPRINKLES	40	dipivefrin hcl (PROPINE)	70
DEPEN TITRATABS	76	dipyridamole (PERSANTINE)	38
		disopyramide phosphate (NORPACE)	32
		disopyramide phosphate er (NORPACE CR)	32
		DIURIL	35

divalproex (DEPAKOTE)	40	enalapril maleate (VASOTEC)	31
divalproex er (DEPAKOTE ER)	40	enalapril maleate/hydrochlorothiazide	
divalproex sprinkles (DEPAKOTE SPRINKLES)	40	(VASERETIC)	31
DIVIGEL	65	ENBREL	68
docosavit (TANDEM DHA)	71	ENBREL SURECLICK	68
DOLGIC LQ	9	ENDOMETRIN	66
DOLGIC PLUS	9	enoxaparin sodium (LOVENOX)	30
dologen	20	enpresse-28 (TRI-LEVLEN)	62
DOLOGESIC	20	ENTOCORT EC	64
DONATUSS DC	73	ENZYMAX	58
DONATUSS XP	73	EPIFOAM	48
DORAL	43	EPIPEN 2-PAK	28
dorzolamide (TRUSOPT)	70	EPIPEN-JR 2-PAK	28
dorzolamide hcl/ timolol maleate (COSOPT)	70	epitol (TEGRETOL)	40
DOVONEX	50	EPIVIR HBV	22
doxazosin mesylate (CARDURA)	30	EPIVIR SOLN	22
doxepin hcl	41	EPIVIR TABS	22
doxycycline hyclate (DORYX, VIBRAMYCIN)	16	eplerenone (INSPIRA)	31
doxycycline monohydrate (ADOXA, MONODOX)	16	EPOGEN	30
DRITHO-SCALP	50	EPZICOM	22
dronabinol (MARINOL)	58	EQUAGESIC	44
drospirenone/ethinyl estradiol 3/0.02 (YAZ)	62	ergoloid mesylates	28
DROXIA	25	ERGOMAR	24
DRYMAX	20	ergotamine tartrate/caffeine (CAFERGOT)	24
DUAC CS	46	errin (NOR-QD)	62
DUET	71	ERYPED	14
DUET DHA COMPLETE	71	ERY-TAB	14
DUETACT	18	erythrocin stearate	14
DUOTAN PD	20	erythromycin	46
DUREZOL	56	ERYTHROMYCIN	14
DY-G	75	erythromycin (ERYGEL)	46
DYGASE	58	erythromycin /sulfisoxazole (PEDIAZOLE)	14
DYLIX	75	erythromycin base	14
DYNACIRC CR	34	erythromycin ethylsuccinate	14
dyphylline-gg (LUFYLLIN-GG)	75	erythromycin/benzoyl peroxide (BENZAMYCIN)	46
DYRENIUM	35	essian (ESTRATEST)	65

E

ear-gesic (TYMPAGESIC DROPS)	55	ESTRACE	65
econazole nitrate (SPECTAZOLE)	46	ESTRADERM	65
ED-CHLOR-TAN	20	estradiol (CLIMARA)	65
EDECIN	35	estradiol (ESTRACE)	65
effervescent potassium/chloride (K-LYTE/CL)	54	estradiol/norethindrone acetate (ACTIVELLA)	65
EFFIENT	29	ESTRASORB	65
ELESTAT	69	ESTRING	65
ELIDEL	50	ESTROGEL	65
elite-ob (OB COMPLETE)	71	estropipate (OGEN)	65
ELMIRON	68	ethambutol hcl	24
EMADINE	69	ethosuximide (ZARONTIN)	40
EMBEDA	11	etidronate disodium (DIDRONEL)	68
EMCYTE	25	etodolac caps (LODINE)	10
EMEND	58	etodolac er (LODINE XL)	10
EMSAM	26	etodolac tabs (LODINE)	9
EMTRIVA CAPS	22	etoposide (VEPESID)	25
EMTRIVA SOLN	22	EURAX	50
ENABLEX	61	EVAMIST SPRAY	65
		EVISTA	65

EVOXAC	29
EXALGO	11
EXALL	73
EXALL-D	73
EXELDERM	46
EXELON PATCH	29
EXELON SOLN	29
EXFORGE	34
EXFORGE HCT	34
EXJADE	76
EXTAVIA	68
E-Z SPACER	53

F

FACTIVE	15
famciclovir (FAMVIR)	27
famotidine (PEPCID)	59
famotidine susp. (PEPCID SUSP)	59
FARESTON	25
FAZACLO	39
FELBATOL	40
felodipine er (PLENDIL)	34
FEM PH	50
FEMARA	25
FEMCON FE	62
FEMECAL OB	71
FEMECAL OB PLUS DHA	71
FEMHRT 1/5	65
FEMHRT LOW DOSE	65
FEMRING	65
FEMTRACE	65
fenofibrate (LOFIBRA)	36
fenoprofen calcium	10
fentanyl (DURAGESIC)	11
fentanyl citrate oral transmucosal	11
fexofenadine hcl (ALLEGRA)	21
FINACEA	50
FINASTERIDE	68
FIRST-BXN MOUTHWASH	57
FLAGYL ER	27
FLAREX	56
flavoxate hcl (URISPAS)	62
flecainide acetate (TAMBOCOR)	32
FLECTOR	10
FLOVENT DISKUS	64
FLOVENT HFA	64
fluconazole susp (DIFLUCAN SUSP)	18
fluconazole tabs (DIFLUCAN TABS)	19
fludrocortisone acetate (FLORINEF)	64
flunisolide (NASALIDE)	56
fluocinolone acetonide	48
fluocinolone acetonide (SYNALAR)	48
fluocinonide (LIDEX)	48
fluocinonide emollient base (LIDEX-E)	48
fluorometholone (FML LIQUIFILM)	56
FLUOROPLEX	50

fluorouracil cream (EFUDEX CREAM)	50
fluorouracil soln (EFUDEX SOLN)	50
fluoxetine hcl (PROZAC)	42
fluoxetine hcl dr (PROZAC WEEKLY)	42
fluphenazine hcl (PROLIXIN)	40
flurazepam hcl (DALMANE)	43
flurbiprofen (ANSAID)	10
flurbiprofen sodium (OCUFEN)	56
flutamide	25
fluticasone propionate (CUTIVATE)	48
fluticasone propionate (FLONASE)	56
fluvoxamine maleate	42
FML FORTE	56
FML S.O.P.	56
FOCALIN XR	45
FOLCAPS OMEGA 3	71
FOLIVAN-OB	71
FORADIL AEROLIZER	75
FORTEO	66
fortical	66
FOSAMAX PLUS D	68
FOSAMAX SOLN	68
fosinopril sodium (MONOPRIL)	31
fosinopril sodium/hydrochlorothiazide (MONOPRIL HCT)	31
FOSRENOL	54
FRAGMIN	30
FRENADOL	9
FROVA	24
FURADANTIN	23
furosemide (LASIX)	35
FUROSEMIDE SOLN	35
FUZEON	22

G

gabapentin (NEURONTIN)	40
GABITRIL	41
galantamine (RAZADYNE)	29
galantamine er (RAZADYNE ER)	29
GALZIN	54
GANCICLOVIR	27
GANTRISIN PEDIATRIC	16
GASTRINEX	58
GELNIQUE	62
gemfibrozil (LOPID)	36
gentamicin sulfate	46
GEODON	39
GILTUSS	73
GILTUSS PEDIATRIC	73
GILTUSS TR	73
GLEEVEC	25
glimepiride (AMARYL)	18
glipizide (GLUCOTROL)	18
glipizide xl (GLUCOTROL XL)	18
glipizide/metformin hcl (METAGLIP)	18
GLUCAGEN HYPOKIT	23

GLUMETZA	18
glyburide (MICRONASE)	18
glyburide micronized (GLYNASE)	18
glyburide/metformin hcl (GLUCOVANCE)	18
glycopyrrolate (ROBINUL)	28
glycopyrrolate forte (ROBINUL FORTE)	28
GLYCRON	18
GLYSET	18
granisetron hcl (KYTRIL)	58
GRIFULVIN V	19
griseofulvin microsize (GRIFULVIN V)	19
GRIS-PEG	19
guaifenesin/codeine (TUSSO-C)	73
GUANABENZ ACETATE	31
guanfacine hcl (TENEX)	31
GUANIDINE HCL	29
GYNAZOLE-1	46

H

HALFLYTELY BOWEL PREP	60
halobetasol propionate (ULTRAVATE)	48
HALOG	48
haloperidol	40
hc pram (PRAMOSONE)	48
HECTOROL	76
HELIDAC	23
hemril-30 (PROCTOCORT)	48
heparin sodium	30
HEPARIN SODIUM	30
heparin sodium dcu	30
HEPSERA	27
HEXALEN	25
homatropaire (ISOPTO HOMATROPINE)	71
HUMALOG	16
HUMALOG MIX 50/50	16
HUMALOG MIX 50/50 PEN	16
HUMALOG MIX 75/25	16
HUMALOG MIX 75/25 PEN	16
HUMALOG PEN	16
HUMIRA	68
HUMIRA PEN	68
HUMULIN 50/50	16
HUMULIN 70/30	16
HUMULIN N	16
HUMULIN R	16
HUMULIN R U-500 (CONCENTRATED)	16
HYCAMPTIN	25
HYCET	11
HYDRALAZINE /HYDROCHLOROTHIAZIDE	38
hydralazine hcl	38
hydrocet (BANCAP-HC)	11
hydrochlorothiazide	35
hydrochlorothiazide (MICROZIDE)	35
hydrocodone /acetaminophen (ANEXSIA, LORCET LORTAB, VICODIN)	12
hydrocodone /acetaminophen (LORTAB)	12

hydrocodone bitartrate/acetaminophen (MAXIDONE)	12
hydrocodone/ibuprofen (VICOPROFEN)	12
hydrocortisone	48
hydrocortisone (CORTEF)	64
hydrocortisone (CORTENEMA)	58
hydrocortisone (HYTONE)	48
hydrocortisone acetate (ANUSOL-HC)	48
hydrocortisone acetate/pramoxine (ANALPRAM-HC)	51
hydrocortisone butyrate (LOCOID)	48
hydrocortisone valerate (WESTCORT)	48
hydromet (HYCODAN)	73
hydromorphone hcl (DILAUDID)	12
hydroxyurea (HYDREA)	25
hydroxyzine hcl (ATARAX)	44
hydroxyzine pamoate (VISTARIL)	44
hyomax-dt (SYMAX DUOTAB)	28
hyoscyamine	28
hyoscyamine sulfate (ANASPAZ)	28
hyoscyamine sulfate (LEVSIN)	28
hyoscyamine sulfate (LEVSIN/SL)	28
hyoscyamine sulfate er (LEVBID)	28
hyoscyamine sulfate er (LEVSINEX)	28
hyoscyamine/ phenyltoloxamine (DIGEX NF)	60
hypercare (DRYSOL)	51

I

ibuprofen (MOTRIN)	10
imipramine hcl (TOFRANIL)	41
IMIPRAMINE PAMOATE	41
imiquimod (ALDARA)	51
IMITREX STATDOSE REFILL	24
IMITREX STATDOSE SYSTEM	24
INCRELEX	66
indapamide (LOZOL)	35
indomethacin caps	10
indomethacin er (INDOCIN SR)	10
INDOMETHACIN SUPP.	10
INFERGEN	27
INNOPRAN XL	37
INSULIN SYRINGE/0.3ML/29G X ½	53
INSULIN SYRINGE/0.5ML/29G X ½	53
INSULIN SYRINGE/1ML/29G X ½	53
INSULIN SYRINGE/1ML/31G X 5/16	53
INTAL INHALER	75
INTELENCE	22
INTRON-A	25
INTRON-A W/DILUENT	25
INTUNIV	45
INVEGA	39
INVIRASE CAPS	23
INVIRASE TABS	23
IOPIDINE	57
IPLEX	66
ipratropium bromide	28

ipratropium bromide (ATROVENT)	75
IQUIX	55
IRESSA	25
ISENTRESS	22
isometh/apap (MIDRIN CAPS)	24
isonarif (RIFAMATE)	24
ISONIAZID SYRP	24
isoniazid tabs	24
ISOPTO CARBACHOL	70
ISOPTO HOMATROPINE	71
ISOPTO HYOSCINE	71
ISORDIL TITRADOSE	38
isosorbide dinitrate (ISORDIL)	38
isosorbide dinitrate er (ISORDIL)	38
isosorbide mononitrate (ISMO)	38
isosorbide mononitrate (MONOKET)	38
isosorbide mononitrate er (IMDUR)	38
isoxsuprine hcl (VASODILAN)	38
isradipine (DYNACIRC)	34
ISTALOL	70
itraconazole (SPORANOX)	19

J

jantoven (COUMADIN)	29
JANUMET	18
JANUVIA	18
jay-phyl (PANFIL-G)	75
jolessa (SEASONALE)	62
J-TAN D	73
june1 1.5/30 (LOESTRIN 1.5/30-21)	62

K

KADIAN	12
KALETRA SOLN	23
KALETRA TABS/CAPS	23
KAPIDEX	III
kariva (MIRCETTE)	62
kelnor 1/35 (DEMULEN 1/35-28)	63
KEMADRIN	26
KENALOG	49
KEPPRA SOLN	41
KEPPRA XR	41
KETEK	14
ketoconazole (NIZORAL)	19, 46, 47
ketoprofen	10
KETOPROFEN ER	10
ketorolac tromethamine (TORADOL)	10
KINERET	68
klor-con (K-LOR)	54
klor-con 8	54
KLOR-CON M15	54
klor-con m20 (K-DUR)	54
klotrix (K-TABS)	54
kovia (ACCUZYME)	51
kovia 6.5	51

K-PHOS	54
K-PHOS MF	54
K-PHOS NO 2	54
k-tan (RYNA-12)	20
k-tan 4 (RYNA-12 S)	20

L

labetalol hcl (TRANDATE)	37
LACRISERT	57
lactulose	54
lamotrigine (LAMICTAL)	41
lamotrigine chewable dispersible (LAMICTAL CHEWABLE DISPERSIBLE)	41
lansoprazole (PREVACID)	60
LANTUS	16
LANTUS FOR OPTICLIK	16
leena (TRI-NORINYL 28)	63
LESCOL	36
LESCOL XL	36
LETAIRIS	38
leucovorin calcium	68
LEUCOVORIN CALCIUM 10&15mg	68
LEUKERAN	25
LEUKINE	30
LEVACET	10
levalbuterol hcl concentrate (XOPENEX CONCENTRATE)	75
LEVAQUIN SOLN	15
LEVAQUIN TABS	15
LEVATOL	37
LEVEMIR	16
LEVEMIR FLEXPEN	16
levetiracetam (KEPPRA)	41
levobunolol hcl (BETAGAN WITHOUT C CAP)	70
levobunolol hcl (BETAGAN)	70
levocarnitine (CARNITOR)	68
levothroid	66
levothyroxine sodium	66
levoxyl	66
LEXAPRO SOLN	42
LEXAPRO TABS	42
LEXIVA	23
LEXXEL	34
LIALDA	58
lidazone hc (ANAMANTLE HC)	51
lidocaine	51
lidocaine (LIDAMANTLE)	51
lidocaine hcl jelly (XYLOCAINE JELLY)	51
lidocaine hcl/hydrocortisone acetate (LIDAMANTLE HC)	49
lidocaine/prilocaine (EMLA)	51
LIDODERM	51
lindane	51
LINDANE	51
liothyronine (CYTOMEL)	66
LIPITOR	36

LIPOFEN	36	MECLOFENAMATE SODIUM	10
LIPRAM 4500	58	medroxyprogesterone acetate (DEPO-PROVERA CONTRACEPTIVE)	66
LIPRAM-PN10	58	medroxyprogesterone acetate (PROVERA)	66
LIPRAM-PN16	58	MEGACE ES	66
LIPRAM-PN20	58	megestrol acetate (MEGACE)	25
LIPRAM-UL12	59	meloxicam susp	10
LIPRAM-UL18	59	meloxicam tabs (MOBIC)	10
LIPRAM-UL20	59	MENEST	65
liquadd	45	MENOSTAR	65
lisinopril (ZESTRIL)	31	MEPERIDINE HCL	12
lisinopril /hydrochlorothiazide (PRINZIDE)	31	meperidine hcl (DEMEROL)	12
lithium carbonate (LITHIUM CARBONATE)	43	meperidine/promethazine (MEPERGAN FORTIS)	12
lithium carbonate er (LITHOBID)	43	mephobarbital (MEBARAL)	43
LITHIUM CARBONATE TABS 300mg	43	MEPHYTON	68
lithium citrate	43	meprobamate (MEPROBAMATE)	44
LITHOSTAT	54	MEPRON	27
LOCOID LIPOCREAM	49	mercaptapurine (PURINETHOL)	25
LODOSYN	26	mesalamine (ROWASA)	58
LOESTRIN 24 FE	63	MESNEX	68
lohist-pd (ACCUHIST)	20	MESTINON	29
loperamide hcl	60	MESTINON TIMESPAN	29
LOPROX SHAMPOO	47	METADATE CD	45
loratadine (CLARITIN)	21	metaproterenol sulfate nebu	75
loratadine-d 24hr	21	metaproterenol sulfate syrup	75
lorazepam (ATIVAN)	43	METAPROTERENOL SULFATE TABS	75
LORTUSS EX	73	metaxalone (SKELAXIN)	76
losartan (COZAAR)	33	metformin hcl (GLUCOPHAGE)	18
losartan/hctz (HYZAAR)	33	metformin hcl er (GLUCOPHAGE XR)	18
LOSEASONIQUE	63	methadex (MAXITROL)	56
LOTEMAX	56	methadone hcl (DOLOPHINE)	12
LOTREL	34	methadone hcl soln	12
LOTRONEX	60	methamphetamine hcl (DESOXYN)	45
lovastatin (MEVACOR)	36	methazolamide	35
LOVAZA	36	methenamine hippurate (HIPREX)	23
loxapine succinate (LOXITANE)	40	methenamine/hyosc/meth blue/benz acid/phenyl sol (PROSED D/S)	23
LUFYLLIN	75	METHERGINE	66
LUMIGAN	70	methimazole (TAPAZOLE)	66
LUXIQ	49	methocarbamol (ROBAXIN)	76
LYBREL	63	methotrexate	25
LYRICA	41	methscopolamine bromide (PAMINE FORTE)	28
LYSODREN	25	methscopolamine bromide (PAMINE)	28
M			
MACRODANTIN	23	METHYCLOTHIAZIDE	35
malathion (OVIDE)	51	methyldopa (ALDOMET)	31
maldemar (SCOPACE)	58	METHYLDOPA /HYDROCHLOROTHIAZIDE	31
MAPROTILINE HCL	42	methylin er (METADATE ER)	45
MAR-COF BP	73	methylphenidate hcl (RITALIN SR)	45
MARNATAL-F	71	methylphenidate hcl (RITALIN)	45
MARPLAN	43	methylphenidate hcl soln. (METHYLIN SOLN)	45
MATULANE	25	methylprednisolone (MEDROL DOSEPAK)	64
MAXAIR AUTOHALER	75	methylprednisolone (MEDROL)	64
MAXALT	24	metipranolol (OPTIPRANOLOL)	70
MAXALT-MLT	24	metoclopramide hcl (REGLAN)	60
MAXIDEX	56	metolazone (ZAROXOLYN)	35
mebendazole	19	metoprolol /hydrochlorothiazide (LOPRESSOR HCT)	37
		metoprolol succinate er (TOPROL XL)	37

metoprolol tartrate (LOPRESSOR)	37	NAFTIN	47
METROGEL	46	NAFTIN-MP	47
METROGEL 1% KIT	46	NALFON	10
metronidazole (FLAGYL)	27	naltrexone hcl (REVIA)	76
metronidazole (METROCREAM)	46	NAMENDA	44
metronidazole (METROGEL)	46	NAMENDA TITRATION PAK	44
metronidazole (METROLOTION)	46	NAPRELAN	10
metronidazole vaginal (METROGEL VAGINAL)	46	naproxen dr (EC-NAPROSYN)	10
mexar wash (OVACE WASH)	46	naproxen sodium (ANAPROX DS)	10
MEXILETINE HCL	32	naproxen sodium (ANAPROX)	10
MIACALCIN INJ SOLN	66	naproxen sodium (NAPRELAN)	10
MIACALCIN NASAL SOLN	66	naproxen susp (NAPROSYN SUSP)	10
MICARDIS	33	naproxen tabs (NAPROSYN TABS)	10
MICARDIS HCT	33	naratriptan tab (AMERGE)	24
microgestin 1/20 (LOESTRIN 1/20-21)	63	NARDIL	43
microgestin fe (LOESTRIN FE 1/20)	63	NASACORT AQ	57
microgestin fe 1.5/30 (LOESTRIN FE 1.5/30)	63	NASONEX	57
MICRO-K	54	NATACYN	55
midodrine hcl (PROAMATINE)	28	natacare glosstabs	71
MIGERGOT	24	natacare pic forte	71
MIGRAL	24	natacare plus	71
MIGRANAL	24	natacare rx	71
minocycline hcl (DYNACIN, MINOCIN)	16	natatab fa (NESTABS FA)	72
minocycline hcl er (SOLODYN)	16	natatab rx (NESTABS RX)	72
minoxidil	38	natelinide (STARLIX)	18
MIRAPEX ER	26	NATELLE ONE	72
mirtazapine (REMERON SOLTAB)	42	NAVANE	40
mirtazapine (REMERON)	42	NEBUPENT	27
misoprostol (CYTOTEC)	61	NECON 10/11-28	63
MOBAN	40	NEEVO	72
moexipril /hydrochlorothiazide (UNIRETIC)	31	NEEVO DHA	72
moexipril hcl (UNIVASC)	31	nefazodone hcl	42
mometasone furoate (ELOCON)	49	neo /poly /bac /hc	57
mononessa (ORTHO-CYCLEN-28)	63	NEO AC	73
MONUROL	23	neomycin /polymyxin /dexamethasone	
morphine sulfate	12	(MAXITROL)	57
morphine sulfate (RMS)	12	neomycin /polymyxin /gramicidin (NEOSPORIN)	55
morphine sulfate (ROXANOL)	12	neomycin /polymyxin /hydrocortisone	
morphine sulfate cr (MS CONTIN)	12	(CORTISPORIN)	57
morphine sulfate er (MS CONTIN)	12	neomycin sulfate	14
MOVIPREP	60	nestabs cbf	72
mst 600 (NOVASAL)	10	NEUPOGEN	30
MULTAQ	32	NEUPRO	26
mupirocin (BACTROBAN)	46	NEURONTIN SOLN	41
MYCOBUTIN	24	NEXAVAR	25
mycophenolate (CELLCEPT)	68	NEXIUM	61
MYFORTIC	68	next choice (PLAN B)	63
MYLERAN	25	NIASPAN	36
mynatal ultracaplet	71	nicardipine hcl (CARDENE)	34
mynate 90 plus	71	nifediac cc (ADALAT CC)	34
MYTELASE	29	nifedical xl (PROCARDIA XL)	34
		nifedipine (PROCARDIA)	34
		NIFEDIPINE 20mg	34
		nifedipine er (PROCARDIA XL)	34
		NILANDRON	25
		nisoldipine (SULAR)	34
		NITRO-BID	38
N			
nabumetone (RELAFEN)	10		
nadolol (CORGARD)	37		
nadolol /bendroflumethiazide (CORZIDE)	37		

PANDEL	49	PINDOLOL	37
PANGESTYME CN 10	59	piroxicam (FELDENE)	11
PANGESTYME CN 20	59	plaretase 8000	59
PANGESTYME EC	59	PLARETASE 8000	59
PANGESTYME MT 16	59	PLAVIX	30
PANGESTYME UL 12	59	pnv (PRENATE ELITE)	72
PANGESTYME UL 18	59	pnv-dha (PRENATE DHA)	72
PANGESTYME UL 20	59	podofilox (CONDYLOX W/APPLICATORS)	51
PANRETIN	51	POLY HIST DHC	74
pantoprazole sodium (PROTONIX)	61	POLY HIST NC	74
papaverine hcl	39	polyethylene glycol 3350 (MIRALAX)	60
papaverine hcl cr	39	POLY-PRED	57
PARCOPA	26	POLY-TUSSIN EX	74
paregoric	60	PONSTEL	11
paroxetine hcl (PAXIL CR)	43	potassium bicarbonate (K-LYTE)	54
paroxetine hcl susp (PAXIL SUSP)	42	potassium chloride	54
paroxetine hcl tabs (PAXIL TABS)	43	potassium chloride er (K-DUR)	54
PASER	24	potassium chloride er (MICRO-K)	54
PATADAY	69	potassium chloride powder packet (KLOR-CON	
PATANASE	57	25)	54
PATANOL	69	potassium citrate (UROCIT-K 5)	54
PCE	14	potassium citrate extended-release (UROCIT-K 10)	
peg 3350/electrolytes (COLYTE)	60		54
PEGANONE	41	pramipexole (MIRAPEX)	26
PEGASYS	27	PRAMOSONE	49
PEG-INTRON	27	pramoxine/chloroxylenol	55
PEG-INTRON REDIPEN PAK 4	27	pramoxine/chloroxylenol (PRAMOTIC)	55
penicillin v potassium	15	PRANDIN	18
PENNSAID	11	prascion fc (PLEXION CLEANSING CLOTH)	51
PENTASA	58	pravastatin sodium (PRAVACHOL)	36
pentazocine /acetaminophen (TALACEN)	13	prazosin hcl (MINIPRESS)	30
pentazocine/naloxone hcl (TALWIN NX)	13	PRED MILD	57
pentoxifylline er (TRENAL)	30	PRED-G	57
PEPCID SUSP	59	PRED-G S.O.P.	57
PERFOROMIST	75	prednicarbate (DERMATOP)	49
perinodopril (ACEON)	31	prednisolone (PRELONE)	64
perphenazine	40	PREDNISOLONE SODIUM PHOSPHATE	57
PERPHENAZINE /AMITRIPTYLINE	42	prednisolone sodium phosphate (ORAPRED)	64
perry prenatal	72	prednisolone sodium phosphate (PEDIAPRED)	64
phenazopyridine hcl (PYRIDIUM)	51	PREDNISOLONE TABS	64
phenazopyridine plus (PYRIDIUM PLUS)	51	prednisone (DELTASONE)	64
phenyl chlor-tan (RYNATAN PEDIATRIC)	20	prednisone (STERAPRED DS)	64
phenylephrine cm (RESCON-MX)	20	PREFERA OB + DHA	72
phenylephrine hcl	71	PREFEST	65
phenylephrine/bromphen./codeine (POLY-TUSSIN		PREMARIN	65
LIQ AC)	74	PREMARIN W/APPLICATOR	65
phenylephrine/bromphen./dm (BROVEX PEB LIQ		PREMPHASE	65
DM)	74	PREMPRO	65
phenylephrine/diphenhy./codeine (ENDAL CD)	74	prenafirst	72
phenytoin (DILANTIN, PHENYTEK)	41	prenatabs rx (NESTABS RX)	72
phenytoin sodium extended (DILANTIN)	41	PRENATAL + DHA	72
PHISOHEX	51	prenatal 1 plus 1 (LACTOCAL-F)	72
PHOSPHOLINE IODIDE	70	prenatal low iron (RIGHT STEP PRENATAL)	72
PHRENILIN FORTE	9	prenatal mr 90 fe	72
pilocarpine hcl (ISOPTO CARPINE)	70	prenatal mtr/selenium	72
pilocarpine hcl (SALAGEN)	29	prenatal plus	72
PILOPINE HS	70	prenatal rx	72

ribavirin (COPEGUS)	27	SLO-NIACIN	36
ribavirin (REBETOL)	27	sodium hyaluronate	52
RIDAURA	9	sodium polystyrene sulfonate	54
rifampin (RIFADIN)	24	sodium polystyrene sulfonate (KAYEXALATE)	54
RIFATER	24	sodium sulfacetamide (BLEPH-10)	55
RILUTEK	44	sodium sulfacetamide/sulfur (PLEXION TS)	52
rimantadine hcl (FLUMADINE)	27	SOLARAZE	52
RIMSO-50	69	SOLTAMOX	25
RISPERDAL M-TAB	39	SOMATULINE DEPOT	69
RISPERDAL SOLN	39	SOMNOTE	44
risperidone odt (RISPERDAL M-TABS)	39	SORIATANE	69
risperidone soln (RISPERDAL SOLN)	39	SORIATANE CK	69
risperidone tabs (RISPERDAL TABS)	39	sorine (BETAPACE)	38
RITALIN LA	45	sotalol hcl (BETAPACE)	38
rivastigmine cap (EXELON)	29	SPECTRACEF	14
ropinirole hcl (REQUIP)	26	SPIRIVA HANDIHALER	28
rovin-nv	72	spironolactone (ALDACTONE)	31
rovin-nv dha	72	spironolactone /hydrochlorothiazide	
ROXICET SOLN	13	(ALDACTAZIDE)	31
ROXICET TABS	13	SPRYCEL	25
ROZEREM	44	sps	54
r-tanna (RYNATAN)	21	STALEVO	26
r-tanna pediatric (RYNATAN PEDIATRIC)	21	stavudine (ZERIT)	22
RYDEX	21	STIMATE	66
RYNEZE	74	STRATTERA	44
RYTHMOL SR	32	SUBOXONE	13
RYZOLT	13	SUCRAID	54

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SABRIL	41	sulfacetamide sodium (KLARON)	46
salsalate	11	sulfacetamide sodium/prednisolone sodium phosphate	57
SAL-TROPINE	28	sulfacetamide sodium/sulfur cleanser	52
SAMSCA	69	SULFADIAZINE	16
SANCTURA	62	sulfamethoxazole /trimethoprim (BACTRIM)	16
SANCTURA XR	62	sulfamethoxazole/trimethoprim ds (BACTRIM DS)	16
SANCUSO	58	SULFAMYLON	52
SANTYL	52	sulfasalazine (AZULFIDINE EN-TABS)	16
SAVELLA	42	sulfatol cleanser (ROSULA)	52
SEASONIQUE	63	sulfazine (AZULFIDINE)	16
seb-prev wash (OVACE WASH)	46	sulindac (CLINORIL)	11
SECONAL	43	sumatriptan soln (IMITREX SOLN)	24
selegiline hcl (ELDEPRYL)	26	sumatriptan tabs (IMITREX TABS)	24
selenium sulfide (SELSUN SHAMPOO)	52	SUPRAX	14
SELZENTRY	22	SURMONTIL	42
SENSIPAR	69	SUSTIVA	22
SEREVENT DISKUS	75	SUTENT	25
SEROQUEL	39	symax fastabs (NULEV)	28
SEROQUEL XR	39	SYMBICORT	64
SEROSTIM	66	SYMBYAX	43
sertraline hcl (ZOLOFT)	43	SYMLIN SOLN	17
silver sulfadiazine (SILVADENE)	52	SYMLINPEN 120	17
SIMCOR	36	SYMLINPEN 60	17
SIMPONI	69	SYMPAK	21
simvastatin (ZOCOR)	36	SYMPAK DM	74
SINGULAIR	75	SYMPAK II	21
SKELID	69	SYMPAK PDX	21

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SYNERA	52
SYNTHROID	67
SYPRINE	76

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TABLOID	25
TACLONEX	49
TACLONEX SCALP	49
tacrolimus (PROGRAF)	69
TAMIFLU CAPS	27
TAMIFLU SUSP	27
tamoxifen citrate	25
tamsulosin (FLOMAX)	69
TARCEVA	26
TARGETIN	26
TARON-C DHA	72
TASIGNA 150 MG	26
TASIGNA 200 MG	26
TASMAR	26
TAZORAC	52
tbc (GRANULEX)	52
TEKURNA	36
TEKURNA HCT	36
temazepam (RESTORIL)	43
TEMODAR	26
terazosin hcl (HYTRIN)	30
terbinafine hcl (LAMISIL)	19
terbutaline sulfate (BRETHINE)	75
terconazole (TERAZOL 7)	47
terconazole cream (TERAZOL 3 CREAM)	47
terconazole supp (TERAZOL 3 SUPP)	47
TESLAC	26
TESTIM	62
tetracycline hcl	16
TEVETEN	33
TEVETEN HCT	33
TEXACORT	49
THALITONE	35
THALOMID	69
THEO-24	75
theophylline er (UNIPHYL)	75
THIOLA	69
thioridazine hcl	40
thiothixene (NAVANE)	40
thyroid	67
THYROLAR-1	67
THYROLAR-1/2	67
THYROLAR-1/4	67
THYROLAR-2	67
THYROLAR-3	67
ticlopidine hcl (TICLID)	30
TIKOSYN	32
TILADE	75
TIMOLOL MALEATE	38
timolol maleate (TIMOPTIC)	70

timolol maleate ophthalmic gel forming (TIMOPTIC-XE)	70
TINDAMAX	27
TIROSINT	67
tizanidine hcl (ZANAFLEX)	76
TL G-FOL OS	72
TOBI	14
TOBRADEX OINT	57
TOBRADEX SUSP	57
tobramycin/ dexamethasone (TOBRADEX)	57
tobrasol (TOBEX)	55
TOBEX	55
tolazamide	18
tolmetin sodium	11
topiramate (TOPAMAX)	41
topiramate sprinkles (TOPAMAX SPRINKLES)	41
torsemide (DEMADEX)	35
TOVIAZ	62
TRACLEER	39
tramadol hcl (ULTRAM)	13
tramadol hydrochloride/acetaminophen (ULTRACET)	13
trandolapril (MAVIK)	31
trandolapril/verapamil (TARKA)	34
tranylcypromine sulfate (PARNATE)	43
TRAVATAN	70
TRAVATAN Z	70
trazodone hcl	42
TRECTOR	24
tretinoin (RETIN-A)	52
tretinoin (VESANOID)	26
trexiz (PANLOR DC)	13
triamcinolone acetonide (KENALOG)	49
triamcinolone in orabase (KENALOG IN ORABASE)	49
triamterene /hydrochlorothiazide	35
triamterene /hydrochlorothiazide (MAXZIDE)	35
triamterene /hydrochlorothiazide (MAXZIDE-25)	35
triazolam (HALCION)	43
TRICARE DHA 301	72
TRICARE PRENATAL DHA ONE	73
TRICOR	36
trifluoperazine hcl	40
trifluridine (VIROPTIC)	55
TRIGLIDE	36
trihexyphenidyl hcl (ARTANE)	26
tri-legest fe (ESTROSTEP FE)	63
TRILIPIX	36
trimethobenzamide hcl (TIGAN)	58
trimethoprim (PROLOPRIM)	23
trimethoprim sulfate/polymyxin b sulfate (POLYTRIM)	55
trimipramine maleate (SURMONTIL)	42
trinate	73
triotann pediatric	21
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ultrabrom	21
ultrabrom pd	21
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urogesic-blue	23
UROXATRAL	69
ursodiol (ACTIGALL)	60
ursodiol (URSO FORTE)	60
ursodiol 250 (URSO 250)	60
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VAGIFEM	66
valacyclovir (VALTREX)	27
VALCYTE	27
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VALTURNIA	36
VANOCIN HCL	14
VANOS	49
VAZOTAB	21
V-COF	21
VENLAFAXINE ER	42
venlafaxine hcl (EFFEXOR)	42
venlafaxine hcl sr (EFFEXOR XR)	42
VENTAVIS	39
VENTOLIN HFA	75
VERAMYST	57
verapamil hcl (CALAN)	34
verapamil hcl er (CALAN SR)	34
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VITAFOL-OB +DHA	73
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VIVACTIL	42
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XELODA	26
XENAZINE	44
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XIFAXAN	14
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zaleplon (SONATA)	44	ZODRYL DAC	74
ZAVESCA	69	ZOLINZA	26
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zazole (TERAZOL 7)	47	ZOMIG	24
ZEGERID OTC	61	ZOMIG ZMT	24
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zenchent (OVCON-35)	63	zovia 1/50e (DEMULEN 1/50-28)	63
ZENPEP	59	ZOVIRAX CREAM	49
ZETIA	36	ZOVIRAX OINT	49
ZIAGEN SOLN	22	Z-TUSS AC	74
ZIAGEN TABS	22	ZYDONE	13
zidovudine (RETROVIR)	23	ZYFLO	75
ziox (PANAFIL)	52	ZYFLO CR	75
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ZMAX	14	ZYPREXA	39
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