



2013 Two-Tier Preferred Medication List

Your pharmacy benefit plan may not cover certain medications, even though some are listed in the Preferred Medication List. Some of these medications include contraceptives, erectile dysfunction medications and self injectable medications. Please see your plan benefits or call the Member Services number on your ID card for more information. If a covered brand name equivalent is selected and/or prescribed, a Tier 2 copayment plus the cost difference between the brand and generic products will apply.

Key:

Quantity Limit= Limit on the quantity allowed per copay

Progressive Medication Program (PMP)= Requires a trial of another medication or class of medications (i.e. "first-line" medication and/or "second-line" medication) prior to coverage

Prior Authorization=Requires approval prior to coverage

Specialty Pharmacy= Requires product be delivered from designated pharmacy

Copay Tier Level= 1= generic copay; 2= preferred brand copay

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
Analgesics: Miscellaneous								
ANABAR	TABS	1		Y				
BUPAP	TABS	1		Y				
BUTALBITAL /ACETAMINOPHEN /CAFFEINE	TABS	1	ESGIC-PLUS	Y				
BUTALBITAL /APAP /CAFFEINE	TABS	1	FIORICET	Y				
BUTALBITAL/ACETAMINOPHEN	TABS	1	PHRENILIN	Y				
BUTALBITAL/APAP/CAFFEINE	CAPS	1	ESGIC	Y				
CAFGESIC	CAPS	1	DURABAC	Y				
PHRENILIN FORTE	CAPS	1		Y				
RIDAURA	CAPS	1		Y				
Analgesics: Nonsteroidal Anti-inflammatory Drugs								
BUTALBITAL /ASPIRIN /CAFFEINE	TABS	1	FIORINAL	Y				
BUTALBITAL/ASA/CAFFEINE	CAPS	1	FIORINAL	Y				
CAMBIA	POWD	1						
CELEBREX	CAPS	1		Y	Y			
CHOLINE MAGNESIUM TRISALICYLATE	LIQD	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CHOLINE MAGNESIUM TRISALICYLATE	TABS	1	TRILISATE					
DICLOFENAC/MISOPROSTOL	TABS	1	ARTHROTEC					
DICLOFENAC POTASSIUM	TABS	1	CATAFLAM	Y				
DICLOFENAC SODIUM	TBEC	1	VOLTAREN	Y				
DICLOFENAC SODIUM DR	TBEC	1	VOLTAREN	Y				
DICLOFENAC SODIUM DELAYED RELEASE	TBEC	1	DICLOFENAC SODIUM EC	Y				
DICLOFENAC SODIUM ER	TB24	1	VOLTAREN-XR	Y				
DIFLUNISAL	TABS	1		Y				
ETODOLAC	TABS	1		Y				
ETODOLAC	CAPS	1	LODINE	Y				
ETODOLAC ER	TB24	1		Y				
FENOPROFEN CALCIUM	TABS	1		Y				
FLURBIPROFEN	TABS	1	ANSAID	Y				
IBUPROFEN	TABS	1	MOTRIN	Y				
INDOMETHACIN	CAPS	1		Y				
INDOMETHACIN	SUPP	1		Y				
INDOMETHACIN ER	CPCR	1	INDOCIN SR	Y				
KETOPROFEN	CAPS	1						
KETOPROFEN ER	CP24	1						
KETOROLAC TROMETHAMINE	TABS	1	TORADOL	Y				
LEVACET	TABS	1		Y				
MEFENAMIC ACID	CAPS	1	PONSTEL	Y				
MELOXICAM	SUSP	1		Y				
MELOXICAM	TABS	1	MOBIC	Y				
MST 600	TABS	1	NOVASAL	Y				
NABUMETONE	TABS	1	RELAFEN	Y				
NAPROXEN	SUSP	1	NAPROSYN	Y				
NAPROXEN	TABS	1	NAPROSYN	Y				
NAPROXEN DR	TBEC	1	EC-NAPROSYN	Y				
NAPROXEN SODIUM	TABS	1	ANAPROX	Y				
NAPROXEN SODIUM	TABS	1	ANAPROX DS	Y				
NAPROXEN SODIUM	TB24	1	NAPRELAN	Y				
ORPHENADRINE COMPOUND	TABS	1	NORGESIC	Y				
ORPHENADRINE COMPOUND DS	TABS	1		Y				
OXAPROZIN	TABS	1	DAYPRO	Y				
PENNSAID	SOLN	1		Y				
PIROXICAM	CAPS	1	FELDENE					
SALSALATE	TABS	1						
SULINDAC	TABS	1	CLINORIL					
TOLMETIN SODIUM	CAPS	1						

Analgesics: Opiate Agonists

ABSTRAL	SUBL	1		Y		Y		
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Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	TABS	1	PANLOR SS	Y				Higher copay may apply
ACETAMINOPHEN/CODEINE	SOLN	1	TYLENOL/CO DEINE	Y				
ACETAMINOPHEN/CODEINE	TABS	1	TYLENOL/CO DEINE	Y				
ACETAMINOPHEN/CODEINE #3	TABS	1	TYLENOL/CO DEINE	Y				
ASPIRIN/CODEINE	TABS	1		Y				
AVINZA	CP24	1		Y				
BUTAL /ASA /CAFF /COD	CAPS	1	FIORINAL/CO DEINE #3	Y				
BUTALBITAL /APAP /CAFFEINE /CODEINE	CAPS	1	FIORICET/CO DEINE	Y				
CAPITAL/CODEINE	SUSP	1		Y				
CODEINE PHOSPHATE	TBSO	1						
CODEINE SULFATE	TABS	1						
EXALGO	TABS	1		Y				
FENTANYL	PT72	1	DURAGESIC	Y				
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1	ACTIQ	Y		Y		
FENTORA	TABS	1		Y		Y		
HYDROCET	CAPS	1	BANCAP-HC	Y				
HYDROCODONE /ACETAMINOPHEN	TABS	1	LORCET, LORTAB, NORCO, VICODIN, XODOL	Y				
HYDROCODONE /ACETAMINOPHEN	SOLN	1	LORTAB	Y				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	1	MAXIDONE VICOPROFE N	Y				
HYDROCODONE/IBUPROFEN	TABS	1		Y				
HYDROMORPHONE HCL	TABS	1	DILAUDID					
LAZANDA	TABS	1		Y		Y		
MEPERIDINE HCL	SOLN	1						
MEPERIDINE HCL	TABS	1	DEMEROL					
MEPERIDINE/PROMETHAZINE	CAPS	1	MEPERGAN FORTIS					
METHADONE HCL	SOLN	1						
METHADONE HCL	CONC	1	DOLOPHINE					
METHADONE HCL	TABS	1	DOLOPHINE					
METHADONE HCL	TBSO	1	DOLOPHINE					
MORPHINE SULFATE	SUPP	1						
MORPHINE SULFATE	TABS	1						
MORPHINE SULFATE	SUPP	1	RMS					
MORPHINE SULFATE	SOLN	1	ROXANOL					
MORPHINE SULFATE CR	TB12	1	MS CONTIN					
MORPHINE SULFATE ER	TB12	1	MS CONTIN					
MORPHINE SULFATE SR	CP24		KADIAN	Y				
ONSOLIS	TABS	1		Y				
OPANA ER (CRUSH RESISTANT)	TB12	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
OXYCODONE HCL	CAPS	1	OXYIR					
OXYCODONE HCL	TABS	1	ROXICODONE					
OXYCODONE HCL	CONC	1	ROXICODONE INTENSOL	Y				
OXYCODONE HCL ER	TB12	1	OXYCONTIN	Y	Y			10, 20, 40, AND 80MG STRENGTH ONLY; PMP brand with generic SR morphine required
OXYCODONE/ACETAMINOPHEN	TABS	1	PERCOCET	Y				
OXYCODONE/ACETAMINOPHEN	CAPS	1	TYLOX	Y				
OXYCODONE/ASPIRIN	TABS	1	PERCODAN	Y				
OXYCODONE /IBUPROFEN	TABS	1	COMBUNOX	Y				
OXYCONTIN	TB12	1		Y				ONLY 15, 30, AND 60MG TABS TIER 2
OXYMORPHONE HCL	TABS	1	OPANA	Y				
OXYMORPHONE HCL ER	TB12	1		Y				ONLY 7.5 AND 15 MG TABS TIER 1
ROXICET	SOLN	1		Y				
TRAMADOL HCL	TABS	1	ULTRAM	Y				
TRAMADOL HCL TAB SR 24HR	TB24	1	RYZOLT	Y				
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	1	ULTRACET	Y				
TREZIX	CAPS	1	PANLOR DC	Y				

Analgesics: Opiate Partial Agonists

BUPRENORPHINE SL	SUBL	1		Y				
BUPRENORPHINE/NALOXONE SL	SUBL	1	SUBOXONE	Y				
BUTORPHANOL TARTRATE	SOLN	1	STADOL	Y		Y		
PENTAZOCINE /ACETAMINOPHEN	TABS	1	TALACEN	Y				
PENTAZOCINE/NALOXONE HCL	TABS	1	TALWIN NX	Y				
SUBOXONE	FILM	1		Y				

Antibacterials: Cephalosporins

CEDAX	CAPS	1						
CEDAX	SUSR	1						
CEFACLOR	CAPS	1						
CEFACLOR	SUSR	1						
CEFACLOR (250MG)	SUSR	1						
CEFACLOR ER	TB12	1						
CEFADROXIL	CAPS	1	DURICEF					
CEFADROXIL	SUSR	1	DURICEF					
CEFADROXIL	TABS	1	DURICEF					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CEFDINIR	CAPS	1	OMNICEF					
CEFDINIR	SUSR	1	OMNICEF					
CEFPODOXIME PROXETIL	SUSR	1	VANTIN					
CEFPODOXIME PROXETIL	TABS	1	VANTIN					
CEFPROZIL	SUSR	1	CEFZIL					
CEFPROZIL	TABS	1	CEFZIL					
CEFUROXIME AXETIL	SUSR	1	CEFTIN					
CEFUROXIME AXETIL	TABS	1	CEFTIN					
CEPHALEXIN	CAPS	1	KEFLEX					750mg Non formulary
CEPHALEXIN	SUSR	1	KEFLEX					
SPECTRACEF	TABS	1						
SUPRAX	SUSR	1						
SUPRAX	CHEW	1						

Antibacterials: Macrolides

AZITHROMYCIN	PACK	1		Y				
AZITHROMYCIN	SUSR	1	ZITHROMAX					
AZITHROMYCIN	TABS	1	ZITHROMAX	Y				
CLARITHROMYCIN	SUSR	1	BIAXIN					
CLARITHROMYCIN	TABS	1	BIAXIN					
CLARITHROMYCIN ER	TB24	1	BIAXIN XL					
ERYPED	SUSR	1						
ERY-TAB	TBEC	1						
ERYTHROCIN STEARATE	TABS	1						
ERYTHROMYCIN	CPEP	1						
ERYTHROMYCIN /SULFISOXAZOLE	SUSR	1	PEDIAZOLE					
ERYTHROMYCIN BASE	TABS	1						
ERYTHROMYCIN ETHYLSUCCINATE	SUSP	1						
ERYTHROMYCIN ETHYLSUCCINATE	TABS	1						
KETEK	TABS	1						
PCE	TBEC	1						
ZMAX	SUSR	1		Y				

Antibacterials: Other

CAYSTON	NEBU	1		Y				
CLINDAMYCIN HCL	SOLR	1	CLEOCIN PEDIATRIC GRANULES					
CLINDAMYCIN HCL	CAPS	1	CLEOCIN					
DIFICID	TABS	1		Y		Y		
NEOMYCIN SULFATE	TABS	1						
TOBI	NEBU	1		Y				
VANCOMYCIN	CAPS	1	VANCOCIN HCL	Y		Y		

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
XIFAXAN	TABS	1		Y		Y		PA required for 550mg
ZYVOX	SUSR	1		Y		Y		Prior authorization required
ZYVOX	TABS	1		Y		Y		Prior authorization required

Antibacterials: Penicillins

AMOXICILLIN	CAPS	1	AMOXIL					
AMOXICILLIN	CHEW	1	AMOXIL					
AMOXICILLIN	SUSR	1	AMOXIL					
AMOXICILLIN	TABS	1	AMOXIL					
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	1	AUGMENTIN					
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	1	AUGMENTIN					
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	1	AUGMENTIN					
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	1	AUGMENTIN ES-600					
AMOXICILLIN/CLAVULANATE POTASSIUM	TB12	1	AUGMENTIN XR	Y				
AMOXIL	SUSR	1						50 mg/mL Tier 2
AMPICILLIN	CAPS	1						
AMPICILLIN	SUSR	1						
AUGMENTIN	CHEW	1						250mg chewable Tier 2
DICLOXACILLIN SODIUM	CAPS	1						
PENICILLIN V POTASSIUM	SOLR	1						
PENICILLIN V POTASSIUM	TABS	1						

Antibacterials: Quinolones

AVELOX	TABS	1		Y				
CIPRO	SUSR	1						
CIPROFLOXACIN ER	TB24	1	CIPRO XR	Y				
CIPROFLOXACIN EXTENDED-RELEASE	TB24	1	CIPRO XR	Y				
CIPROFLOXACIN HCL	TABS	1	CIPRO					
LEVOFLOXACIN	SOLN	1	LEVAQUIN	Y				
LEVOFLOXACIN	TABS	1	LEVAQUIN	Y				
OFLOXACIN	TABS	1	FLOXIN					

Antibacterials: Sulfonamides

GANTRISIN PEDIATRIC	SUSP	1						
SULFADIAZINE	TABS	1						
SULFAMETHOXAZOLE /TRIMETHOPRIM	TABS	1	BACTRIM					
SULFAMETHOXAZOLE /TRIMETHOPRIM	SUSP	1	SEPTRA					
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	1	BACTRIM DS					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SULFASALAZINE	TBEC	1	AZULFIDINE EN-TABS					
SULFAZINE	TABS	1	AZULFIDINE					
Antibacterials: Tetracyclines								
DEMECLOCYCLINE HCL	TABS	1						
DOXYCYCLINE HYCLATE	CPEP	1						
DOXYCYCLINE HYCLATE	CAPS	1	VIBRAMYCIN					
DOXYCYCLINE HYCLATE	TABS	1	VIBRATAB					
DOXYCYCLINE MONOHYDRATE	TABS	1	ADOXA	Y				75 mg CAPS are excluded; Must use TAB
MINOCYCLINE HCL	CAPS	1	DYNACIN, MINOCIN	Y				
MINOCYCLINE HCL ER	CAPS	1	SOLODYN	Y				Solodyn 65mg and 115mg are excluded
MYRAC	TABS	1	DYNACIN	Y				
TETRACYCLINE HCL	CAPS	1						
Antidiabetic Agents: Diabetic Meters and Supplies								
ACCU-CHEK AVIVA METER SYSTEM	DEVI			Y				Roche Pharma Free Meter Program. Call 1-888-355-4242 to place your order. A prescription is REQUIRED
ACCU-CHEK COMPACT PLUS METER SYSTEM	DEVI			Y				Roche Pharma Free Meter Program. Call 1-888-355-4242 to place your order. A prescription is REQUIRED
ACCU-CHEK NANO SMARTVIEW KIT	DEVI			Y				Roche Pharma Free Meter Program. Call 1-888-355-4242 to place your order. A prescription is REQUIRED
ACCU-CHEK NANO CONTROL LIQUID	MISC	1		Y				For use with ACCU-CHEK NANO meter system
ACCU-CHEK NANO STRIPS	MISC	1		Y				For use with ACCU-CHEK NANO meter system
ACCU-CHEK SOFT TOUCH LANCETS	MISC	1		Y				
ACCU-CHEK SOFT TOUCH LANCET DEVICE	MISC	1		Y				
ACCU-CHEK SOFTCLIX LANCETS	MISC	1		Y				For use with the ACCU-CHEK ACTIVE, ADVANTAGE, AND COMPACT PLUS meter systems
ACCU-CHEK SOFTCLIX LANCET DEVICE	DEVI	1		Y				For use with the ACCU-CHEK ACTIVE, ADVANTAGE, AND COMPACT PLUS meter systems

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ACCU-CHEK MULTICLIX LANCETS	MISC	1		Y				For use with ACCU-CHEK AVIVA meter system
ACCU-CHEK MULTICLIX LANCING DEVICE KIT	DEVI-KIT	1		Y				For use with ACCU-CHEK AVIVA meter system
BD ULTRA FINE LANCETS	MISC	1		Y				
BD ULTRA-FINE 33 LANCETS	MISC	1		Y				
ACCU-CHEK ACTIVE STRIPS	STRP	1		Y				For use with ACCU-CHEK ACTIVE meter system
ACCU-CHEK COMFORT CURVE TEST STRIPS	STRP	1		Y				For use with ACCU-CHEK ADVANTAGE meter system
ACCU-CHEK ADVANTAGE TEST STRIPS	STRP	1		Y				For use with ACCU-CHEK Advantage meter system
ACCU-CHEK AVIVA TEST STRIPS	STRP	1		Y				For use with ACCU-CHEK AVIVA meter system
ACCU-CHEK COMPACT STRIPS	STRP	1		Y				For use with ACCU-CHEK COMPACT PLUS meter system
ACCU-CHEK COMPACT TEST DRUM	DRUM	1		Y				For use with ACCU-CHEK COMPACT PLUS meter system
ACCU-CHEK INSTANT GLUCOSE	STRP	1		Y				
ACCU-CHEK INSTANT PLUS	STRP	1		Y				
ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION	SOLN	1						For use with ACCU-CHEK ACTIVE meter system
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION	SOLN	1						For use with ACCU-CHEK ADVANTAGE meter system
ACCU-CHEK AVIVA CONTROL SOLUTION	SOLN	1						For use with ACCU-CHEK AVIVA meter system
ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION	SOLN	1						For use with ACCU-CHEK COMPACT PLUS meter system
ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION	SOLN	1						

Antidiabetic Agents: Insulins and Supplies

LANTUS	SOLN	1		Y				
LANTUS SOLOSTAR	SOLN	1		Y				
LEVEMIR	SOLN	1		Y				
LEVEMIR FLEXPEN	SOLN	1		Y				
NOVOLIN 70/30	SUSP	1		Y				
NOVOLIN N	SUSP	1		Y				
NOVOLIN R	SUSP	1		Y				
NOVOLOG	SUSP	1		Y				
NOVOLOG FLEXPEN	SUSP	1		Y				
NOVOLOG MIX 70/30	SUSP	1		Y				
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSP	1		Y				
NOVOLOG PENFILL	SUSP	1		Y				
RELION 70/30	SUSP	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
RELION 70/30 INNOLET	SUSP	1		Y				
RELION N	SUSP	1		Y				
RELION N INNOLET	SUSP	1		Y				
RELION R	SUSP	1		Y				
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X ½"	MISC	1		Y				
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	MISC	1		Y				
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X ½"	MISC	1		Y				
BD ULTRAFINE III MINI PEN NEEDLES/31G X 5MM	MISC	1		Y				
BD ULTRAFINE III SHORT PEN NEEDLES/31G X 5/16"	MISC	1		Y				
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	MISC	1		Y				
INSULIN SYRINGE/0.3ML/29G X ½"	MISC	1		Y				
INSULIN SYRINGE/0.5ML/29G X ½"	MISC	1		Y				
INSULIN SYRINGE/1ML/29G X ½"	MISC	1		Y				
INSULIN SYRINGE/1ML/31G X 5/16"	MISC	1		Y				
V-GO	MISC	1		Y				

Antidiabetic Agents: Miscellaneous

BYETTA	SOLN	1		Y				
BYDUREON	SOLN	1		Y				
SYMLIN	SOLN	1		Y	Y			Step Therapy with insulin required
SYMLINPEN 120	SOLN	1		Y	Y			Step Therapy with insulin required
SYMLINPEN 60	SOLN	1		Y	Y			Step Therapy with insulin required
VICTOZA	SOLN	1		Y	Y			Step therapy with Metformin IR/ER, sulfonylureas, and/or thiazolidinedione

Antidiabetic Agents: Oral

ACARBOSE	TABS	1	PRECOSE	Y				
ACTOPLUS MET XR	TABS	1		Y				
AVANDAMET	TABS	1		Y				
AVANDARYL	TABS	1		Y				
AVANDIA	TABS	1		Y				
CHLORPROPAMIDE	TABS	1	DIABINESE					
GLIMEPIRIDE	TABS	1	AMARYL					
GLIPIZIDE	TABS	1	GLUCOTROL					
GLIPIZIDE XL	TB24	1	GLUCOTROL XL					
GLIPIZIDE/METFORMIN HCL	TABS	1	METAGLIP					
GLUMETZA	TABS			Y	Y			
GLYBURIDE	TABS	1	MICRONASE					
GLYBURIDE MICRONIZED	TABS	1	GLYNASE					
GLYBURIDE/METFORMIN HCL	TABS	1	GLUCOVANCE					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
GLYCRON	TABS	1						
GLYSET	TABS	1		Y				
JANUMET	TABS	1		Y				
JANUMET XR	TABS	1		Y				
JANUVIA	TABS	1		Y				
JUVISYNC	TABS	1		Y				
KOMBIGLYE XR	TABS	1		Y				
METFORMIN HCL	TABS	1	GLUCOPHAG E	Y				
METFORMIN HCL ER	TB24	1	GLUCOPHAG E XR	Y				
NATEGLINIDE	TABS	1	STARLIX	Y				
ONGLYZA	TABS	1		Y				
PIOGLITAZONE	TABS	1	ACTOS	Y				
PIOGLITAZONE/GLIMEPIRIDE	TABS	1	DUETACT	Y				
PIOGLITAZONE/METFORMIN	TABS	1	ACTOPLUS MET	Y				
PRANDIN	TABS	1		Y				
TOLAZAMIDE	TABS	1						
TOLAZAMIDE 500MG	TABS	1						

Antifungals

FLUCONAZOLE	SUSR	1	DIFLUCAN					
FLUCONAZOLE	TABS	1	DIFLUCAN	Y				
FLUCYTOSINE	CAPS	1	ANCOBAN					
GRISEOFULVIN MICROSIZE	SUSP	1	GRIFULVIN V					
GRISEOFULVIN MICROSIZE	TABS	1	GRIFULVIN V					
GRISEOFULVIN ULTRAMICROSIZE	TABS	1	GRIS-PEG					
ITRACONAZOLE	CAPS	1	SPORANOX			Y		
KETOCONAZOLE	TABS	1	NIZORAL	Y				
NOXAFIL	SUSP	1						
NYSTATIN	SUSP	1						
NYSTATIN	TABS	1						
TERBINAFINE HCL	TABS	1	LAMISIL					
VFEND	SUSR	1		Y				
VORICONAZOLE TAB	TABS	1	VFEND	Y				

Antigout Agents

PROBENECID	TABS	1						
PROBENECID/COLCHICINE	TABS	1						

Antihelmintics

ALBENZA	TABS	1						
BILTRICIDE	TABS	1						
MEBENDAZOLE	CHEW	1						

Antihistamines: 1st Generation

AIRACOF	LIQD	1						
ALLERX	SUSP	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ALPAIN	TABS	1						
BROMHIST PEDIATRIC	LIQD	1						
BROMPHENIRAMINE	TBSR		RESPA-B					
BROMPHEN./PHENYLEPH./DM	LIQD	1	ALAHIST DM					
BROMPHEN./PHENYLEPH.	LIQD	1	RESPAHIST-II					
BROMPHEN.TAN /PHENYLEPH. TAN	CHEW	1	J-TAN D					
BROMPHEN.TAN /PHENYLEPH. TAN	SUSP	1	J-TAN D					
BROMPHEN./PSEUDOEPH.	LIQD	1	J-TAN D PD					
CARBINOXAMINE MALEATE	LIQD	1	CARBINOXAMINE MALEATE					
CARBINOXAMINE MALEATE	TABS	1	CARBINOXAMINE MALEATE					
CENHIST	CHEW	1						
CHLOREX-A	TBCR	1	NALEX-A					
CHLORPHEN./PHENYLTOLOXAMINE /PHENYLEPH.	LIQD	1	NALEX-A					
CHLORPHEN./PHENYLEPH. HCL	CPCR	1						
CHLORPHEN./PSEUDOEPHEDRINE CR	CPCR	1	DECONAMINE SR					
CHLORPHEN./PSEUDOEPHEDRINE LA	TB12	1	BIOHIST LA					
COMHIST	TABS	1						
CPM 8/PSE 90/MSD 2.5	TB12	1						
CYPROHEPTADINE HCL	SYRP	1						
CYPROHEPTADINE HCL	TABS	1						
DESPEC-PDC	LIQD	1						
DEXCHLORPHENIRAMINE MALEATE	SYRP	1						
DEXCHLORPHENIRAMINE MALEATE CR	TBCR	1						
D-HIST D	TB12	1	DURAHIST D					
DIPHENHYDRAMINE/PHENYLEPHRINE	LIQD	1	ALAHIST LIQ					
DOLOGEN	TABS	1						
DOLOGESIC	LIQD	1						
DUOTAN PD	SUSP	1						
ED-CHLOR-TAN	TABS	1						
HISTEX	TBSR	1						
K-TAN	TABS	1	RYNA-12					
K-TAN 4	SUSP	1	RYNA-12 S					
LOHIST-PD	LIQD	1	ACCUHIST					
PALGIC	TABS	1						
PHENYL CHLOR-TAN	SUSP	1	RYNATAN PEDIATRIC					
PHENYLEPHRINE CM	TB12	1	RESCON-MX					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PROMETHAZINE HCL	SUPP	1		Y				
PROMETHAZINE HCL	TABS	1						
PROMETHAZINE HCL PLAIN	SYRP	1						
PROTID	TBCR	1						
PSEUDO CM	TB12	1						
RELHIST	CHW	1						
RESCON-JR	TBCR	1						
RHINOFLEX	TABS	1						
RHINOFLEX-650	TABS	1	RELAGESIC					
R-TANNA	TABS	1	RYNATAN					
R-TANNA PEDIATRIC	SUSP	1	RYNATAN PEDIATRIC	Y				
TRIOTANN PEDIATRIC	SUSP	1						
ULTRABROM	CPCR	1						
ULTRABROM PD	CPCR	1						

Anti-HIV Agents: Fusion Inhibitors

FUZEON	KIT	1				Y	Y	Curascript Only
SELZENTRY	TABS	1				Y		

Anti-HIV Agents: Integrase Inhibitors

ISENTRESS	TABS	1		Y				
ATRIPLA	TABS	1		Y				

Anti-HIV Agents: Nonnucleoside RTIs

INTELENCE	TABS	1		Y				
NEVIRAPINE	TABS	1	VIRAMUNE	Y				
RESCRIPTOR	TABS	1		Y				
SUSTIVA	CAPS	1		Y				
SUSTIVA	TABS	1		Y				
VIRAMUNE	SUSP	1						
VIRAMUNE XR	TABS	1		Y				

Anti-HIV Agents: Nucleoside/Nucleotide RTIs

ABACAVIR	TABS	1	ZIAGEN	Y				
COMPLERA	TABS	1		Y				
DIDANOSINE	CPDR	1	VIDEX EC					
EDURANT	TABS	1		Y				
EMTRIVA	CAPS	1		Y				
EMTRIVA	SOLN	1		Y				
EPIVIR	SOLN	1						
EPIVIR HBV	SOLN	1						
EPIVIR HBV	TABS	1		Y				
EPZICOM	TABS	1		Y				
LAMIVUDINE	TABS	1	EPIVIR	Y				
LAMIVUDINE-ZIDOVUDINE TAB	TAB	1	COMBIVIR					
STAVUDINE	CAPS	1	ZERIT	Y				
STAVUDINE	SOLN	1	ZERIT					
STRIBILD	TABS	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TRIZIVIR	TABS	1		Y				
TRUVADA	TABS	1		Y				
VIDEX	SOLN	1		Y				
VIDEX PEDIATRIC	SOLR	1						
VIREAD	TABS	1		Y				
ZIAGEN	SOLN	1		Y				
ZIDOVDINE	CAPS	1	RETROVIR					
ZIDOVDINE	SYRP	1	RETROVIR					
ZIDOVDINE	TABS	1	RETROVIR					

Anti-HIV Agents: Protease Inhibitors

APTIVUS	CAPS	1		Y				
APTIVUS	SOLN	1		Y				
CRIXIVAN	CAPS	1		Y				
INVIRASE	CAPS	1		Y				
INVIRASE	TABS	1		Y				
KALETRA	CAPS	1		Y				
KALETRA	SOLN	1		Y				
KALETRA	TABS	1		Y				
LEXIVA	TABS	1		Y				
LEXIVA	SUSP	1		Y				
NORVIR	CAPS	1						
NORVIR	SOLN	1						
PREZISTA	SUSP	1		Y				
PREZISTA	TABS	1		Y				
REYATAZ	CAPS	1		Y				
VIRACEPT	POWD	1						
VIRACEPT	TABS	1		Y				

Antihypoglycemics

GLUCAGEN HYPOKIT	SOLR	1		Y				
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Anti-infectives: Miscellaneous

HELIDAC	PACK	1		Y				
PYLERA	CAPS	1		Y				

Anti-infectives: Urinary

MACRODANTIN	CAPS	1						
METHENAMINE/HYOSC/METH BLUE/ BENZ ACID/PHENYL	SOLN	1	PROSED D/S					
METHENAMINE/HYOSC/METH BLUE/ BENZ ACID/PHENYL	TAB		PROSED D/S					
METHENAMINE HIPPURATE	TABS	1	HIPREX					
MONUROL	PACK	1						
NITROFURANTOIN MACROCRYSTALLINE	CAPS	1	MACRODANTIN					
		1						
NITROFURANTOIN MONOHYDRATE	CAPS		MACROBID					
NITROFURANTOIN	SUSP	1	FURADANTIN					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PRIMSOL	SOLN	1						
TRIMETHOPRIM	TABS	1	PROLOPRIM					
URETRON D/S	TABS	1						
URIMAR T	TABS	1						
UROGESIC-BLUE	TABS	1						
UTA	CAPS	1						
VISQID A/A	TABS	1	UROQID #2					

Antimigraine Agents

AXERT	TABS	1		Y	Y			PMP with generic triptan required
DIHYDROERGOTAMINE MESYLATE	SOLN	1	D.H.E. 45			Y		
ERGOMAR	SUBL	1						
ERGOTAMINE TARTRATE/CAFFEINE	TABS	1	CAFERGOT					
FROVA	TABS	1		Y	Y			PMP with generic triptan required
MIGERGOT	SUPP	1		Y				
MIGRANAL	SOLN	1		Y				
NARATRIPTAN	TABS	1	AMERGE	Y				
RELPAK	TABS	1		Y	Y			PMP with generic triptan required
RIZATRIPTAN	TABS	1	MAXALT/MAX ALT MLT	Y				
SUMATRIPTAN	SOLN	1	IMITREX	Y		Y		
SUMATRIPTAN	TABS	1	IMITREX	Y				
SUMATRIPTAN SUCCINATE	INJ	1	IMITREX STATDOSE SYSTEM			Y		
SUMATRIPTAN SUCCINATE REFILL	INJ	1	IMITREX STATDOSE REFILL			Y		
ZOMIG	SOLN	1		Y	Y			PMP with generic triptan required
ZOMIG	TABS	1		Y	Y			PMP with generic triptan required
ZOMIG ZMT	TBDP	1		Y	Y			PMP with generic triptan required

Antimycobacterials

CYCLOSERINE	CAPS	1	SEROMYCIN					
DAPSONE	TABS	1						
ETHAMBUTOL HCL	TABS	1						
ISONARIF	CAPS	1	RIFAMATE					
ISONIAZID	SYRP	1						
ISONIAZID	TABS	1						
MYCOBUTIN	CAPS	1						
PASER	PACK	1						
PRIFTIN	TABS	1						
PYRAZINAMIDE	TABS	1						
RIFAMPIN	CAPS	1	RIFADIN					
RIFATER	TABS	1						
SEROMYCIN	CAPS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TRECATOR	TABS	1						
Antineoplastics								
AFINITOR	TABS	1		Y			Y	Curascript Only
ALKERAN	TABS	1						
ANASTROZOLE	TABS	1	ARIMIDEX			Y		
BICALUTAMIDE	TABS	1	CASODEX	Y				
BOSULIF	TABS	1				Y	Y	Curascript only
CAPRELSA	TABS	1						
CEENU	CAPS	1		Y				
CYCLOPHOSPHAMIDE	TABS	1						
DROXIA	CAPS	1						
EMCYT	CAPS	1						
ERIVEDGE	CAPS	1				Y	Y	Curascript Only
ETOPOSIDE	CAPS	1	VEPESID					
EXEMESTANE	TABS	1	AROMASIN					
FARESTON	TABS	1		Y				
FLUTAMIDE	CAPS	1		Y				
GLEEVEC	TABS	1		Y			Y	Curascript Only
HEXALEN	CAPS	1						
HYDROXYUREA	CAPS	1	HYDREA					
ICLUSIG	TABS	1		Y		Y	Y	Curascript Only
INLYTA	TABS	1				Y	Y	Curascript Only
INTRON-A	KIT	1				Y	Y	Curascript Only
INTRON-A	SOLN	1				Y	Y	Curascript Only
INTRON-A W/DILUENT	SOLR	1				Y	Y	Curascript Only
IRESSA	TABS	1		Y			Y	Curascript Only
JAKAFI	TABS	1		Y		Y	Y	Curascript Only
LETROZOLE	TABS	1	FEMARA	Y		Y		
LEUKERAN	TABS	1						
LUPRON 6-PACK	SOLN	1				Y	Y	Curascript Only
LUPRON DEPOT	KIT	1				Y	Y	Curascript Only
LUPRON DEPOT-PED	KIT	1				Y	Y	Curascript Only
LYSODREN	TABS	1						
MATULANE	CAPS	1						
MEGESTROL ACETATE	TABS	1	MEGACE					
MERCAPTOPYRINE	TABS	1	PURINETHOL					
METHOTREXATE	TABS	1						
MYLERAN	TABS	1						
NEXAVAR	TABS	1		Y			Y	Curascript Only
NILANDRON	TABS	1						
OFORTA	TABS	1						
ROFERON-A	KIT	1				Y	Y	Curascript Only
SOLTAMOX	SOLN	1		Y				
SPRYCEL	TABS	1		Y				
STIVARGA	TABS	1		Y		Y	Y	Curascript Only
SUTENT	CAPS	1		Y				
SYLATRON	KIT	1				Y		Curascript Only

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TABLOID	TABS	1						
TAMOXIFEN CITRATE	TABS	1		Y				
TARCEVA	TABS	1		Y			Y	Curascript Only
TARGRETIN	CAPS	1						
TASIGNA	CAPS	1		Y				
TEMODAR	CAPS	1						
TESLAC	TABS	1						
TRETINOIN	CAPS	1	VESANOID					
TYKERB	TABS	1		Y			Y	Curascript Only
VOTRIENT	TABS	1		Y				
XALKORI	CAPS	1		Y		Y	Y	Curascript Only
XELODA	TABS	1						
XTANDI	CAPS	1				Y	Y	Curascript only
ZELBORAF	TABS	1		Y		Y	Y	Curascript Only
ZOLINZA	CAPS	1		Y				
ZYTIGA	TABS	1		Y		Y	Y	Requires prior trial of docetaxel; Curascript only

Antiparkinsonian Agents

AMANTADINE HCL	TABS	1						
AMANTADINE HCL	CAPS	1	SYMMETREL					
AMANTADINE HCL	SYRP	1	SYMMETREL					
APOKYN	SOLN	1		Y			Y	Curascript Only
AZILECT	TABS	1		Y				
BENZTROPINE MESYLATE	TABS	1						
BROMOCRIPTINE MESYLATE	CAPS	1	PARLODEL					
BROMOCRIPTINE MESYLATE	TABS	1	PARLODEL					
CABERGOLINE	TABS	1	DOSTINEX					
CARBIDOPA/LEVODOPA	TABS	1	SINEMET					
CARBIDOPA/LEVODOPA ER	TBCR	1	SINEMET CR					
ENTACAPONE	TABS	1	COMTAN					
KEMADRIN	TABS	1						
LODOSYN	TABS	1						
NEUPRO	PT24	1		Y				
PARCOPA	TBDP	1						
PRAMIPEXOLE	TABS	1	MIRAPEX	Y				
ROPINIROLE HCL	TB24	1	REQUIP XL					
ROPINIROLE HCL	TABS	1	REQUIP					
SELEGILINE HCL	TABS	1						
SELEGILINE HCL	CAPS	1	ELDEPRYL					
STALEVO	TABS	1						
TASMAR	TABS	1						
TRIHENYPHENIDYL HCL	ELIX	1						
TRIHENYPHENIDYL HCL	TABS	1						

Antiprotozoals

ALINIA	SUSR	1		Y				
ALINIA	TABS	1		Y				
ATOVAQUONE-PROGUANIL HCL	TAB	1	MALARONE	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CHLOROQUINE PHOSPHATE	TABS	1	ARALEN	Y				
COARTEM	TABS	1		Y				
MEFLOQUINE HCL	TABS	1		Y				
MEPRON	SUSP	1						
METRONIDAZOLE	CAPS	1	FLAGYL					
METRONIDAZOLE	TABS	1	FLAGYL					
NEBUPENT	SOLR	1						
QUININE SULFATE	CAPS	1	QUALAQUIN			Y		
TINIDAZOLE	TABS	1	TINDAMAX					
YODOXIN	TABS	1						

Antivirals

ACYCLOVIR	CAPS	1	ZOVIRAX					
ACYCLOVIR	SUSP	1	ZOVIRAX					
ACYCLOVIR	TABS	1	ZOVIRAX					
BARACLUDE	SOLN	1		Y				
BARACLUDE	TABS	1		Y				
DENAVIR	CREA	1		Y				
FAMCICLOVIR	TABS	1	FAMVIR	Y				
GANCICLOVIR	CAPS	1						
HEPSERA	TABS	1		Y		Y		
INCIVEK	TABS	1				Y		Curascript Only
INFERGEN	INJ	1		Y			Y	Curascript Only
PEGASYS	KIT	1				Y	Y	Curascript Only; Pegasys is preferred product
PEGASYS PROCLICK	INJ	1				Y	Y	Curascript Only; Pegasys is preferred product
PEG-INTRON	KIT	1				Y	Y	Curascript Only; Pegasys is preferred product
PEG-INTRON REDIPEN PAK 4	KIT	1				Y	Y	Curascript Only; Pegasys is preferred product
RELENZA DISKHALER	AEPB	1		Y				
RIBASPHERE	TABS	1				Y	Y	Curascript Only
RIBAVIRIN	TABS	1	COPEGUS			Y	Y	Curascript Only
RIBAVIRIN	CAPS	1	REBETOL			Y	Y	Curascript Only
RIMANTADINE HCL	TABS	1	FLUMADINE	Y				
TAMIFLU	CAPS	1		Y				
TAMIFLU	SUSR	1		Y				
TYZEKA	TABS	1		Y				
VALACYCLOVIR	TABS	1	VALTREX	Y				
VALCYTE	TABS	1						
VALCYTE	SOLN	1						
VICTRELIS	CAPS	1				Y		Curascript Only
XERESE	CREA	1		Y				

Autonomic Drugs

ADRENACLICK	DEVI	1						
AUVI-Q	DEVI	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ATROVENT HFA	AERS	1		Y				
CANTIL	TABS	1						
CHLORDIAZEPOXIDE /CLIDINIUM	CAPS	1	LIBRAX	Y				
CUVPOSA	SOLN	1						
DICYCLOMINE HCL	CAPS	1	BENTYL					
DICYCLOMINE HCL	SOLN	1	BENTYL					
DICYCLOMINE HCL	TABS	1	BENTYL					
EPIPEN 2-PAK	DEVI	1		Y				
EPIPEN-JR 2-PAK	DEVI	1		Y				
ERGOLOID MESYLATES	TABS	1						
GLUCAGON EMERGENCY KIT	DEVI	1		Y				
GLYCOPYRROLATE	TABS	1	ROBINUL					
GLYCOPYRROLATE	TABS	1	ROBINUL FORTE					
HYOMAX-DT	TBCR	1	SYMAX DUOTAB					
HYOSCYAMINE	TABS	1						
HYOSCYAMINE SULFATE	TABS	1	ANASPAZ					
HYOSCYAMINE SULFATE	ELIX	1	LEVSIN					
HYOSCYAMINE SULFATE	SUBL	1	LEVSIN/SL					
HYOSCYAMINE SULFATE ER	TB12	1	LEVBID					
HYOSCYAMINE SULFATE ER	CP12	1	LEVSINEX					
IPRATROPIUM BROMIDE	SOLN	1		Y				
METHSCOPOLAMINE BROMIDE	TABS	1	PAMINE					
METHSCOPOLAMINE BROMIDE	TABS	1	PAMINE FORTE					
MIDODRINE HCL	TABS	1	PROAMATIN E					
PROPANTHELINE BROMIDE	TABS	1						
SAL-TROPINE	TABS	1						
SPIRIVA HANDIHALER	CAPS	1		Y				
SYMAX FASTABS	TBDP	1	NULEV					
TUDORZA PRESSAIR	INH	1		Y				

Autonomic Drugs: Cholinergics

ARICEPT	TABS	1						23 MG STRENGTH
CEVIMELINE	CAPS	1	EVOXAC	Y				
DONEPEZIL	TABS	1	ARICEPT	Y				
DONEPEZIL	TBDP	1	ARICEPT ODT	Y				
BETHANECHOL CHLORIDE	TABS	1	URECHOLINE					
EXELON	PT24	1		Y				
EXELON	SOLN	1		Y				
GALANTAMINE	TABS	1	RAZADYNE	Y				
GALANTAMINE ER	CP24	1	RAZADYNE ER	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
GUANIDINE HCL	TABS	1						
MYTELASE	TABS	1						
PILOCARPINE HCL	TABS	1	SALAGEN					
PILOCARPINE HYDROCHLORIDE	TABS	1	SALAGEN					
PROSTIGMIN	TABS	1						
PYRIDOSTIGMINE BROMIDE	TABS	1	MESTINON					
RAZADYNE	SOLN	1		Y				
RIVASTIGMINE	CAP	1	EXELON	Y				
Blood Regulators: Anticoagulants								
ELIQUIS	TABS	1		Y				
JANTOVEN	TABS	1	COUMADIN					
WARFARIN SODIUM	TABS	1	COUMADIN					
XARELTO	TABS	1		Y				
Blood Regulators: Antithrombotics								
AGGRENOX	CP12	1		Y				
ANAGRELIDE HYDROCHLORIDE	CAPS	1	AGRYLIN					
BRILINTA	TABS	1		Y				
CILOSTAZOL	TABS	1	PLETAL	Y				
CLOPIDOGREL	TABS	1	PLAVIX	Y				
EFFIENT	TABS	1		Y				
ENOXAPARIN SODIUM	SOLN	1	LOVENOX	Y				Prior authorization required >21 day supply in 60 days
FONDAPARINUX SODIUM	SOLN	1	ARIXTRA	Y				Prior authorization required >21 day supply in 60 days
FRAGMIN	INJ	1		Y				Prior authorization required >21 day supply in 60 days
HEPARIN SODIUM	SOLN	1						
HEPARIN SODIUM 2000UNIT/ML	SOLN	1						
HEPARIN SODIUM DCU	SOLN	1						
PRADAXA	CAPS	1		Y				
TICLOPIDINE HCL	TABS	1	TICLID					
Blood Regulators: Hematopoietics								
ARANESP ALBUMIN FREE	SOLN	1				Y	Y	PA requires trial with Procrit; Curascript Only
ARANESP ALBUMIN FREE SURECLICK	SOLN	1				Y	Y	PA requires trial with Procrit; Curascript Only
EPOGEN	SOLN	1				Y	Y	Curascript Only
LEUKINE	SOLR	1				Y	Y	Curascript Only

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
MOZOBIL	SOLN	1					Y	Curascript Only
NEULASTA	SOLN	1					Y	Curascript Only
NEUMEGA	SOLR	1				Y	Y	Curascript Only
NEUPOGEN	SOLN	1				Y	Y	Curascript Only
PROCRIT	SOLN	1				Y	Y	Curascript Only

Blood Regulators: Miscellaneous

AMINOCAPROIC ACID	SYRP	1	AMICAR					
AMINOCAPROIC ACID	TABS	1	AMICAR					
PROMACTA	TABS	1				Y	Y	Curascript Only
PENTOXIFYLLINE ER	TBCR	1	TRENTAL					
TRANEXAMIC ACID	TABS	1	LYSTEDA	Y				

Cardiovascular Agents: a-Adrenergic Blockers

DOXAZOSIN MESYLATE	TABS	1	CARDURA					
PRAZOSIN HCL	CAPS	1	MINIPRESS					
TERAZOSIN HCL	CAPS	1	HYTRIN					

Cardiovascular Agents: ACE Inhibitors

BENAZEPRIL HCL	TABS	1	LOTENSIN					
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	1	LOTENSIN HCT					
CAPTOPRIL	TABS	1	CAPOTEN					
CAPTOPRIL /HYDROCHLOROTHIAZIDE	TABS	1	CAPOZIDE					
ENALAPRIL MALEATE	TABS	1	VASOTEC					
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	1	VASERETIC					
FOSINOPRIL SODIUM	TABS	1	MONOPRIL					
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	1	MONOPRIL HCT					
LISINOPRIL	TABS	1	ZESTRIL					
LISINOPRIL /HYDROCHLOROTHIAZIDE	TABS	1	PRINZIDE					
MOEXIPRIL /HYDROCHLOROTHIAZIDE	TABS	1	UNIRETIC					
MOEXIPRIL HCL	TABS	1	UNIVASC					
QUINAPRIL HCL	TABS	1	ACCUPRIL					
QUINARETIC	TABS	1	ACCURETIC					
RAMIPRIL	CAPS	1	ALTACE	Y				
TRANDOLAPRIL	TABS	1	MAVIK					

Cardiovascular Agents: Aldosterone Receptor Agonists

EPLERENONE	TABS	1	INSPIRA	Y				
SPIRONOLACTONE	TABS	1	ALDACTONE					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	TABS	1	ALDACTAZIDE					
Cardiovascular Agents: Alpha-adrenergic Agonists								
CLONIDINE HCL	TABS	1	CATAPRES					
CLONIDINE-TTS	PTWK	1	CATAPRES-TTS	Y				
GUANABENZ ACETATE	TABS	1						
GUANFACINE HCL	TABS	1	TENEX					
METHYLDOPA	TABS	1	ALDOMET					
METHYLDOPA /HYDROCHLOROTHIAZIDE	TABS	1						
Cardiovascular Agents: Antiarrhythmics								
AMIODARONE HCL	TABS	1	CORDARONE	Y				
AMIODARONE HCL	TABS	1	PACERONE	Y				
DISOPYRAMIDE PHOSPHATE	CAPS	1	NORPACE					
DISOPYRAMIDE PHOSPHATE ER	CP12	1	NORPACE CR					
FLECAINIDE ACETATE	TABS	1	TAMBOCOR					
MEXILETINE HCL	CAPS	1						
MULTAQ	TABS	1						
NORPACE CR	CP12	1						
PRONESTYL	CAPS	1						
PRONESTYL	TABS	1						
PRONESTYL SR	TBCR	1						
PROPAFENONE HCL	TABS	1	RYTHMOL					
PROPAFENONE HCL	CP12	1	RYTHMOL SR					
QUINIDINE GLUCONATE CR	TBCR	1						
QUINIDINE SULFATE	TABS	1						
QUINIDINE SULFATE ER	TBCR	1						
TIKOSYN	CAPS	1		Y				
Cardiovascular Agents: ARBs								
ATACAND	TABS	1		Y	Y			
CANDESARTAN/HCTZ	TABS	1	ATACAND HCT	Y	Y			
DIOVAN	TABS	1		Y				
EDARBI	TABS	1		Y	Y			
EDARBYCLOR	TABS	1		Y	Y			
IRBESARTAN	TABS	1	AVAPRO	Y				
IRBESARTAN/HCTZ	TABS	1	AVALIDE	Y				
LOSARTAN	TABS	1	COZAAR	Y				
LOSARTAN/HCTZ	TABS	1	HYZAAR	Y				
VALSARTAN/HCTZ	TABS	1	DIOVAN HCT	Y				
Cardiovascular Agents: Calcium-Channel Blockers								
AMLODIPINE BESYLATE	TABS	1	NORVASC	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	1	LOTREL	Y				
CARDIZEM CD	CP24	1		Y				Only 360MG Caps
CARDIZEM LA	TB24	1		Y				
DILTIAZEM CD	CP24	1	CARDIZEM CD					
DILTIAZEM HCL	TABS	1	CARDIZEM					
DILTIAZEM HCL	CP24	1	TIAZAC					
DILTIAZEM HCL ER	CP12	1						
DILTIAZEM HCL ER	CP24	1	DILACOR XR					
DILTIAZEM HCL ER	CP24	1	TIAZAC					
DILTIAZEM XR	CP24	1	DILACOR XR					
DYNACIRC CR	TB24	1		Y				
DYNACIRC-CR	TB24	1		Y				
EXFORGE	TAB	1		Y	Y			
FELODIPINE ER	TB24	1	PLENDIL					
ISRADIPINE	CAPS	1	DYNACIRC	Y				
NICARDIPINE HCL	CAPS	1	CARDENE					
NIFEDIAC CC	TB24	1	ADALAT CC					
NIFEDICAL XL	TB24	1	PROCARDIA XL					
NIFEDIPINE	CAPS	1						
NIFEDIPINE	CAPS	1	PROCARDIA					
NIFEDIPINE ER	TB24	1	PROCARDIA XL					
NISOLDIPINE	TB24	1	SULAR	Y				Higher copay may apply
TARKA	TBCR	1		Y				
VERAPAMIL HCL	TABS	1	CALAN					
VERAPAMIL HCL ER	TBCR	1	CALAN SR					
VERAPAMIL HCL ER	CP24	1	VERELAN					
VERAPAMIL HCL ER	CP24	1	VERELAN PM					
VERAPAMIL HCL SR	CP24	1	VERELAN					

Cardiovascular Agents: Diuretics

ACETAZOLAMIDE	TABS	1						
AMILORIDE /HYDROCHLOROTHIAZIDE	TABS	1	MODURETIC 5-50					
AMILORIDE HCL	TABS	1						
BUMETANIDE	TABS	1	BUMEX					
CHLOROTHIAZIDE	TABS	1						
CHLORTHALIDONE	TABS	1						
CHLORTHALIDONE 100MG	TABS	1						
DYRENIUM	CAPS	1						
FUROSEMIDE	SOLN	1						
FUROSEMIDE	SOLN	1	LASIX					
FUROSEMIDE	TABS	1	LASIX					
HYDROCHLOROTHIAZIDE	TABS	1						
HYDROCHLOROTHIAZIDE	CAPS	1	MICROZIDE					
INDAPAMIDE	TABS	1	LOZOL					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
METHAZOLAMIDE	TABS	1						
METHYCLOTHIAZIDE	TABS	1						
METOLAZONE	TABS	1	ZAROXOLYN					
THALITONE	TABS	1						
TORSEMIDE	TABS	1	DEMADEX					
TRIAMTERENE /HYDROCHLOROTHIAZIDE	CAPS	1						
TRIAMTERENE /HYDROCHLOROTHIAZIDE	TABS	1	MAXZIDE					
TRIAMTERENE /HYDROCHLOROTHIAZIDE	TABS	1	MAXZIDE-25					

Cardiovascular Agents: Dyslipidemics

ADVICOR	TB24	1		Y				
ATORVASTATIN	TAB	1	LIPITOR	Y				
CHOLESTYRAMINE	POWD	1	QUESTRAN					
CHOLESTYRAMINE LIGHT	PACK	1	QUESTRAN LIGHT					
COLESTIPOL HCL	GRAN	1	COLESTID					
COLESTIPOL HCL	TABS	1	COLESTID	Y				
COLESTIPOL HCL FOR ORAL SUSPENSION	PACK	1	COLESTID					
CRESTOR	TABS	1		Y				
FENOFIBRATE	CAPS	1	ANTARA	Y				
FENOFIBRATE	CAPS	1	LOFIBRA	Y				
FENOFIBRATE	TABS	1	LOFIBRA	Y				
FENOFIBRATE	TABS	1	TRICOR	Y				
FLUVASTATIN	CAPS	1	LESCOL	Y				
GEMFIBROZIL	TABS	1	LOPID	Y				
JUXTAPID	CAPS	1		Y		Y	Y	5 and 10mg-QL:28/28 days, 20mg-QL:84/28 days
KYNAMRO	SOLN	1		Y		Y	Y	Curascript Only
LESCOL XL	TBCR	1		Y				
LOVASTATIN	TABS	1	MEVACOR	Y				
LOVAZA	CAPS	1		Y	Y			PMP with generic fenofibrate required
NIASPAN	TBCR	1		Y	Y			PMP with Slo-Niacin OTC required
PRAVASTATIN SODIUM	TABS	1	PRAVACHOL	Y				
SIMCOR	TABS	1		Y				
SIMVASTATIN	TABS	1	ZOCOR	Y				
SLO-NIACIN	TABS	1						
TRILIPIX	CAPS	1		Y	Y			Progressive Medication Program with generic fenofibrate required
VASCEPA	CAPS	1		Y	Y			Progressive Medication Program with generic fenofibrate required
VYTORIN	TABS	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
WELCHOL	PACK	1		Y				
WELCHOL	TABS	1		Y				
Cardiovascular Agents: Hypotensives, Misc								
AMTURNIDE	TABS	1		Y				
TEKAMLO	TABS	1		Y				
TEKTURNA	TABS	1		Y				
TEKTURNA HCT	TABS	1		Y				
Cardiovascular Agents: Other								
DIGOXIN	SOLN	1						
DIGOXIN	TABS	1	LANOXIN					
RANEXA	TB12	1		Y				
Cardiovascular Agents: β-Adrenergic Blockers								
ACEBUTOLOL HCL	CAPS	1	SECTRAL					
ATENOLOL	TABS	1	TENORMIN					
ATENOLOL/CHLORTHALIDONE	TABS	1	TENORETIC 100					
ATENOLOL/CHLORTHALIDONE	TABS	1	TENORETIC 50					
BETAXOLOL HCL	TABS	1	KERLONE	Y				
BISOPROLOL FUMARATE	TABS	1	ZEBETA					
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	1	ZIAC					
BYSTOLIC	TABS	1		Y				
CARVEDILOL	TABS	1	COREG	Y				
COREG CR	CP24	1		Y				
DUTOPROL	TB24	1						
INNOPRAN XL	CP24	1						
LABELALOL HCL	TABS	1	TRANDATE					
METOPROLOL /HYDROCHLOROTHIAZIDE	TABS	1	LOPRESSOR HCT					
METOPROLOL SUCCINATE ER	TB24	1	TOPROL XL					
METOPROLOL TARTRATE	TABS	1	LOPRESSOR					
NADOLOL	TABS	1	CORGARD					
NADOLOL /BENDROFLUMETHIAZIDE	TABS	1	CORZIDE					
PINDOLOL	TABS	1						
PROPRANOLOL /HYDROCHLOROTHIAZIDE	TABS	1						
PROPRANOLOL /HYDROCHLOROTHIAZIDE	TABS	1	INDERIDE					
PROPRANOLOL HCL	SOLN	1						
PROPRANOLOL HCL	TABS	1	INDERAL					
PROPRANOLOL HCL ER	CP24	1	INDERAL LA	Y				
SORINE	TABS	1	BETAPACE					
SOTALOL HCL	TABS	1	BETAPACE					
TIMOLOL MALEATE	TABS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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Cardiovascular Agents: Vasodilators

ADCIRCA	TABS	1		Y		Y		
DILATRATE SR	CPCR	1						
DIPYRIDAMOLE	SOLN	1						
DIPYRIDAMOLE	TABS	1	PERSANTINE					
HYDRALAZINE /HYDROCHLOROTHIAZIDE	CAPS	1						
HYDRALAZINE HCL	TABS	1						
ISOSORBIDE DINITRATE	SUBL	1	ISORDIL					
ISOSORBIDE DINITRATE	TABS	1	ISORDIL					
ISOSORBIDE DINITRATE ER	TBCR	1	ISORDIL					
ISOSORBIDE MONONITRATE	TABS	1	ISMO					
ISOSORBIDE MONONITRATE	TABS	1	MONOKET					
ISOSORBIDE MONONITRATE ER	TB24	1	IMDUR					
ISOXSUPRINE HCL	TABS	1	VASODILAN					
LETAIRIS	TABS	1		Y			Y	Curascript Only
MINOXIDIL	TABS	1						
NITRO-BID	OINT	1		Y				
NITRO-DUR	PT24	1		Y				
NITROGLYCERIN	SUBL	1	NITROSTAT					
NITROGLYCERIN CR	CPCR	1						
NITROGLYCERIN ER	CPCR	1						
NITROGLYCERIN LINGUAL AEROSOL SPRAY	SOLN	1	NITROMIST					
NITROGLYCERIN TRANSDERMAL	PT24	1	NITRO-DUR	Y				
NITROLINGUAL PUMPSPRAY	SOLN	1						
PAPAVERINE HCL	SOLN	1						
PAPAVERINE HCL CR	CPCR	1						
SILDENAFIL CITRATE	TABS	1	REVATIO			Y		
TRACLEER	TABS	1		Y			Y	Curascript Only
VENTAVIS	SOLN	1				Y		

Central Nervous System Agents: Anitpsychotics: Atypical

ABILIFY	SOLN	1		Y		Y		Must be prescribed by psychiatric specialist
ABILIFY	TABS	1		Y		Y		Must be prescribed by psychiatric specialist
ABILIFY DISCMELT	TBDP	1		Y		Y		Must be prescribed by psychiatric specialist
CLOZAPINE	TABS	1	CLOZARIL					
FAZACLO	TBDP	1		Y				
INVEGA	TB24	1		Y				
LATUDA	TABS	1		Y				
OLANZAPINE TAB	TABS	1	ZYPREXA	Y				
OLANZAPINE ORALLY DISINTEGRATING TAB	TBDP	1	ZYPREXA ZYDIS	Y				
RISPERIDONE	SOLN	1	RISPERDAL	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
RISPERIDONE	TABS	1	RISPERDAL	Y				
RISPERIDONE ODT	TBDP	1	RISPERDAL M-TAB	Y				
SEROQUEL XR	TB24	1		Y		Y		Must be prescribed by psychiatric specialist
QUETIAPINE	TABS	1	SEROQUEL	Y				
ZIPRASIDONE	CAPS	1	GEODON	Y				

Central Nervous System Agents: Antipsychotics: Conventional

CHLORPROMAZINE HCL	TABS	1	THORAZINE					
COMPRO	SUPP	1						
FLUPHENAZINE HCL	TABS	1	PROLIXIN					
HALOPERIDOL	CONC	1						
HALOPERIDOL	TABS	1						
LOXAPINE SUCCINATE	CAPS	1	LOXITANE					
MOBAN	TABS	1						
NAVANE	CAPS	1						
ORAP	TABS	1						
PERPHENAZINE	TABS	1						
PROCHLORPERAZINE MALEATE	TABS	1						
THIORIDAZINE HCL	TABS	1						
THIOTHIXENE	CAPS	1	NAVANE					
TRIFLUOPERAZINE HCL	TABS	1						

Central Nervous System Agents: Anticonvulsants

BANZEL	TABS	1		Y				
BANZEL	SUSP	1		Y				
CARBAMAZEPINE	CHEW	1	TEGRETOL					
CARBAMAZEPINE	SUSP	1	TEGRETOL					
CARBAMAZEPINE-XR	TB12	1	TEGRETOL-XR					
CELONTIN	CAPS	1						
CLONAZEPAM	TABS	1	KLONOPIN	Y				
CARBAMAZEPINE ER	CAPS	1	CARBATROL					
CLONAZEPAM ORALLY DISINTEGRATING	TBDP	1	KLONOPIN WAFERS	Y				
DILANTIN	CAPS	1						Only 30mg
DIVALPROEX	TBEC	1	DEPAKOTE					
DIVALPROEX ER	TB24	1	DEPAKOTE ER					
DIVALPROEX SPRINKLES	CPSP	1	DEPAKOTE SPRINKLES					
EPITOL	TABS	1	TEGRETOL					
ETHOSUXIMIDE	CAPS	1	ZARONTIN					
ETHOSUXIMIDE	SOLN	1	ZARONTIN					
FELBAMATE	SUSP	1	FELBATOL					
FELBAMATE	TABS	1	FELBATOL					
GABAPENTIN	CAPS	1	NEURONTIN					
GABAPENTIN	TABS	1	NEURONTIN					
GABAPENTIN	SOLN	1	NEURONTIN	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
LAMOTRIGINE	TABS	1	LAMICTAL					
LAMOTRIGINE CHEWABLE DISPERSIBLE	TBDP	1	LAMICTAL CHEWABLE DISPERSIBLE					
LAMOTRIGINE STARTER	KIT	1	LAMICTAL STARTER					
LEVETIRACETAM	SOLN	1	KEPPRA	Y				
LEVETIRACETAM	TABS	1	KEPPRA					
LEVETIRACETAM ER	TB24	1	KEPPRA XR	Y				
LYRICA	CAPS	1		Y				
OXCARBAZEPINE	TABS	1	TRILEPTAL					
OXCARBAZEPINE	SUSP	1	TRILEPTAL	Y				
PEGANONE	TABS	1						
PHENYTOIN	SUSP	1	DILANTIN					
PHENYTOIN INFATABS	CHEW	1	DILANTIN INFATABS					
PHENYTOIN SODIUM EXTENDED	CAPS	1	DILANTIN, PHENYTEK					
POTIGA	TABS	1				Y		
PRIMIDONE	TABS	1	MYSOLINE					
SABRIL	PACK	1		Y				
SABRIL	TABS	1		Y				
TIAGABINE	TABS	1	GABITRIL	Y				
TOPIRAMATE	TABS	1	TOPAMAX	Y				
TOPIRAMATE SPRINKLES	CPSP	1	TOPAMAX SPRINKLES	Y				
VALPROIC ACID	CAPS	1	DEPAKENE					
VALPROIC ACID	SYRP	1	DEPAKENE					
VIMPAT	TABS	1		Y		Y		
VIMPAT	SOLN	1		Y		Y		
ZONISAMIDE	CAPS	1	ZONEGRAN					

Central Nervous System Agents: Antidepressants: NRIs and TCAs

AMITRIPTYLINE HCL	TABS	1						
AMOXAPINE	TABS	1						
CHLORDIAZEPOXIDE /AMITRIPTYLINE	TABS	1	LIMBITROL					
CHLORDIAZEPOXIDE /AMITRIPTYLINE	TABS	1	LIMBITROL DS					
CLOMIPRAMINE HCL	CAPS	1	ANAFRANIL					
DESIPRAMINE HCL	TABS	1	NORPRAMIN					
DOXEPIN HCL	CAPS	1						
DOXEPIN HCL	CONC	1						
IMIPRAMINE HCL	TABS	1	TOFRANIL					
IMIPRAMINE PAMOATE	CAPS	1						
MAPROTILINE HCL	TABS	1						
NORTRIPTYLINE HCL	CAPS	1	PAMELOR					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NORTRIPTYLINE HCL	SOLN	1	PAMELOR					
		1						
PERPHENAZINE /AMITRIPTYLINE	TABS							
TRIMIPRAMINE MALEATE	CAPS	1	SURMONTIL					
VIVACTIL	TABS	1						

Central Nervous System Agents: Antidepressants: Other

BUDEPRION SR	TB12	1	WELLBUTRIN SR	Y				
BUDEPRION XL	TB24	1	WELLBUTRIN XL	Y				
BUPROPION HCL	TABS	1	WELLBUTRIN					No generic available for the 7.5mg strength
BUPROPION HCL	TB24	1	WELLBUTRIN XL	Y				
BUPROPION HCL SR	TB12	1	WELLBUTRIN SR	Y				
MIRTAZAPINE	TABS	1	REMERON	Y				
MIRTAZAPINE	TBDP	1	REMERON SOLTAB	Y				
NEFAZODONE HCL	TABS	1		Y				
TRAZODONE HCL	TABS	1						

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

CYMBALTA	CPEP	1		Y				
PRISTIQ	TB24	1		Y				
SAVELLA	TABS	1		Y				
VENLAFAXINE ER	TB24	1		Y				37.5V, 75, 150, AND 225MG
VENLAFAXINE HCL	TABS	1	EFFEXOR	Y				
VENLAFAXINE HCL SR	CPSR	1	EFFEXOR XR	Y				

Central Nervous System Agents: Antidepressants: SSRIs

CITALOPRAM HYDROBROMIDE	SOLN	1	CELEXA	Y				
CITALOPRAM HYDROBROMIDE	TABS	1	CELEXA	Y				
FLUOXETINE HCL	CAPS	1	PROZAC					
FLUOXETINE HCL	SOLN	1	PROZAC					
FLUOXETINE HCL	TABS	1	PROZAC					
FLUVOXAMINE MALEATE	TABS	1						
ESCITALOPRAM	SOLN	1	LEXAPRO	Y				
ESCITALOPRAM	TABS	1	LEXAPRO	Y				
OLANZAPINE/FLUOXETINE	CAPS	1	SYMBYAX	Y				
OLEPTRO	TBSR	1		Y				
PAROXETINE HCL	SUSP	1	PAXIL	Y				
PAROXETINE HCL	TABS	1	PAXIL					
PAROXETINE HCL	TB24	1	PAXIL CR	Y				
SERTRALINE HCL	TABS	1	ZOLOFT					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SERTRALINE HYDROCHLORIDE	CONC	1	ZOLOFT					
Central Nervous System Agents: Antimanic								
LITHIUM CARBONATE	CAPS	1						
LITHIUM CARBONATE	TABS	1						
LITHIUM CARBONATE	CAPS	1	LITHIUM CARBONATE					
LITHIUM CARBONATE ER	TBCR	1	LITHOBID					
LITHIUM CITRATE	SYRP	1						
Central Nervous System Agents: Barbiturates								
MEPHOBARBITAL	TABS	1	MEBARAL					
PHENOBARBITAL	ELIX	1						
PHENOBARBITAL	TABS	1						
SECONAL	CAPS	1						
Central Nervous System Agents: Benzodiazepines								
ALPRAZOLAM	TABS	1	XANAX	Y				
ALPRAZOLAM XR	TB24	1	XANAX XR	Y				
CHLORDIAZEPOXIDE HCL	CAPS	1	LIBRIUM	Y				
CLORAZEPATE DIPOTASSIUM	TABS	1	TRANXENE T	Y				
DIAZEPAM	TABS	1	VALIUM	Y				
ESTAZOLAM	TABS	1	PROSOM	Y				
FLURAZEPAM HCL	CAPS	1	DALMANE	Y				
LORAZEPAM	TABS	1	ATIVAN	Y				
LORAZEPAM INTENSOL	CONC SOLN	1		Y				
OXAZEPAM	CAPS	1	SERAX	Y				
TEMAZEPAM	CAPS	1	RESTORIL	Y				
TRIAZOLAM	TABS	1	HALCION	Y				
Central Nervous System Agents: MAO Inhibitors								
PHENELZINE SULFATE	TABS	1	NARDIL					
TRANLYCPROMINE SULFATE	TABS	1	PARNATE					
Central Nervous System Agents: Miscellaneous								
NAMENDA	SOLN	1		Y				
NAMENDA	TABS	1		Y				
NAMENDA TITRATION PAK	TABS	1		Y				
RILUTEK	TABS	1		Y				
STRATTERA	CAP	1		Y	Y	Y		PA > 18 years old; PMP with generic

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								ADHD med required
XENAZINE	TABS	1		Y				
XYREM	SOLN	1				Y		

Central Nervous System Agents: Sedatives/Hypnotics

BUSPIRONE HCL	TABS	1	BUSPAR					Tier 1 only applies to the 7.5mg strength
CHLORAL HYDRATE	SUPP	1		Y				
CHLORAL HYDRATE	SYRP	1						
EQUAGESIC	TABS	1						
HYDROXYZINE HCL	SYRP	1	ATARAX					
HYDROXYZINE HCL	TABS	1	ATARAX					
HYDROXYZINE PAMOATE	CAPS	1	VISTARIL					
LUNESTA	TABS	1		Y	Y			Progressive medication program with zolpidem IR or zaleplon required
MEPROBAMATE	TABS	1	MEPROBAMATE					
ROZEREM	TABS	1		Y	Y			Progressive medication program with zolpidem IR or zaleplon required
SOMNOTE	CAPS	1						
ZALEPLON	CAPS	1	SONATA	Y				
ZOLPIDEM TARTRATE	TABS	1	AMBIEN	Y				
ZOLPIDEM TARTRATE	TBCR	1	AMBIEN CR	Y	Y			Progressive medication program with zolpidem IR or zaleplon required

Central Nervous System Agents: Skeletal Muscle Relaxants

BACLOFEN	TABS	1						
CARISOPRODOL	TABS	1	SOMA	Y				Only 350mg strength covered
CARISOPRODOL /ASPIRIN /CODEINE	TABS	1	SOMA COMPOUND/ CODEINE	Y				
CARISOPRODOL/ASPIRIN	TABS	1	SOMA COMPOUND PARAFON FORTE DSC	Y				
CHLORZOXAZONE	TABS	1						
CYCLOBENZAPRINE HCL	TABS	1	FLEXERIL	Y				
DANTROLENE SODIUM	CAPS	1	DANTRIUM					
METAXALONE	TABS	1	SKELAXIN	Y				
METHOCARBAMOL	TABS	1	ROBAXIN					
METHOCARBAMOL	TABS	1	ROBAXIN-750					
ORPHENADRINE CITRATE ER	TB12	1	NORFLEX	Y				
TIZANIDINE HCL	TABS	1	ZANAFLEX					

Central Nervous System Stimulating Agents

AMPHETAMINE SALT COMBO	TABS	1	ADDERALL	Y		Y		PA > 18 years old
AMPHETAMINE SALT COMBO SR	CAPS	1	ADDERALL XR	Y		Y		PA > 18 years old
DAYTRANA	PTCH	1		Y	Y	Y		PA > 18 years old; PMP with generic

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								ADHD med required
DEXMETHYLPHENIDATE HCL	TABS	1	FOCALIN	Y		Y		PA > 18 years old
DEXMETHYLPHENIDATE HCL	CPSR	1	FOCALIN XR	Y		Y		PA > 18 years old
DEXTROAMPHETAMINE SULFATE	TABS	1	DEXTROST T	Y		Y		PA > 18 years old
DEXTROAMPHETAMINE SULFATE SR	CP24	1	DEXEDRINE	Y		Y		PA > 18 years old
FOCALIN XR	CAP	1		Y	Y	Y		PA > 18 years old; PMP with generic ADHD med required
INTUNIV	TB24	1		Y	Y	Y		PA > 18 years old; PMP with generic ADHD med required
QUILLIVANT	SUSP	1		Y		Y		
LIQUADD	SOLN	1		Y		Y		PA > 18 years old
METHAMPHETAMINE HCL	TABS	1	DESOXYN			Y		PA > 18 years old
METHYLPHENIDATE HCL	TABS	1	RITALIN	Y		Y		PA > 18 years old
METHYLPHENIDATE HCL	TBCR	1	RITALIN SR, METADATE ER, METHYLIN ER	Y		Y		PA > 18 years old
METHYLPHENIDATE HCL	CPCR	1	METADATE CD	Y		Y		PA > 18 years old
METHYLPHENIDATE HCL	CP24		RITALIN LA	Y	Y	Y		No generic available for the 10mg strength; PA > 18 years old
METHYLPHENIDATE HCL	TBER	1	CONCERTA	Y	Y	Y		PA > 18 years old
METHYLPHENIDATE HCL	SOLN	1	METHYLIN	Y		Y		PA > 18 years old
MODAFINIL	TAB	1	PROVIGIL	Y		Y		
PROCENTRA	SOLN	1		Y	Y	Y		PA > 18 years old; PMP with generic ADHD med required
VYVANSE	CAP	1		Y	Y	Y		PA > 18 years old; PMP with generic ADHD med required

Dermatological Agents: Antibacterials

CLEOCIN	SUPP	1		Y				
CLINDAMAX	CREA	1	CLEOCIN					
CLINDAMYCIN PHOSPHATE	GEL	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	LOTN	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	SOLN	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	SWAB	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	FOAM	1	EVOCLIN					
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	1		Y				Copay per 25 grams
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	1	DUAC					
ERYTHROMYCIN	PADS	1						
ERYTHROMYCIN	SOLN	1						
ERYTHROMYCIN	GEL	1	ERYGEL					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	1	BENZAMYCIN	Y				Copay per 25 grams
GENTAMICIN SULFATE	CREA	1						
GENTAMICIN SULFATE	OINT	1						
METRONIDAZOLE	CREA	1	METROCREAM	Y				
METRONIDAZOLE	GEL	1	METROGEL	Y				
METRONIDAZOLE	LOTN	1	METROLOTI ON	Y				
METRONIDAZOLE VAGINAL	GEL	1	METROGEL VAGINAL					
MEXAR WASH	LIQD	1	OVACE WASH					
MUPIROCIN	CREA	1	BACTROBAN CREAM	Y				
MUPIROCIN	OINT	1	BACTROBAN	Y				
NORITATE	CREA	1						
SEB-PREV WASH	LIQD	1	OVACE WASH	Y				
SULFACETAMIDE SODIUM	SUSP	1	KLARON	Y				

Dermatological Agents: Antifungals

CICLOPIROX	GEL	1	LOPROX					
CICLOPIROX SHAMPOO	SHAM	1	LOPROX SHAMPOO					
CICLOPIROX	SUSP	1	LOPROX					
CICLOPIROX NAIL LACQUER	SOLN	1	PENLAC NAIL LACQUER					
CICLOPIROX OLAMINE	CREA	1	LOPROX					
CLOTRIMAZOLE	TROC	1	MYCELEX					
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	1	LOTRISONE					
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	1	LOTRISONE SPECTAZOLE					
ECONAZOLE NITRATE	CREA	1						
ERTACZO	CREA	1		Y				
EXELDERM	CREA	1						
EXELDERM	SOLN	1						
GYNAZOLE-1	CREA	1						
KETOCONAZOLE	CREA	1	NIZORAL	Y				
KETOCONAZOLE	SHAM	1	NIZORAL	Y				
NAFTIN	GEL	1						
NAFTIN-MP	CREA	1						
NYSTATIN	OINT	1						
NYSTATIN	CREA	1	MYCOSTATIN					
NYSTATIN	POWD	1	MYCOSTATIN					
NYSTATIN VAGINAL	TABS	1						
NYSTOP	POWD	1	MYCOSTATIN					
OXISTAT	CREA	1		Y				
OXISTAT	LOTN	1		Y				
TERCONAZOLE	CREA	1	TERAZOL 3	Y				
TERCONAZOLE	SUPP	1	TERAZOL 3	Y				
TERCONAZOLE	CREA	1	TERAZOL 7	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ZAZOLE	CREA	1	TERAZOL 3	Y				
ZAZOLE	SUPP	1	TERAZOL 3	Y				
ZAZOLE	CREA	1	TERAZOL 7	Y				

Dermatological Agents: Anti-inflammatories

ALCLOMETASONE DIPROPIONATE	CREA	1	ACLOVATE					
ALCLOMETASONE DIPROPIONATE	OINT	1	ACLOVATE					
ALCORTIN A	GEL	1						
AMCINONIDE	LOTN	1						
AMCINONIDE	CREA	1	CYCLOCORT					
APEXICON E	CREA	1	PSORCON E	Y				
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	1	DIPROLENE					
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	1	DIPROLENE					
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	1	DIPROLENE AF					
BETAMETHASONE DIPROPIONATE	CREA	1						
BETAMETHASONE DIPROPIONATE	GEL	1						
BETAMETHASONE DIPROPIONATE	LOTN	1						
BETAMETHASONE DIPROPIONATE	OINT	1						
BETAMETHASONE VALERATE	OINT	1						
BETAMETHASONE VALERATE AEROSOL	FOAM	1	LUXIQ	Y				Copay per 50 grams
BETA-VAL	CREA	1						
BETA-VAL	LOTN	1						
CLOBETASOL PROPIONATE	LOTN	1	CLOBEX	Y				
CLOBETASOL PROPIONATE	SHAMP	1	CLOBEX	Y				
CLOBETASOL PROPIONATE	FOAM	1	OLUX	Y				Copay per 50 grams
CLOBETASOL PROPIONATE E	FOAM	1	OLUX-E	Y				Copay per 50 grams
CLOBETASOL PROPIONATE	CREA	1	TEMOVATE					
CLOBETASOL PROPIONATE	GEL	1	TEMOVATE					
CLOBETASOL PROPIONATE	OINT	1	TEMOVATE					
CLOBETASOL PROPIONATE E	CREA	1	TEMOVATE E					
CORDRAN	LOTN	1						
CORDRAN	OINT	1						
CORDRAN SP	CREA	1						
CORDRAN TAPE	TAPE	1						
CORMAX	SOLN	1	TEMOVATE					
CORTIFOAM	FOAM	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CORTISPORIN	CREA	1						
CORTISPORIN	OINT	1						
FLUOCINOLONE ACETONIDE OIL	OIL	1	DERMA-SMOOTHIE/FS BODY OIL					
FLUOCINOLONE ACETONIDE OIL	OIL	1	DERMA-SMOOTHIE/FS SCALP OIL					
DESONIDE	CREA	1	DESOWEN					
DESONIDE	LOTN	1	DESOWEN					
DESONIDE	OINT	1	DESOWEN					
DESOXIMETASONE	CREA	1	TOPICORT					Higher copay may apply
DESOXIMETASONE	GEL	1	TOPICORT					
DESOXIMETASONE	OINT	1	TOPICORT					
DIFLORASONE DIACETATE	CREA	1						
DIFLORASONE DIACETATE	OINT	1						
EPIFOAM	FOAM	1						
EPISIL	LIQD	1		Y		Y		
FLUOCINOLONE ACETONIDE	OINT	1						
FLUOCINOLONE ACETONIDE	SOLN	1						
FLUOCINOLONE ACETONIDE	CREA	1	SYNALAR					
FLUOCINOLONE ACETONIDE (OTIC)	OIL	1	DERMOTIC					
FLUOCINONIDE	CREA	1	LIDEX, VANOS	Y				Max of 120gm per 30 days
FLUOCINONIDE	GEL	1	LIDEX					
FLUOCINONIDE	OINT	1	LIDEX					
FLUOCINONIDE	SOLN	1	LIDEX					
FLUOCINONIDE EMOLLIENT BASE	CREA	1	LIDEX-E					
FLUTICASONE PROPIONATE	CREA	1	CUTIVATE					
FLUTICASONE PROPIONATE	OINT	1	CUTIVATE					
HALOBETASOL PROPIONATE	CREA	1	ULTRAVATE					
HALOBETASOL PROPIONATE	OINT	1	ULTRAVATE					
HALOG	CREA	1						
HALOG	OINT	1						
HALOG	SOLN	1						
HC PRAM	CREA	1	PRAMOSONE					
HEMRIL-30	SUPP	1	PROCTOCORT	Y				
HYDROCORTISONE	LOTN	1						
HYDROCORTISONE	OINT	1						
HYDROCORTISONE	ENEM	1	CORTENEMA					
HYDROCORTISONE	CREA	1	HYTONE					
HYDROCORTISONE ACETATE	SUPP	1	ANUSOL-HC	Y				
HYDROCORTISONE BUTYRATE	CREA	1	LOCOID					
HYDROCORTISONE BUTYRATE	OINT	1	LOCOID					
HYDROCORTISONE BUTYRATE	SOLN	1	LOCOID					
HYDROCORTISONE VALERATE	CREA	1	WESTCORT					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
HYDROCORTISONE VALERATE	OINT	1	WESTCORT					
LIDOCAINE HCL/HYDROCORTISONE ACETATE	CREA	1	LIDAMANTLE HC	Y				
LIDOCAINE HCL/HYDROCORTISONE ACETATE	LOTN	1	LIDAMANTLE HC	Y				
LOCOID LIPOCREAM	CREA	1						
MOMETASONE FUROATE	CREA	1	ELOCON					
MOMETASONE FUROATE	OINT	1	ELOCON					
MOMETASONE FUROATE	SOLN	1	ELOCON					
NOVACORT	GEL	1						
NYSTATIN/TRIAMCINOLONE	OINT	1						
NYSTATIN/TRIAMCINOLONE	CREA	1	MYCOLOG II					
PRAMOSONE	LOTN	1						
PRAMOSONE	OINT	1						
PREDNICARBATE	CREA	1	DERMATOP					
PREDNICARBATE	OINT	1	DERMATOP					
PROCTOCREAM-HC	CREA	1	ANUSOL-HC	Y				
PROCTOFOAM HC	FOAM	1						
PROCTOSOL HC	CREA	1		Y				
PROCTOZONE-HC	CREA	1		Y				
TRIAMCINOLONE ACETONIDE	CREA	1	KENALOG					
TRIAMCINOLONE ACETONIDE	LOTN	1	KENALOG					
TRIAMCINOLONE ACETONIDE	OINT	1	KENALOG					
TRIAMCINOLONE IN ORABASE	PSTE	1	KENALOG IN ORABASE					

Dermatological Agents: Antivirals

ZOVIRAX	CREA	1		Y				
ZOVIRAX	OINT	1		Y				

Dermatological Agents: Miscellaneous

ACCUZYME SE	EMUL	1						
ACID JELLY	GEL	1						
ACTICIN	CREA	1	ELIMITE					
ADAPALENE	CREA	1	DIFFERIN	Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
ADAPALENE	GEL	1	DIFFERIN	Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
AMNESTEEM	CAPS	1	ACCUZANE					
ANACAINE	OINT	1						
ANAMANTLE HC	CREA	1		Y				
ATOPICLAIR	CREA	1		Y				Copay per 100 grams
AVITA	GEL	1	RETIN-A			Y		PA >26 years of age; Excluded from coverage >35 years

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								of age
AZELEX	CREA	1						
CALCIPOTRIENE	SOLN	1	DOVONEX	Y				
CALCIPOTRIENE	OINT	1	CALCIPOTRIENE	Y				
CARAC	CREA	1		Y				
CLARAVIS	CAPS	1	ACUTANE					Higher copay may apply for 30mg strength
DIFFERIN	LOT	1		Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
DOVONEX	CREA	1		Y				
DRITHO-SCALP	CREA	1		Y				
ELIDEL	CREA	1		Y				Copay per 60 grams
EURAX	CREA	1						
EURAX	LOTN	1						
FEM PH	GEL	1						
FINACEA	GEL	1		Y				
FLUOROPLEX	CREA	1		Y				
FLUOROURACIL	CREA	1	EFUDEX	Y				
FLUOROURACIL	SOLN	1	EFUDEX	Y				
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	1	ANALPRAM-HC					
HYPERCARE	SOLN	1	DRYSOL					
IMIQUIMOD	CREA	1	ALDARA	Y				
KOVIA	OINT	1	ACCUZYME					
KOVIA 6.5	OINT	1		Y				
LIDAZONE HC	CREA	1		Y				
LIDOCAINE	OINT	1						
LIDOCAINE	CREA	1	LIDAMANTLE					
LIDOCAINE	LOTN	1	LIDAMANTLE	Y				
LIDOCAINE HCL JELLY	GEL	1	XYLOCAINE JELLY					
LIDOCAINE/PRILOCAINE	CREA	1	EMLA					
LIDODERM	PTCH	1		Y				
LINDANE	LOTN	1						
LINDANE	SHAM	1						
MAFENIDE ACETATE	PACK	1						
OXSORALEN ULTRA	CAPS	1						
PANAFIL SE	EMUL	1		Y				
PANRETIN	GEL	1		Y				
PHENAZOPYRIDINE HCL	TABS	1	PYRIDIUM					
PHENAZOPYRIDINE PLUS	TABS	1	PYRIDIUM PLUS					
PICATO	GEL	1						
PLIAGLIS	CRE	1						
PODOFILOX	SOLN	1	CONDYLOX W/APPLICATORS					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PRAMOXINE-HC	CREA	1	PRAMOSONE					
PRAMOXINE-HC	OINT	1	PRAMOSONE					
PRASCION FC	PADS	1	PLEXION CLEANSING CLOTH	Y				Higher copay may apply
PROCORT	CREA	1						
PROTOPIC	OINT	1		Y				Copay per 60 grams
PRUDOXIN	CREA	1	ZONALON					
PSORiatec	CREA	1	DRITHO-CRÈME HP	Y				
REGRANEX	GEL	1				Y		
SANTYL	OINT	1						
SELENIUM SULFIDE	LOTN	1	SELSUN SHAMPOO					
SILVER SULFADIAZINE	CREA	1	SILVADENE					
SODIUM HYALURONATE	LOTN	1		Y				
SODIUM SULFACETAMIDE/SULFUR	SUSP	1	PLEXION TS	Y				
SOLARAZE	GEL	1		Y				
SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	1		Y				
SULFACETAMIDE SODIUM-UREA	PAD	1	SOD SULFACET PAD					
SULFAMYLON	CREA	1						
SULFATOL CLEANSER	EMUL	1	ROSULA	Y				
SYNERA	PTCH	1		Y				
TARGRETIN	GEL	1						
TAZORAC	CREA	1		Y				
TAZORAC	GEL	1		Y				
TBC	AERS	1	GRANULEX					
TRETINOIN	CREA	1	RETIN-A	Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
TRETINOIN	GEL	1	RETIN-A	Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
XCLAIR	CREA	1		Y				
XERAC AC	SOLN	1		Y				
ZIOX	OINT	1	PANAFIL	Y				
ZIOX 405	OINT	1	PANAFIL	Y				
ZITHRANOL	SHAM	1		Y				

Electrolyte and Fluid Maintenance

ACETIC ACID 0.25%	SOLN	1						
CALCIUM ACETATE	CAPS	1	PHOSLO					
CARBAGLU	TABS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
EFFERVESCENT POTASSIUM/CHLORIDE	TBEF	1	K-LYTE/CL					
FOSRENOL	CHEW	1		Y				
GALZIN	CAPS	1						
KLOR-CON	PACK	1	K-LOR					
KLOR-CON 25	PACK	1						
KLOR-CON 8	TBCR	1						
KLOR-CON M15	TBCR	1						
KLOR-CON M20	TBCR	1	K-DUR					
KLOTRIX	TBCR	1	K-TABS					
K-PHOS	TABS	1						
K-PHOS MF	TABS	1						
K-PHOS NO 2	TABS	1						
LACTULOSE	SOLN	1		Y				
LITHOSTAT	TABS	1						
MICRO-K	CPCR	1						
ORACIT	SOLN	1						
POTASSIUM BICARBONATE	TBEF	1	K-LYTE					
POTASSIUM CHLORIDE	LIQD	1						
POTASSIUM CHLORIDE ER	TBCR	1	K-DUR					
POTASSIUM CHLORIDE ER	CPCR	1	MICRO-K					
POTASSIUM CITRATE	TBCR	1	UROCIT-K 5					
POTASSIUM CITRATE EXTENDED-RELEASE	TBCR	1	UROCIT-K 10					
RENAGEL	TABS	1		Y				
REVELA	TABS	1		Y				
		1						
SODIUM POLYSTYRENE SULFONATE	SUSP			Y				
		1						
SODIUM POLYSTYRENE SULFONATE	POWD		KAYEXALATE	Y				
SPS	SUSP	1		Y				
		1						
VIS-PHOS N	TABS		K-PHOS NEUTRAL					

Enzyme Replacement

PULMOZYME	SOLN	1				Y		
SUCRAID	SOLN	1						

Eyes, Ears, Nose, and Throat Agents: Anesthetics

AKTEN	OINT	1		Y				
ALTACAINE	SOLN	1						
ANTIPYRINE/BENZOCAINE	SOLN	1						
AURALGAN	SUSP	1						
AUROGUARD	SOLN	1						
BENZOTIC	SOLN	1						
CAPHOSOL	SOLN	1		Y		Y		
EAR-GESIC	SOLN	1	TYMPAGESIC DROPS					
MUGARD	SOLN	1		Y		Y		
OTICAINE OTIC	SOLN	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
OTOGESIC	SOLN	1	TYMPAGESIC DROPS					
PROPARACAINE HCL	SOLN	1	ALCAINE	Y				

Eyes, Ears, Nose, and Throat Agents: Anti-infectives

BACITRACIN	OINT	1						
BACITRACIN /NEOMYCIN /POLYMYXIN	OINT	1		Y				
BACITRACIN/POLYMYXIN B	OINT	1		Y				
BESIVANCE	SUSP	1		Y				
CHLORHEXADINE GLUCONATE ORAL RINSE	SOLN	1	PERIDEX ORAL RINSE	Y				
CILOXAN	OINT	1		Y				
CIPROFLOXACIN HCL	SOLN	1	CILOXAN	Y				
ERYTHROMYCIN	OINT	1		Y				
GENTAMICIN SULFATE	OINT	1						
GENTAMICIN SULFATE	SOLN	1						
LEVOFLOXACIN	SOLN	1	QUIXIN	Y				
MOXEZA	SOLN	1		Y				
NATACYN	SUSP	1		Y				
NEOMYCIN /POLYMYXIN /GRAMICIDIN	SOLN	1	NEOSPORIN					
OFLOXACIN	SOLN	1	FLOXIN OTIC	Y				
OFLOXACIN	SOLN	1	OCUFLOX	Y				
SODIUM SULFACETAMIDE	SOLN	1	BLEPH-10					
TOBRAMYCIN-DEXAMETHASONE OPTH	SUSP	1	TOBRADEX	Y				
TOBRASOL	SOLN	1	TOBEX	Y				
TOBEX	OINT	1		Y				
TRIFLURIDINE	SOLN	1	VIROPTIC	Y				
TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	1	POLYTRIM	Y				
VIGAMOX	SOLN	1		Y				
ZIRGAN	GEL	1		Y				
ZYMAXID	SOLN	1		Y				

Eyes, Ears, Nose, and Throat Agents: Anti-inflammatories

DICLOFENAC SODIUM	SOLN	1	VOLTAREN	Y				
FLURBIPROFEN SODIUM	SOLN	1	OCUFEN	Y				
ILEVRO	SUSP	1		Y				

Eyes, Ears, Nose, and Throat Agents: Corticosteroids

ACETIC ACID/HYDROCORTISONE	SOLN	1						
ALREX	SUSP	1		Y				
BAC /POLY /NEOMY /HC	OINT	1		Y				
BLEPHAMIDE	SUSP	1		Y				
BLEPHAMIDE S.O.P.	OINT	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CIPRO HC	SUSP	1		Y				
CIPRODEX	SUSP	1		Y				
CORTISPORIN-TC	SUSP	1						
CORTOMYCIN	SUSP	1	CORTISPORIN					
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	1						
DUREZOL	SUSP	1		Y				
DYMISTA	AERS	1		Y	Y			
FLAREX	SUSP	1		Y				
FLUNISOLIDE	SOLN	1	NASALIDE	Y				
FLUOROMETHOLONE	SUSP	1	FML LIQUIFILM	Y				
FLUTICASONE PROPIONATE	SUSP	1	FLONASE	Y				
FML FORTE	SUSP	1		Y				
FML S.O.P.	OINT	1		Y				
LOTEMAX	GEL	1		Y				
LOTEMAX	SUSP	1		Y				
LOTEMAX	OINT	1		Y				
METHADEX	SUSP	1	MAXITROL					
OMNARIS	SOLN	1		Y				
NASONEX	SUSP	1		Y				
NEO /POLY /BAC /HC	OINT	1						
NEOMYCIN /POLYMYXIN /DEXAMETHASONE	OINT	1	MAXITROL					
NEOMYCIN /POLYMYXIN /HYDROCORTISONE	SOLN	1	CORTISPORIN					
NEOMYCIN /POLYMYXIN /HYDROCORTISONE	SUSP	1	CORTISPORIN					
OTOMAR	SOLN	1	CORTANE-B-OTIC					
POLY-PRED	SUSP	1		Y				
PRED MILD	SUSP	1		Y				
PRED-G	SUSP	1		Y				
PRED-G S.O.P.	OINT	1		Y				
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1		Y				
QNASL	AERS	1		Y	Y			
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	1		Y				
TRIAMCINOLONE ACETONIDE	AERS	1	NASACORT AQ	Y				
VEXOL	SUSP	1		Y				
ZETONNA	AERS	1		Y	Y			
Eyes, Ears, Nose, and Throat Agents: Miscellaneous								
ACETIC ACID	SOLN	1						
ACETIC ACID/ALUMINUM ACETATE	SOLN	1						
FIRST-DUKES MOUTHWASH	SUSP	1		Y				
FIRST-MARYS MOUTHWASH	SUSP	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
LACRISERT	INST	1						
RESTASIS	EMUL	1		Y		Y		

Gastrointestinal Agents: Antiemetics

ANZEMET	TABS	1		Y				
DRONABINOL	CAPS	1	MARINOL			Y		
EMEND	CAPS	1		Y	Y			
EMEND	MISC	1		Y	Y			
GRANISETRON HCL	TABS	1	KYTRIL	Y				
MALDEMAR	TABS	1	SCOPACE					
ONDANSETRON HCL	TABS	1		Y				
ONDANSETRON HCL	SOLN	1	ZOFRAN	Y				
ONDANSETRON HCL	TABS	1	ZOFRAN	Y				
ONDANSETRON ODT	TBDP	1	ZOFRAN ODT	Y				
SANCUSO	PTWK	1		Y		Y		
TRIMETHOBENZAMIDE HCL	CAPS	1	TIGAN					

Gastrointestinal Agents: Anti-inflammatories

APRISO	CP24	1		Y				
ASACOL	TBEC	1		Y				
ASACOL-HD	TBEC	1		Y				
BALSALAZIDE DISODIUM	CAPS	1	COLAZAL	Y				
CANASA	SUPP	1		Y				
DIPENTUM	CAPS	1		Y				
LIALDA	TBEC	1		Y				
MESALAMINE	ENEM	1	ROWASA	Y				
PENTASA	CPCR	1		Y				

Gastrointestinal Agents: Enzyme Replacement

CREON	CPEP	1						
CREON 5	CPEP	1						
CREON 10	CPEP	1						
CREON 20	CPEP	1						
CREON 30	CPEP	1						
DYGASE	CAPS	1						
ENZYMAX	TABS	1						
GASTRINEX	CAPS	1						
LIPRAM 4500	CPEP	1						
LIPRAM-PN10	CPEP	1						
LIPRAM-PN16	CPEP	1						
LIPRAM-PN20	CPEP	1						
LIPRAM-UL12	CPEP	1						
LIPRAM-UL18	CPEP	1						
LIPRAM-UL20	CPEP	1						
PANCREASE MT 10	CPEP	1						
PANCREASE MT 16	CPEP	1						
PANCREASE MT 20	CPEP	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PANCREASE MT 4	CPEP	1						
PANCREATIN	POWD	1						
PANCREAZE	CAP	1	Y					
PANCRECARB MS-16	CPEP	1						
PANCRECARB MS-4	CPEP	1						
PANCRECARB MS-8	CPEP	1						
PANCRELIPASE	CPEP	1						
PANCRELIPASE	TABS	1						
PANGESTYME CN 10	CPEP	1						
PANGESTYME CN 20	CPEP	1						
PANGESTYME EC	CPEP	1						
PANGESTYME MT 16	CPEP	1						
PANGESTYME UL 12	CPEP	1						
PANGESTYME UL 18	CPEP	1						
PANGESTYME UL 20	CPEP	1						
PERTZYE	CAPS	1						
PLARETASE 8000	TABS	1						
PLARETASE 8000	TABS	1						
ULTRESA	CAPS	1						
ULTRASE	CPEP	1						
ULTRASE MT 12	CPEP	1						
ULTRASE MT 18	CPEP	1						
ULTRASE MT 20	CPEP	1						
VIOKASE	POWD	1						
VIOKASE 16	TABS	1						
VIOKASE 8	TABS	1						
ZENPEP	CAPS	1						

Gastrointestinal Agents: H2 Antagonists

CIMETIDINE	TABS	1	TAGAMET					
CIMETIDINE HCL	SOLN	1	TAGAMET					
FAMOTIDINE	TABS	1	PEPCID					
FAMOTIDINE	SUSP	1	PEPCID					
NIZATIDINE	CAPS	1	AXID	Y				
RANITIDINE HCL	CAPS	1	ZANTAC					
RANITIDINE HCL	TABS	1	ZANTAC					

Gastrointestinal Agents: Other

AMITIZA	CAPS	1		Y				
BELLADONA ALK/PHENOBARBITAL	TBCR	1	DONNATAL EXTENTAB					
COLYTE-FLAVOR PACKS	SOLR	1						
DIPHENOXYLATE/ATROPINE	LIQD	1	LOMOTIL					
DIPHENOXYLATE/ATROPINE	TABS	1	LOMOTIL					
HALFLYTELY BOWEL PREP	KIT	1						
HYOSCYAMINE-PHENYLTOLOXAMINE	CAPS	1	DIGEX NF					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
LINZESS	CAPS	1		Y				
LOPERAMIDE HCL	CAPS	1						
LOTRONEX	TABS	1				Y		
METOCLOPRAMIDE HCL	SOLN	1	REGLAN					
METOCLOPRAMIDE HCL	TABS	1	REGLAN					
MOVIPREP	SOLR	1						
OPIUM TINCTURE	SOLN	1						
OSMOPREP	TABS	1						
PAREGORIC	TINC	1						
PEG 3350/ELECTROLYTES	SOLR	1	COLYTE					
PREPOPIK PAK	PACK	1						
SUPREP BOWEL PREP	KIT	1						
URSODIOL	CAPS	1	ACTIGALL					
URSODIOL 250	TABS	1	URSO 250					
URSODIOL FORTE	TABS	1	URSO FORTE					
VISICOL	TABS	1						
SE-DONNA PB HYOS	ELX	1	DONNATAL ELX					

Gastrointestinal Agents: PPIs

ACIPHEX	CAP	1		Y	Y			
DEXILANT	CPDR	1		Y	Y			Copay per 30
OMEPRAZOLE	CPDR	1	PRILOSEC	Y				QL- 30/30 days for 40 mg strength
OMEPRAZOLE/SODIUM BICARBONATE	CAP	1	ZEGERID	Y				Copay per 30
PANTOPRAZOLE SODIUM	TBEC	1	PROTONIX	Y				Copay per 30
LANSOPRAZOLE	CPDR	1	PREVACID	Y				Copay per 30
LANSOPRAZOLE	TBDR	1	PREVACID SOLUTAB	Y				
LANSOPRAZOLE OTC	CPDR	1	PREVACID 24HR	Y				Copay per 56
NEXIUM	CP/GRA	1		Y	Y			
OMEPRAZOLE OTC	TBEC	1	PRILOSEC OTC	Y				Copay per 28
ZEGERID OTC	CAP	1		Y				Copay per 28

Gastrointestinal Agents: Protectants

CARAFATE	SUSP	1		Y				
MISOPROSTOL	TABS	1	CYTOTEC	Y				
SUCRALFATE	TABS	1	CARAFATE	Y				

Genitourinary Agents

DETROL LA	CP24	1		Y				
FLAVOXATE HCL	TABS	1	URISPAS	Y				
GELNIQUE	GEL	1		Y				
MYRBETRIQ	TB24	1		Y				
OXYBUTYNIN CHLORIDE	SYRP	1	DITROPAN	Y				
OXYBUTYNIN CHLORIDE	TABS	1	DITROPAN					
OXYBUTYNIN CHLORIDE ER	TB24	1	DITROPAN XL	Y				
TOLTERODINE TARTRATE	CP	1	DETROL	Y				
OXYTROL	PTWK	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TOVIAZ	TB24	1		Y				
TROSPIUM CHLORIDE	TABS	1	SANCTURA	Y				
TROSPIUM CHLORIDE	TB24	1	SANCTURA XR	Y				
VESICARE	TABS	1		Y				

Hormonal Agents: Androgens

ANDRODERM	PT24	1		Y		Y		
ANDROGEL PUMP	GEL	1		Y		Y		
ANDROGEL 1.62%	GEL	1		Y		Y		
AXIRON	SOLN	1		Y		Y		
DANAZOL	CAPS	1						
FORTESTA	GEL	1		Y		Y		
OXANDROLONE	TABS	1	OXANDRIN			Y		

Hormonal Agents: Contraceptives

APRI	TABS	1	DESOGEN	Y				
AVIANE	TABS	1	ALESSE-28	Y				
BEYAZ	TABS	1		Y	Y			Progressive Medication Program with at least 2 generic oral contraceptives required.
CESIA	TABS	1	CYCLESSA	Y				
CRYSSELLE-28	TABS	1	LO/OVRAL-28	Y				
DROSPIRENONE/ETHINYL ESTRADIOL 3/0.02	TABS	1	YAZ					
ELLA	TAB	1		Y				
ENPRESSE-28	TABS	1	TRI-LEVLEN	Y				
ERRIN	TABS	1	NOR-QD	Y				
GENERESS FE	CHW	1		Y	Y			Progressive Medication Program with at least 2 generic oral contraceptives required.
JOLESSA	TABS	1	SEASONALE	Y				
JUNEL 1.5/30	TABS	1	LOESTRIN 1.5/30-21	Y				
KARIVA	TABS	1	MIRCETTE	Y				
KELNOR 1/35	TABS	1	DEMULEN 1/35-28	Y				
LEENA	TABS	1	TRI-NORINYL	Y				
LO LOESTRIN FE	TABS	1		Y	Y			Progressive Medication Program with at least 2 generic oral contraceptives required.
LOESTRIN 24 FE	TABS	1		Y	Y			Progressive Medication Program with at least 2 generic oral contraceptives required.
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS)	TABS	1	LYBREL	Y				
LEVONORGESTREL-ETHINYL	TABS	1	LOSEASONIQ	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ESTRADIOL			UE					
LEVONORGESTREL-ETHINYL ESTRADIOL	TABS	1	SEASONIQU E	Y				
MICROGESTIN 1/20	TABS	1	LOESTRIN 1/20-21	Y				
MICROGESTIN FE	TABS	1	LOESTRIN FE 1/20	Y				
MICROGESTIN FE 1.5/30	TABS	1	LOESTRIN FE 1.5/30	Y				
MONONESSA	TABS	1	ORTHO- CYCLEN-28	Y				
		1						Progressive Medication Program with at least 2 generic oral contraceptives required.
NATAZIA	TABS			Y	Y			
NECON 10/11-28	TABS	1		Y				
		1						Excluded for members >16 years old
NEXT CHOICE	TABS		PLAN B	Y				
		1						Excluded for members >16 years old
NEXT CHOICE ONE DOSE	TAB		PLAN B ONE- STEP	Y				
		1						Progressive Medication Program with at least 2 generic oral contraceptives required.
NORINYL 1+50-28	TABS			Y	Y			
NORTREL 0.5/35 (28)	TABS	1	BREVICON- 28	Y				
NORTREL 1/35 (28)	TABS	1	NORINYL 1+35	Y				
		1						
NORTREL 7/7/7	TABS		ORTHO- NOVUM 7/7/7- 28	Y				
		1						
OCELLA	TABS		YASMIN 28	Y				
		1						Progressive Medication Program with at least 2 generic oral contraceptives required.
OGESTREL	TABS			Y	Y			
ORTHO EVRA	PTWK	1		Y				
		1						Progressive Medication Program with at least 2 generic oral contraceptives required.
ORTHO TRI-CYCLEN LO	TABS			Y	Y			
		1						Progressive Medication Program with at least 2 generic oral contraceptives required.
OVCON-50 28	TABS			Y	Y			
		1						
PORTIA-28	TABS		LEVLEN CONTRACT PACK	Y				
		1						Progressive Medication Program with at least 2 generic oral contraceptives required.
SAFYRAL	TABS			Y	Y			

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TRI-LEGEST FE	TABS	1	ESTROSTEP FE	Y				
TRI-SPRINTEC	TABS	1	ORTHO TRI-CYCLEN	Y				
ZENCHENT	TABS	1	OVCON-35	Y				
ZOVIA 1/50E	TABS	1	DEMULEN 1/50-28	Y				

Hormonal Agents: Corticosteroids

ADVAIR DISKUS	MISC	1		Y				
ADVAIR HFA	AERO	1		Y				
ALVESCO	AERO	1		Y				
ASMANEX 30 METERED DOSES	AEPB	1		Y				
ASMANEX 60 METERED DOSES	AEPB	1		Y				
ASMANEX 120 METERED DOSES	AEPB	1		Y				
BUDESONIDE	SUSP	1	PULMICORT	Y				Prior authorization required >8 yrs of age
BUDESONIDE 24HR	CP24	1	ENTOCORT EC	Y				
CELESTONE	SOLN	1						
CORTISONE ACETATE	TABS	1						
DEXAMETHASONE	ELIX	1						
DEXAMETHASONE	SOLN	1						
DEXAMETHASONE	TABS	1						
DEXAMETHASONE	TABS	1						
DEXPAK	TABS	1						
DULERA	AERO	1		Y				
FLOVENT DISKUS	AEPB	1		Y				
FLOVENT HFA	AERO	1		Y				
FLUDROCORTISONE ACETATE	TABS	1	FLORINEF					
HYDROCORTISONE	TABS	1	CORTEF					
METHYLPREDNISOLONE	TABS	1	MEDROL					
METHYLPREDNISOLONE	TABS	1	MEDROL DOSEPAK					
PREDNISOLONE	TABS	1						
PREDNISOLONE	SYRP	1	PRELONE					
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1	ORAPRED					
PREDNISOLONE SODIUM PHOSPHATE	LIQD	1	PEDIAPRED					
PREDNISONE	TABS	1	DELTASONE					
PREDNISONE	TABS	1	STERAPRED DS					
PULMICORT FLEXHALER	INHA	1		Y				
SYMBICORT	AERO	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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Hormonal Agents: Estrogen Agonists

ALORA	PTTW	1		Y				
ANGELIQ	TABS	1		Y				
CENESTIN	TABS	1						
COMBIPATCH	PTTW	1		Y				
COVARYX	TABS	1	ESTRATEST					
COVARYX HS	TABS	1	ESTRATEST H.S.					
DIVIGEL	TGEL	1						
ELESTRIN	GEL	1		Y				
ENJUVIA	TABS	1						
ESSIAN	TABS	1	ESTRATEST					
ESSIAN H.S.	TABS	1	ESTRATEST H.S.					
ESTRACE	CREA	1						
ESTRADIOL	PTWK	1	CLIMARA	Y				
ESTRADIOL	TABS	1	ESTRACE					
ESTRADIOL/NORETHINDRONE ACETATE	TABS	1	ACTIVELLA	Y				
ESTROPIPATE	TABS	1	OGEN					
EVISTA	TABS	1		Y				
FEMHRT LOW DOSE	TABS	1						
FEMTRACE	TABS	1						
MENEST	TABS	1						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	TABS	1	FEMHRT 1/5					
NORETHINDRONE & ETHINYL ESTRADIOL-FE	CHEW TAB	1	FEMCON FE CHW	Y				
PREFEST	TABS	1						
PREMARIN	TABS	1						
PREMARIN W/APPLICATOR	CREA	1		Y				
PREMPHASE	TABS	1		Y				
PREMPRO	TABS	1		Y				
VIVELLE-DOT	PTTW	1		Y				

Hormonal Agents: Growth Hormone

INCRELEX	SOLN	1				Y	Y	Curascript Only
IPLEX	SOLN	1				Y	Y	Curascript Only
OMNITROPE	SOLR	1				Y	Y	Exclusive Somatropin agent covered; Curascript only

Hormonal Agents: Miscellaneous

CALCITONIN NASAL SOLN	SOLN	1	FORTICAL, MIACALCIN	Y				
FORTEO	SOLN	1				Y	Y	Curascript Only
METHYLERGONOVINE MALEATE	TABS	1	METHERGINE					
MIACALCIN	SOLN	1				Y	Y	Curascript Only

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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Hormonal Agents: Pituitary

DESMOPRESSIN ACETATE	SOLN	1	DDAVP					
DESMOPRESSIN ACETATE	TABS	1	DDAVP					
STIMATE	SOLN	1						

Hormonal Agents: Progestins

CRINONE	GEL	1				Y		
MEDROXYPROGESTERONE ACETATE	SUSP	1	DEPO-PROVERA CONTRACEPTIVE	Y				
MEDROXYPROGESTERONE ACETATE	TABS	1	PROVERA					
MEGACE ES	SUSP	1		Y				
NORETHINDRONE ACETATE	TABS	1	AYGESTIN					
PROCHIEVE	GEL	1				Y		
PROGESTERONE MICRONIZED	CAPS	1	PROMETRIUM					

Hormonal Agents: Thyroid Agents

ARMOUR THYROID	TABS	1						
LEVOTHROID	TABS	1						
LEVOTHYROXINE SODIUM	TABS	1						
LEVOTHYROXINE SODIUM	CAPS	1	TIROSINT					
LEVOXYL	TABS	1						
LIOTHYRONINE	TABS	1	CYTOMEL					
METHIMAZOLE	TABS	1	TAPAZOLE					
NATURE-THROID	TABS	1						
PROPYLTHIOURACIL	TABS	1						
SYNTHROID	TABS	1						
THYROID	TABS	1	ARMOUR THYROID					
THYROLAR-1	TABS	1						
THYROLAR-1/2	TABS	1						
THYROLAR-1/4	TABS	1						
THYROLAR-2	TABS	1						
THYROLAR-3	TABS	1						
UNITHROID DIRECT	TABS	1						

Miscellaneous Agents

ALENDRONATE SODIUM	TABS	1	FOSAMAX	Y				
ALFUZOSIN HCL ER	TB24	1	UROXATRAL	Y				
ALLOPURINOL	TABS	1	ZYLOPRIM					
AMPYRA	TABS	1		Y				
ASPIRIN	TABS	1						Preventive Medication: \$0 copay; men 45-79, women 55-79; only generic covered with retail Rx
ATELVIA	TABS	1		Y	Y			Progressive Medication

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								Program with alendronate required.
AUBAGIO	TABS	1				Y	Y	Curascript only
AVODART	CAPS	1		Y		Y		
		1						Curascript Only; Copaxone and Rebif are preferred products
AVONEX	KIT			Y		Y	Y	
AZATHIOPRINE	TABS	1	IMURAN					
		1						Curascript Only; Copaxone and Rebif are preferred products
BETASERON	SOLR			Y		Y	Y	
CELLCEPT	SUSR	1						
								*Preventive Medication: \$0 copay, women < 55 years old
CERVICAL CAPS		*		Y				
CIMZIA	KIT	1				Y	Y	Curascript Only
CIMZIA STARTER KIT	KIT	1				Y	Y	Curascript Only
COLCRYS	TABS	1		Y				
		1						Curascript Only; Copaxone and Rebif are preferred products
COPAXONE	KIT			Y			Y	
CYCLOSPORINE	CAPS	1	SANDIMMUNE					
		1	SANDIMMUNE					
CYCLOSPORINE	SOLN							
CYCLOSPORINE MODIFIED	CAPS	1						
CYCLOSPORINE MODIFIED	CAPS	1	NEORAL					
CYSTADANE	POWD	1						
CYSTAGON	CAPS	1						
								*Preventive Medication: \$0 copay, women < 55 years old
DIAPHRAGMS		*		Y				
DISULFIRAM	TABS	1	ANTABUSE					
ELMIRON	CAPS	1						
ENBREL	KIT	1				Y	Y	Curascript Only
ENBREL	SOLN	1				Y	Y	Curascript Only
ENBREL SURECLICK	SOLN	1				Y	Y	Curascript Only
ETIDRONATE DISODIUM	TABS	1	DIDRONEL					
								Preventive Medication: \$0 copay, women < 55 years old; Covered with retail Rx
FEMALE CONDOMS		*		Y				
FERRIPROX	TABS	1				Y		
FINASTERIDE	TABS	1		Y				
FIRAZYR	SOLN	1		Y		Y		
		1						Preventive Medication: \$0 copay; PA for age 5 and under , others excluded; only generic covered with retail Rx
FLUORIDE						Y		
FOLIC ACID		1				Y		Preventive

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								Medication: \$0 copay; women 15-50, other age requires PA; generic covered with retail Rx
FOSAMAX	SOLN	1		Y				
FOSAMAX PLUS D	TABS	1		Y				
GAMMAGARD	SOLN	1				Y		Curascript Only
GAMUNEX-C	SOLN	1				Y		Curascript Only
GILENYA	CAPS	1		Y		Y		
HUMIRA	KIT	1				Y	Y	Curascript Only
HUMIRA PEN	KIT	1				Y	Y	Curascript Only
		1						Progressive Medication Program with alendronate required.
IBANDRONATE	TAB		BONIVA	Y	Y			
		1						Preventive Medication: \$0 copay; Excluded over age 1; only generic covered with retail Rx
IRON								
JALYN	CAPS	1		Y				
KALYDECO	TABS	1				Y	Y	Curascript Only
KINERET	SOLN	1				Y	Y	Curascript Only
KORLYM	TABS	1				Y	Y	Curascript Only
LEFLUNOMIDE	TABS	1	ARAVA					
LEUCOVORIN CALCIUM	TABS	1						
LEUCOVORIN CALCIUM	TABS	1						
LEVOCARNITINE	SOLN	1	CARNITOR					
LEVOCARNITINE	TABS	1	CARNITOR					
MEPHYTON	TABS	1						
MESNEX	TABS	1						
MYCOPHENOLATE	TABS	1	CELLCEPT					
MYFORTIC	TBEC	1						
								*Preventive Medication: \$0 copay, women < 55 years old; Includes nonoxynol-9 foam, gel, vaginal suppositories, film and vaginal insert; Covered with retail Rx
NONOXYNOL-9		*		Y				
ORENCIA	SOLN	1				Y	Y	Curascript Only
ORFADIN	CAPS	1						
								Preventive Medication: \$0 copay, women < 55 years old; Covered with retail Rx
ORTHO-GYNOL GEL		*		Y				
PERMETHRIN	LOT	1						
PROGRAF	CAPS	1						
RAPAMUNE	SOLN	1						
RAPAMUNE	TABS	1						
REBIF	SOLN	1		Y			Y	Curascript Only;

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								Copaxone and Rebif are preferred products
REBIF TITRATION PACK	SOLN	1		Y			Y	Curascript Only; Copaxone and Rebif are preferred products
RELISTOR	SOLN	1		Y				
REVLIMID	CAPS	1		Y			Y	Curascript Only
RIMSO-50	SOLN	1						
SAMSCA	TABS	1		Y				
SENSIPAR	TABS	1		Y				
SIMPONI	SOLN	1				Y		Curascript Only
SKELID	TABS	1						
SOMATULINE DEPOT	SOLN	1		Y		Y	Y	Curascript Only
SORIATANE	TABS	1		Y				
SORIATANE CK	KIT	1		Y				
TACROLIMUS	CAPS	1	PROGRAF					
TAMSULOSIN	CP24	1	FLOMAX	Y				
THALOMID	CAPS	1				Y		
THIOLA	TABS	1						
TODAY SPONGE		*		Y				*Preventive Medication: \$0 copay, women < 55 years old; Covered with retail Rx
ULORIC	TABS	1		Y		Y		
XELJANZ	TABS	1		Y		Y	Y	Curascript Only
ZAVESCA	CAPS	1		Y				
ZORTRESS	TABS	1		Y				

Ophthalmic Agents: Anti-Allergy

ALAMAST	SOLN	1		Y				
ALOCRIAL	SOLN	1		Y				
ALOMIDE	SOLN	1		Y				
ASTEPRO	SOLN	1		Y				
AZELASTINE	SOLN	1	OPTIVAR	Y				
CROMOLYN SODIUM	SOLN	1	CROLOM	Y				
EMADINE	SOLN	1		Y				
LASTACFT	SOLN	1		Y				
PATADAY	SOLN	1		Y				
PATANOL	SOLN	1		Y				

Ophthalmic Agents: Antiglaucoma

ALPHAGAN P	SOLN	1		Y				ONLY 0.1% Strength
AZOPT	SUSP	1		Y				
BETAXOLOL HCL	SOLN	1	BETAXOLOL HCL	Y				
BETIMOL	SOLN	1		Y				
BETOPTIC-S	SUSP	1		Y				
BRIMONIDINE TARTRATE	SOLN	1	ALPHAGAN P	Y				ONLY 0.15% and 0.2% at tier 1

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CARBOPTIC	SOLN	1	ISOPTO CARBACHOL	Y				
CARTEOLOL HCL	SOLN	1		Y				
DORZOLAMIDE HCL	SOLN	1	TRUSOPT	Y				
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	1	COSOPT	Y				
ISTALOL	SOLN	1		Y				
LATANOPROST OPHTH	SOLN	1	XALATAN	Y				
LEVOBUNOLOL HCL	SOLN	1	BETAGAN	Y				
LEVOBUNOLOL HCL	SOLN	1	BETAGAN WITHOUT C CAP	Y				
LUMIGAN	SOLN	1						
METIPRANOLOL	SOLN	1	OPTIPRANOL OL	Y				
PHOSPHOLINE IODIDE	SOLR	1		Y				
PILOCARPINE HCL	SOLN	1	ISOPTO CARPINE	Y				
PILOPINE HS	GEL	1		Y				
TIMOLOL MALEATE	SOLN	1	TIMOPTIC	Y				
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	1	TIMOPTIC-XE	Y				
TIMOPTIC OCUDOSE	SOLN	1		Y				
TRAVATAN Z	SOLN	1		Y				
Ophthalmic Agents: Mydriatics								
ATROPINE SULFATE	OINT	1		Y				
ATROPINE SULFATE	SOLN	1	ISOPTO ATROPINE	Y				
CYCLOPENTOLATE HCL	SOLN	1	CYCLOGYL	Y				
DIPIVEFRIN HCL	SOLN	1	PROPINE	Y				
HOMATROPAIRE	SOLN	1	ISOPTO HOMATROPI NE	Y				
ISOPTO HYOSCINE	SOLN	1		Y				
Ophthalmic Agents: Vasoconstrictors								
AK-CON	SOLN	1	ALBALON					
PHENYLEPHRINE HCL	SOLN	1						
Prenatal Vitamins								
ATABEX EC	TAB	1		Y				
ATABEX PRENATAL	TAB	1		Y				
BAL-CARE DHA ESSENTIAL	PAK	1		Y				
BAL-CARE DHA	MIS	1		Y				
B-NEXA	TAB	1		Y				
BP FOLINATAL PLUS B	TAB	1		Y				
BP MULTINATL PLUS	CHW	1		Y				
BP MULTINATL PLUS	TAB	1		Y				
CAVAN ONE OMEGA	CAP	1		Y				
CAVAN PRENATAL	TAB	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CAVAN-ALPHA	KIT	1		Y				
CAVAN-EC SOD DHA	MIS	1		Y				
CITRANATAL HARMONY	CAP	1		Y				
CITRANATAL 90 DHA	MIS	1		Y				
CITRANATAL B-CALM	MIS	1		Y				
CITRANATAL ASSURE	PAK	1		Y				
CITRANATAL DHA	PAK	1		Y				
CITRANATAL RX	TAB	1		Y				
COMPLETE NAT DHA	PAK	1		Y				
COMPLETENATE	CHW	1		Y				
COMPLETE-RF PRENATAL	TAB	1		Y				
CO-NATAL FA 29-1MG	TAB	1		Y				
CONCEPT DHA	CAP	1		Y				
CONCEPT OB	CAP	1		Y				
CRNATAL	PAK	1		Y				
DUET DHA BALANCED	CAP	1		Y				
DUET DHA EC	CAP	1		Y				
DUET DHA MIS	CAP	1		Y				
DUET DHA MIS BALANCED	MIS	1		Y				
ELITE OB W/DHA	CAP	1		Y				
ELITE-OB 400	CAP	1		Y				
ELITE-OB	TAB	1		Y				
FOLBECAL	TAB	1		Y				
FOLCAL DHA	CAP	1		Y				
FOLCAPS OMEGA 3	CAP	1		Y				
FOLIVANE-EC CA DHA	PAK	1		Y				
FOLIVANE-OB	CAP	1		Y				
FOLIVANE-PRX DHA NF	CAP	1		Y				
GENTEX ADE 28-1MG	TAB	1		Y				
GESTICARE DHA	PAK	1		Y				
HEMENATAL OB DHA	CAP	1		Y				
INATAL ADV	TAB	1		Y				
INATAL GT	TAB	1		Y				
INATAL ULTRA	TAB	1		Y				
LACTOCAL-F	TAB	1		Y				
LEVOMEFOLATE	MIS	1		Y				
MACNATAL CN DHA	CAP	1		Y				
MARNATAL-F	CAP	1		Y				
MARNATAL-F PLUS DUO	MIS	1		Y				
MAXINATE	TAB	1		Y				
M-VIT 27-1MG	TAB	1		Y				
MV&MIN	CAP	1		Y				
MYNATAL	CAP	1		Y				
MYNATAL PLUS	TAB	1		Y				
MYNATAL	TAB	1		Y				
MYNATAL ADVANCE	TAB	1		Y				
MYNATAL-Z	TAB	1		Y				
MYNATE 90 PLUS	TAB	1		Y				
NATACHEW	CHEW	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NATA KOMLETE	TAB	1		Y				
NATAFORT	TAB	1		Y				
NATALVIT 75-1MG	TAB	1		Y				
NATELLE-EZ	TAB	1		Y				
NEEVO DHA	CAP	1		Y				
NEEVO	PAK	1		Y				
NESTABS DHA	PAK	1		Y				
NESTABS	TAB	1		Y				
NEXA PLUS	CAP	1		Y				
NEXA SELECT	CAP	1		Y				
OB COMPLETE 400	CAP	1		Y				
OB COMPLETE ONE	CAP	1		Y				
OB COMPLETE	CHW	1		Y				
OB COMPLETE	TAB	1		Y				
OB COMPLETE PETITE	CAP	1		Y				
OB COMPLETE PREMIER	TAB	1		Y				
OB COMPLETE/ DHA	CAP	1		Y				
OB-NATAL ONE 20-7-1MG	CAP	1		Y				
OB-NATAL ONE 27-1MG	CAP	1		Y				
OBSTETRIX EC	TAB	1		Y				
OBSTETRIX DHA	PAK	1		Y				
O-CAL FA	TAB	1		Y				
O-CAL PRENATAL	TAB	1		Y				
PAIRE OB	MIS	1		Y				
PNV OB+DHA	PAK	1		Y				
PNV-DHA	CAP	1		Y				
PNV-DHA DOCUSATE	CAP	1		Y				
PNV-OMEGA	CAP	1		Y				
PNV-SELECT	TAB	1		Y				
PNV-TOTAL	CAP	1		Y				
PR NATAL 400	PAK	1		Y				
PR NATAL 400 EC	PAK	1		Y				
PR NATAL 430	PAK	1		Y				
PR NATAL 430 EC	PAK	1		Y				
PREFERA OB + DHA	MIS	1		Y				
PREFERA OB	TAB	1		Y				
PREFERAOB ONE	CAP	1		Y				
PRENAFIRST	TAB	1		Y				
PRENAISSANCE	CAP	1		Y				
PRENAISSANCE PLUS	CAP	1		Y				
PRENAPLUS	TAB	1		Y				
PRENATA 29-1MG	CHW	1		Y				
PRENATABS FA	TAB	1		Y				
PRENATABS RX	TAB	1		Y				
PRENATABS OBN	TAB	1		Y				
PRENATAL 19 CHW	TAB	1		Y				
PRENATAL 19	TAB	1		Y				
PRENATAL AD	TAB	1		Y				
PRENATAL LOW IRON	TAB	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PRENATAL PLUS	TAB	1		Y				
PRENATAL PLUS/FE	TAB	1		Y				
PRENATAL-U	CAP	1		Y				
PRENATE CHW 0.6-0.4MG	CHW	1		Y				
PRENATE DHA	CAP	1		Y				
PRENATE ESSENTIL	CAP	1		Y				
PRENATE ELIT	TAB	1		Y				
PRENATE MINI	TAB	1		Y				
PRENATE PLUS	TAB	1		Y				
PRENEXA	CAP	1		Y				
PREQUE 10	TAB	1		Y				
PROTECTNATAL	TAB	1		Y				
PUREFE OB PLUS	CAP	1		Y				
SE-CARE	CHW	1		Y				
SE-CARE CONCEIVE	TAB	1		Y				
SELECT-OB	CHW	1		Y				
SELECT-OB+ DHA	PAK	1		Y				
SE-NATAL 19	CHW	1		Y				
SE-NATAL 19	TAB	1		Y				
SE-NATAL 90	TAB	1		Y				
SE-NATAL ONE	TAB	1		Y				
SE-LETE DHA	CAP	1		Y				
SE-TAN DHA	CAP	1		Y				
SETON ET-EC	PAK	1		Y				
SETONET	PAK	1		Y				
TANDEM DHA	CAP	1		Y				
TANDEM OB	CAP	1		Y				
TARON EC CALCIUM	PAK	1		Y				
TARON-BC	MIS	1		Y				
TARON-C DHA	CAP	1		Y				
TARON-DUO EC	PAK	1		Y				
TARON-EC CAL 28-1MG	TAB	1		Y				
TARON-PREX	CAP	1		Y				
TL-ASSURE+ DHA	MIS	1		Y				
TL-SELECT	CAP	1		Y				
TRI PRENATAL DHA ONE	CAP	1		Y				
TRI PRENATAL DHA ONE	CAP	1		Y				
TRI RX	TAB	1		Y				
TRIADVANCE	TAB	1		Y				
TRICARE DHA 301	CAP	1		Y				
TRICARE PRENATAL	TAB	1		Y				
TRICARE PRENATAL COMPLEAT	CAP	1		Y				
TRIMESIS RX	TAB	1		Y				
TRINATAL GT	TAB	1		Y				
TRINATAL RX 1	TAB	1		Y				
TRINATAL ULTRA	TAB	1		Y				
TRINATE	TAB	1		Y				
TRIVEEN-DUO DHA	PAK	1		Y				
TRIVEEN-ONE	CAP	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TRIVEEN-PRX RNF	CAP	1		Y				
TRIVEEN-PRX RNF	CAP	1		Y				
TRIVEEN-TEN	TAB	1		Y				
TRIVEEN-U	CAP	1		Y				
TRUST NATAL DHA	PAK	1		Y				
ULTIMATE OB DHA	MIS	1		Y				
ULTIMATECARE ONE	CAP	1		Y				
ULTIMATECARE ONE NF	CAP	1		Y				
ULTIMATECARE ADVANTAG	MIS	1		Y				
ULTIMATECARE COMBO	MIS	1		Y				
ULTRA TABS	TAB	1		Y				
VEMAVITE- PRX 2	CAP	1		Y				
VENA-BAL DHA	MIS	1		Y				
VENATAL COMP DHA	MIS	1		Y				
VENATAL-FA	TAB	1		Y				
VINACAL	TAB	1		Y				
VINATE AZ EX	TAB	1		Y				
VINATE AZ	TAB	1		Y				
VINATE C	TAB	1		Y				
VINATE CAL	TAB	1		Y				
VINATE CARE	CHW	1		Y				
VINATE GT	TAB	1		Y				
VINATE IC	CAP	1		Y				
VINATE II	TAB	1		Y				
VINATE M	TAB	1		Y				
VINATE ONE	TAB	1		Y				
VINATE PN CARE	TAB	1		Y				
VINATE ULTRA	TAB	1		Y				
VITAFOL-OB +DHA	PAK	1		Y				
VITAFOL-OB 65-1MG	TAB	1		Y				
VITAFOL-ONE	CAP	1		Y				
VITAFOL-PLUS	CAP	1		Y				
VITAFOL-PN	TAB	1		Y				
VITAMEDMD REDICHEW	CHEW	1		Y				
VITA-PREN	TAB	1		Y				
VITASPIRE	TAB	1		Y				
VIVA CT PRENATAL	CHEW	1		Y				
VIVA DHA	CAP	1		Y				
VOL-NATE	TAB	1		Y				
VOL-PLUS	TAB	1		Y				
VOL-TAB RX	TAB	1		Y				
VP-PNV-DHA	CAP	1		Y				
ZATEAN-CH	CAP	1		Y				
ZATEAN-PN DHA	CAP	1		Y				
ZATEAN-PN PLUS	CAP	1		Y				
ZATEAN-PN	TAB	1		Y				
Respiratory Agents: Antitussives								
ALDEX GS DM	TABS	1						
ALDEX GS 30-190MG	TABS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
BENZONATATE	CAPS	1	TESSALON	Y				
CHLORPHENIRAMINE/HYDROCODONE	SUSP		TUSSIONEX	Y				
CODAR D	LIQD	1	SUSP EXT-REL					
CODAR AR	LIQD	1						
CODAR GF	LIQD	1						
CORZALL	LIQD	1						
CORZALL-PE	LIQD	1						
CORZALL PLUS	LIQD	1						
HYDROMET	SYRP	1	HYCODAN	Y				
LORTUSS EX	LIQD	1						
NASOTUSS	LIQ	1						
PEDIATEX TDM	SUSP	1						
PHENYLEPH./BROMPHEN./CODEINE	LIQD	1	POLY-TUSSION LIQ AC					
PHENYLEPH./BROMPHEN./DM	LIQD	1	BROVEX PEB LIQ DM					
PHENYLEPH./CARBETAPENTANE/POT GUAIACO	LIQD	1	CARBATUSS-CL					
PHENYLEPHRINE-CHLORPHEN-DM	LIQD	1	ACCUHIST PDX					
PHENYLEPHRINE/DEXCHLORPHENIR/CODEINE	LIQD	1	VANACOF CD					
PHENYLEPH./DIPHENHY./CODEINE	SYRP	1	ENDAL CD					
POLY HIST DHC	LIQD	1						
POLY HIST NC	LIQD	1						
POLY-TUSSION EX	SYRP	1						
PROHIST LQ	LIQD	1						
PROHIST CF	LIQD	1						
PROHIST CD	LIQD	1						
PSEUDOEPH./BROMPHEN./DM	LIQD	1	BROMFED DM					
PSEUDOEPH./BROMPHEN./DM	LIQD	1	BROVEX PSB LIQ DM					
PSEUDOEPH./BROMPHEN./DM	TABS	1	BROVEX PSE TAB DM					
PSEUDOEPHEDRINE /DM/GG	SYRP	1	DONATUSSIN SYP DM					
PSEUDOEPHEDRINE/CHLORPHEN./DM	LIQD	1	MESEHIST DM					
RYDEX	LIQD	1						
TRICODE AR	TRICODE GF	1						
TUSSO-C	LIQD	1						
TUSSO-XR	SUSP	1						
TUSSO-ZMR	CAPS	1		Y				
Z-COF I	SUSP	1						
ZODRYL AC ADULT	SUSP	1						
ZOTEX- D	SYRP	1						
ZOTEX-EX	TABS	1						
ZOTEX-PE	TABS	1						
Z-TUSS E	LIQD	1						
ZUTRIPRO	LIQD	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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Respiratory Agents: Bronchodilators

ALBUTEROL SULFATE	NEBU/SOLN	1	ACCUNEB	Y				
ALBUTEROL SULFATE	NEBU/SOLN	1	PROVENTIL	Y				
ALBUTEROL SULFATE	NEBU/SOLN	1	VENTOLIN	Y				
ALBUTEROL SULFATE	SYRP	1	VENTOLIN	Y				
ALBUTEROL SULFATE	TABS	1	VENTOLIN					
ALBUTEROL SULFATE ER	TB12	1	VOSPIRE ER					
ALBUTEROL SULFATE/IPRATROPIUM BROMIDE	SOLN	1	DUONEB	Y				
AMINOPHYLLINE	SOLN	1						
AMINOPHYLLINE	TABS	1						
ARCAPTA	NEOHALER	1		Y				
BROVANA	NEBU	1		Y		Y		
COMBIVENT	AERO	1		Y				
COMBIVENT RESPIMAT	AERO	1		Y				
COPD	TABS	1	LUFYLLIN-GG					
DALIRESP	TABS	1		Y		Y		
DY-G	LIQD	1						
DYLIX	ELIX	1						
DYPHYLLINE-GG	ELIX	1	LUFYLLIN-GG					
FORADIL AEROLIZER	CAPS	1		Y				
IPRATROPIUM BROMIDE	SOLN	1	ATROVENT	Y				
JAY-PHYL	SYRP	1	PANFIL-G					
LEVALBUTEROL HYDROCHLORIDE	NEBU	1	XOPENEX	Y				
LEVALBUTEROL CONCENTRATE	NEBU	1	XOPENEX CONCENTRATE	Y				
LUFYLLIN	TABS	1						
MAXAIR AUTOHALER	AERB	1		Y				
METAPROTERENOL SULFATE	SYRP	1		Y				
METAPROTERENOL SULFATE	TABS	1						
NEBUSAL NEB 6%	NEBU	1						
PERFORMIST	NEBU	1				Y		
PROAIR HFA	AERO	1		Y		Y		Trial of Ventolin HFA prior to coverage
PROVENTIL HFA	AERO	1		Y		Y		Trial of Ventolin HFA prior to coverage
SEREVENT DISKUS	AEPB	1		Y				
TERBUTALINE SULFATE	TABS	1	BRETHINE					
THEO-24	CP24	1						
THEOPHYLLINE ER	TB12	1	UNIPHYL					
VENTOLIN HFA	AERO	1		Y				
XOPENEX HFA	AERO	1		Y		Y		Trial of Ventolin HFA prior to coverage

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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Respiratory Agents: Devices

AEROCHAMBER PLUS	MISC	1		Y				
E-Z SPACER	DEVI	1		Y				

Respiratory Agents: Leukotriene Modifiers

MONTELUKAST	CHEW	1	SINGULAIR	Y				
MONTELUKAST	GRAN	1	SINGULAIR	Y				
MONTELUKAST	PACK	1	SINGULAIR	Y				
MONTELUKAST	TABS	1	SINGULAIR	Y				
ZAFIRLUKAST	TABS	1	ACCOLATE	Y				
ZYFLO	TABS	1		Y				
ZYFLO CR	TB12	1		Y				

Respiratory Agents: Mast Cell Stabilizers

cromolyn sodium soln	NEBU	1		Y				
cromolyn sodium conc	SOLN	1	GASTROCROM					
cromolyn sodium	AERS	1	NASALCROM					

Respiratory Agents: Miscellaneous

ACETYLCYSTEINE	SOLN	1	MUCOMYST					
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Toxicologic Agents

CHEMET	CAPS	1						
CUPRIMINE	CAPS	1						
EXJADE	TBSO	1		Y			Y	Curascript Only
NALTREXONE HCL	TABS	1	REVIA					
SYPRINE	CAPS	1						

Vitamin D Agents

CALCITRIOL	CAPS	1	ROCALTROL					
CALCITRIOL	SOLN	1	ROCALTROL					
HECTOROL	CAPS	1						
ZEMPLAR	CAPS	1						

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HYDRALAZINE HCL	25	INSULIN SYRINGE/0.5ML/29G X ½	9
HYDROCET	3	INSULIN SYRINGE/1ML/29G X ½	9
HYDROCHLOROTHIAZIDE	20, 22	INSULIN SYRINGE/1ML/31G X 5/16	9
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