



## 2010 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
<b>Analgesics: Miscellaneous</b>								
ANABAR	TABS	1		Y				
BUPAP	TABS	1	SEDAPAP	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				
FRENADOL	TABS	1		Y				
PHRENILIN FORTE	CAPS	1		Y				
RIDAURA	CAPS	1		Y				

<b>Analgesics: Nonsteroidal Anti-inflammatory Drugs</b>								
BUTALBITAL /ASPIRIN /CAFFEINE	TABS	1	FIORINAL	Y				
BUTALBITAL/ASA/CAFFEINE	CAPS	1	FIORINAL	Y				
CELEBREX	CAPS	1		Y	Y			
CHOLINE MAGNESIUM TRISALICYLATE	LIQD	1						
CHOLINE MAGNESIUM TRISALICYLATE	TABS	1	TRILISATE					
DICLOFENAC POTASSIUM	TABS	1	CATAFLAM	Y				
DICLOFENAC SODIUM	TBEC	1	VOLTAREN	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
DICLOFENAC SODIUM DR	TBEC	1	VOLTAREN	Y				
DICLOFENAC SODIUM EC	TBEC	1		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				
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 EC-NAPROSYN	Y				
NAPROXEN DR	TBEC	1	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

ACETAMINOPHEN/CAFFEINE/DIHYDRO CODEINE BITARTRATE	TABS	1	PANLOR SS	Y				
ACETAMINOPHEN/CODEINE	SOLN	1	TYLENOL/CODEINE	Y				
ACETAMINOPHEN/CODEINE	TABS	1	TYLENOL/CODEINE	Y				
ACETAMINOPHEN/CODEINE #3	TABS	1	TYLENOL/CODEINE	Y				
ASPIRIN/CODEINE	TABS	1		Y				
AVINZA	CP24	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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	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					
KADIAN	CP24	1		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					
ONSOLIS	TABS	1		Y				
OXYCODONE HCL	CAPS	1	OXYIR					
OXYCODONE HCL	TABS	1	ROXICODON E					
OXYCODONE HCL	CONC	1	ROXICODON E INTENSOL	Y				
OXYCODONE HCL ER	TB12	1	OXYCONTIN	Y				10, 20, 40, AND 80MG STRENGTH ONLY
OXYCODONE/ACETAMINOPHEN	TABS	1	PERCOCET	Y				
OXYCODONE/ACETAMINOPHEN	CAPS	1	TYLOX	Y				
OXYCODONE/ASPIRIN	TABS	1	PERCODAN	Y				
OXYCODONE /IBUPROFEN	TABS	1	COMBUNOX	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
OXYCONTIN	TB12	1		Y				ONLY 15, 30, AND 60MG TABS TIER 2
PROPOXYPHENE /ACETAMINOPHEN	TABS	1	DARVO CET	Y				
PROPOXYPHENE HCL	CAPS	1	DARVON	Y				
PROPOXYPHENE-N /ACETAMINOPHEN	TABS	1	DARVO CET	Y				
ROXICET	SOLN	1		Y				
TRAMADOL HCL	TABS	1	ULTRAM	Y				
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	1	ULTRACET	Y				
TREZIX	CAPS	1	PANLOR DC	Y				

### Analgesics: Opiate Partial Agonists

BUPRENORPHINE SL	SUBL	1	SUBUTEX	Y				
BUTORPHANOL TARTRATE	SOLN	1	STADOL	Y				
PENTAZOCINE /ACETAMINOPHEN	TABS	1	TALACEN	Y				
PENTAZOCINE/NALOXONE HCL	TABS	1	TALWIN NX	Y				
SUBOXONE	SUBL	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					
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					
CEPHALEXIN	SUSR	1	KEFLEX					
SPECTRACEF	TABS	1						
SUPRAX	SUSR	1						

### Antibacterials: Macrolides

AZITHROMYCIN	PACK	1		Y				
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Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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				
CLEOCIN	CAPS	1						Only 75MG Caps Tier 2
CLINDAMYCIN HCL	SOLR	1	CLEOCIN PEDIATRIC GRANULES					
CLINDAMYCIN HCL	CAPS	1	CLEOCIN					
NEOMYCIN SULFATE	TABS	1						
TOBI	NEBU	1		Y				
VANCOCIN HCL	CAPS	1		Y		Y		
XIFAXAN	TABS	1		Y				
ZYVOX	SUSR	1		Y		Y		Prior authorization required; 3 days therapy allowed initially
ZYVOX	TABS	1		Y		Y		Prior authorization required; 3 days therapy allowed initially

### Antibacterials: Penicillins

AMOXICILLIN	CAPS	1	AMOXIL					
AMOXICILLIN	CHEW	1	AMOXIL					
AMOXICILLIN	SUSR	1	AMOXIL					
AMOXICILLIN	TABS	1	AMOXIL					
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	1	AUGMENTIN					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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						Only 50MG/mL Tier 2
AMPICILLIN	CAPS	1						
AMPICILLIN	SUSR	1						
AUGMENTIN	CHEW	1						Only 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					
LEVAQUIN	SOLN	1						
LEVAQUIN	TABS	1		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					
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				
DOXYCYCLINE MONOHYDRATE	CAPS	1	MONODOX	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
MINOCYCLINE HCL	CAPS	1	DYNACIN, MINOCIN	Y				
MINOCYCLINE HCL ER	CAPS	1	SOLODYN	Y				Solodyn 65mg and 115mg are not covered
MYRAC	TABS	1	DYNACIN	Y				
TETRACYCLINE HCL	CAPS	1						

### Antidiabetic Agents: Insulins

APIDRA	SOLN	1		Y				
HUMALOG	SOLN	1		Y				
HUMALOG MIX 50/50	SUSP	1		Y				
HUMALOG MIX 50/50 PEN	SUSP	1		Y				
HUMALOG MIX 75/25	SUSP	1		Y				
HUMALOG MIX 75/25 PEN	SUSP	1		Y				
HUMALOG PEN	SOLN	1		Y				
HUMULIN 50/50	SUSP	1		Y				
HUMULIN 70/30	SUSP	1		Y				
HUMULIN N	SUSP	1		Y				
HUMULIN R	SOLN	1		Y				
		1						
HUMULIN R U-500 (CONCENTRATED)	SOLN			Y				
LANTUS	SOLN	1		Y				
LANTUS FOR OPTICLIK	SOLN	1		Y				
NOVOLIN 70/30	SUSP	1		Y				
NOVOLIN 70/30 INNOLET	SUSP	1		Y				
NOVOLIN 70/30 PENFILL	SUSP	1		Y				
NOVOLIN N	SUSP	1		Y				
NOVOLIN N INNOLET	SUSP	1		Y				
NOVOLIN N PENFILL	SUSP	1		Y				
NOVOLIN R	SUSP	1		Y				
NOVOLIN R INNOLET	SUSP	1		Y				
NOVOLIN R PENFILL	SUSP	1		Y				
NOVOLOG	SUSP	1		Y				
NOVOLOG FLEXPEN	SUSP	1		Y				
NOVOLOG MIX 70/30	SUSP	1		Y				
NOVOLOG MIX 70/30 PENFILL	SUSP	1		Y				
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSP	1		Y				
RELION 70/30 INNOLET	SUSP	1		Y				
RELION N INNOLET	SUSP	1		Y				

### Antidiabetic Agents: Miscellaneous

		1						Step therapy with metformin, sulfonylureas, and/or thiazolidinedione
BYETTA	SOLN			Y	Y			
SYMLIN	SOLN	1		Y	Y			Step Therapy with insulin required
SYMLINPEN 120	SOLN	1		Y	Y			Step Therapy with insulin required

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SYMLINPEN 60	SOLN	1		Y	Y			Step Therapy with insulin required
VICTOZA	SOLN	1		Y	Y			Step therapy with metformin, sulfonylureas, and/or thiazolidinedione

### Antidiabetic Agents: Oral

ACARBOSE	TABS	1	PRECOSE	Y				
ACTOPLUS MET	TABS	1		Y				
ACTOPLUS MET XR	TABS	1		Y				
ACTOS	TABS	1		Y				
AVANDAMET	TABS	1		Y				
AVANDARYL	TABS	1		Y				
AVANDIA	TABS	1		Y				
CHLORPROPAMIDE	TABS	1	DIABINESE					
DUETACT	TABS	1		Y				
GLIMEPIRIDE	TABS	1	AMARYL					
GLIPIZIDE	TABS	1	GLUCOTROL					
GLIPIZIDE XL	TB24	1	GLUCOTROL XL					
GLIPIZIDE/METFORMIN HCL	TABS	1	METAGLIP					
GLYBURIDE	TABS	1	MICRONASE					
GLYBURIDE MICRONIZED	TABS	1	GLYNASE					
GLYBURIDE/METFORMIN HCL	TABS	1	GLUCOVANCE					
GLYCRON	TABS	1						
GLYSET	TABS	1		Y				
JANUMET	TABS	1		Y				
JANUVIA	TABS	1		Y				
METFORMIN HCL	TABS	1	GLUCOPHAGE	Y				
METFORMIN HCL ER	TB24	1	GLUCOPHAGE XR	Y				
NATEGLINIDE	TABS	1	STARLIX	Y				
ONGLYZA	TABS	1		Y				
PRANDIN	TABS	1		Y				
TOLAZAMIDE	TABS	1						
TOLAZAMIDE 500MG	TABS	1						

### Antifungals

ANCOBON	CAPS	1						
FLUCONAZOLE	SUSR	1	DIFLUCAN					
FLUCONAZOLE	TABS	1	DIFLUCAN	Y				
GRIFULVIN V	TABS	1						
GRISEOFULVIN MICROSIZED	SUSP	1	GRIFULVIN V					
GRIS-PEG	TABS	1						
ITRACONAZOLE	CAPS	1	SPORANOX			Y		
KETOCONAZOLE	TABS	1	NIZORAL	Y				
NOXAFIL	SUSP	1						
NYSTATIN	SUSP	1						
NYSTATIN	TABS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TERBINAFINE HCL	TABS	1	LAMISIL					
VFEND	SUSR	1		Y				
VFEND	TABS	1		Y				

### Antigout Agents

PROBENECID	TABS	1						
PROBENECID/COLCHICINE	TABS	1						

### Anthelmintics

ALBENZA	TABS	1						
BILTRICIDE	TABS	1						
MEBENDAZOLE	CHEW	1						

### Antihistamines: 1st Generation

AIRACOF	LIQD	1						
ALLERX	SUSP	1						
ALPAIN	TABS	1						
BROFED	ELIX	1						
BROMHIST PEDIATRIC	LIQD	1						
BROMPHENIRAMINE	TBSR		RESPA-B					
BROMPHEN./PHENYLEPH./DM	LIQD	1	ALAHIST DM					
BROMPHEN./PHENYLEPH.	LIQD		RESPAHIST-II					
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						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
DEXCHLORPHENIRAMINE MALEATE CR	TBCR	1						
D-HIST D	TB12	1	DURAHIST D					
DOLOGEN	TABS	1						
DOLOGESIC	LIQD	1						
DUOTAN PD	SUSP	1						
ED-CHLOR-TAN	TABS	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					
PROMETHAZINE HCL	SUPP	1		Y				
PROMETHAZINE HCL	TABS	1						
PROMETHAZINE HCL PLAIN	SYRP	1						
PROTID	TBCR	1						
PSEUDO CM	TB12	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						

### Antihistamines: 2nd Generation

ALAVERT ALLERGY/SINUS	TB12	1	CLARITIN-D 12 HOUR	Y				OTC Only
CETIRIZINE HCL	CHEW	1	ZYRTEC	Y				OTC Only
CETIRIZINE HCL	TABS	1	ZYRTEC	Y				OTC Only
CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER	TB12	1	ZYRTEC-D	Y				OTC Only
FEXOFENADINE HCL	TABS	1	ALLEGRA	Y				
LORATADINE	TABS	1	CLARITIN	Y				OTC Only
LORATADINE-D 24HR	TB24	1		Y				OTC Only

### 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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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### Anti-HIV Agents: Nonnucleoside RTIs

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

### Anti-HIV Agents: Nucleoside/Nucleotide RTIs

COMBIVIR	TABS	1						
DIDANOSINE	CPDR	1	VIDEX EC					
EMTRIVA	CAPS	1		Y				
EMTRIVA	SOLN	1		Y				
EPIVIR	SOLN	1						
EPIVIR	TABS	1		Y				
EPIVIR HBV	SOLN	1						
EPIVIR HBV	TABS	1		Y				
EPZICOM	TABS	1		Y				
STAVUDINE	CAPS	1	ZERIT	Y				
STAVUDINE	SOLN	1	ZERIT					
TRIZIVIR	TABS	1		Y				
TRUVADA	TABS	1		Y				
VIDEX PEDIATRIC	SOLR	1						
VIREAD	TABS	1		Y				
ZIAGEN	SOLN	1		Y				
ZIAGEN	TABS	1		Y				
ZIDOVUDINE	CAPS	1	RETROVIR					
ZIDOVUDINE	SYRP	1	RETROVIR					
ZIDOVUDINE	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				
NORVIR	CAPS	1						
NORVIR	SOLN	1						
PREZISTA	TABS	1		Y				
REYATAZ	CAPS	1		Y				
VIRACEPT	POWD	1						
VIRACEPT	TABS	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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### Antihypoglycemics

GLUCAGEN HYPOKIT	SOLR	1		Y				
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### Anti-infectives: Miscellaneous

PYLERA	CAPS	1		Y				
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### Anti-infectives: Urinary

MACRODANTIN	CAPS	1						
METHENAMINE/HYOSC/METH BLUE/ BENZ ACID/PHENYL SOL	TABS	1	PROSED D/S					
METHENAMINE HIPPURATE	TABS	1	HIPREX					
MONUROL	PACK	1						
NITROFURANTOIN MACROCRYSTALLINE	CAPS	1	MACRODANT IN					
NITROFURANTOIN MONOHYDRATE	CAPS	1	MACROBID					
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

DIHYDROERGOTAMINE MESYLATE	SOLN	1	D.H.E. 45			Y		
ERGOMAR	SUBL	1						
ERGOTAMINE TARTRATE/CAFFEINE	TABS	1	CAFERGOT					
IMITREX STATDOSE REFILL	KIT	1				Y		
IMITREX STATDOSE SYSTEM	KIT	1				Y		
MAXALT	TABS	1		Y				
MAXALT-MLT	TBDP	1		Y				
MIGERGOT	SUPP	1		Y				
MIGRANAL	SOLN	1		Y				
NARATRIPTAN	TABS	1	AMERGE	Y				
RELPAX	TABS	1		Y				
SUMATRIPTAN	SOLN	1	IMITREX	Y		Y		
SUMATRIPTAN	TABS	1	IMITREX	Y				
ZOMIG	SOLN	1		Y				
ZOMIG	TABS	1		Y				
ZOMIG ZMT	TBDP	1		Y				

### Antimycobacterials

CYCLOSERINE	CAPS	1	SEROMYCIN					
DAPSONE	TABS	1						
ETHAMBUTOL HCL	TABS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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						
TRECTOR	TABS	1						

## Antineoplastics

AFINITOR	TABS	1		Y				
ALKERAN	TABS	1						
ANASTROZOLE	TABS	1	ARIMIDEX			Y		
AROMASIN	TABS	1						
BICALUTAMIDE	TABS	1	CASODEX	Y				
CEENU	CAPS	1		Y				
CYCLOPHOSPHAMIDE	TABS	1						
DROXIA	CAPS	1						
EMCYT	CAPS	1						
ETOPOSIDE	CAPS	1	VEPESID					
FARESTON	TABS	1		Y				
FEMARA	TABS	1						
FLUTAMIDE	CAPS	1		Y				
GLEEVEC	TABS	1		Y			Y	Curascript Only
HEXALEN	CAPS	1						
HYDROXYUREA	CAPS	1	HYDREA					
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
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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SPRYCEL	TABS	1		Y				
SUTENT	CAPS	1		Y				
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				
XELODA	TABS	1						
ZOLINZA	CAPS	1		Y				

### 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					
COMTAN	TABS	1						
KEMADRIN	TABS	1						
LODOSYN	TABS	1						
NEUPRO	PT24	1		Y				
PARCOPA	TBDP	1						
PRAMIPEXOLE	TABS	1	MIRAPEX					
REQUIP XL	TB24	1						
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						
ALINIA	TABS	1						
COARTEM	TABS	1		Y				
MEPRON	SUSP	1						
METRONIDAZOLE	CAPS	1	FLAGYL					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
METRONIDAZOLE	TABS	1	FLAGYL					
NEBUPENT	SOLR	1						
QUALAQUIN	CAPS	1				Y		
TINDAMAX	TABS	1						
YODOXIN	TABS	1						

## Antivirals

ACYCLOVIR	CAPS	1	ZOVIRAX					
ACYCLOVIR	SUSP	1	ZOVIRAX					
ACYCLOVIR	TABS	1	ZOVIRAX					
BARACLUDE	SOLN	1		Y				
BARACLUDE	TABS	1		Y				
FAMCICLOVIR	TABS	1	FAMVIR	Y				
GANCICLOVIR	CAPS	1						
HEPSERA	TABS	1		Y		Y		
INFERGEN	INJ	1		Y			Y	Curascript Only
		1						Curascript Only;
PEGASYS	KIT					Y	Y	Pegasys is preferred product
		1						Curascript Only;
PEG-INTRON	KIT					Y	Y	Pegasys is preferred product
		1						Curascript Only;
PEG-INTRON REDIPEN PAK 4	KIT					Y	Y	Pegasys is preferred product
RELENZA DISKHALER	AEPB	1		Y				
RIBAPAK	TABS	1				Y	Y	Curascript Only
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						

## Autonomic Drugs

ADRENACLICK	DEVI	1						
ATROVENT HFA	AERS	1		Y				
CANTIL	TABS	1						
		1						
CHLORDIAZEPOXIDE /CLIDINIUM	CAPS		LIBRAX	Y				
COLYTROL	SUSP	1						
COLYTROL	TABS	1						
COLYTROL PEDIATRIC	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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ERGOLOID MESYLATES	TABS	1						
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 HANDHALER	CAPS	1		Y				
SYMAX FASTABS	TBDP	1	NULEV					
TWINJECT	DEVI	1		Y				

### Autonomic Drugs: Cholinergics

		1						
ARICEPT	TABS			Y				
		1						
ARICEPT ODT	TBDP			Y				
BETHANECHOL CHLORIDE	TABS	1	URECHOLINE					
EVOXAC	CAPS	1		Y				
EXELON	PT24	1		Y				
EXELON	SOLN	1		Y				
GALANTAMINE	TABS	1	RAZADYNE	Y				
GALANTAMINE ER	CP24	1	RAZADYNE ER	Y				
GUANIDINE HCL	TABS	1						
MYTELASE	TABS	1						
PILOCARPINE HCL	TABS	1	SALAGEN					
		1						
PILOCARPINE HYDROCHLORIDE	TABS		SALAGEN					
PROSTIGMIN	TABS	1						
PYRIDOSTIGMINE BROMIDE	TABS	1	MESTINON					
		1						
RAZADYNE	SOLN			Y				
		1						
RIVASTIGMINE	CAP		EXELON	Y				

### Blood Regulators: Anticoagulants

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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JANTOVEN	TABS	1	COUMADIN					
WARFARIN SODIUM	TABS	1	COUMADIN					

### Blood Regulators: Antithrombotics

AGGRENOX	CP12	1		Y				
		1						
ANAGRELIDE HYDROCHLORIDE	CAPS	1	AGRYLIN					
		1						Prior authorization required >21 day supply in 60 days
ARIXTRA	SOLN			Y				
CILOSTAZOL	TABS	1	PLETAL	Y				
EFFIENT	TABS	1		Y				
		1						
ENOXAPARIN SODIUM	SOLN		LOVENOX	Y				Prior authorization required >21 day supply in 60 days
		1						
FRAGMIN	INJ			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						
PLAVIX	TABS	1		Y				
TICLOPIDINE HCL	TABS	1	TICLID					

### Blood Regulators: Hematopoietics

		1						
ARANESP ALBUMIN FREE	SOLN					Y	Y	PA requires trial with Procrit; Curascript Only
		1						
ARANESP ALBUMIN FREE SURECLICK	SOLN					Y	Y	PA requires trial with Procrit; Curascript Only
EPOGEN	SOLN	1				Y	Y	Curascript Only
LEUKINE	SOLR	1				Y	Y	Curascript Only
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					

### Cardiovascular Agents: a-Adrenergic Blockers

DOXAZOSIN MESYLATE	TABS	1	CARDURA					
PAZOSIN HCL	CAPS	1	MINIPRESS					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TERAZOSIN HCL	CAPS	1	HYTRIN					
<b>Cardiovascular Agents: ACE Inhibitors</b>								
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					
<b>Cardiovascular Agents: Aldosterone Receptor Agonists</b>								
EPLERENONE	TABS	1	INSPIRA	Y				
SPIRONOLACTONE	TABS	1	ALDACTONE					
SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	TABS	1	ALDACTAZIDE					
<b>Cardiovascular Agents: Alpha-adrenergic Agonists</b>								
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							
<b>Cardiovascular Agents: Antiarrhythmics</b>								
AMIODARONE HCL	TABS	1	CORDARONE	Y				
AMIODARONE HCL	TABS	1	PACERONE	Y				
DISOPYRAMIDE PHOSPHATE	CAPS	1	NORPACE					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
DISOPYRAMIDE PHOSPHATE ER	CP12	1	NORPACE CR					
FLECAINIDE ACETATE	TABS	1	TAMBOCOR					
MEXILETINE HCL	CAPS	1						
NORPACE CR	CP12	1						
PRONESTYL	CAPS	1						
PRONESTYL	TABS	1						
PRONESTYL SR	TBCR	1						
PROPAFENONE HCL	TABS	1	RYTHMOL					
QUINIDINE GLUCONATE CR	TBCR	1						
QUINIDINE SULFATE	TABS	1						
QUINIDINE SULFATE ER	TBCR	1						
RYTHMOL SR	CP12	1						
TIKOSYN	CAPS	1		Y				

### Cardiovascular Agents: ARBs

DIOVAN	TABS	1		Y	Y			
DIOVAN HCT	TABS	1		Y	Y			
LOSARTAN	TABS	1	COZAAR	Y	Y			
LOSARTAN/HCTZ	TABS	1	HYZAAR	Y	Y			

### Cardiovascular Agents: Calcium-Channel Blockers

AMLODIPINE BESYLATE	TABS	1	NORVASC	Y				
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	1	LOTREL	Y				
CADUET	TABS	1		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	TABS	1		Y				
EXFORGE HCT	TABS	1		Y				
FELODIPINE ER	TB24	1	PLENDIL					
ISRADIPINE	CAPS	1	DYNACIRC	Y				
LOTREL	CAPS	1		Y				ONLY 5/40MG and 10/40MG CAPS
NICARDIPINE HCL	CAPS	1	CARDENE					
NIFEDIAZ CC	TB24	1	ADALAT CC					
NIFEDICAL XL	TB24	1	PROCARDIA XL					
NIFEDIPINE	CAPS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NIFEDIPINE	CAPS	1	PROCARDIA					
NIFEDIPINE ER	TB24	1	PROCARDIA XL					
NISOLDIPINE	TB24	1	SULAR	Y				
SULAR	TB24	1		Y				
TRANDOLAPRIL/VERAPAMIL	TBCR	1	TARKA	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					
METHAZOLAMIDE	TABS	1						
METHYLCLOTHIAZIDE	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				
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	Y			

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
FENOFIBRATE	CAPS	1	LOFIBRA	Y				
FENOFIBRATE	TABS	1	LOFIBRA	Y				
GEMFIBROZIL	TABS	1	LOPID	Y				
LOVASTATIN	TABS	1	MEVACOR	Y				
LOVAZA	CAPS	1		Y				
NIASPAN	TBCR	1		Y				
PRAVASTATIN SODIUM	TABS	1	PRAVACHOL	Y				
SIMCOR	TABS	1		Y				
SIMVASTATIN	TABS	1	ZOCOR	Y				
SLO-NIACIN	TABS	1						
TRICOR	TABS	1		Y				
TRILIPIX	CAPS	1		Y				
VYTORIN	TABS	1		Y				
WELCHOL	PACK	1		Y				
WELCHOL	TABS	1		Y				

### Cardiovascular Agents: Hypotensives, Misc

TEKURNA	TABS	1		Y				
TEKURNA HCT	TABS	1		Y				
VALTURNA	TABS	1		Y	Y			

### Cardiovascular Agents: Other

DIGOXIN	SOLN	1						
DIGOXIN	TABS	1	LANOXIN					
RANEXA	TB12	1		Y				

### Cardiovascular Agents: $\beta$ -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				
INNOPRAN XL	CP24	1						
LABETALOL 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					

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

### 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						
REVATIO	TABS	1				Y		
TRACLEER	TABS	1		Y			Y	Curascript Only
VENTAVIS	SOLN	1				Y		

### Central Nervous System Agents: Antipsychotics: Atypical

ABILIFY	SOLN	1		Y				
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Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ABILIFY	TABS	1		Y				
ABILIFY DISCMELT	TBDP	1		Y				
CLOZAPINE	TABS	1	CLOZARIL					
FAZACLO	TBDP	1		Y				
GEODON	CAPS	1		Y				
INVEGA	TB24	1		Y				
RISPERIDONE	SOLN	1	RISPERDAL	Y				
RISPERIDONE	TABS	1	RISPERDAL	Y				
RISPERIDONE ODT	TBDP	1	RISPERDAL M-TAB	Y				
SEROQUEL	TABS	1		Y				
SEROQUEL XR	TB24	1		Y				
ZYPREXA	TABS	1		Y				
ZYPREXA ZYDIS	TBDP	1		Y				

### Central Nervous System Agents: Anitpsychotics: 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				
CARBAMAZEPINE	CHEW	1	TEGRETOL					
CARBAMAZEPINE	SUSP	1	TEGRETOL					
CARBAMAZEPINE-XR	TB12	1	TEGRETOL-XR					
CELONTIN	CAPS	1						
CLONAZEPAM	TABS	1	KLONOPIN	Y				
CLONAZEPAM ORALLY DISINTEGRATING	TBDP	1	KLONOPIN WAFERS	Y				
DILANTIN	CAPS	1						ONLY 30MG CAPS
DILANTIN INFATABS	CHEW	1						
DIVALPROEX	TBEC	1	DEPAKOTE					
DIVALPROEX ER	TB24	1	DEPAKOTE ER					
DIVALPROEX SPRINKLES	CPSP	1	DEPAKOTE SPRINKLES					
EPITOL	TABS	1	TEGRETOL					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ETHOSUXIMIDE	CAPS	1	ZARONTIN					
ETHOSUXIMIDE	SOLN	1	ZARONTIN					
FELBATOL	SUSP	1						
FELBATOL	TABS	1						
GABAPENTIN	CAPS	1	NEURONTIN					
GABAPENTIN	TABS	1	NEURONTIN					
GABITRIL	TABS	1						
KEPPRA XR	TB24	1		Y				
LAMOTRIGINE	TABS	1	LAMICTAL					
LAMOTRIGINE CHEWABLE DISPERSIBLE	TBDP	1	LAMICTAL CHEWABLE DISPERSIBLE					
LAMOTRIGINE STARTER	KIT	1	LAMICTAL STARTER					
LEVETIRACETAM	SOLN	1	KEPPRA					
LEVETIRACETAM	TABS	1	KEPPRA					
NEURONTIN	SOLN	1		Y				
OXCARBAZEPINE	TABS	1	TRILEPTAL					
OXCARBAZEPINE	SUSP	1	TRILEPTAL					
PEGANONE	TABS	1						
PHENYTOIN	SUSP	1	DILANTIN					
PHENYTOIN SODIUM EXTENDED	CAPS	1	DILANTIN, PHENYTEK					
PRIMIDONE	TABS	1	MYSOLINE					
SABRIL	PACK	1		Y				
SABRIL	TABS	1		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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
IMIPRAMINE PAMOATE	CAPS	1						
MAPROTILINE HCL	TABS	1						
NORTRIPTYLINE HCL	CAPS	1	PAMELOR					
NORTRIPTYLINE HCL	SOLN	1	PAMELOR					
PERPHENAZINE /AMITRIPTYLINE	TABS	1						
SURMONTIL	CAPS	1						
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					
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				
SAVELLA	TABS	1		Y				
VENLAFAXINE ER	TB24	1		Y				37.5, 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					
CITALOPRAM HYDROBROMIDE	TABS	1	CELEXA					
FLUOXETINE HCL	CAPS	1	PROZAC					
FLUOXETINE HCL	SOLN	1	PROZAC					
FLUOXETINE HCL	TABS	1	PROZAC					
FLUVOXAMINE MALEATE	TABS	1						
LEXAPRO	SOLN	1		Y				
LEXAPRO	TABS	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					
SYMBYAX	CAPS	1		Y				

### Central Nervous System Agents: Antimanics

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				
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				
OXAZEPAM	CAPS	1	SERAX	Y				
RESTORIL	CAPS	1		Y				Only 7.5MG Caps Tier 2
TEMAZEPAM	CAPS	1	RESTORIL	Y				
TRIAZOLAM	TABS	1	HALCION	Y				

### Central Nervous System Agents: MAO Inhibitors

NARDIL	TABS	1						
TRANLYCYPROMINE SULFATE	TABS	1	PARNATE					

### Central Nervous System Agents: Miscellaneous

		1						
NAMENDA	SOLN			Y				
		1						
NAMENDA	TABS			Y				
		1						
NAMENDA TITRATION PAK	TABS			Y				
RILUTEK	TABS	1		Y				
XENAZINE	TABS	1		Y				

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

### Central Nervous System Agents: Sedatives/Hypnotics

BUSPIRONE HCL	TABS	1	BUSPAR					
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					
MEPROBAMATE	TABS	1	MEPROBAMATE					
SOMNOTE	CAPS	1						
ZALEPLON	CAPS	1	SONATA	Y				
ZOLPIDEM TARTRATE	TABS	1	AMBIEN	Y				

### Central Nervous System Stimulating Agents

AMPHETAMINE SALT COMBO	TABS	1	ADDERALL	Y		Y		Prior authorization required >18 years of age
DEXMETHYLPHENIDATE HCL	TABS	1	FOCALIN	Y		Y		Prior authorization required >18 years of age
DEXTROAMPHETAMINE SULFATE	TABS	1	DEXTROSTAT	Y				Prior authorization required >18 years of age
DEXTROAMPHETAMINE SULFATECR	CP24	1	DEXEDRINE	Y		Y		Prior authorization required >18 years of age
INTUNIV	TB24	1		Y				
LIQUADD	SOLN	1		Y		Y		Prior authorization required >18 years of age
METADATE ER	TBCR	1	RITALIN SR	Y		Y		Prior authorization required >18 years of age
METHAMPHETAMINE HCL	TABS	1	DESOXYN			Y		Prior authorization required >18 years of age
METHYLIN ER	TBCR	1	METADATE ER	Y		Y		Prior authorization required >18 years of age
METHYLPHENIDATE HCL	TABS	1	RITALIN	Y		Y		Prior authorization required >18 years of age
METHYLPHENIDATE HCL	TBCR	1	RITALIN SR	Y		Y		Prior authorization required >18 years of age
METHYLPHENIDATE HCL	SOLN	1	METHYLIN	Y		Y		Prior authorization required >18 years of age

### Dermatological Agents: Antibacterials

BACTROBAN	CREA	1		Y				
CLEOCIN	SUPP	1		Y				
CLINDAMAX	CREA	1	CLEOCIN					
CLINDAMYCIN PHOSPHATE	GEL	1	CLEOCIN-T					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CLINDAMYCIN PHOSPHATE	LOTN	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	SOLN	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	SWAB	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	FOAM	1	EVOCLIN					
ERYTHROMYCIN	PADS	1						
ERYTHROMYCIN	SOLN	1						
ERYTHROMYCIN	GEL	1	ERYGEL					
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	1	BENZAMYCIN	Y				Copay per 25 grams
GENTAMICIN SULFATE	CREA	1						
GENTAMICIN SULFATE	OINT	1						
METROGEL 1% KIT	KIT	1		Y				
METRONIDAZOLE	CREA	1	METROCREA M	Y				
METRONIDAZOLE	GEL	1	METROGEL	Y				
METRONIDAZOLE	LOTN	1	METROLOTI ON	Y				
METRONIDAZOLE VAGINAL	GEL	1	METROGEL VAGINAL OVACE WASH					
MEXAR WASH	LIQD	1						
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			Y		
CICLOPIROX OLAMINE	CREA	1	LOPROX					
CLOTRIMAZOLE	TROC	1	MYCELEX					
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	1	LOTRISONE					
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	1	LOTRISONE SPECTAZOL E					
ECONAZOLE NITRATE	CREA	1						
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						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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				
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					
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						
BETA-VAL	CREA	1						
BETA-VAL	LOTN	1						
CLOBETASOL PROPIONATE	FOAM	1		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						
CORTISPORIN	CREA	1						
CORTISPORIN	OINT	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
DERMA-SMOOTH/FS BODY OIL	OIL	1						
DERMA-SMOOTH/FS SCALP OIL	OIL	1						
DESONIDE	CREA	1	DESOWEN					
DESONIDE	LOTN	1	DESOWEN					
DESONIDE	OINT	1	DESOWEN					
DESOXIMETASONE	CREA	1	TOPICORT					
DESOXIMETASONE	GEL	1	TOPICORT					
DESOXIMETASONE	OINT	1	TOPICORT					
DESOXIMETASONE	CREA	1	TOPICORT LP					
DIFLORASONE DIACETATE	CREA	1						
DIFLORASONE DIACETATE	OINT	1						
EPIFOAM	FOAM	1						
FLUOCINOLONE ACETONIDE	OINT	1						
FLUOCINOLONE ACETONIDE	SOLN	1						
FLUOCINOLONE ACETONIDE	CREA	1	SYNALAR					
FLUOCINONIDE	CREA	1	LIDEX					
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	PROCTOCOR T	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					
HYDROCORTISONE VALERATE	OINT	1	WESTCORT					
LIDOCAINE HCL/HYDROCORTISONE ACETATE	CREA	1	LIDAMANTLE HC	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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	ACCUTANE					
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 of age
AZELEX	CREA	1						
CALCIPOTRIENE	SOLN	1	DOVONEX	Y				
CARAC	CREA	1		Y				
CLARAVIS	CAPS	1	ACCUTANE					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
		1						PA >26 years of age; Excluded from coverage >35 years of age
DIFFERIN	LOT			Y		Y		
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						
OXSORALEN ULTRA	CAPS	1						
PANAFIL SE	EMUL	1		Y				
PANRETIN	GEL	1		Y				
PHENAZOPYRIDINE HCL	TABS	1	PYRIDIUM					
PHENAZOPYRIDINE PLUS	TABS	1	PYRIDIUM PLUS					
PODOFILOX	SOLN	1	CONDYLOX W/APPLICATORS					
PRASCION FC	PADS	1	PLEXION CLEANSING CLOTH	Y				
PROTOPIC	OINT	1		Y				Copay per 60 grams
PRUDOXIN	CREA	1	ZONALON					
PSORiatec	CREA	1	DRITHO-CRÈME HP	Y				
RAPTIVA	KIT	1				Y	Y	Curascript Only
REGRANEX	GEL	1				Y		
SANTYL	OINT	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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						
SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	1		Y				
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				

## Devices

ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION	LIQD	1						
ACCU-CHEK ADVANTAGE GLUCOSE CONTROL	SOLN	1						
ACCU-CHEK AVIVA	SOLN	1						
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)	SOLN	1						
ACCU-CHEK COMFORT CURVE LINEARITY SOLUTION	SOLN	1						
ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION	LIQD	1						
ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION (2 LEVELS)	LIQD	1						
ACCU-CHEK MULTICLIX LANC ET DEVICE KIT	KIT	1		Y				
AEROCHAMBER PLUS	MISC	1		Y				
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X ½"	MISC	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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 1/2"	MISC	1		Y				
BD ULTRA FINE LANCETS	MISC	1		Y				
BD ULTRA-FINE 33 LANCETS	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				
E-Z SPACER	DEVI	1		Y				
INSULIN SYRINGE/0.3ML/29G X 1/2"	MISC	1		Y				
INSULIN SYRINGE/0.5ML/29G X 1/2"	MISC	1		Y				
INSULIN SYRINGE/1ML/29G X 1/2"	MISC	1		Y				
INSULIN SYRINGE/1ML/31G X 5/16"	MISC	1		Y				

### Diabetic Supplies

ACCU-CHEK ACTIVE STRIPS	STRP	1		Y				
ACCU-CHEK AVIVA	STRP	1		Y				
ACCU-CHEK COMFORT CURVE TEST STRIPS	STRP	1		Y				
ACCU-CHEK COMPACT STRIPS	STRP	1		Y				
ACCU-CHEK COMPACT TEST DRUM	STRP	1		Y				
ACCU-CHEK INSTANT GLUCOSE	STRP	1		Y				

### Electrolyte and Fluid Maintenance

ACETIC ACID 0.25%	SOLN	1						
CALCIUM ACETATE	CAPS	1	PHOSLO					
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						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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						
AUROGUARD	SOLN	1						
BENZOTIC	SOLN	1						
CAPHOSOL	SOLN	1		Y		Y		
			TYMPAGESIC DROPS					
EAR-GESIC	SOLN	1						
OTICAINE OTIC	SOLN	1						
			TYMPAGESIC DROPS					
OTOGESIC	SOLN	1						
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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
GENTAMICIN SULFATE	OINT	1						
GENTAMICIN SULFATE	SOLN	1						
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					
TOBRASOL	SOLN	1	TOBREX	Y				
TOBREX	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				
ZYMAR	SOLN	1		Y				

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

DICLOFENAC SODIUM	SOLN	1	VOLTAREN	Y				
FLURBIPROFEN SODIUM	SOLN	1	OCUFEN	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				
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				
FLAREX	SUSP	1		Y				
FLUNISOLIDE	SOLN	1	NASALIDE	Y				
FLUNISOLIDE	SOLN	1	NASAREL	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				
METHADEX	SUSP	1	MAXITROL					
NASACORT AQ	AERS	1		Y				
NASONEX	SUSP	1		Y				
NEO /POLY /BAC /HC	OINT	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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				
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	1		Y				
VEXOL	SUSP	1		Y				

### Eyes, Ears, Nose, and Throat Agents: Miscellaneous

ACETIC ACID	SOLN	1						
ACETIC ACID/ALUMINUM ACETATE	SOLN	1						
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		
TRIMETHOENZAMIDE 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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PENTASA	CPCR	1		Y				

### Gastrointestinal Agents: Enzyme Replacement

CREON	CPEP	1						
CREON 5	CPEP	1						
CREON 10	CPEP	1						
CREON 20	CPEP	1						
DYGASE	CAPS	1						
ENZYMAL	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						
PANCREASE MT 4	CPEP	1						
PANCREATIN	POWD	1						
PANCREAZE	CAP	1						
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						
PLARETASE 8000	TABS	1						
PLARETASE 8000	TABS	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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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					
DIPHENOXYLATE/ATROPINE	LIQD	1	LOMOTIL					
DIPHENOXYLATE/ATROPINE	TABS	1	LOMOTIL					
HALFLYTELY BOWEL PREP	KIT	1						
HYOSCYAMINE-PHENYLTOLOXAMINE	CAPS	1	DIGEX NF					
LOPERAMIDE HCL	CAPS	1						
LOTRONEX	TABS	1				Y		
METOCLOPRAMIDE HCL	SOLN	1	REGLAN					
METOCLOPRAMIDE HCL	TABS	1	REGLAN					
MOVIPREP	SOLR	1						
OSMOPREP	TABS	1						
PAREGORIC	TINC	1						
PEG 3350/ELECTROLYTES	SOLR	1	COLYTE					
		1						
POLYETHYLENE GLYCOL 3350	POWD		MIRALAX					
URSODIOL	CAPS	1	ACTIGALL					
URSODIOL 250	TABS	1	URSO 250					
URSODIOL FORTE	TABS	1	URSO FORTE					
VISICOL	TABS	1						

### Gastrointestinal Agents: PPIs

DEXILANT (formerly KAPIDEX)	CPDR	1		Y	Y			Copay per 30 QL- 30/30 days for 40 mg strength
OMEPRAZOLE	CPDR	1	PRILOSEC	Y				
OMEPRAZOLE/SODIUM BICARBONATE	CAP	1	ZEGERID	Y	Y			Copay per 30
SODIUM	TBEC	1	PROTONIX	Y	Y			Copay per 30
LANSOPRAZOLE	CPDR	1	PREVACID	Y	Y			Copay per 30
PREVACID SOLUTAB	TBDP	1		Y	Y			Copay per 30
PREVACID OTC	CPDR	1		Y	Y			Copay per 56
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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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### Genitourinary Agents

DETROL	TABS	1		Y				
DETROL LA	CP24	1		Y				
FLAVOXATE HCL	TABS	1	URISPAS	Y				
OXYBUTYNIN CHLORIDE	SYRP	1	DITROPAN	Y				
OXYBUTYNIN CHLORIDE	TABS	1	DITROPAN					
OXYBUTYNIN CHLORIDE ER	TB24	1	DITROPAN XL	Y				
TOVIAZ	TB24	1		Y				
VESICARE	TABS	1		Y				

### Hormonal Agents: Androgens

ANDRODERM	PT24	1		Y		Y		
ANDROGEL PUMP	GEL	1		Y		Y		
DANAZOL	CAPS	1						
OXANDROLONE	TABS	1	OXANDRIN			Y		

### Hormonal Agents: Contraceptives

APRI	TABS	1	DESOGEN	Y				
AVIANE	TABS	1	ALESSE-28	Y				
CESIA	TABS	1	CYCLESSA	Y				
CRYSSELLE-28	TABS	1	LO/OVRAL-28	Y				
DROSPIRENONE/ETHINYL ESTRADIOL 3/0.02	TABS	1	YAZ					
ENPRESSE-28	TABS	1	TRI-LEVLEN	Y				
ERRIN	TABS	1	NOR-QD	Y				
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 28	Y				
LOESTRIN 24 FE	TABS	1		Y				
LOSEASONIQUE	TABS	1		Y				
LYBREL	TABS	1		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				
NECON 10/11-28	TABS	1		Y				
NEXT CHOICE	TABS	1	PLAN B	Y				Excluded for members >16 years old
NORTREL 0.5/35 (28)	TABS	1	BREVICON-28	Y				
NORTREL 1/35 (28)	TABS	1	NORINYL 1+35	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NORTREL 7/7/7	TABS	1	ORTHO-NOVUM 7/7/7-28	Y				
OCELLA	TABS	1	YASMIN 28	Y				
OGESTREL	TABS	1		Y				
ORTHO EVRA	PTWK	1		Y				
ORTHO TRI-CYCLEN LO	TABS	1		Y				
OVCON-50 28	TABS	1		Y				
PLAN B	TABS	1		Y				
PORTIA-28	TABS	1	LEVLEN CONTRACT PACK	Y				
SEASONIQUE	TABS	1		Y				
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

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
CELESTONE	SOLN	1						
CORTISONE ACETATE	TABS	1						
DEXAMETHASONE	ELIX	1						
DEXAMETHASONE	SOLN	1						
DEXAMETHASONE	TABS	1						
DEXAMETHASONE	TABS	1						
ENTOCORT EC	CP24	1						
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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PULMICORT FLEXHALER	INHA	1		Y				
SYMBICORT	AERO	1		Y				

### Hormonal Agents: Estrogen Agonists

ALORA	PTTW	1		Y				
CENESTIN	TABS	1						
COMBIPATCH	PTTW	1		Y				
COVARYX	TABS	1	ESTRATEST					
COVARYX HS	TABS	1	ESTRATEST H.S.					
DIVIGEL	TGEL	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 1/5	TABS	1						
FEMHRT LOW DOSE	TABS	1						
FEMTRACE	TABS	1						
MENEST	TABS	1						
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
IPLX	SOLN	1				Y	Y	Curascript Only
OMNITROPE	SOLR	1				Y	Y	Exclusive Somatropin agent covered; Curascript only

### Hormonal Agents: Miscellaneous

FORTEO	SOLN	1				Y	Y	Curascript Only
FORTICAL	SOLN	1		Y				
METHERGINE	TABS	1						
MIACALCIN	SOLN	1				Y	Y	Curascript Only

### Hormonal Agents: Pituitary

DESMOPRESSIN ACETATE	SOLN	1	DDAVP					
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Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
DESMOPRESSIN ACETATE	TABS	1	DDAVP					
STIMATE	SOLN	1						

### Hormonal Agents: Progestins

CRINONE	GEL	1				Y		
MEDROXYPROGESTERONE ACETATE	SUSP	1	DEPO-PROVERA CONTRACEPTIVE	Y				Covered for 3 copays
MEDROXYPROGESTERONE ACETATE	TABS	1	PROVERA					
MEGACE ES	SUSP	1		Y				
NORETHINDRONE ACETATE	TABS	1	AYGESTIN					
PROCHIEVE	GEL	1				Y		
PROMETRIUM	CAPS	1						

### 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					
PROPYLTHIOURACIL	TABS	1						
SYNTHROID	TABS	1						
THYROID	TABS	1						
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				
ALLOPURINOL	TABS	1	ZYLOPRIM					
AMPYRA	TABS	1		Y				
ANTABUSE	TABS	1						
AVODART	CAPS	1		Y		Y		
AVONEX	KIT	1		Y		Y	Y	Curascript Only; Copaxone and Rebif are preferred products
AZATHIOPRINE	TABS	1	IMURAN					
BETASERON	SOLR	1		Y		Y	Y	Curascript Only; Copaxone and Rebif are preferred products
CELLCEPT	SUSR	1						
CIMZIA	KIT	1				Y	Y	Curascript Only

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CIMZIA STARTER KIT	KIT	1				Y	Y	Curascript Only
COLCHICINE	TABS	1						
		1						Curascript Only; Copaxone and Rebif are preferred products
COPAXONE	KIT			Y			Y	
CYCLOSPORINE	CAPS	1	SANDIMMUNE					
CYCLOSPORINE	SOLN	1	SANDIMMUNE					
CYCLOSPORINE MODIFIED	CAPS	1						
CYCLOSPORINE MODIFIED	CAPS	1	NEORAL					
CYSTADANE	POWD	1						
CYSTAGON	CAPS	1						
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					
		1						Curascript Only; Copaxone and Rebif are preferred products
EXTAVIA	SOLN			Y		Y		
FINASTERIDE	TABS	1		Y				
FOSAMAX	SOLN	1		Y				
FOSAMAX PLUS D	TABS	1		Y				
HUMIRA	KIT	1				Y	Y	Curascript Only
HUMIRA PEN	KIT	1				Y	Y	Curascript Only
KINERET	SOLN	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						
ORFADIN	CAPS	1						
PROGRAF	CAPS	1						
RAPAMUNE	SOLN	1						
RAPAMUNE	TABS	1						
		1						Curascript Only; Copaxone and Rebif are preferred products
REBIF	SOLN			Y			Y	
		1						Curascript Only; Copaxone and Rebif are preferred products
REBIF TITRATION PACK	SOLN			Y			Y	
RELISTOR	SOLN	1		Y				
REVLIMID	CAPS	1		Y			Y	Curascript Only
RIMSO-50	SOLN	1						
SAMSCA	TABS	1		Y				
SENSIPAR	TABS	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SIMPONI	SOLN	1				Y		Curascript Only
SKELID	TABS	1						
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						
ULORIC	TABS	1		Y		Y		
UROXATRAL	TB24	1		Y				
ZAVESCA	CAPS	1		Y				

### Ophthalmic Agents: Anti-Allergy

ALAMAST	SOLN	1		Y				
ALOCRI	SOLN	1		Y				
ALOMIDE	SOLN	1		Y				
ASTEPRO	SOLN	1		Y				
AZELASTINE	SOLN	1	OPTIVAR	Y				
AZELASTINE	SOLN	1	ASTELIN	Y				
BEPREVE	SOLN	1		Y				
CROMOLYN SODIUM	SOLN	1	CROLOM	Y				
CROMOLYN SODIUM	AERS	1	NASALCROM	Y				
EMADINE	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		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
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				
LEVOBUNOLOL HCL	SOLN	1	BETAGAN	Y				
LEVOBUNOLOL HCL	SOLN	1	BETAGAN WITHOUT C CAP	Y				
METIPRANOLOL	SOLN	1	OPTIPRANOLOL	Y				
PHOSPHOLINE IODIDE	SOLR	1		Y				
PILOCARPINE HCL	SOLN	1	ISOPTO CARPINE	Y				
PILOPINE HS	GEL	1		Y				
TIMOLOL MALEATE	SOLN	1	TIMOPTIC	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	1	TIMOPTIC-XE	Y				
TRAVATAN	SOLN	1		Y				
TRAVATAN Z	SOLN	1		Y				
XALATAN	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

ADVANCED CARE PLUS	TABS	1	PRECARE PREMIER	Y				
ADVANCED NATALCARE	TABS	1		Y				
ADVANCED-RF NATALCARE	TABS	1		Y				
CAL-NATE	TABS	1		Y				
CARENATAL DHA	MISC	1	CARENATAL DHA	Y				
CAVAN-HEME OB	TABS	1		Y				
CITRANATAL DHA	CAPS	1		Y				
CITRANATAL HARMONY	CAPS	1		Y				
DUET	CHEW	1		Y				
ELITE-OB	TABS	1	OB COMPLETE	Y				
FEMECAL OB	TABS	1		Y				
FEMECAL OB PLUS DHA	TB/CP	1						
FOLCAPS OMEGA 3	CAPS	1		Y				
MYNATAL ULTRACAPLET	TABS	1		Y				
MYNATE 90 PLUS	TBCR	1		Y				
NATALCARE GLOSSTABS	TABS	1		Y				
NATALCARE PIC FORTE	TABS	1		Y				
NATALCARE PLUS	TABS	1		Y				
NATALCARE RX	TABS	1		Y				
NATATAB FA	TABS	1	NESTABS FA	Y				
NATATAB RX	TABS	1	NESTABS RX	Y				
NATELLE ONE	CAPS	1		Y				
NEEVO	TABS	1						
NEEVO DHA	CAPS	1						
NESTABS CBF	TABS	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NUTRINATE	CHEW	1	NATACHEW	Y				
NUTRISPIRE	TABS	1		Y				
OB COMPLETE 400	CAPS	1						
OBTREX DHA	TB/CP	1		Y				
OBSTETRIX EC	TABS	1	OBTREX	Y				
PERRY PRENATAL	CAPS	1		Y				
PNV	TABS	1	PRENATE ELITE	Y				
PNV-DHA	CAPS	1	PRENATE DHA	Y				
PRENAFIRST	TABS	1		Y				
PRENATABS RX	TABS	1	NESTABS RX	Y				
PRENATAL 1 PLUS 1	TABS	1	LACTOCAL-F	Y				
PRENATAL LOW IRON	TABS	1	RIGHT STEP PRENATAL	Y				
PRENATAL MR 90 FE	TBCR	1		Y				
PRENATAL MTR/SELENIUM	TABS	1		Y				
PRENATAL PLUS	TABS	1		Y				
PRENATAL RX	TABS	1		Y				
PRENATAL RX 1	TABS	1		Y				
PRENATAL RX/BETA-CAROTENE	TABS	1		Y				
PRENATAL Z	TABS	1	LACTOCAL-F	Y				
PRENATE DHA	CAPS	1		Y				
PRENATE ELITE	TAB	1		Y				
PRENEXA	CAPS	1		Y				
PRIMACARE	MISC	1		Y				
PRIMACARE ONE	CAPS	1	PRIMACARE ONE	Y				
RE DUALVIT OB	CAPS	1	RE DUALVIT OB	Y				
ROVIN-NV	TABS	1						
ROVIN-NV DHA	CAPS	1						
TANDEM DHA	CAPS	1		Y				
TRICARE DHA 301	CAPS	1		Y				
TRICARE PRENATAL DHA ONE	CAPS	1		Y				
TRINATE	TABS	1		Y				
ULTRA NATALCARE	TABS	1		Y				
VINATAL FORTE	TABS	1	NATAFORT	Y				
VINATE AZ	TABS	1		Y				
VINATE II	TABS	1	VINATE AZ EXTRA	Y				
VINATE M	TABS	1		Y				
VINATE ULTRA	TABS	1		Y				
VITAFOL-OB +DHA	CAPS	1		Y				
VITA-NATAL	CAPS	1	MYNATAL	Y				

### Respiratory Agents: Antitussives

BENZONATATE	CAPS	1	TESSALON	Y				
HYDROMET	SYRP	1	HYCODAN	Y				
LORTUSS EX	LIQD	1						
PHENYLEPH./BROMPHEN./CODEINE	LIQD	1	POLY-					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
			TUSSIN LIQ AC					
PHENYLEPH./BROMPHEN./DM	LIQD	1	BROVEX PEB LIQ DM					
PHENYLEPH./DIPHENHY./CODEINE	SYRP	1	ENDAL CD					
PSEUDOEPH./BROMPHEN./DM	LIQD	1	BROVEX PSB LIQ DM					
RYDEX	LIQD	1						
TUSSO-C	LIQD	1						
TUSSO-XR	SUSP	1						
TUSSO-ZMR	CAPS	1		Y				
ZODRYL AC ADULT	SUSP	1						
POLY HIST DHC	LIQD	1						
POLY HIST NC	LIQD	1						
POLY-TUSSIN EX	SYRP	1						

### Respiratory Agents: Bronchodilators

ADVAIR DISKUS	MISC	1		Y				
ADVAIR HFA	AERO	1		Y				
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						
BROVANA	NEBU	1		Y		Y		
COMBIVENT	AERO	1		Y				
COPD	TABS	1	LUFYLLIN-GG					
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 CONCENTRATE	NEBU	1	XOPENEX CONCENTRATE	Y				*ONLY concentrate on tier 1
LUFYLLIN	TABS	1						
MAXAIR AUTOHALER	AERB	1		Y				
METAPROTERENOL SULFATE	SYRP	1		Y				
METAPROTERENOL SULFATE	TABS	1						
PERFORMIST	NEBU	1				Y		
PROAIR HFA	AERS	1		Y				3 inhalers per month
SEREVENT DISKUS	AEPB	1		Y				
TERBUTALINE SULFATE	TABS	1	BRETHINE					
THEO-24	CP24	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
THEOPHYLLINE ER	TB12	1	UNIPHYL					
XOPENEX	NEBU	1		Y				
XOPENEX HFA	AERO	1		Y				
<b>Respiratory Agents: Leukotriene Modifiers</b>								
SINGULAIR	CHEW	1		Y				
SINGULAIR	PACK	1		Y				
SINGULAIR	TABS	1		Y				
ZYFLO	TABS	1		Y				
ZYFLO CR	TB12	1		Y				
<b>Respiratory Agents: Mast Cell Stabilizers</b>								
CROMOLYN SODIUM	NEBU	1	INTAL	Y				
INTAL INHALER	AERS	1		Y				
TILADE	AERS	1		Y				
<b>Respiratory Agents: Miscellaneous</b>								
ACETYLCYSTEINE	SOLN	1	MUCOMYST					
BACLOFEN	TABS	1						
CARISOPRODOL	TABS	1	SOMA	Y				
CARISOPRODOL /ASPIRIN /CODEINE	TABS	1	SOMA COMPOUND/ CODEINE	Y				
CARISOPRODOL/ASPIRIN	TABS	1	SOMA COMPOUND	Y				
CHLORZOXAZONE	TABS	1	PARAFON FORTE DSC					
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					
<b>Toxicologic Agents</b>								
CHEMET	CAPS	1						
CUPRIMINE	CAPS	1						
EXJADE	TBSO	1		Y			Y	Curascript Only
NALTREXONE HCL	TABS	1	REVIA					
SYPRINE	CAPS	1						
<b>Vitamin D Agents</b>								
CALCITRIOL	CAPS	1	ROCALTROL					
CALCITRIOL	SOLN	1	ROCALTROL					
HECTOROL	CAPS	1						
ZEMPLAR	CAPS	1						

INDEX

**A**

ABILIFY	22, 23
ABILIFY DISCMELT	23
ACARBOSE	8
ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION	33
ACCU-CHEK ACTIVE STRIPS	34
ACCU-CHEK ADVANTAGE GLUCOSE CONTROL	33
ACCU-CHEK AVIVA	33, 34
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)	33
ACCU-CHEK COMFORT CURVE LINEARITY SOLUTION	33
ACCU-CHEK COMFORT CURVE TEST STRIPS	34
ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION	33
ACCU-CHEK COMPACT STRIPS	34
ACCU-CHEK COMPACT TEST DRUM	34
ACCU-CHEK INSTANT GLUCOSE	33, 34
ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION (2 LEVELS)	33
ACCU-CHEK MULTICLIX LANC ET DEVICE KIT	33
ACCUZYME SE	31
ACEBUTOLOL HCL	21
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	2
ACETAMINOPHEN/CODEINE	2
ACETAMINOPHEN/CODEINE #3	2
ACETAZOLAMIDE	20
ACETIC ACID	34, 36, 37
ACETIC ACID 0.25%	34
ACETIC ACID/ALUMINUM ACETATE	37
ACETIC ACID/HYDROCORTISONE	36
ACID JELLY	31
ACTICIN	31
ACTIVELLA	42
ACTOPLUS MET	8
ACTOPLUS MET XR	8
ACTOS	8
ACYCLOVIR	15
ADAPALENE	31
ADCIRCA	22

ADRENACLICK	15
ADVAIR HFA	48
ADVANCED CARE PLUS	46
ADVANCED-RF NATALCARE	46
ADVICOR	20
AEROCHAMBER PLUS	33
AFINITOR	13
AGGRENOL	17
AIRACOF	9
AKTEN	35
ALAVERT ALLERGY/SINUS	10
ALBENZA	9
ALBUTEROL SULFATE	48
ALBUTEROL SULFATE ER	48
ALBUTEROL SULFATE/IPRATROPIUM BROMIDE	48
ALCLOMETASONE DIPROPIONATE	29
ALINIA	14
ALKERAN	13
ALLERX	9
ALLOPURINOL	43
ALOCRI	45
ALOMIDE	45
ALORA	42
ALPAIN	9
ALPRAZOLAM	26
ALREX	36
ALTACAIN	35
AMANTADINE HCL	14
AMCINONIDE	29
AMICAR	17
AMILORIDE /HYDROCHLOROTHIAZIDE	20
AMILORIDE HCL	20
AMINOCAPROIC ACID	17
AMINOPHYLLINE	48
AMIODARONE HCL	18
AMITRIPTYLINE HCL	24
AMLODIPINE BESYLATE	19
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	19
AMNESTEEM	31
AMOXAPINE	24
AMOXICILLIN	5, 6
AMOXICILLIN/CLAVULANATE POTASSIUM	5, 6
AMOXIL	5, 6





CHLORAL HYDRATE	27	CLOMIPRAMINE HCL	24
CHLORDIAZEPOXIDE /AMITRIPTYLINE	24	CLONAZEPAM	23
CHLORDIAZEPOXIDE /CLIDINIUM	15	CLONAZEPAM ORALLY DISINTEGRATING	23
CHLORDIAZEPOXIDE HCL	26	CLONIDINE HCL	18
CHLOREX-A	9	CLONIDINE-TTS	18
CHLORHEXADINE GLUCONATE ORAL RINSE	35	CLORAZEPATE DIPOTASSIUM	26
CHLOROTHIAZIDE	20	CLOTRIMAZOLE	28
CHLORPHEN. /PHENYLTOLOXAMINE		CLOTRIMAZOLE/BETAMETHASONE	
/PHENYLEPH.	9	DIPROPIONATE	28
CHLORPHEN./PSEUDOEPH. CR	9	CLOZAPINE	23
CHLORPHEN./PSEUDOEPH. LA	9	COARTEM	14
CHLORPROMAZINE HCL	23	CODEINE PHOSPHATE	3
CHLORPROPAMIDE	8	CODEINE SULFATE	3
CHLORTHALIDONE	20	COLCHICINE	44
CHLORZOXAZONE	49	COLESTIPOL HCL	20
CHOLESTYRAMINE	20	COLESTIPOL HCL FOR ORAL SUSPENSION	20
CHOLESTYRAMINE LIGHT	20	COLYTROL	15
CHOLINE MAGNESIUM TRISALICYLATE	1	COLYTROL PEDIATRIC	15
CICLOPIROX	28	COMBIPATCH	42
CICLOPIROX NAIL LACQUER	28	COMBIVENT	48
CICLOPIROX OLAMINE	28	COMBIVIR	11
CICLOPIROX SHAMPOO	28	COMHIST	9
CILOSTAZOL	17	COMPRO	23
CILOXAN	35	COMTAN	14
CIMETIDINE	39	COPAXONE	44
CIMETIDINE HCL	39	COPD	48
CIMZIA	43	CORDRAN	29
CIMZIA STARTER KIT	44	CORDRAN SP	29
CIPRO	6, 36	CORDRAN TAPE	29
CIPRO HC	36	COREG CR	21
CIPRODEX	36	CORMAX	29
CIPROFLOXACIN ER	6	CORTIFOAM	29
CIPROFLOXACIN EXTENDED-RELEASE	6	CORTISONE ACETATE	41
CIPROFLOXACIN HCL	6, 35	CORTISPORIN	29, 36, 37
CITALOPRAM HYDROBROMIDE	25	CORTISPORIN-TC	36
CITRANATAL HARMONY	46	CORTOMYCIN	36
CLARAVIS	31	COSOPT	45
CLARITHROMYCIN	5	COVARYX	42
CLARITHROMYCIN ER	5	COVARYX HS	42
CLEOCIN	5, 27, 28	COZAAR	19
CLEOCIN PEDIATRIC GRANULES	5	CPM 8/PSE 90/MSC 2.5	9
CLINDAMAX	27	CREON	38
CLINDAMYCIN HCL	5	CREON 5	38
CLINDAMYCIN PHOSPHATE	27, 28	CREON 10	38
CLOBETASOL PROPIONATE	29	CREON 20	38
CLOBETASOL PROPIONATE E	29	CRESTOR	20

CRIXIVAN	11	DICLOFENAC SODIUM DR	2
CROMOLYN SODIUM	45	DICLOFENAC SODIUM EC	2
CRYSSELLE-28	40	DICLOFENAC SODIUM ER	2
CUPRIMINE	49	DICLOXACILLIN SODIUM	6
CYCLOBENZAPRINE HCL	49	DICYCLOMINE HCL	15
CYCLOPENTOLATE HCL	46	DIDANOSINE	11
CYCLOPHOSPHAMIDE	13	DIFFERIN	32
CYCLOSERINE	12	DIFLORASONE DIACETATE	30
CYCLOSPORINE	44	DIFLUNISAL	2
CYCLOSPORINE MODIFIED	44	DIGEX NF	39
CYMBALTA	25	DIGOXIN	21
CYPROHEPTADINE HCL	9	DIHYDROERGOTAMINE MESYLATE	12
CYSTADANE	44	DILANTIN	23, 24
CYSTAGON	44	DILANTIN INFATABS	23
CYTOMEL	43	DILATRATE SR	22
<b>D</b>			
DANAZOL	40	DILTIAZEM CD	19
DANTROLENE SODIUM	49	DILTIAZEM HCL	19
DAPSONE	12	DILTIAZEM HCL ER	19
DEMECLOCYCLINE HCL	6	DILTIAZEM XR	19
DEPAKOTE	23	DIOVAN	19
DEPAKOTE ER	23	DIOVAN HCT	19
DEPAKOTE SPRINKLES	23	DIPENTUM	37
DERMA-SMOOTH/FS BODY OIL	30	DIPHENOXYLATE/ATROPINE	39
DERMA-SMOOTH/FS SCALP OIL	30	DIPIVEFRIN HCL	46
DESIPRAMINE HCL	24	DIPYRIDAMOLE	22
DESMOPRESSIN ACETATE	43	DISOPYRAMIDE PHOSPHATE	18, 19
DESONIDE	30	DISOPYRAMIDE PHOSPHATE ER	19
DESOXIMETASONE	30	DIVALPROEX	23
DESPEC-PDC	9	DIVALPROEX ER	23
DETROL	40	DIVALPROEX SPRINKLES	23
DETROL LA	40	DIVIGEL	42
DEXAMETHASONE	36, 41	DOLOGEN	10
DEXAMETHASONE SODIUM PHOSPHATE	36	DOLOGESIC	10
DEXCHLORPHENIRAMINE MALEATE	9	DORZOLAMIDE HCL	45
DEXCHLORPHENIRAMINE MALEATE CR	10	DORZOLAMIDE HCL/TIMOLOL MALEATE	45
DEXILANT (formerly KAPIDEX)	39	DOVONEX	31, 32
DEXMETHYLPHENIDATE HCL	27	DOXAZOSIN MESYLATE	17
DEXTROAMPHETAMINE SULFATE	27	DOXEPIN HCL	24
DEXTROAMPHETAMINE SULFATECR	27	DOXYCYCLINE HYCLATE	6
D-HIST D	10	DOXYCYCLINE MONOHYDRATE	6
DIAZEPAM	26	DRITHO-SCALP	32
DICLOFENAC POTASSIUM	1	DRONABINOL	37
DICLOFENAC SODIUM	1, 2, 36	DROSPIRENONE/ETHINYL ESTRADIOL	3/0.02 40
		DROXIA	13
		DUET	46

DUETACT	8	ERGOTAMINE TARTRATE/CAFFEINE	12
DUOTAN PD	10	ERRIN	40
DUREZOL	36	ERYPED	5
DY-G	48	ERY-TAB	5
DYGASE	38	ERYTHROCIN STEARATE	5
DYLIX	48	ERYTHROMYCIN	5, 28, 35
DYNACIRC CR	19	ERYTHROMYCIN /SULFISOXAZOLE	5
DYNACIRC-CR	19	ERYTHROMYCIN BASE	5
DYPHYLLINE-GG	48	ERYTHROMYCIN ETHYLSUCCINATE	5
DYRENIUM	20	ERYTHROMYCIN/BENZOYL PEROXIDE	28

## E

EAR-GESIC	35	ESSIAN	42
ECONAZOLE NITRATE	28	ESSIAN H.S.	42
ED-CHLOR-TAN	10	ESTAZOLAM	26
EFFERVESCENT POTASSIUM/CHLORIDE	34	ESTRACE	42
EFFIENT	17	ESTRADIOL	42
ELIDEL	32	ESTRADIOL/NORETHINDRONE ACETATE	42
ELITE-OB	46	ESTROPIPATE	42
ELMIRON	44	ETHAMBUTOL HCL	12
EMADINE	45	ETHOSUXIMIDE	24
EMCYT	13	ETIDRONATE DISODIUM	44
EMEND	37	ETODOLAC	2
EMTRIVA	11	ETODOLAC ER	2
ENALAPRIL MALEATE	18	ETOPOSIDE	13
ENALAPRIL		EURAX	32
MALEATE/HYDROCHLOROTHIAZIDE	18	EVOCLIN	28
ENBREL	44	EVOXAC	16
ENBREL SURECLICK	44	EXALGO	3
ENOXAPARIN SODIUM	17	EXELDERM	28
ENPRESSE-28	40	EXELON	16
ENTOCORT EC	41	EXFORGE	19
ENZYMAX	38	EXFORGE HCT	19
EPIFOAM	30	EXJADE	49
EPIPEN 2-PAK	15	EXTAVIA	44
EPIPEN-JR 2-PAK	15	E-Z SPACER	34
EPITOL	23		
EPIVIR	11		
EPIVIR HBV	11		
EPLERENONE	18		
EPOGEN	17		
EPZICOM	11		
EQUAGESIC	27		
ERGOLOID MESYLATES	16		
ERGOMAR	12		

## F

FAMCICLOVIR	15
FAMOTIDINE	39
FARESTON	13
FAZACLO	23
FELBATOL	24
FELODIPINE ER	19
FEM PH	32
FEMARA	13
FEMECAL OB	46

FEMECAL OB PLUS DHA	46
FEMHRT 1/5	42
FEMHRT LOW DOSE	42
FEMTRACE	42
FENOFIBRATE	21
FENOPROFEN CALCIUM	2
FENTANYL	3
FENTANYL CITRATE ORAL TRANSMUCOSAL	3
FENTORA	3
FEXOFENADINE HCL	10
FINACEA	32
FINASTERIDE	44
FLAREX	36
FLAVOXATE HCL	40
FLECAINIDE ACETATE	19
FLOVENT DISKUS	41
FLOVENT HFA	41
FLUCONAZOLE	8
FLUDROCORTISONE ACETATE	41
FLUNISOLIDE	36
FLUOCINOLONE ACETONIDE	30
FLUOCINONIDE	30
FLUOCINONIDE EMOLLIENT BASE	30
FLUROMETHOLONE	36
FLUROPLEX	32
FLUROURACIL	32
FLUOXETINE HCL	25
FLUPHENAZINE HCL	23
FLURAZEPAM HCL	26
FLURBIPROFEN	2, 36
FLURBIPROFEN SODIUM	36
FLUTAMIDE	13
FLUTICASONE PROPIONATE	30, 36
FLUVOXAMINE MALEATE	25
FML FORTE	36
FML S.O.P.	36
FOLCAPS OMEGA 3	46
FORADIL AEROLIZER	48
FORTEO	42
FORTICAL	42
FOSAMAX	43, 44
FOSAMAX PLUS D	44
FOSINOPRIL SODIUM	18
FOSRENOL	34
FRAGMIN	17
FRENADOL	1

FUROSEMIDE	20
FUZEON	10

## G

GABAPENTIN	24
GABITRIL	24
GALANTAMINE	16
GALANTAMINE ER	16
GALZIN	34
GANCICLOVIR	15
GANTRISIN PEDIATRIC	6
GASTRINEX	38
GEMFIBROZIL	21
GENTAMICIN SULFATE	28, 36
GEODON	23
GLEEVEC	13
GLIMEPIRIDE	8
GLIPIZIDE	8
GLIPIZIDE XL	8
GLIPIZIDE/METFORMIN HCL	8
GLUCAGEN HYPOKIT	12
GLYBURIDE	8
GLYBURIDE MICRONIZED	8
GLYBURIDE/METFORMIN HCL	8
GLYCOPYRROLATE	16
GLYCRON	8
GLYSET	8
GRANISETRON HCL	37
GRIFULVIN V	8
GRISEOFULVIN MICROSIZED	8
GRIS-PEG	8
GUANABENZ ACETATE	18
GUANFACINE HCL	18
GUANIDINE HCL	16
GYNAZOLE-1	28

## H

HALFLYTELY BOWEL PREP	39
HALOBETASOL PROPIONATE	30
HALOG	30
HALOPERIDOL	23
HC PRAM	30
HECTOROL	49
HEMRIL-30	30

HEPARIN SODIUM	17
HEPARIN SODIUM DCU	17
HEPSERA	15
HEXALEN	13
HOMATROPAIRE	46
HUMALOG	7
HUMALOG MIX 50/50	7
HUMALOG MIX 50/50 PEN	7
HUMALOG MIX 75/25	7
HUMALOG MIX 75/25 PEN	7
HUMALOG PEN	7
HUMIRA	44
HUMIRA PEN	44
HUMULIN 50/50	7
HUMULIN 70/30	7
HUMULIN N	7
HUMULIN R	7
HUMULIN R U-500 (CONCENTRATED)	7
HYDRALAZINE /HYDROCHLOROTHIAZIDE	22
HYDRALAZINE HCL	22
HYDROCET	3
HYDROCHLOROTHIAZIDE	18, 20
HYDROCODONE /ACETAMINOPHEN	3
HYDROCODONE	
BITARTRATE/ACETAMINOPHEN	3
HYDROCODONE/IBUPROFEN	3
HYDROCORTISONE	30, 41
HYDROCORTISONE ACETATE	30
HYDROCORTISONE ACETATE/PRAMOXINE	32
HYDROCORTISONE BUTYRATE	30
HYDROCORTISONE VALERATE	30
HYDROMET	47
HYDROMORPHONE HCL	3
HYDROXYUREA	13
HYDROXYZINE HCL	27
HYDROXYZINE PAMOATE	27
HYOMAX-DT	16
HYOSCYAMINE	16
HYOSCYAMINE SULFATE	16
HYOSCYAMINE SULFATE ER	16
HYOSCYAMINE-PHENYLTOLOXAMINE	39
HYPERCARE	32
HYZAAR	19

<b>I</b>
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IBUPROFEN	2
IMIPRAMINE HCL	24
IMIPRAMINE PAMOATE	25
IMIQUIMOD	32
IMITREX	12
IMITREX STATDOSE REFILL	12
IMITREX STATDOSE SYSTEM	12
INDAPAMIDE	20
INDOMETHACIN	2
INDOMETHACIN ER	2
INFERGEN	15
INNOPRAN XL	21
INSULIN SYRINGE/0.3ML/29G X ½	34
INSULIN SYRINGE/0.5ML/29G X ½	34
INSULIN SYRINGE/1ML/29G X ½	34
INSULIN SYRINGE/1ML/31G X 5/16	34
INTAL INHALER	49
INTELENCE	11
INTRON-A	13
INTRON-A W/DILUENT	13
INTUNIV	27
INVEGA	23
INVIRASE	11
IPLEX	42
IPRATROPIUM BROMIDE	16, 48
IRESSA	13
ISENTRESS	10
ISONARIF	13
ISONIAZID	13
ISOPTO HOMATROPINE	46
ISOPTO HYOSCINE	46
ISOSORBIDE DINITRATE	22
ISOSORBIDE DINITRATE ER	22
ISOSORBIDE MONONITRATE	22
ISOSORBIDE MONONITRATE ER	22
ISOXSUPRINE HCL	22
ISRADIPINE	19
ISTALOL	45
ITRACONAZOLE	8

<b>J</b>
----------

JANTOVEN	17
JANUMET	8

JANUVIA	8
JAY-PHYL	48
JOLESSA	40
JUNEL 1.5/30	40

LEENA	40
LEFLUNOMIDE	44
LETAIRIS	22
LEUCOVORIN CALCIUM	44

LEUKERAN	13
LEUKINE	17
LEVACET	2

LEVALBUTEROL CONCENTRATE	48
LEVAQUIN	6
LEVETIRACETAM	24

LEVOBUNOLOL HCL	45
LEVOCARNITINE	44
LEVOTHROID	43

LEVOTHYROXINE SODIUM	43
LEVOTHYROXINE SODIUM	43
LEVOXYL	43

LEXAPRO	25
LEXIVA	11
LIALDA	37

LIDOCAINE	30, 31, 32
LIDOCAINE HCL JELLY	32
LIDOCAINE HCL/HYDROCORTISONE ACETATE	30, 31

LIDOCAINE/PRILOCAINE	32
LIDODERM	32
LINDANE	32

LIOTHYRONINE	43
LIPRAM 4500	38
LIPRAM-PN10	38

LIPRAM-PN16	38
LIPRAM-PN20	38
LIPRAM-UL12	38

LIPRAM-UL18	38
LIPRAM-UL20	38
LIQUADD	27

LISINOPRIL	18
LISINOPRIL /HYDROCHLOROTHIAZIDE	18
LITHIUM CARBONATE	26

LITHIUM CARBONATE ER	26
LITHIUM CITRATE	26
LITHOSTAT	35

LOCOID LIPOCREAM	31
LODOSYN	14
LOESTRIN 24 FE	40

LOHIST-PD	10
LOPERAMIDE HCL	39

**K**

KADIAN	3
KALETRA	11
KARIVA	40

KELNOR 1/35	40
KEMADRIN	14
KEPPRA	24

KEPPRA XR	24
KETEK	5
KETOCONAZOLE	8, 28

KETOPROFEN	2
KETOPROFEN ER	2
KETOROLAC TROMETHAMINE	2

KINERET	44
KLOR-CON	34
KLOR-CON 25	34

KLOR-CON 8	34
KLOR-CON M15	34
KLOR-CON M20	34

KLOTRIX	34
KOVIA	32
KOVIA 6.5	32

K-PHOS	34, 35
K-PHOS MF	34
K-PHOS NO 2	34

K-TAN	10
K-TAN 4	10

**L**

LABETALOL HCL	21
LACRISERT	37
LACTULOSE	35

LAMICTAL	24
LAMOTRIGINE	24
LAMOTRIGINE CHEWABLE DISPERSIBLE	24

LAMOTRIGINE STARTER/ NOT TAKING CARBAMAZEPINE	24
LANSOPRAZOLE	39
LANTUS	7

LANTUS FOR OPTICLIK	7
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LORATADINE	10	METAXALONE	49
LORATADINE-D 24HR	10	METFORMIN HCL	8
LORAZEPAM	26	METFORMIN HCL ER	8
LORTAB	3	METHADEX	36
LORTUSS EX	47	METHADONE HCL	3
LOSARTAN	19	METHAMPHETAMINE HCL	27
LOSARTAN/HCTZ	19	METHAZOLAMIDE	20
LOSEASONIQUE	40	METHENAMINE HIPPURATE	12
LOTREL	19	METHENAMINE/HYOSC/METH BLUE/ BENZ ACID/PHENYL SOL	12
LOTRONEX	39	METHIMAZOLE	43
LOVASTATIN	21	METHOCARBAMOL	49
LOVAZA	21	METHOTREXATE	13
LOVENOX	17	METHSCOPOLAMINE BROMIDE	16
LOXAPINE SUCCINATE	23	METHYCLOTHIAZIDE	20
LUFYLLIN	48	METHYLDOPA	18
LUPRON 6-PACK	13	METHYLDOPA /HYDROCHLOROTHIAZIDE	18
LUPRON DEPOT	13	METHYLIN ER	27
LUPRON DEPOT-PED	13	METHYLPHENIDATE HCL	27
LYBREL	40	METHYLPREDNISOLONE	41
LYSODREN	13	METIPRANOLOL	45
<b>M</b>			
MACRODANTIN	12	METOCLOPRAMIDE HCL	39
MALDEMAR	37	METOLAZONE	20
MAPROTILINE HCL	25	METOPROLOL /HYDROCHLOROTHIAZIDE	21
MATULANE	13	METOPROLOL SUCCINATE ER	21
MAXAIR AUTOHALER	48	METOPROLOL TARTRATE	21
MAXALT	12	METROGEL	28
MAXALT-MLT	12	METROGEL 1% KIT	28
MEBENDAZOLE	9	METRONIDAZOLE	14, 15, 28
MEDROXYPROGESTERONE ACETATE	43	METRONIDAZOLE VAGINAL	28
MEGACE ES	43	MEXAR WASH	28
MEGESTROL ACETATE	13	MEXILETINE HCL	19
MELOXICAM	2	MIACALCIN	42
MENEST	42	MICROGESTIN 1/20	40
MEPERIDINE HCL	3	MICROGESTIN FE	40
MEPERIDINE/PROMETHAZINE	3	MICROGESTIN FE 1.5/30	40
MEPHOBARBITAL	26	MICRO-K	35
MEPROBAMATE	27	MIDODRINE HCL	16
MEPRON	14	MIGERGOT	12
MERCAPTOPYRINE	13	MIGRANAL	12
MESALAMINE	37	MINOCYCLINE HCL	7
MESNEX	44	MINOCYCLINE HCL ER	7
METADATE ER	27	MINOXIDIL	22
METAPROTERENOL SULFATE	48	MIRTAZAPINE	25
		MISOPROSTOL	39
		MOBAN	23





PAPAVERINE HCL CR	22	PODOFILOX	32
PARCOPA	14	POLY HIST DHC	48
PAREGORIC	39	POLY HIST NC	48
PAROXETINE HCL	25	POLYETHYLENE GLYCOL 3350	39
PASER	13	POLY-PRED	37
PATADAY	45	POLY-TUSSIN EX	48
PATANOL	45	PORTIA-28	41
PCE	5	POTASSIUM BICARBONATE	35
PEG 3350/ELECTROLYTES	39	POTASSIUM CHLORIDE	35
PEGANONE	24	POTASSIUM CHLORIDE ER	35
PEGASYS	15	POTASSIUM CITRATE	35
PEG-INTRON	15	POTASSIUM CITRATE EXTENDED-RELEASE	35
PEG-INTRON REDIPEN PAK 4	15	PRAMIPEXOLE	14
PENICILLIN V POTASSIUM	6	PRAMOSONE	31
PENNSAID	2	PRANDIN	8
PENTASA	38	PRASCION FC	32
PENTAZOCINE /ACETAMINOPHEN	4	PRAVASTATIN SODIUM	21
PENTAZOCINE/NALOXONE HCL	4	PRAZOSIN HCL	17
PENTOXIFYLLINE ER	17	PRED MILD	37
PERFOROMIST	48	PRED-G	37
PERPHENAZINE	23, 25	PRED-G S.O.P.	37
PERPHENAZINE /AMITRIPTYLINE	25	PREDNICARBATE	31
PERRY PRENATAL	47	PREDNISOLONE	37, 41
PHENAZOPYRIDINE HCL	32	PREDNISOLONE SODIUM PHOSPHATE	37, 41
PHENAZOPYRIDINE PLUS	32	PREDNISONONE	41
PHENOBARBITAL	26	PREFEST	42
PHENYL CHLOR-TAN	10	PREMARIN	42
PHENYLEPH./BROMPHEN./CODEINE	47	PREMARIN W/APPLICATOR	42
PHENYLEPH./BROMPHEN./DM	48	PREMPHASE	42
PHENYLEPH./DIPHENHY./CODEINE	48	PREMPRO	42
PHENYLEPHRINE CM	10	PRENAFIRST	47
PHENYLEPHRINE HCL	9, 46	PRENATABS RX	47
PHENYTOIN	24	PRENATAL 1 PLUS 1	47
PHENYTOIN SODIUM EXTENDED	24	PRENATAL LOW IRON	47
PHOSPHOLINE IODIDE	45	PRENATAL MR 90 FE	47
PHRENILIN FORTE	1	PRENATAL MTR/SELENIUM	47
PILOCARPINE HCL	16, 45	PRENATAL PLUS	47
PILOCARPINE HYDROCHLORIDE	16	PRENATAL RX	47
PILOPINE HS	45	PRENATAL RX 1	47
PINDOLOL	22	PRENATAL RX/BETA-CAROTENE	47
PIROXICAM	2	PRENATAL Z	47
PLAN B	41	PRENATE DHA	47
PLARETASE 8000	38	PRENATE ELITE	47
PLAVIX	17	PRENEXA	47
PNV	47	PREVACID	39
PNV-DHA	47	PREVACID OTC	39

PREVACID SOLUTAB	39
PREZISTA	11
PRIFTIN	13
PRIMACARE	47
PRIMACARE ONE	47
PRIMIDONE	24
PRIMSOL	12
PROAIR HFA	48
PROBENECID	9
PROBENECID/COLCHICINE	9
PROCHIEVE	43
PROCHLORPERAZINE MALEATE	23
PROCRIT	17
PROCTOCREAM-HC	31
PROCTOFOAM HC	31
PROGRAF	44
PROMACTA	17
PROMETHAZINE HCL	10
PROMETHAZINE HCL PLAIN	10
PROMETRIUM	43
PRONESTYL	19
PRONESTYL SR	19
PROPAFENONE HCL	19
PROPANTHELINE BROMIDE	16
PROPARACAINE HCL	35
PROPOXYPHENE /ACETAMINOPHEN	4
PROPOXYPHENE HCL	4
PROPOXYPHENE-N /ACETAMINOPHEN	4
PROPRANOLOL /HYDROCHLOROTHIAZIDE	22
PROPRANOLOL HCL	22
PROPRANOLOL HCL ER	22
PROPYLTHIOURACIL	43
PROSTIGMIN	16
PROTID	10
PROTOPIC	32
PRUDOXIN	32
PSEUDO CM	10
PSEUDOEPH./BROMPHEN./DM	48
PSORiatec	32
PULMICORT	42
PULMICORT FLEXHALER	42
PULMOZYME	35
PYLERA	12
PYRAZINAMIDE	13
PYRIDOSTIGMINE BROMIDE	16

<b>Q</b>
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QUALAQUIN	15
QUINAPRIL HCL	18
QUINARETIC	18
QUINIDINE GLUCONATE CR	19
QUINIDINE SULFATE	19
QUINIDINE SULFATE ER	19

<b>R</b>
----------

RAMIPRIL	18
RANEXA	21
RANITIDINE HCL	39
RAPAMUNE	44
RAPTIVA	32
RAZADYNE	16
RAZADYNE ER	16
RE DUALVIT OB	47
REBIF	44
REBIF TITRATION PACK	44
REGRANEX	32
RELENZA DISKHALER	15
RELION 70/30 INNOLET	7
RELION N INNOLET	7
RELISTOR	44
RELPAX	12
RENAGEL	35
REVELA	35
REQUIP XL	14
RESCON-JR	10
RESCRIPTOR	11
RESTASIS	37
RESTORIL	26
REVATIO	22
REVLIMID	44
REYATAZ	11
RHINOFLEX	10
RHINOFLEX-650	10
RIBAPAK	15
RIBASPHERE	15
RIBAVIRIN	15
RIDAURA	1
RIFAMPIN	13
RIFATER	13
RILUTEK	26

RIMANTADINE HCL	15	SODIUM SULFACETAMIDE/SULFUR	33
RIMSO-50	44	SOLARAZE	33
RISPERDAL	23	SOLTAMOX	13
RISPERIDONE	23	SOMNOTE	27
RISPERIDONE ODT	23	SORIATANE	45
RIVASTIGMINE	16	SORIATANE CK	45
ROFERON-A	13	SORINE	22
ROPINIROLE HCL	14	SOTALOL HCL	22
ROXICET	4	SPECTRACEF	4
R-TANNA	10	SPIRIVA HANDIHALER	16
R-TANNA PEDIATRIC	10	SPIRONOLACTONE	18
RYDEX	48	SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	18
RYTHMOL SR	19		
<b>S</b>			
SABRIL	24	SPRYCEL	14
SALSALATE	2	SPS	35
SAL-TROPINE	16	STALEVO	14
SAMSCA	44	STAVUDINE	11
SANCUSO	37	STIMATE	43
SANTYL	32	SUBOXONE	4
SAVELLA	25	SUCRAID	35
SEASONIQUE	41	SUCRALFATE	39
SEB-PREV WASH	28	SULAR	20
SECONAL	26	SULFACETAMIDE SODIUM	28, 33, 37
SELEGILINE HCL	14	SULFACETAMIDE SODIUM/PREDNISOLONE	
SELENIUM SULFIDE	33	SODIUM PHOSPHATE	37
SELZENTRY	10	SULFACETAMIDE SODIUM/SULFUR CLEANSER	33
SENSIPAR	44	SULFADIAZINE	6
SEREVENT DISKUS	48	SULFAMETHOXAZOLE /TRIMETHOPRIM	6
SEROMYCIN	13	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	6
SEROQUEL	23	SULFAMYLON	33
SEROQUEL XR	23	SULFASALAZINE	6
SERTRALINE HCL	25	SULFATOL CLEANSER	33
SERTRALINE HYDROCHLORIDE	26	SULFAZINE	6
SILVER SULFADIAZINE	33	SULINDAC	2
SIMCOR	21	SUMATRIPTAN	12
SIMPONI	45	SUPRAX	4
SIMVASTATIN	21	SURMONTIL	25
SINGULAIR	49	SUSTIVA	11
SKELAXIN	49	SUTENT	14
SKELID	45	SYMAX FASTABS	16
SLO-NIACIN	21	SYMBICORT	42
SODIUM HYALURONATE	33	SYMBYAX	26
SODIUM POLYSTYRENE SULFONATE	35	SYMLIN	7
SODIUM SULFACETAMIDE	33, 36	SYMLINPEN 120	7
		SYMLINPEN 60	8

SYNERA	33
SYNTHROID	43
SYPRINE	49

TIMOLOL MALEATE OPHTHALMIC GEL	
FORMING	46
TINDAMAX	15
TIROSINT	43
TIZANIDINE HCL	49

<b>T</b>
----------

TABLOID	14
TACROLIMUS	45
TAMIFLU	15
TAMOXIFEN CITRATE	14
TAMSULOSIN	45
TANDEM DHA	47
TAPAZOLE	43
TARCEVA	14
TARGRETIN	14, 33
TASIGNA	14
TASMAR	14
TAZORAC	33
TBC	33
TEKTURNA	21
TEKTURNA HCT	21
TEMAZEPAM	26
TEMODAR	14
TERAZOSIN HCL	18
TERBINAFINE HCL	9
TERBUTALINE SULFATE	48
TERCONAZOLE	29
TESLAC	14
TETRACYCLINE HCL	7
THALITONE	20
THALOMID	45
THEO-24	48
THEOPHYLLINE ER	49
THIOLA	45
THIORIDAZINE HCL	23
THIOTHIXENE	23
THYROID	43
THYROLAR-1	43
THYROLAR-1/2	43
THYROLAR-1/4	43
THYROLAR-2	43
THYROLAR-3	43
TICLOPIDINE HCL	17
TIKOSYN	19
TILADE	49
TIMOLOL MALEATE	22, 45, 46

TOBI	5
TOBRASOL	36
TOBEX	36
TOLAZAMIDE	8
TOLMETIN SODIUM	2
TOPAMAX	24
TOPIRAMATE	24
TOPIRAMATE SPRINKLES	24
TORSEMIDE	20
TOVIAZ	40
TRACLEER	22
TRAMADOL HCL	4
TRAMADOL	
HYDROCHLORIDE/ACETAMINOPHEN	4
TRANDOLAPRIL	18
TRANDOLAPRIL/VERAPAMIL	20
TRANLYCYPROMINE SULFATE	26
TRAVATAN	46
TRAVATAN Z	46
TRAZODONE HCL	25
TRECTOR	13
TRETINOIN	14, 33
TREZIX	4
TRIAMCINOLONE ACETONIDE	31
TRIAMCINOLONE IN ORABASE	31
TRIAMTERENE /HYDROCHLOROTHIAZIDE	20
TRIAZOLAM	26
TRICARE DHA 301	47
TRICARE PRENATAL DHA ONE	47
TRICOR	21
TRIFLUOPERAZINE HCL	23
TRIFLURIDINE	36
TRIHXYPHENIDYL HCL	14
TRI-LEGEST FE	41
TRILEPTAL	24
TRILIPIX	21
TRIMETHOBENZAMIDE HCL	37
TRIMETHOPRIM	12, 36
TRIMETHOPRIM SULFATE/POLYMYXIN B	
SULFATE	36
TRIMIPRAMINE MALEATE	25

TRINATE	47
TRIOTANN PEDIATRIC	10
TRI-SPRINTEC	41
TRIZIVIR	11
TRUSOPT	45
TRUVADA	11
TUSSO-C	48
TUSSO-XR	48
TWINJECT	16
TYKERB	14
TYZEKA	15

**U**

ULORIC	45
ULTRA NATALCARE	47
ULTRABROM	10
ULTRABROM PD	10
ULTRASE	38
ULTRASE MT 12	38
ULTRASE MT 18	38
ULTRASE MT 20	38
UNITHROID DIRECT	43
URETRON D/S	12
URIMAR T	12
UROGESIC-BLUE	12
UROXATRAL	45
URSODIOL	39
URSODIOL 250	39
URSODIOL FORTE	39
UTA	12

**V**

VALACYCLOVIR	15
VALCYTE	15
VALPROIC ACID	24
VALTURNNA	21
VANCOGIN HCL	5
VENLAFAXINE ER	25
VENLAFAXINE HCL	25
VENLAFAXINE HCL SR	25
VENTAVIS	22
VERAPAMIL HCL	20
VERAPAMIL HCL ER	20
VERAPAMIL HCL SR	20
VESICARE	40

VEXOL	37
VFEND	9
VICTOZA	8
VIDEX EC	11
VIDEX PEDIATRIC	11
VIGAMOX	36
VIMPAT	24
VINATAL FORTE	47
VINATE AZ	47
VINATE II	47
VINATE M	47
VINATE ULTRA	47
VIOKASE	38
VIOKASE 16	38
VIOKASE 8	38
VIRACEPT	11
VIRAMUNE	11
VIREAD	11
VISICOL	39
VIS-PHOS N	35
VISQID A/A	12
VITAFOL-OB +DHA	47
VITA-NATAL	47
VIVACTIL	25
VIVELLE-DOT	42
VOTRIENT	14
VYTORIN	21

**W**

WARFARIN SODIUM	17
WELCHOL	21
WELLBUTRIN XL	25

**X**

XALATAN	46
XCLAIR	33
XELODA	14
XENAZINE	26
XERAC AC	33
XIFAXAN	5
XOPENEX	49
XOPENEX HFA	49
XYREM	27

<b>Y</b>
----------

YODOXIN	15
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<b>Z</b>
----------

ZALEPLON	27
ZAVESCA	45
ZAZOLE	29
ZEGERID OTC	39
ZEMPLAR	49
ZENCHENT	41
ZENPEP	38
ZIAGEN	11
ZIDOVUDINE	11
ZIOX	33
ZIOX 405	33

ZIRGAN	36
ZMAX	5
ZODRYL AC ADULT	48
ZOLINZA	14
ZOLPIDEM TARTRATE	27
ZOMIG	12
ZOMIG ZMT	12
ZONISAMIDE	24
ZOVIA 1/50E	41
ZOVIRAX	15, 31
ZYFLO	49
ZYFLO CR	49
ZYLOPRIM	43
ZYMAR	36
ZYPREXA	23
ZYPREXA ZYDIS	23
ZYVOX	5