



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
Analgesics: Miscellaneous								
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				
Analgesics: Nonsteroidal Anti-inflammatory Drugs								
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	Y				
NAPROXEN DR	TBEC	1	EC-NAPROSYN	Y				
NAPROXEN SODIUM	TABS	1	ANAPROX	Y				
NAPROXEN SODIUM	TABS	1	ANAPROX DS	Y				
NAPROXEN SODIUM	TB24	1	NAPRELAN	Y				
ORPHENADRINE COMPOUND	TABS	1	NORGESIC	Y				
ORPHENADRINE COMPOUND DS	TABS	1		Y				
OXAPROZIN	TABS	1	DAYPRO	Y				
PENNSAID	SOLN	1		Y				
PIROXICAM	CAPS	1	FELDENE					
SALSALATE	TABS	1						
SULINDAC	TABS	1	CLINORIL					
TOLMETIN SODIUM	CAPS	1						

Analgesics: Opiate Agonists

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	Y			
PENTAZOCINE /ACETAMINOPHEN	TABS	1	TALACEN	Y				
PENTAZOCINE/NALOXONE HCL	TABS	1	TALWIN NX	Y				
SUBOXONE	SUBL	1		Y				
SUBOXONE	FILM	1		Y				QL 90/30 for 8-2 strength; QL 180/30 for 2-0.5 strength

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						

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

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

Antibacterials: Other

CAYSTON	NEBU	1		Y				
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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	1	AUGMENTIN					
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	1	AUGMENTIN					
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	1	AUGMENTIN					
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	1	AUGMENTIN ES-600					
AMOXICILLIN/CLAVULANATE POTASSIUM	TB12	1	AUGMENTIN XR	Y				
AMOXIL	SUSR	1						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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
DOXYCYCLINE MONOHYDRATE	CAPS	1	MONODOX	Y				
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 SOLOSTAR	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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
SYMLINPEN 120	SOLN	1		Y	Y			Step Therapy with insulin required
SYMLINPEN 60	SOLN	1		Y	Y			Step Therapy with insulin required
VICTOZA	SOLN	1		Y	Y			Step therapy with metformin, 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						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NYSTATIN	SUSP	1						
NYSTATIN	TABS	1						
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	1	RESPAHIST-II					
BROMPHEN.TAN /PHENYLEPH. TAN	CHEW	1	J-TAN D					
BROMPHEN.TAN /PHENYLEPH. TAN	SUSP	1	J-TAN D					
BROMPHEN./PSEUDOEPH.	LIQD	1	J-TAN D PD					
CARBINOXAMINE MALEATE	LIQD	1	CARBINOXAMINE MALEATE					
CARBINOXAMINE MALEATE	TABS	1	CARBINOXAMINE MALEATE					
CENHIST	CHEW	1						
CHLOREX-A	TBCR	1	NALEX-A					
CHLORPHEN./PHENYLTOLOXAMINE /PHENYLEPH.	LIQD	1	NALEX-A					
CHLORPHEN./PHENYLEPH. HCL	CPCR	1						
CHLORPHEN./PSEUDOEPHEDRINE CR	CPCR	1	DECONAMINE SR					
CHLORPHEN./PSEUDOEPHEDRINE LA	TB12	1	BIOHIST LA					
COMHIST	TABS	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CPM 8/PSE 90/MSC 2.5	TB12	1						
CYPROHEPTADINE HCL	SYRP	1						
CYPROHEPTADINE HCL	TABS	1						
DESPEC-PDC	LIQD	1						
DEXCHLORPHENIRAMINE MALEATE	SYRP	1						
DEXCHLORPHENIRAMINE MALEATE CR	TBCR	1						
D-HIST D	TB12	1	DURAHIST D					
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						
RELHIST	CHW	1						
RESCON-JR	TBCR	1						
RHINOFLEX	TABS	1						
RHINOFLEX-650	TABS	1	RELAGESIC					
R-TANNA	TABS	1	RYNATAN					
R-TANNA PEDIATRIC	SUSP	1	RYNATAN PEDIATRIC	Y				
TRITANN 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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
FUZEON	KIT	1				Y	Y	Curascript Only
SELZENTRY	TABS	1				Y		
Anti-HIV Agents: Integrase Inhibitors								
ISENTRESS	TABS	1		Y				
ATRIPLA	TABS	1		Y				
Anti-HIV Agents: Nonnucleoside RTIs								
INTELENCE	TABS	1		Y				
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				
ZIDOVDINE	CAPS	1	RETROVIR					
ZIDOVDINE	SYRP	1	RETROVIR					
ZIDOVDINE	TABS	1	RETROVIR					
Anti-HIV Agents: Protease Inhibitors								
APTIVUS	CAPS	1		Y				
APTIVUS	SOLN	1		Y				
CRIXIVAN	CAPS	1		Y				
INVIRASE	CAPS	1		Y				
INVIRASE	TABS	1		Y				
KALETRA	CAPS	1		Y				
KALETRA	SOLN	1		Y				
KALETRA	TABS	1		Y				
LEXIVA	TABS	1		Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NORVIR	CAPS	1						
NORVIR	SOLN	1						
PREZISTA	TABS	1		Y				
REYATAZ	CAPS	1		Y				
VIRACEPT	POWD	1						
VIRACEPT	TABS	1		Y				

Antihypoglycemics

GLUCAGEN HYPOKIT	SOLR	1		Y				
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Anti-infectives: Miscellaneous

PYLERA	CAPS	1		Y				
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Anti-infectives: Urinary

MACRODANTIN	CAPS	1						
METHENAMINE/HYOSC/METH BLUE/ BENZ ACID/PHENYL	SOLN	1	PROSED D/S					
METHENAMINE/HYOSC/METH BLUE/ BENZ ACID/PHENYL	TAB		PROSED D/S					
METHENAMINE HIPPURATE	TABS	1	HIPREX					
MONUROL	PACK	1						
NITROFURANTOIN MACROCRYSTALLINE	CAPS	1	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				
RELPAK	TABS	1		Y				
SUMATRIPTAN	SOLN	1	IMITREX	Y		Y		
SUMATRIPTAN	TABS	1	IMITREX	Y				

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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
MERCAPTOPYRINE	TABS	1	PURINETHOL					
METHOTREXATE	TABS	1						
MYLERAN	TABS	1						
NEXAVAR	TABS	1		Y			Y	Curascript Only
NILANDRON	TABS	1						
OFORTA	TABS	1						
ROFERON-A	KIT	1				Y	Y	Curascript Only
SOLTAMOX	SOLN	1		Y				
SPRYCEL	TABS	1		Y				
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						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
TRIHEXYPHENIDYL HCL	TABS	1						
Antiprotozoals								
ALINIA	SUSR	1						
ALINIA	TABS	1						
COARTEM	TABS	1		Y				
MEPRON	SUSP	1						
METRONIDAZOLE	CAPS	1	FLAGYL					
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						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CHLORDIAZEPOXIDE /CLIDINIUM	CAPS	1	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				
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

ARICEPT	TABS	1		Y				
ARICEPT ODT	TBDP	1		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					
PILOCARPINE HYDROCHLORIDE	TABS	1	SALAGEN					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PROSTIGMIN	TABS	1						
PYRIDOSTIGMINE BROMIDE	TABS	1	MESTINON					
		1						
RAZADYNE	SOLN			Y				
		1						
RIVASTIGMINE	CAP		EXELON	Y				

Blood Regulators: Anticoagulants

JANTOVEN	TABS	1	COUMADIN					
WARFARIN SODIUM	TABS	1	COUMADIN					

Blood Regulators: Antithrombotics

AGGRENOX	CP12	1		Y				
		1						
ANAGRELIDE HYDROCHLORIDE	CAPS		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

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

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

Cardiovascular Agents: a-Adrenergic Blockers

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

Cardiovascular Agents: ACE Inhibitors

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

Cardiovascular Agents: Aldosterone Receptor Agonists

EPLERENONE	TABS	1	INSPIRA	Y				
SPIRONOLACTONE	TABS	1	ALDACTONE					
SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	TABS	1	ALDACTAZIDE					

Cardiovascular Agents: Alpha-adrenergic Agonists

CLONIDINE HCL	TABS	1	CATAPRES					
CLONIDINE-TTS	PTWK	1	CATAPRES-TTS	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
GUANABENZ ACETATE	TABS	1						
GUANFACINE HCL	TABS	1	TENEX					
METHYLDOPA	TABS	1	ALDOMET					
METHYLDOPA /HYDROCHLOROTHIAZIDE	TABS	1						

Cardiovascular Agents: Antiarrhythmics

AMIODARONE HCL	TABS	1	CORDARONE	Y				
AMIODARONE HCL	TABS	1	PACERONE	Y				
DISOPYRAMIDE PHOSPHATE	CAPS	1	NORPACE					
DISOPYRAMIDE PHOSPHATE ER	CP12	1	NORPACE CR					
FLECAINIDE ACETATE	TABS	1	TAMBOCOR					
MEXILETINE HCL	CAPS	1						
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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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					
NIFEDIAC CC	TB24	1	ADALAT CC					
NIFEDICAL XL	TB24	1	PROCARDIA XL					
NIFEDIPINE	CAPS	1						
NIFEDIPINE	CAPS	1	PROCARDIA					
NIFEDIPINE ER	TB24	1	PROCARDIA XL					
NISOLDIPINE	TB24	1	SULAR	Y				
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						
METHYCLOTHIAZIDE	TABS	1						
METOLAZONE	TABS	1	ZAROXOLYN					
THALITONE	TABS	1						
TORSEMIDE	TABS	1	DEMADEX					
TRIAMTERENE /HYDROCHLOROTHIAZIDE	CAPS	1						
TRIAMTERENE /HYDROCHLOROTHIAZIDE	TABS	1	MAXZIDE					
TRIAMTERENE /HYDROCHLOROTHIAZIDE	TABS	1	MAXZIDE-25					

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

TEKAMLO	TABS	1		Y				
TEKTURNA	TABS	1		Y				
TEKTURNA 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: β -Adrenergic Blockers

ACEBUTOLOL HCL	CAPS	1	SECTRAL					
ATENOLOL	TABS	1	TENORMIN					
ATENOLOL/CHLORTHALIDONE	TABS	1	TENORETIC 100					
ATENOLOL/CHLORTHALIDONE	TABS	1	TENORETIC 50					
BETAXOLOL HCL	TABS	1	KERLONE	Y				
BISOPROLOL FUMARATE	TABS	1	ZEBETA					
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	1	ZIAC					

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

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

ABILIFY	SOLN	1		Y				
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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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					
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						
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Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
AMOXAPINE	TABS	1						
CHLORDIAZEPOXIDE /AMITRIPTYLINE	TABS	1	LIMBITROL					
CHLORDIAZEPOXIDE /AMITRIPTYLINE	TABS	1	LIMBITROL DS					
CLOMIPRAMINE HCL	CAPS	1	ANAFRANIL					
DESIPRAMINE HCL	TABS	1	NORPRAMIN					
		1						
DOXEPIN HCL	CAPS							
DOXEPIN HCL	CONC	1						
IMIPRAMINE HCL	TABS	1	TOFRANIL					
IMIPRAMINE PAMOATE	CAPS	1						
MAPROTILINE HCL	TABS	1						
NORTRIPTYLINE HCL	CAPS	1	PAMELOR					
NORTRIPTYLINE HCL	SOLN	1	PAMELOR					
		1						
PERPHENAZINE /AMITRIPTYLINE	TABS							
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				
		1						37.5, 75, 150, AND 225MG
VENLAFAXINE ER	TB24			Y				
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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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				
OLEPTRO	TBSR	1		Y				
PAROXETINE HCL	SUSP	1	PAXIL	Y				
PAROXETINE HCL	TABS	1	PAXIL					
PAROXETINE HCL	TB24	1	PAXIL CR	Y				
SERTRALINE HCL	TABS	1	ZOLOFT					
		1						
SERTRALINE HYDROCHLORIDE	CONC		ZOLOFT					
SYMBYAX	CAPS	1		Y				

Central Nervous System Agents: Antimanics

LITHIUM CARBONATE	CAPS	1						
LITHIUM CARBONATE	TABS	1						
			LITHIUM CARBONATE					
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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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Central Nervous System Agents: Miscellaneous

NAMENDA	SOLN	1		Y				
NAMENDA	TABS	1		Y				
NAMENDA TITRATION PAK	TABS	1		Y				
RILUTEK	TABS	1		Y				
XENAZINE	TABS	1		Y				
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
DEXMETHYLPHENIDATE HCL	CPSR	1	FOCALIN XR	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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								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				
BENZOYL PEROXIDE	LIQ	1	PACNEX MX					
CLEOCIN	SUPP	1		Y				
CLINDAMAX	CREA	1	CLEOCIN					
CLINDAMYCIN PHOSPHATE	GEL	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	LOTN	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	SOLN	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	SWAB	1	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE	FOAM	1	EVOCLIN					
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	METROCREAM	Y				
METRONIDAZOLE	GEL	1	METROGEL	Y				
METRONIDAZOLE	LOTN	1	METROLOTION	Y				
METRONIDAZOLE VAGINAL	GEL	1	METROGEL VAGINAL					
MEXAR WASH	LIQD	1	OVACE WASH					
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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	1	LOTRISONE					
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	1	LOTRISONE					
ECONAZOLE NITRATE	CREA	1	SPECTAZOLE					
EXELDERM	CREA	1						
EXELDERM	SOLN	1						
GYNAZOLE-1	CREA	1						
KETOCONAZOLE	CREA	1	NIZORAL	Y				
KETOCONAZOLE	SHAM	1	NIZORAL	Y				
NAFTIN	GEL	1						
NAFTIN-MP	CREA	1						
NYSTATIN	OINT	1						
NYSTATIN	CREA	1	MYCOSTATIN					
NYSTATIN	POWD	1	MYCOSTATIN					
NYSTATIN VAGINAL	TABS	1						
NYSTOP	POWD	1	MYCOSTATIN					
OXISTAT	CREA	1		Y				
OXISTAT	LOTN	1		Y				
TERCONAZOLE	CREA	1	TERAZOL 3	Y				
TERCONAZOLE	SUPP	1	TERAZOL 3	Y				
TERCONAZOLE	CREA	1	TERAZOL 7	Y				
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						

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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
HYDROCORTISONE	LOTN	1						
HYDROCORTISONE	OINT	1						
HYDROCORTISONE	ENEM	1	CORTENEMA					
HYDROCORTISONE	CREA	1	HYTONE					
HYDROCORTISONE ACETATE	SUPP	1	ANUSOL-HC	Y				
		1						
HYDROCORTISONE BUTYRATE	CREA		LOCOID					
		1						
HYDROCORTISONE BUTYRATE	OINT		LOCOID					
		1						
HYDROCORTISONE BUTYRATE	SOLN		LOCOID					
		1						
HYDROCORTISONE VALERATE	CREA		WESTCORT					
		1						
HYDROCORTISONE VALERATE	OINT		WESTCORT					
		1						
IDOQUINOL/HYDROCORTISONE/ALOE	GEL		ALCORTIN A GEL					
		1						
LIDOCAINE HCL/HYDROCORTISONE ACETATE	CREA		LIDAMANTLE HC	Y				
		1						
LIDOCAINE HCL/HYDROCORTISONE ACETATE	LOTN		LIDAMANTLE HC	Y				
		1						
LOCOID LIPOCREAM	CREA							
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					
		1						
TRIAMCINOLONE IN ORABASE	PSTE		KENALOG IN ORABASE					
Dermatological Agents: Antivirals								
ZOVIRAX	CREA	1		Y				
ZOVIRAX	OINT	1		Y				
Dermatological Agents: Miscellaneous								
ACCUZYME SE	EMUL	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
ACID JELLY	GEL	1						
ACTICIN	CREA	1	ELIMITE					
		1						
ADAPALENE	CREA		DIFFERIN	Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
		1						
ADAPALENE	GEL		DIFFERIN	Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
AMNESTEEM	CAPS	1	AC CUTANE					
ANACAINE	OINT	1						
ANAMANTLE HC	CREA	1		Y				
		1						
ATOPICLAIR	CREA			Y				Copay per 100 grams
		1						PA >26 years of age; Excluded from coverage >35 years of age
AVITA	GEL		RETIN-A			Y		
AZELEX	CREA	1						
CALCIPOTRIENE	SOLN	1	DOVONEX	Y				
CARAC	CREA	1		Y				
CLARAVIS	CAPS	1	AC CUTANE					
		1						
DIFFERIN	LOT			Y		Y		PA >26 years of age; Excluded from coverage >35 years of age
DOVONEX	CREA	1		Y				
DRITHO-SCALP	CREA	1		Y				
		1						
ELIDEL	CREA			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				
		1	XYLOCAINE JELLY					
LIDOCAINE HCL JELLY	GEL							
LIDOCAINE/PRILOCAINE	CREA	1	EMLA					
LIDODERM	PTCH	1		Y				
LINDANE	LOTN	1						

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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					
PRAMOXINE-HC	OINT	1	PRAMOSONE					
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						
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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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 GLUCOSECONTROL 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				
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	MISC	1		Y				
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X ½"	MISC	1		Y				
BD 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 ½"	MISC	1		Y				
INSULIN SYRINGE/0.5ML/29G X ½"	MISC	1		Y				
INSULIN SYRINGE/1ML/29G X ½"	MISC	1		Y				
INSULIN SYRINGE/1ML/31G X 5/16"	MISC	1		Y				
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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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						
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				
SODIUM POLYSTYRENE SULFONATE	SUSP	1		Y				
SODIUM POLYSTYRENE SULFONATE	POWD	1	KAYEXALATE	Y				
SPS	SUSP	1		Y				
VIS-PHOS N	TABS	1	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						

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

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

BACITRACIN	OINT	1						
BACITRACIN /NEOMYCIN /POLYMYXIN	OINT	1		Y				
BACITRACIN/POLYMYXIN B	OINT	1		Y				
BESIVANCE	SUSP	1		Y				
CHLORHEXADINE GLUCONATE ORAL RINSE	SOLN	1	PERIDEX ORAL RINSE	Y				
CILOXAN	OINT	1		Y				
CIPROFLOXACIN HCL	SOLN	1	CILOXAN	Y				
ERYTHROMYCIN	OINT	1		Y				
GENTAMICIN SULFATE	OINT	1						
GENTAMICIN SULFATE	SOLN	1						
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				
ZYMAXID	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				

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

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

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					

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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
LANSOPRAZOLE	TBDR	1	PREVACID SOLUTAB	Y	Y			
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				

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				
SANCTURA XR	TB24	1		Y				
TOVIAZ	TB24	1		Y				
TROSPIMUM CHLORIDE	TABS	1	SANCTURA	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					

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

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

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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
METHIMAZOLE	TABS	1	TAPAZOLE					
NATURE-THROID	TABS	1						
PROPYLTHIOURACIL	TABS	1						
SYNTHROID	TABS	1						
THYROID	TABS	1	ARMOUR THYROID					
THYROLAR-1	TABS	1						
THYROLAR-1/2	TABS	1						
THYROLAR-1/4	TABS	1						
THYROLAR-2	TABS	1						
THYROLAR-3	TABS	1						
UNITHROID DIRECT	TABS	1						

Miscellaneous Agents

ALENDRONATE SODIUM	TABS	1	FOSAMAX	Y				
ALLOPURINOL	TABS	1	ZYLOPRIM					
AMPYRA	TABS	1		Y				
ANTABUSE	TABS	1						
		1						Preventive Medication: \$0 copay; men 45-79, women 55-79; only generic covered with retail Rx
ASPIRIN	TABS							
AVODART	CAPS	1		Y		Y		
		1						Curascript Only; Copaxone and Rebif are preferred products
AVONEX	KIT			Y		Y	Y	
AZATHIOPRINE	TABS	1	IMURAN					
		1						Curascript Only; Copaxone and Rebif are preferred products
BETASERON	SOLR			Y		Y	Y	
CELLCEPT	SUSR	1						
CIMZIA	KIT	1				Y	Y	Curascript Only
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					
		1	SANDIMMUNE					
CYCLOSPORINE	SOLN							
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					
EXTAVIA	SOLN	1		Y		Y		Curascript Only;

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
								Copaxone and Rebif are preferred products
FINASTERIDE	TABS	1		Y				
		1						Preventive Medication: \$0 copay; PA for age 5 and under , others excluded; only generic covered with retail Rx
FLUORIDE		1						
		1						Preventive Medication: \$0 copay; women 15-50, other age requires PA; generic covered with retail Rx
FOLIC ACID								
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
		1						Preventive Medication: \$0 copay; Excluded over age 1; only generic covered with retail Rx
IRON								
JALYN	CAPS	1		Y				
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				
SIMPONI	SOLN	1				Y		Curascript Only

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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				
ZORTRESS	TABS	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				
LUMIGAN	SOLN	1						
METIPRANOLOL	SOLN	1	OPTIPRANOLOL	Y				
PHOSPHOLINE IODIDE	SOLR	1		Y				
PILOCARPINE HCL	SOLN	1	ISOPTO CARPINE	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
PILOPINE HS	GEL	1		Y				
TIMOLOL MALEATE	SOLN	1	TIMOPTIC	Y				
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				
CAVAN-HEME OMEGA	CAPS	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				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
NEEVO	TABS	1						
NEEVO DHA	CAPS	1						
NESTABS CBF	TABS	1		Y				
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				
PREFERA OB	TABS	1		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

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
BENZONATATE	CAPS	1	TESSALON	Y				
			TUSSIONEX					
CHLORPHENIRAMINE/HYDROCODONE	SUSP		SUSP EXT-REL	Y				
CORZALL	LIQD	1						
CORZALL-PE	LIQD	1						
CORZALL PLUS	LIQD	1						
HYDROMET	SYRP	1	HYCODAN	Y				
LORTUSS EX	LIQD	1						
NASOTUSS	LIQ	1						
			POLY-TUSSION LIQ AC					
PHENYLEPH./BROMPHEN./CODEINE	LIQD	1						
			BROVEX PEB LIQ DM					
PHENYLEPH./BROMPHEN./DM	LIQD	1						
PHENYLEPH./DIPHENHY./CODEINE	SYRP	1	ENDAL CD					
			BROVEX PSB LIQ DM					
PSEUDOEPH./BROMPHEN./DM	LIQD	1						
			BROVEX PSE TAB DM					
PSEUDOEPH./BROMPHEN./DM	TABS	1						
			DONATUSSIN SYP DM					
PSEUDOEPHEDRINE /DM/GG	SYRP	1						
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					
		1						
ALBUTEROL SULFATE/IPRATROPIUM BROMIDE	SOLN		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						
DYLIQ	ELIX	1						
DYPHYLLINE-GG	ELIX	1	LUFYLLIN-GG					
FORADIL AEROLIZER	CAPS	1		Y				
IPRATROPIUM BROMIDE	SOLN	1	ATROVENT	Y				

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
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						
THEOPHYLLINE ER	TB12	1	UNIPHYL					
XOPENEX	NEBU	1		Y				
XOPENEX HFA	AERO	1		Y				

Respiratory Agents: Leukotriene Modifiers

SINGULAIR	CHEW	1		Y				
SINGULAIR	PACK	1		Y				
SINGULAIR	TABS	1		Y				
ZYFLO	TABS	1		Y				
ZYFLO CR	TB12	1		Y				

Respiratory Agents: Mast Cell Stabilizers

CROMOLYN SODIUM	NEBU	1	INTAL	Y				
INTAL INHALER	AERS	1		Y				
TILADE	AERS	1		Y				

Respiratory Agents: Miscellaneous

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					

Toxicologic Agents

Drug Name	Dosage Form	Copay Tier	Brand Equivalent	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comment
CHEMET	CAPS	1						
CUPRIMINE	CAPS	1						
EXJADE	TBSO	1		Y			Y	Curascript Only
NALTREXONE HCL	TABS	1	REVIA					
SYPRINE	CAPS	1						
Vitamin D Agents								
CALCITRIOL	CAPS	1	ROCALTROL					
CALCITRIOL	SOLN	1	ROCALTROL					
HECTOROL	CAPS	1						
ZEMPLAR	CAPS	1						

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BUTALBITAL /ASPIRIN /CAFFEINE	1
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CELONTIN	24	CLARITHROMYCIN	5
CENESTIN	42	CLARITHROMYCIN ER	5
CENHIST	9	CLEOCIN	5, 28
CEPHALEXIN	4	CLEOCIN PEDIATRIC GRANULES	5
CESIA	40	CLINDAMAX	28
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CRYSSELLE-28	40	DICLOXACILLIN SODIUM	6
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FLUOCINOLONE ACETONIDE	30
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GLYCOPYRROLATE	16
GLYCRON	8
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HYDROCORTISONE BUTYRATE	31
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INDOMETHACIN	2
INDOMETHACIN ER	2
INFERGEN	15
INNOPRAN XL	22
INSULIN SYRINGE/0.3ML/29G X ½	34
INSULIN SYRINGE/0.5ML/29G X ½	34
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LEFLUNOMIDE	45
LETAIRIS	22
LEUCOVORIN CALCIUM	45
LEUKERAN	13
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LEVACET	2
LEVALBUTEROL CONCENTRATE	50
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LORAZEPAM	26	METAXALONE	50
LORTAB	3	METFORMIN HCL	8
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PENTAZOCINE /ACETAMINOPHEN	4	PRAMOXINE-HC	33
PENTAZOCINE/NALOXONE HCL	4	PRANDIN	8
PENTOXIFYLLINE ER	18	PRASCION FC	33
PERFOROMIST	50	PRAVASTATIN SODIUM	21
PERPHENAZINE	23, 25	PRAZOSIN HCL	18
PERPHENAZINE /AMITRIPTYLINE	25	PRED MILD	37
PERRY PRENATAL	48	PRED-G	37
		PRED-G S.O.P.	37
		PREDNICARBATE	31

RELENZA DISKHALER	15	SANTYL	33
RELHIST	10	SAVELLA	25
RELION 70/30 INNOLET	7	SEASONIQUE	41
RELION N INNOLET	7	SEB-PREV WASH	28
RELISTOR	45	SECONAL	26
RELPAX	12	SELEGILINE HCL	14
RENAGEL	35	SELENIUM SULFIDE	33
REVELA	35	SELZENTRY	11
REQUIP XL	14	SENSIPAR	45
RESCON-JR	10	SEREVENT DISKUS	50
RESCRIPTOR	11	SEROMYCIN	13
RESTASIS	37	SEROQUEL	23
RESTORIL	26	SEROQUEL XR	23
REVATIO	23	SERTRALINE HCL	26
REVLIMID	45	SERTRALINE HYDROCHLORIDE	26
REYATAZ	12	SILVER SULFADIAZINE	33
RHINOFLEX	10	SIMCOR	21
RHINOFLEX-650	10	SIMPONI	45
RIBAPAK	15	SIMVASTATIN	21
RIBASPHERE	15	SINGULAIR	50
RIBAVIRIN	15	SKELAXIN	50
RIDAURA	1	SKELID	46
RIFAMPIN	13	SLO-NIACIN	21
RIFATER	13	SODIUM HYALURONATE	33
RILUTEK	27	SODIUM POLYSTYRENE SULFONATE	35
RIMANTADINE HCL	15	SODIUM SULFACETAMIDE	33, 36
RIMSO-50	45	SODIUM SULFACETAMIDE/SULFUR	33
RISPERDAL	23	SOLARAZE	33
RISPERIDONE	23	SOLTAMOX	14
RISPERIDONE ODT	23	SOMNOTE	27
RIVASTIGMINE	17	SORIATANE	46
ROFERON-A	14	SORIATANE CK	46
ROPINIROLE HCL	14	SORINE	22
ROXICET	4	SOTALOL HCL	22
R-TANNA	10	SPECTRACEF	4
R-TANNA PEDIATRIC	10	SPIRIVA HANDIHALER	16
RYDEX	49	SPIRONOLACTONE	18
RYTHMOL SR	19	SPIRONOLACTONE /HYDROCHLOROTHIAZIDE	18
S			
SABRIL	24	SPRYCEL	14
SALSALATE	2	SPS	35
SAL-TROPINE	16	STALEVO	14
SAMSCA	45	STAVUDINE	11
SANCTURA XR	40	STIMATE	43
SANCUSO	38	SUBOXONE	4
		SUCRAID	35

SUCRALFATE	40	TEKTURNA	21
SULAR	20	TEKTURNA HCT	21
SULFACETAMIDE SODIUM	28, 33, 37	TEMAZEPAM	26
SULFACETAMIDE SODIUM/PREDNISOLONE		TEMODAR	14
SODIUM PHOSPHATE	37	TERAZOSIN HCL	18
SULFACETAMIDE SODIUM/SULFUR CLEANSER		TERBINAFINE HCL	9
	33	TERBUTALINE SULFATE	50
SULFADIAZINE	6	TERCONAZOLE	29
SULFAMETHOXAZOLE /TRIMETHOPRIM	6	TESLAC	14
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	6	TETRACYCLINE HCL	7
SULFAMYLON	33	THALITONE	20
SULFASALAZINE	6	THALOMID	46
SULFATOL CLEANSER	33	THEO-24	50
SULFAZINE	6	THEOPHYLLINE ER	50
SULINDAC	2	THIOLA	46
SUMATRIPTAN	12	THIORIDAZINE HCL	23
SUPRAX	4	THIOTHIXENE	23
SURMONTIL	25	THYROID	44
SUSTIVA	11	THYROLAR-1	44
SUTENT	14	THYROLAR-1/2	44
SYMAX FASTABS	16	THYROLAR-1/4	44
SYMBICORT	42	THYROLAR-2	44
SYMBYAX	26	THYROLAR-3	44
SYMLIN	7	TICLOPIDINE HCL	17
SYMLINPEN 120	8	TIKOSYN	19
SYMLINPEN 60	8	TILADE	50
SYNERA	33	TIMOLOL MALEATE	22, 47
SYNTHROID	44	TIMOLOL MALEATE OPHTHALMIC GEL	
SYPRINE	51	FORMING	47
T			
TABLOID	14	TINDAMAX	15
TACROLIMUS	46	TIROSINT	43
TAMIFLU	15	TIZANIDINE HCL	50
TAMOXIFEN CITRATE	14	TOBI	5
TAMSULOSIN	46	TOBRASOL	36
TANDEM DHA	48	TOBREX	36
TAPAZOLE	44	TOLAZAMIDE	8
TARCEVA	14	TOLMETIN SODIUM	2
TARGETIN	14, 33	TOPAMAX	24
TASIGNA	14	TOPIRAMATE	24
TASMAR	14	TOPIRAMATE SPRINKLES	24
TAZORAC	33	TORSEMIDE	20
TBC	33	TOVIAZ	40
TEKAMLO	21	TRACLEER	23
		TRAMADOL HCL	4
		TRAMADOL	
		HYDROCHLORIDE/ACETAMINOPHEN	4

VISICOL	40
VIS-PHOS N	35
VISQID A/A	12
VITAFOL-OB +DHA	48
VITA-NATAL	48
VIVACTIL	25
VIVELLE-DOT	43
VOTRIENT	14
VYTORIN	21

W

WARFARIN SODIUM	17
WELCHOL	21
WELLBUTRIN XL	25

X

XALATAN	47
XCLAIR	33
XELODA	14
XENAZINE	27
XERAC AC	33
XIFAXAN	5
XOPENEX	50
XOPENEX HFA	50
XYREM	27

Y

YODOXIN	15
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Z

ZALEPLON	27
ZAVESCA	46
ZAZOLE	29
ZEGERID OTC	40
ZEMPLAR	51
ZENCHENT	41
ZENPEP	39
ZIAGEN	11
ZIDOVUDINE	11
ZIOX	33
ZIOX 405	33
ZIRGAN	36
ZMAX	5
ZODRYL AC ADULT	49
ZOLINZA	14
ZOLPIDEM TARTRATE	27
ZOMIG	13
ZOMIG ZMT	13
ZONISAMIDE	24
ZORTRESS	46
ZOVIA 1/50E	41
ZOVIRAX	15, 31
ZYFLO	50
ZYFLO CR	50
ZYLOPRIM	44
ZYMAR	36
ZYMAXID	36
ZYPREXA	23
ZYPREXA ZYDIS	23
ZYVOX	5