



2012 Commercial Medication Formulary

Effective May 1, 2012

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Definitions

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

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

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

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

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

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

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

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

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

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

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

Specialty Medications: Your Specialty Medication coverage extends to many injectable and high cost oral medications approved by the FDA. These medications must be prescribed by a physician and dispensed by a participating specialty pharmacy. The Co-payment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate Co-payment whether

you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

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

Introduction

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

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

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

How to Read the Medication Formulary

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

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

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

Sample Listing:

Medication Name	Copay Tier	Quantity Limit	Progressive Medication Program	Prior Authorization	Specialty Pharmacy	Comment
Antidiabetic Agents: Oral						
JANUMET	2	60/30 days				
JANUVIA	2	30/30 days				
KOMBIGLYZE XR	2	30/30 days				2.5/1000 mg strength- QL 60/30
metformin hcl (GLUCOPHAGE)	1	75/30 days				

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

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

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

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

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

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

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

Benefit Coverage and Limitations

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

Coverage

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

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

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

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

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

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

Tier Description

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

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

Common Medication Exclusions

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

- Over-the-counter, or OTC, medications or their equivalents unless otherwise specified in the Medication Formulary listing.
- Nicotine smoking cessation products (i.e. transdermal nicotine, nicotine gum, nicotine inhaler)
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food & Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Diaphragms and other contraceptive devices
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals except prenatal vitamins
- Nutritional supplements
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or co-insurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act that was recently passed allow members to receive preventive evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men ages 45-79 and for women ages 55-79, folic acid for women of childbearing age, and iron products for members 1 year of age and under.

Some of the limitations for receiving these medications at no cost to the member require that: (1) the member be part of a non-grandfathered plan using an in-network provider, (2) a prescription is required in which only the generic form of the medication will be covered, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Transition of Care

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

How Can I Save Money on Prescriptions

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

How Can I order a Free ACCU-CHEK® Diabetic Meter System

AvMed Members with Diabetes can call 1-888-355-4242 to directly place an order for an Accu-Chek® Aviva or Compact Plus Diabetic Meter System. Members are limited to one meter system per 365 days. A prescription is REQUIRED to order and receive the meter. AvMed Members will receive via Priority or Overnight Mail an ACCU-CHEK® PCS Card for a free Aviva or Compact Plus Diabetic Meter System (including a box of test strips, a lancet device and lancets, a box of control solution, and the new patient engagement tools). **The Member or representative should present the PCS card along with a prescription from their physician for an Aviva or Compact Plus Diabetic Meter System to a network pharmacy to redeem the meter.** *Note: If a member does not have a prescription from their physician, and it is an emergency situation, the member or representative should contact their provider for assistance.*

Mail Order

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

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

Contact Information

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

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

Prior Authorization

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

ABILIFY	DIFICID	GILENYA	PERFOROMIST	sumatriptan Injectable (IMITREX STATDOSE)
ABSTRAL	dihydroergotamine (D.H.E 45)	HEPSERA	PROCHIEVE	SYLATRON
adapalene (DIFFERIN)	dronabinol (MARINOL)	HUMIRA	PRO-AIR HFA	TESTIM
ADCIRCA	ENBREL	INCIVEK	PROCRIT	tretinoin (RETIN-A)
AMPYRA	enoxaparin sodium (LOVENOX)	INTRON-A	PROMACTA	TYVASO
anastrozole (ARIMIDEX)	EMEND	itraconazole (SPORANOX)	PROVENTIL HFA	ULORIC
ANDRODERM	EMSAM	JAKAFI	PROVIGIL	VANCOGIN HCL
ANDROGEL PUMP	ENDOMETRIN	KINERET	QUALAQUIN	VENTAVIS
ARANESP	EPOGEN	LAZANDA	REGRANEX	VICTRELIS
ARIXTRA	fentanyl citrate oral transmucosal (ACTIQ)	letrozole (FEMARA)	RESTASIS	VIMPAT
AXIRON	FENTORA	LEUKINE	RETIN-A MICRO	XALKORI
AVITA	FERRIPROX	LOTRONEX	REVATIO	XOPENEX HFA
BROVANA	FIRAZYR	MUGARD	ribavirin (COPEGUS, REBETOL, ribapak , ribasphere)	XYREM
budesonide (PULMICORT RESPULES)	fluoride	NEUPOGEN	SABRIL	ZELBORAF
butorphanol tartrate (STADOL)	folic acid	NUVIGIL	SANCUSO	ZYTIGA
CAPHOSOL	FORTEO	OMNITROPE	SELZENTRY	ZYVOX
CELEBREX	FORTESTA	oxandrolone (OXANDRIN)	SEROSTIM	
CIMZIA	FRAGMIN	PEGASYS	SIMPONI	
CRINONE	FUZEON	PEGASYS PROCLICK	SOMATULINE DEPOT	
DALIRESP	GAMMAGARD INJ	PEG-INTRON	STIMATE	

* This list of Prior Authorizations is subject to change.

Medical Prior Authorization

The following medications are designated by AvMed as prescription drugs that require administration by a medical professional (physician, nurse, etc.). These medications require prior authorization prior to administration by a medical professional and will be covered under your medical benefits if you have applicable coverage and should not be covered through your prescription benefits. Your prescriber may need to provide clinical information so that coverage may be considered. To initiate a Medical Prior Authorization, please visit our website at www.avmed.org to obtain a Medication Exception Request Form (MER).

ACTEMRA**	ERWINAZE	LUPRON DEPOT	ORENCIA**	SUPPRELIN LA
ADCETRIS	GAMUNEX-C	LUPRON DEPOT- PED	PROCRIT**	SYNAGIS
ARANESP**	INTRON-A	MAKENA	PROVENGE	TYSABRI
BENLYSTA	IVIG**	NEULASTA**	REMICADE**	XOLAIR
BOTULINUM TOXIN	JEVTANA	NEUMEGA	RITUXAN**	YERVOY
CINRYZE	KRYSTEXXA	NEUPOGEN**	SOLIRIS	
EPOGEN**	LEUKINE**	NPLATE	STELARA**	

* This list of Medical Prior Authorizations is subject to change.

** Requires Medical PA review with ICORE if done in office. Please call 800-424-1740 or use website www.icorehealthcare.com

Progressive Medication Program

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

Medication Category	1 st Line Meds (typically generics)	2 nd Line Meds	3 rd Line Meds
Antidiabetics	metformin , a sulfonylurea (e.g. glyburide, glimiperide), and/or ACTOS		VICTOZA
Antidiabetics	Insulin	SYMLIN (<i>must continue on 1st line medication</i>)	
Antihyperlipidemics (Fibrates)	fenofibrate (LOFIBRA)	LIPOFEN, TRICOR, TRIGLIDE, TRILIPIX	
Antihypertensives** (ACEI/ARB)	benazepril/-hct, captopril/-hct, enalapril/-hct, fosinopril/-hct, lisinopril/-hct, moexipril/-hct, quinapril/-hct, trandolapril/-hct, irbesartan/-hct (AVAPRO/AVALIDE), losartan/-hct (COZAAR/-HCT), DIOVAN/-HCT	ATACAND/-HCT, AZOR, BENICAR/-HCT, EDARBI/EDARBYCLOR, eprosartan (TEVETEN), EXFORGE, EXFORGE HCT, MICARDIS/-HCT, TEVETEN HCT, TRIBENZOR, VALTURNA	
Cholesterol (Statins)**	atorvastatin (LIPITOR), lovastatin, pravastatin, simvastatin, CRESTOR	LESCOL/XL, VYTORIN, CADUET	
Depression (SNRIs)**	citalopram hydrobromide (CELEXA), fluoxetine hcl (PROZAC), fluoxetine hcl dr (PROZAC WEEKLY), fluvoxamine maleate (LUVOX), paroxetine (PAXIL/CR), sertraline hcl (ZOLOFT), venlafaxine ER (VENLAFAXINE XR), venlafaxine XR (EFFEXOR XR)	CYMBALTA, PRISTIQ	
Heartburn/Ulcer (Proton Pump Inhibitors)	omeprazole Rx/OTC (PRILOSEC), pantoprazole, omeprazole/sodium bicarbonate (ZEGERID), PREVACID OTC, ZEGERID OTC	DEXILANT, lansoprazole	NEXIUM, ACIPHEX
Allergy (Nasal Steroids)**	flunisolide (NASALIDE), fluticasone propionate (FLONASE) , triamcinolone acetonide (NASACORT AQ), NASONEX	BECONASE AQ, OMNARIS, RHINOCORT AQUA, VERAMYST	
Multiple Sclerosis (Interferon Beta)	COPAXONE, REBIF	AVONEX, BETASERON	
Osteoporosis (Oral Bisphosphonate)	alendronate (FOSAMAX)	ACTONEL, ATELVIA, FOSAMAX PLUS D, ibandronate (BONIVA)	

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

Analgesics: Miscellaneous

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

Analgesics: Nonsteroidal Anti-inflammatory Drugs

ARTHROTEC 50	3	120/30 days			
ARTHROTEC 75	3	90/30 days			
butalbital /aspirin /caffeine (FIORINAL)	1	180/30 days			
butalbital/asa/caffeine (FIORINAL)	1	180/30 days			
CAMBIA	3	9/30 days			
CELEBREX	3	60/30 days		Y	
choline magnesium trisalicylate (TRILISATE)	1				
diclofenac potassium (CATAFLAM)	1	120/30 days			
diclofenac sodium (VOLTAREN)	1	120/30 days			
diclofenac sodium tab delayed release (DICLOFENAC SODIUM EC)	1	120/30 days			
diclofenac sodium er (VOLTAREN-XR)	1	60/30 days			
diflunisal	1	90/30 days			
etodolac tabs (LODINE)	1	60/30 days			
etodolac caps (LODINE)	1	90/30 days			

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

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

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
hydrocodone /acetaminophen soln (LORTAB SOLN)	1	2700/30 days				
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (HYCETSOLN)	1	540/30 days				
hydrocodone bitartrate/acetaminophen (MAXIDONE)	1	200/30 days				
hydrocodone/ibuprofen (VICOPROFEN)	1	200/30 days				
hydromorphone hcl (DILAUDID)	1					
LAZANDA	4	30/30 days		Y		
MEPERIDINE HCL	2					
meperidine hcl (DEMEROL)	1					
meperidine/promethazine (MEPERGAN FORTIS)	1					
methadone hcl (DOLOPHINE)	1					
methadone hcl soln	1					
morphine sulfate	1					
morphine sulfate (RMS)	1					
morphine sulfate (ROXANOL)	1					
morphine sulfate cr (MS CONTIN)	1					
morphine sulfate er (MS CONTIN)	1					
morphine sulfate cap sr 24hr (KADIAN)	1	60/30 days				
ONSOLIS	3	120/30 days				
OPANA ER	2	60/30 days				
oxycodone hcl (OXYIR)	1					
oxycodone hcl (ROXICODONE)	1					
oxycodone hcl (ROXICODONE INTENSOL)	1	60/30 days				
oxycodone hcl er tabs(OXYCONTIN)	1	60/30 days				10MG, 20MG, 40MG, AND 80MG ONLY TIER 1
oxycodone/acetaminophen (TYLOX)	1	200/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
oxycodone /acetaminophen (PERCOET)	1	200/30 days				
oxycodone/aspirin (PERCODAN)	1	360/30 days				
OXYCONTIN	2	60/30 days				
oxymorphone hcl (OPANA)	1	60/30 days				
ROXICET SOLN	3	480/30 days				
ROXICET TABS	3	200/30 days				
SYNALGOS-DC	3	300/30 days				
tramadol hcl (ULTRAM)	1	240/30 days				
tramadol SR (ULTRAM ER)	1	30/30 days				
tramadol hcl tab sr 24hr biphasic release (RYZOLT)	1	30/30 days				
tramadol hydrochloride/acetaminophen (ULTRACET)	1	240/30 days				
trexix (PANLOR DC)	3	300/30 days				
ZYDONE	3	200/30 days				

Analgesics: Opiate Partial Agonists

buprenorphine (SUBUTEX)	1	90-180/30 days				
butorphanol tartrate (STADOL)	1	5/30 days		Y		
pentazocine /acetaminophen (TALACEN)	1	360/30 days				
pentazocine/naloxone hcl (TALWIN NX)	1	360/30 days				
SUBOXONE	3	90-180/30 days				QL 90/30 for 8-2 strength; QL 180/30 for 2-0.5 strength

Antibacterials: Cephalosporins

CEDAX	3					
cefaclor caps	1					
CEFACTOR ER	2					
cefadroxil (DURICEF)	1					
cefdinir (OMNICEF)	1					
cefepoxime proxetil (VANTIN)	1					
cefprozil (CEFZIL)	1					
cefuroxime axetil (CEFTIN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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cephalexin (KEFLEX)	1					750mg strength Non Formulary
RANICLOR	3					
SPECTRACEF	3					
SUPRAX	3					

Antibacterials: Macrolides

azithromycin pack	1	2/30 days				
azithromycin (ZITHROMAX)	1	12/30 days				
azithromycin susp (ZITHROMAX SUSP)	1					
clarithromycin (BIAXIN)	1					
clarithromycin er (BIAXIN XL)	1					
ERYPED	2					
ERY-TAB	2					
erythrocin stearate	1					
ERYTHROMYCIN	2					
erythromycin /sulfisoxazole (PEDIAZOLE)	1					
erythromycin base	2					
erythromycin ethylsuccinate	1					
KETEK	3					
PCE	2					
ZMAX	2	1/30 days				

Antibacterials: Other

CAYSTON	2	84/30 days				
clindamycin hcl (CLEOCIN)	1					
clindamycin hcl solution (CLEOCIN PEDIATRIC GRANULES)	1					
DIFICID	3	20/30 days		Y		
neomycin sulfate	1					
TOBI	2	300/30 days				
VANCOGIN HCL	2	40/30 days		Y		
XIFAXAN	3	60/30 days				QL 200mg strength #9/30

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ZYVOX	2	56/28 days		Y		Suspension QL-1680/28 days
Antibacterials: Penicillins						
amoxicillin (AMOXIL)	1					
amoxicillin/clavulanate potassium (AUGMENTIN)	1					
amoxicillin/clavulanate potassium (AUGMENTIN ES-600)	1					
amoxicillin/clavulanate potassium sr (AUGMENTIN XR)	1	40/30 days				
AMOXIL	2					Only 50MG/mL Tier 2
ampicillin caps	1					
AMPICILLIN SUSP	2					
AUGMENTIN CHEW	2					Only 250MG Chewable Tier 2
AUGMENTIN SUSP	2					Only 125Mg Tier 2
dicloxacillin sodium	1					
penicillin v potassium	1					
Antibacterials: Quinolones						
AVELOX	2	30/30 days				
ciprofloxacin er (CIPRO XR)	1	30/30 days				
ciprofloxacin hcl (CIPRO)	1					
FACTIVE	3	10/30 days				
levofloxacin (LEVAQUIN IV SOLN)	1					
levofloxacin (LEVAQUIN TABS)	1	14/30 days				
ofloxacin (FLOXIN)	1					
Antibacterials: Sulfonamides						
GANTRISIN PEDIATRIC	2					
SULFADIAZINE	2					
sulfamethoxazole /trimethoprim (BACTRIM)	1					
sulfamethoxazole/trimethoprim ds (BACTRIM DS)	1					
sulfasalazine (AZULFIDINE EN-TABS)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
sulfazine (AZULFIDINE)	1					
Antibacterials: Tetracyclines						
demeclocycline hcl	1					
doxycycline hyclate (VIBRAMYCIN)	1					
doxycycline hyclate dr (DORYX)	1					Tier 1 does not apply to brand 150 mg strength
doxycycline monohydrate (MONODOX)	1	30/30 days				75mg QL 60/30
minocycline hcl (DYNACIN, MINOCIN)	1	60/30 days				
tetracycline hcl	1					
Antidiabetic Agents: Diabetic Meter Systems and Supplies						
ACCU-CHEK AVIVA METER SYSTEM	Roche Pharma Free Meter Program	1/365 days				Call 1-888-355-4242 to place your order. A prescription is REQUIRED
ACCU-CHEK COMPACT PLUS METER SYSTEM	Roche Pharma Free Meter Program	1/365 days				Call 1-888-355-4242 to place your order. A prescription is REQUIRED
ACCU-CHEK SOFTCLIX LANCETS	2	200/30 days				For use with the ACCU-CHEK ACTIVE, ADVANTAGE, AND COMPACT PLUS meter systems
ACCU-CHEK SOFTCLIX LANCET DEVICE	2	1/365 days				For use with the ACCU-CHEK ACTIVE, ADVANTAGE, AND COMPACT PLUS meter systems
ACCU-CHEK SOFT TOUCH LANCETS	2	200/30 days				
ACCU-CHEK SOFT TOUCH LANCET DEVICE	2	200/30 days				
ACCU-CHEK MULTICLIX LANCETS	2	204/30 days				For use with ACCU-CHEK AVIVA meter system
ACCU-CHEK MULTICLIX LANCING DEVICE KIT	2	1/365 days				For use with ACCU-CHEK AVIVA meter system
BD ULTRA FINE LANCETS	2	204/30 days				
BD ULTRA-FINE 33 LANCETS	2	204/30 days				
ACCU-CHEK ACTIVE STRIPS	2	200/30 days				For use with ACCU-CHEK ACTIVE meter system
ACCU-CHEK COMFORT CURVE TEST STRIPS	2	200/30 days				For use with ACCU-CHEK ADVANTAGE meter system
ACCU-CHEK ADVANTAGE TEST STRIPS	2	200/30 days				For use with ACCU-CHEK Advantage meter system
ACCU-CHEK AVIVA TEST STRIPS	2	200/30 days				For use with ACCU-CHEK AVIVA meter system

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ACCU-CHEK COMPACT STRIPS	2	204/30 days				For use with ACCU-CHEK COMPACT PLUS meter system
ACCU-CHEK COMPACT TEST DRUM	2	204/30 days				For use with ACCU-CHEK COMPACT PLUS meter system
ACCU-CHEK INSTANT GLUCOSE STRIPS	2	200/30 days				
ACCU-CHEK INSTANT PLUS STRIPS	2	200/30 days				
ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION	2					For use with ACCU-CHEK ACTIVE meter system
ACCU-CHEK COMFORT CURVE CONTROL SOLUTION	2					For use with ACCU-CHEK ADVANTAGE meter system
ACCU-CHEK AVIVA CONTROL SOLUTION	2					For use with ACCU-CHEK AVIVA meter system
ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION	2					For use with ACCU-CHEK COMPACT PLUS meter system
ACCU-CHEK INSTANT GLUCOSE CONTROL SOLUTION	2					

Antidiabetic Agents: Insulins and Supplies

APIDRA	2	45/30 days				
APIDRA SOLOSTAR	2	45/30 days				
HUMALOG	2	45/30 days				
HUMALOG KWIKPEN	2	45/30 days				
HUMALOG MIX 50/50	2	45/30 days				
HUMALOG MIX 50/50 KWIKPEN	2	45/30 days				
HUMALOG MIX 50/50 PEN	2	45/30 days				
HUMALOG MIX 75/25	2	45/30 days				
HUMALOG MIX 75/25 KWIKPEN	2	45/30 days				
HUMALOG MIX 75/25 PEN	2	45/30 days				
HUMALOG PEN	2	45/30 days				
HUMULIN 50/50	2	45/30 days				
HUMULIN 70/30	2	45/30 days				
HUMULIN 70/30 PEN	2	45/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
HUMULIN N	2	45/30 days				
HUMULIN N U-100 PEN	2	45/30 days				
HUMULIN R	2	45/30 days				
HUMULIN R U-500 (CONCENTRATED)	2	45/30 days				
LANTUS	2	45/30 days				
LANTUS FOR OPTICLIK	2	45/30 days				
LANTUS SOLOSTAR	2	45/30 days				
LEVEMIR	2	45/30 days				
LEVEMIR FLEXPEN	2	45/30 days				
NOVOLIN 70/30	2	45/30 days				
NOVOLIN N	2	45/30 days				
NOVOLIN R	2	45/30 days				
NOVOLOG	2	45/30 days				
NOVOLOG FLEXPEN	2	45/30 days				
NOVOLOG MIX 70/30	2	45/30 days				
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	45/30 days				
NOVOLOG PENFILL	2	45/30 days				
RELION 70/30	2	45/30 days				
RELION 70/30 INNOLET	2	45/30 days				
RELION N	2	45/30 days				
RELION N INNOLET	2	45/30 days				
RELION R	2	45/30 days				
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X ½"	2	120/30 days				
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	2	120/30 days				
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X ½"	2	120/30 days				
BD ULTRAFINE III MINI PEN NEEDLES/31G X 5MM	2	120/30 days				
BD ULTRAFINE III SHORT PEN NEEDLES/31G X 5/16"	2	120/30 days				
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	2	120/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
INSULIN SYRINGE/0.3ML/29G X ½"	2	120/30 days				
INSULIN SYRINGE/0.5ML/29G X ½"	2	120/30 days				
INSULIN SYRINGE/1ML/29G X ½"	2	120/30 days				
INSULIN SYRINGE/1ML/31G X 5/16"	2	120/30 days				
Antidiabetic Agents: Miscellaneous						
BYDUREON	2	4/30 days				
BYETTA	2	2.4/30 days				
SYMLIN SOLN	2	10/30 days	Y			Progressive Medication Program Therapy with insulin required <i>Must continue on 1st line medication.</i>
SYMLINPEN 120	2	11/30 days	Y			Progressive Medication Program Therapy with insulin required <i>Must continue on 1st line medication.</i>
SYMLINPEN 60	2	6/30 days	Y			Progressive Medication Program Therapy with insulin required <i>Must continue on 1st line medication.</i>
VICTOZA	3	9/30 days	Y			Progressive Medication Program therapy with metformin, sulfonylureas, and/or thiazolidinedione.
Antidiabetic Agents: Oral						
acarbose (PRECOSE)	1	90/30 days				
ACTOPLUS MET	2	90/30 days				
ACTOPLUS MET XR	2	30/30 days				
ACTOS	2	30/30 days				
AVANDAMET	2	60/30 days				
AVANDARYL	2	30/30 days				
AVANDIA	2	30/30 days				
chlorpropamide (DIABINESE)	1					
DUETACT	2	30/30 days				
glimepiride (AMARYL)	1					
glipizide (GLUCOTROL)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
glipizide xl (GLUCOTROL XL)	1					
glipizide/metformin hcl (METAGLIP)	1					
GLUMETZA	3	60/30 days				
glyburide (MICRONASE)	1					
glyburide micronized (GLYNASE)	1					
glyburide/metformin hcl (GLUCOVANCE)	1					
GLYCRON	2					
GLYSET	2	90/30 days				
JANUMET	2	60/30 days				
JANUMET XR	2	60/30 days				100/1000mg strength- QL 30/30
JANUVIA	2	30/30 days				
JUVISYNC	2	30/30 days				
KOMBIGLYZE XR	2	30/30 days				2.5/1000 mg strength- QL 60/30
metformin hcl (GLUCOPHAGE)	1	75/30 days				
metformin hcl er (GLUCOPHAGE XR)	1	90/30 days				
natelinide (STARLIX)	1	90/30 days				
ONGLYZA	2	30/30 days				
PRANDIN	2	120/30 days				
tolazamide	1					
Antifungals						
fluconazole susp (DIFLUCAN SUSP)	1					
fluconazole tabs (DIFLUCAN TABS)	1	4/30 days				
flucytosine (ANCOBON)	1					
GRIFULVIN V	2					
griseofulvin microsize (GRIFULVIN V)	1					
GRIS-PEG	2					
itraconazole (SPORANOX)	1/5			Y		For 5 Tier benefit, PA not required. Copay Tier 5 applies.

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ketoconazole (NIZORAL)	1	60/30 days				
NOXAFIL	2					
nystatin	1					
terbinafine hcl (LAMISIL)	1					
voriconazole tab 200 mg (VFEND)	1	60/30 days				
voriconazole for susp 40 mg/ml (VFEND SUS)	1	150/30 days				
Antigout Agents						
probenecid	1					
probenecid/colchicine	1					
Anthelmintics						
ALBENZA	3					
BILTRICIDE	3					
mebendazole	1					
Antihistamines: 1st Generation						
ACUFLEX	3					
ACCUHIST PDX	3					
ALLERX	2					
ALPAIN	2					
BROFED	2					
bromhist pediatric	1					
brompheniramine sr (RESPA-B)	1					
brompheniramine/dextromethorphan/phenylephrine (ALAHIST DM)	1					
CARBAPHEN 12 PED	3					
carbinoxamine maleate (CARBINOXAMINE MALEATE)	1					
chlorpheniramine /phenyltoloxamine /phenylephrine (NALEX-A)	1					
chlorpheniramine/phenylephrine hcl	1					
chlorpheniramine/pseudoephedrine cr (DECONAMINE SR)	1					
chlorpheniramine/pseudoephedrine la (BIOHIST LA)	1					
COMHIST	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
cpm 8/pse 90/msc 2.5	1					
cyproheptadine hcl	1					
DESPEC-PDC	3					
DEXCHLORPHENIRAMINE MALEATE	2					
DEXCHLORPHENIRAMINE MALEATE CR	2					
diphenhydramine/phenylephrine (ALAHIST LQ)	1					
d-hist d (DURAHIST D)	1					
dologen	1					
DOLOGESIC	2					
DRYMAX	3					
DUOTAN PD	2					
ED-CHLOR-TAN	2					
HISTEX SR	3					
k-tan (RYNA-12)	1					
k-tan 4 (RYNA-12 S)	1					
lohist-pd (ACCUHIST)	1					
NALEX-A 12	3					
PALGIC	2					
phenyl chlor-tan (RYNATAN PEDIATRIC)	1					
phenylephrine cm (RESCON-MX)	1					
PROLEX DMX	3					
promethazine hcl supp	1	12/30 days				
promethazine hcl tabs	1					
promethazine hcl plain syrup	1					
PROTID	2					
pseudo cm	1					
RELAGESIC	3					
RELHIST	3					
RESCON	3					
RESCON-JR	3					
rhinoflex	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
rhinoflex-650 (RELAGESIC)	1					
r-tanna (RYNATAN)	1					
r-tanna pediatric (RYNATAN PEDIATRIC)	1	480/30 days				
RYDEX	3					
SYMPAK	3					
SYMPAK II	3					
SYMPAK PDX	3					
triotann pediatric	1					
ultrabrom	1					
ultrabrom pd	1					
VAZOTAB	3	60/30 days				
V-COF	3					
V-HIST	3					
Anti-HIV Agents: Fusion Inhibitors						
FUZEON	4			Y	Y	Curascript Only
SELZENTRY	3			Y		
Anti-HIV Agents: Integrase Inhibitors						
ISENTRESS	3	60/30 days				
ATRIPLA	3	30/30 days				
Anti-HIV Agents: Nonnucleoside RTIs						
INTELENCE	3	60/30 days				
RESCRIPTOR	2	180/30 days				
SUSTIVA	2	30/30 days				
VIRAMUNE SUSP	2					
VIRAMUNE TABS	2	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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VIRAMUNE XR TABLET	3	30/30 days				
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Anti-HIV Agents: Nucleoside/Nucleotide RTIs

COMPLERA	3	30/30 days				
didanosine (VIDEX EC)	1					
EDURANT	3	30/30 days				
EMTRIVA CAPS	2	30/30 days				
EMTRIVA SOLN	2	75/30 days				
EPIVIR SOLN	2					
EPIVIR HBV	2					
EPIVIR HBV	2	90/30 days				
EPZICOM	3	30/30 days				
lamivudine (EPIVIR TABLETS)	1	60/30 days				
lamivudine-zidovudine tab 150-300 mg (COMBIVIR)	1					
stavudine (ZERIT)	1	60/30 days				
TRIZIVIR	3	60/30 days				
TRUVADA	3	30/30 days				
VIDEX EC	3					
VIDEX PEDIATRIC	2					
VIREAD	2	30/30 days				
ZIAGEN SOLN	2	900/30 days				
ZIAGEN TABS	2	60/30 days				
zidovudine (RETROVIR)	1					

Anti-HIV Agents: Protease Inhibitors

APTIVUS	3	120/30 days				
APTIVUS SOLN	2	300/30 days				
CRIXIVAN	2	150/30 days				
INVIRASE CAPS	2	270/30 days				
INVIRASE TABS	2	210/30 days				
KALETRA TABS/CAPS	2	120/30 days				
KALETRA SOLN	2	600/30 days				
LEXIVA	2	120/30 days				
NORVIR	2					
PREZISTA	3	60/30 days				
REYATAZ	3	30/30 days				
VIRACEPT POWD	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
VIRACEPT TABS	2	120/30 days				
Antihypoglycemics						
GLUCAGEN HYPOKIT	2	2/365 days				
Anti-infectives: Miscellaneous						
HELIDAC	3	56/30 days				
PYLERA	3	120/30 days				
Anti-infectives: Urinary						
MACRODANTIN	2					
methenamine/hyosc/meth blue/benz acid/phenyl sol (PROSED D/S)	1					
methenamine/hyosc/meth blue/benz acid/phenyl tab (PROSED D/S)	1					
methenamine hippurate (HIPREX)	1					
MONUROL	2					
nitrofurantoin susp (FURADANTIN)	1					
nitrofurantoin macrocrystalline (MACRODANTIN)	1					
nitrofurantoin monohydrate (MACROBID)	1					
PRIMSOL	2					
trimethoprim (PROLOPRIM)	1					
URETRON D/S	2					
urimar t	1					
urogesic-blue	1					
UTA	2					
visqid a/a (UROQID #2)	1					
Antimigraine Agents						
AXERT	3	6/30 days				
dihydroergotamine mesylate (D.H.E. 45)	1			Y		
ERGOMAR	2					
ergotamine tartrate/caffeine (CAFERGOT)	1					
FROVA	3	9/30 days				
isometh/apap (MIDRIN CAPS)	1					
MAXALT	2	12/30 days				
MAXALT-MLT	2	12/30 days				
MIGERGOT	2	20/30 days				
MIGRAL	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
MIGRANAL	3	8/30 days				
naratriptan tab (AMERGE)	1	9/30 days				
RELPAK	2	9/30 days				
sumatriptan soln (IMITREX SOLN)	1	6/30 days				
sumatriptan succinate refill (IMITREX STATDOSE REFILL)	1			Y		
sumatriptan succinate (IMITREX STATDOSE SYSTEM)	1			Y		
sumatriptan tabs (IMITREX TABS)	1	9/30 days				
ZOMIG	3	6/30 days				
ZOMIG ZMT	3	6/30 days				
Antimycobacterials						
cycloserine (SEROMYCIN)	3					
DAPSONE	2					
ethambutol hcl	1					
isonarif (RIFAMATE)	1					
ISONIAZID SYRP	2					
isoniazid tabs	1					
MYCOBUTIN	2					
PASER	2					
PRIFTIN	2					
pyrazinamide	1					
rifampin (RIFADIN)	1					
RIFATER	2					
TRECTOR	2					
Antineoplastics						
AFINITOR	4	30/30 days			Y	Curascript Only
ALKERAN	2					
anastrozole (ARIMIDEX)	1			Y		
bicalutamide (CASODEX)	1	30/30 days				
CEENU	2	3/30 days				
CAPRELSA	4					
CYCLOPHOSPHAMIDE	2					
DROXIA	2					
EMCYTE	2					
etoposide (VEPESID)	4					
exemestane (AROMASIN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
FARESTON	4	30/30 days				
flutamide	1	180/30 days				
GLEEVEC	4	60/30 days			Y	Curascript Only
HEXALEN	4					
HYCANTIN	4				Y	Curascript Only
hydroxyurea (HYDREA)	1					
INTRON-A	4			Y	Y	Curascript Only
INTRON-A W/DILUENT	4			Y	Y	Curascript Only
IRESSA	4	30/30 days			Y	Curascript Only
JAKAFI	4	60/30 days		Y	Y	Curascript Only
letrozole (FEMARA)	1	30/30 days		Y		
LEUKERAN	2					
LYSODREN	2					
MATULANE	4					
megestrol acetate (MEGACE)	1					
mercaptopurine (PURINETHOL)	1					
methotrexate	1					
MYLERAN	2					
NEXAVAR	4	120/30 days			Y	Curascript Only
NILANDRON	2					
OFORTA	4					
SOLTAMOX	2	300/30 days				
SPRYCEL	4	60/30 days			Y	Curascript Only; QL 30/30 - 80MG AND 140MG
SUTENT	4	30/30 days			Y	Curascript Only
SYLATRON INJ KIT	4				Y	Curascript Only
TABLOID	2					
tamoxifen citrate	1	60/30 days				
TARCEVA	4	30/30 days			Y	Curascript Only
TARGRETIN	2					
TASIGNA 150 MG	4	120/30 days			Y	Curascript Only
TASIGNA 200 MG	4	112/28 days			Y	Curascript Only
TEMODAR	4				Y	Curascript Only

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
TESLAC	2					
tretinoin (VESANOID)	4					
TYKERB	4	150/30 days			Y	Curascript Only
VOTRIENT	4	60/30 days				
XALKORI	4	60/30 days		Y	Y	Curascript Only
XELODA	4				Y	Curascript Only
ZELBORAF	4	240/30 days		Y	Y	Curascript Only
ZOLINZA	4	120/30 days			Y	Curascript Only
ZYTIGA	4	120/30 days			Y	Requires prior trial of docetaxel; Curascript Only

Antiparkinsonian Agents

AMANTADINE HCL TABS	2					
amantadine hcl (SYMMETREL)	1					
APOKYN	4	18/30 days			Y	Curascript Only
AZILECT	2	30/30 days				
benztropine mesylate (COGENTIN)	1					
bromocriptine mesylate (PARLODEL)	1					
cabergoline (DOSTINEX)	1					
carbidopa/levodopa (SINEMET)	1					
carbidopa/levodopa er (SINEMET CR)	1					
COMTAN	2					
EMSAM	3	30/30 days		Y		
KEMADRIN	2					
LODOSYN	2					
MIRAPEX ER	3	30/30 days				
NEUPRO	2	30/30 days				
PARCOPA	2					
pramipexole (MIRAPEX)	1	135/30				
REQUIP XL	2					
ropinirole hcl (REQUIP)	1					
selegiline hcl (ELDEPRYL)	1					
STALEVO	2					
TASMAR	2					
trihexyphenidyl hcl (ARTANE)	1					

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

ALINIA TAB	3	6/30 days				
ALINIA SUS	3	180/30 days				
atovaquone-proguanil hcl tab (MALARONE)	1	12/365 days				
chloroquine phosphate tabs (ARALEN)	1	5/365 days				
COARTEM	2	24/30 days				
FLAGYL ER	3					
mefloquine hcl tabs	1	5/365 days				
MEPRON	2					
metronidazole (FLAGYL)	1					
NEBUPENT	3					
QUALAQUIN	2			Y		
TINDAMAX	2					
YODOXIN	2					

Antivirals

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

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
TAMIFLU SUSP	3	75/30 days				
TYZEKA	2	30/30 days				
valacyclovir (VALTREX)	1	60/30 days				
VALCYTE	2					
VICTRELIS	4			Y	Y	Curascript Only; Incivek preferred
XERESE	3	5/30 days				

Autonomic Drugs: Anti-Cholinergics

ATROVENT HFA	3	40/30 days				
CANTIL	2					
chlordiazepoxide /clidinium (LIBRAX)	1					
CUVPOSA	3					
dicyclomine hcl (BENTYL)	1					
ergoloid mesylates	1					
glycopyrrolate (ROBINUL)	1					
glycopyrrolate forte (ROBINUL FORTE)	1					
hyomax-dt (SYMAX DUOTAB)	1					
hyoscyamine	1					
hyoscyamine sulfate (ANASPAZ)	1					
hyoscyamine sulfate (LEVSIN)	1					
hyoscyamine sulfate (LEVSIN/SL)	1					
hyoscyamine sulfate er (LEVBID)	1					
hyoscyamine sulfate er (LEVSINEX)	1					
ipratropium bromide	1	360/30 days				
methscopolamine bromide (PAMINE)	1					
methscopolamine bromide (PAMINE FORTE)	1					
midodrine hcl (PROAMATINE)	1					
PROPANTHELINE BROMIDE	2					
SAL-TROPINE	2					
SPIRIVA HANDIHALER	2	30/30 days				
symax fastabs (NULEV)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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Autonomic Drugs: Cholinergics

ARICEPT	2	30/30 days				23 mg strength
bethanechol chloride (URECHOLINE)	1					
COGNEX	3	120/30 days				
donepezil (ARICEPT)	1	30/30 days				
donepezil odt (ARICEPT ODT)	1	30/30 days				
EVOXAC	2	90/30 days				
EXELON PATCH	2	30/30 days				
EXELON SOLN	2	600/30 days				
galantamine (RAZADYNE)	1	60/30 days				
galantamine hydrobromide oral soln (RAZADYNE SOLN)	1	600/30 days				
galantamine er (RAZADYNE ER)	1	30/30 days				
GUANIDINE HCL	2					
MESTINON SYP	3					
MESTINON TIMESPAN	3					
MYTELEASE	3					
pilocarpine hcl (SALAGEN)	1					
PROSTIGMIN	2					
pyridostigmine bromide (MESTINON)	1					
rivastigmine cap (EXELON)	1	60/30 days				

Blood Regulators: Anticoagulants

jantoven (COUMADIN)	1					
warfarin sodium (COUMADIN)	1					
XARELTO	2	30/30 days				

Blood Regulators: Antithrombotics

AGGRENOX	2	60/30 days				
anagrelide hydrochloride (AGRYLIN)	1					
BRILINTA	3	60/30 days				
cilostazol (PLETAL)	1	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
EFFIENT	2	35/30 days				
enoxaparin sodium (LOVENOX)	1	21/60 days		Y		Prior authorization required >21 day supply in 60 days
FRAGMIN	3	21/60 days		Y		Prior authorization required >21 day supply in 60 days
fondaparinux sodium (ARIXTRA)	1	21/60 days		Y		Prior authorization required >21 day supply in 60 days
heparin sodium	1					
HEPARIN SODIUM	2					
heparin sodium dcu	1					
LOVENOX	2	21/60 days		Y		Prior authorization required >21 day supply in 60 days; Brand available in 300mg/3ml strength only
PLAVIX	2	33/30 days				
PRADAXA	2	60/30 days				
ticlopidine hcl (TICLID)	1					
Blood Regulators: Hematopoietics						
ARANESP ALBUMIN FREE	4			Y	Y	PA requires trial with Procrit; Curascript Only
ARANESP ALBUMIN FREE SURECLICK	4			Y	Y	PA requires trial with Procrit; Curascript Only
EPOGEN	4			Y	Y	Curascript Only
LEUKINE	4			Y	Y	Curascript Only
NEUPOGEN	4			Y	Y	Curascript Only
PROCIT	4			Y	Y	Curascript Only
Blood Regulators: Miscellaneous						
AMICAR	2					
aminocaproic acid (AMICAR)	1					
LYSTEDA	3	30/30 days				
pentoxifylline er (TRENTAL)	1					
PROMACTA	3	30/30 days		Y		
Cardiovascular Agents: a-Adrenergic Blockers						
CARDURA XL	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
doxazosin mesylate (CARDURA)	1					
prazosin hcl (MINIPRESS)	1					
terazosin hcl (HYTRIN)	1					

Cardiovascular Agents: ACE Inhibitors

benazepril hcl (LOTENSIN)	1					
benazepril hcl/hydrochlorothiazide (LOTENSIN HCT)	1					
captopril (CAPOTEN)	1					
captopril /hydrochlorothiazide (CAPOZIDE)	1					
enalapril maleate (VASOTEC)	1					
enalapril maleate/hydrochlorothiazide (VASERETIC)	1					
fosinopril sodium (MONOPRIL)	1					
fosinopril sodium/hydrochlorothiazide (MONOPRIL HCT)	1					
lisinopril (ZESTRIL)	1					
lisinopril /hydrochlorothiazide (PRINZIDE)	1					
moexipril /hydrochlorothiazide (UNIRETIC)	1					
moexipril hcl (UNIVASC)	1					
perinodopril (ACEON)	1	30/30 days				
quinapril hcl (ACCUPRIL)	1					
quinaretic (ACCURETIC)	1					
ramipril (ALTACE)	1	30/30 days				
trandolapril (MAVIK)	1					

Cardiovascular Agents: Aldosterone Receptor Agonists

eplerenone (INSPRA)	1	60/30 days				
spironolactone (ALDACTONE)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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spironolactone /hydrochlorothiazide (ALDACTAZIDE)	1					
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Cardiovascular Agents: Alpha-adrenergic Agonists

clonidine hcl (CATAPRES)	1					
clonidine- tts (CATAPRES-TTS)	1	4-8/28 days				
GUANABENZ ACETATE	2					
guanfacine hcl (TENEX)	1					
methyldopa (ALDOMET)	1					
METHYLDOPA /HYDROCHLOROTHIAZIDE	2					

Cardiovascular Agents: Antiarrhythmics

amiodarone hcl (CORDARONE)	1	60/30 days				
amiodarone hcl (PACERONE)	1	60/30 days				
disopyramide phosphate (NORPACE)	1					
disopyramide phosphate er (NORPACE CR)	1					
flecainide acetate (TAMBOCOR)	1					
MEXILETINE HCL	2					
MULTAQ	2	60/30 days				
NORPACE CR	2					
PRONESTYL	2					
PRONESTYL SR	2					
propafenone hcl (RYTHMOL)	1					
propafenone hcl sr (RYTHMOL SR)	1					
quinidine gluconate cr	1					
quinidine sulfate	1					
quinidine sulfate er	1					
TIKOSYN	2	60/30 days				

Cardiovascular Agents: ARBs

ATACAND	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
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Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ATACAND HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
BENICAR	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan AND Diovan required
BENICAR HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
DIOVAN	2	30/30 days				
DIOVAN HCT	2	30/30 days				
EDARBI TAB	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
EDARBYCLOR	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
eprosartan mesylate tab (TEVETEN)	1	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required; Tier 1 does NOT apply to the 400MG strength; 400MG is Tier 3
irbesartan (AVAPRO)	1	30/30 days				
irbesartan/hctz (AVALIDE)	1	30/30 days				
losartan (COZAAR)	1	30/30 days				
losartan/hctz (HYZAAR)	1	30/30 days				
MICARDIS	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
MICARDIS HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
TEVETEN HCT	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
TRIBENZOR	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required

Cardiovascular Agents: Calcium-Channel Blockers

amlodipine besylate (NORVASC)	1	30/30 days				
amlodipine besylate/benazepril hydrochloride (LOTREL)	1	30/30 days				
AZOR	3	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
CADUET	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
CARDENE SR	3	30/30 days				
COVERA-HS	3	30/30 days				
diltiazem cd (CARDIZEM CD)	1					
diltiazem hcl (CARDIZEM)	1					
diltiazem hcl (TIAZAC)	1					
diltiazem hcl er (DILACOR XR)	1					
diltiazem hcl er (TIAZAC)	1					
diltiazem hcl sr (CARDIZEM LA)	1					
diltiazem xr (DILACOR XR)	1					
DYNACIRC CR	2	60/30 days				
EXFORGE	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
						AND losartan/hct AND Diovan/HCT required
EXFORGE HCT	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
felodipine er (PLENDIL)	1					
isradipine (DYNACIRC)	1	120/30 days				
LEXXEL	3					
nicardipine hcl (CARDENE)	1					
nifediac cc (ADALAT CC)	1					
nifedical xl (PROCARDIA XL)	1					
NIFEDIPINE 20mg	2					
nifedipine (PROCARDIA)	1					
nifedipine er (PROCARDIA XL)	1					
nisoldipine sr (SULAR)	1	30/30 days				
TARKA	3	30/30 days				Generic no longer available
verapamil hcl (CALAN)	1					
verapamil hcl er (CALAN SR)	1					
verapamil hcl er (VERELAN)	1					
verapamil hcl er (VERELAN PM)	1					
verapamil hcl sr (VERELAN)	1					
Cardiovascular Agents: Diuretics						
acetazolamide	1					
amiloride /hydrochlorothiazide (MODURETIC 5-50)	1					
AMILORIDE HCL	2					
bumetanide (BUMEX)	1					
chlorothiazide	1					
chlorthalidone	1					
CHLORTHALIDONE 100mg	2					
DIURIL	3					
DYRENIUM	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
EDECIN	3					
FUROSEMIDE SOLN	2					
furosemide (LASIX)	1					
hydrochlorothiazide	1					
hydrochlorothiazide (MICROZIDE)	1					
indapamide (LOZOL)	1					
methazolamide	1					
METHYCLOTHIAZIDE	2					
metolazone (ZAROXOLYN)	1					
THALITONE	2					
toremide (DEMADEX)	1					
triamterene /hydrochlorothiazide	1					
triamterene /hydrochlorothiazide (MAXZIDE)	1					
triamterene /hydrochlorothiazide (MAXZIDE-25)	1					
Cardiovascular Agents: Dyslipidemics						
ADVICOR	2	30/30 days				
atorvastatin (LIPITOR)	1	30/30 days				
cholestyramine (QUESTRAN)	1					
cholestyramine light (QUESTRAN LIGHT)	1					
colestipol hcl (COLESTID)	1					
colestipol hcl for oral suspension (COLESTID)	1					
CRESTOR	2	30/30 days				
fenofibrate (LOFIBRA)	1	30/30 days				
gemfibrozil (LOPID)	1	60/30 days				
LESCOL	3	30/30 days				Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
LESCOL XL	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
LIPOFEN	3	30/30 days	Y			Progressive Medication Program with generic fenofibrate required
lovastatin (MEVACOR)	1	30/30 days				
LOVAZA	2	120/30 days				
NIASPAN	2	60/30 days				
pravastatin sodium (PRAVACHOL)	1	30/30 days				
SIMCOR	2	60/30 days				
SLO-NIACIN	1					
simvastatin (ZOCOR)	1	30/30 days				
TRICOR	3	30/30 days	Y			Progressive Medication Program with generic fenofibrate required
TRIGLIDE	3	60/30 days	Y			Progressive Medication Program with generic fenofibrate required
TRILIPIX	3	30/30 days	Y			Progressive Medication Program with generic fenofibrate required
VYTORIN	3	30/30 days	Y			Progressive Medication Program with lovastatin, pravastatin, or simvastatin AND Crestor required
WELCHOL	2	30-210/30 days				
ZETIA	3	30/30 days				
Cardiovascular Agents: Hypotensives, Misc						
AMTURNIDE	2	30/30 days				
RESERPINE	3					
TEKAMLO	2	30/30 days				
TEKTURNA	2	30/30 days				
TEKTURNA HCT	2	30/30 days				
VALTURNA	2	30/30 days	Y			Progressive Medication Program with ACE Inhibitor AND losartan/hct AND Diovan/HCT required
Cardiovascular Agents: Other						
aspirin	1					Preventive Medication: \$0 copay; men 45-79, women 55-79; only generic covered with retail Rx
DIGOXIN SOLN	2					

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

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
propranolol hcl er (INDERAL LA)	1	30/30 days				
sorine (BETAPACE)	1					
sotalol hcl (BETAPACE)	1					
TIMOLOL MALEATE	2					
Cardiovascular Agents: Vasodilators						
ADCIRCA	3	60/30 days		Y	Y	Curascript Only
BIDIL	3	180/30 days				
DILATRATE SR	2					
dipyridamole (PERSANTINE)	1					
HYDRALAZINE /HYDROCHLOROTHIAZIDE	2					
hydralazine hcl	1					
ISORDIL TITRADOSE	3					
isosorbide dinitrate (ISORDIL)	1					
isosorbide dinitrate er (ISORDIL)	1					
isosorbide mononitrate (ISMO)	1					
isosorbide mononitrate (MONOKET)	1					
isosorbide mononitrate er (IMDUR)	1					
isoxsuprine hcl (VASODILAN)	1					
LETAIRIS	2	30/30 days			Y	Curascript Only
minoxidil	1					
NITRO-BID	2	120/30 days				
NITRO-DUR	3	30/30 days				
NITROMIST	2					
nitroglycerin (NITROSTAT)	1					
nitroglycerin cr	1					
nitroglycerin er	1					
nitroglycerin transdermal (NITRO-DUR)	1	30/30 days				
NITROLINGUAL PUMPSPRAY	2					
papaverine hcl	1					
papaverine hcl cr	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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PROGLYCEM	3					
REVATIO	3			Y	Y	Curascript Only
TRACLEER	2	60/30 days			Y	Curascript Only
TYVASO	3	28/28 days		Y		
VENTAVIS	3			Y		

Cardiovascular Agents: Vasopressors

ADRENACLICK	2					
EPIPEN 2-PAK	2	1/365 days				
EPIPEN-JR 2-PAK	2	1/365 days				
TWINJECT	2	2/365 days				

Central Nervous System Agents: Antipsychotics: Atypical

ABILIFY SOLN	3	300/30 days		Y		Must be prescribed by a psychiatric specialist
ABILIFY TABS	3	30/30 days		Y		Must be prescribed by a psychiatric specialist
ABILIFY DISCMELT	3	30/30 days		Y		Must be prescribed by a psychiatric specialist
clozapine (CLOZARIL)	1					
FAZACLO	3	90/30 days				QL 90/30- 12.5mg; QL 120/30 25mg, 100mg, & 200mg; QL 180/30-150 mg
INVEGA	3	30/30 days				
LATUDA	3	30/30 days				
olanzapine tab (ZYPREXA)	1	30/30 days				
olanzapine orally disintegrating tab (ZYPREXA ZYDIS)	1	30/30 days				
risperidone soln (RISPERDAL SOLN)	1	240/30 days				
risperidone tabs (RISPERDAL TABS)	1	60/30 days				
risperidone odt (RISPERDAL M-TABS)	1	60/30 days				
SEROQUEL XR	2	30/30 days				
quetiapine (SEROQUEL)	1	90/30 days				200mg QL 120/30 300mg QL 60/30 400MG QL 60/30
ziprasidone (GEODON)	1	60/30 days				

Central Nervous System Agents: Antipsychotics: Conventional

chlorpromazine hcl (THORAZINE)	1					
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Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
compro	1					
fluphenazine hcl (PROLIXIN)	1					
haloperidol	1					
loxapine succinate (LOXITANE)	1					
MOBAN	2					
NAVANE	2					
ORAP	2					
perphenazine	1					
prochlorperazine maleate	1					
thioridazine hcl	1					
thiothixene (NAVANE)	1					
trifluoperazine hcl	1					
Central Nervous System Agents: Anticonvulsants						
BANZEL	3	240/30 days				
BANZEL SUS	3	2400mL/30 days				
carbamazepine (TEGRETOL)	1					
carbamazepine er (CARBATROL)	1					
carbamazepine XR (TEGRETOL-XR)	1					
CELONTIN	2					
clonazepam (KLONOPIN)	1					
clonazepam orally disintegrating (KLONOPIN WAFERS)	1					
DIASTAT ACUDIAL	3	10/30 days				
DIASTAT PEDIATRIC	3	10/30 days				
DILANTIN	2					Only 30mg caps at Tier 2
DILANTIN INFATABS	2					
divalproex (DEPAKOTE)	1					
divalproex er (DEPAKOTE ER)	1					
divalproex sprinkles (DEPAKOTE SPRINKLES)	1					
epitol (TEGRETOL)	1					
ethosuximide (ZARONTIN)	1					
felbamate (FELBATOL)	1					
felbamate susp (FELBATOL SUS)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
gabapentin (NEURONTIN)	1					
gabapentin solution (NEURONTIN SOLN)	1	1080mL/30 days				
GABITRIL	2					
KEPPRA SOLN	3	900/30				
lamotrigine (LAMICTAL)	1					
lamotrigine chewable dispersible (LAMICTAL CHEWABLE DISPERSIBLE)	1					
levetiracetam (KEPPRA)	1	90/30 days				
levetiracetam er (KEPPRA XR)	1	180/30 days				750MG limited to 120/30 days
LYRICA	3	90/30 days				300mg QL 60/30
oxcarbazepine (TRILEPTAL)	1					Suspension QL 1200ML/30 days
PEGANONE	2					
phenytoin (DILANTIN, PHENYTEK)	1					
phenytoin sodium extended (DILANTIN)	1					
primidone (MYSOLINE)	1					
SABRIL	2	180/30 days		Y		QL for packets: 150/30 days; PA required > 2 yoa
topiramate (TOPAMAX)	1	240/30 days				
topiramate sprinkles (TOPAMAX SPRINKLES)	1					
valproic acid (DEPAKENE)	1					
VIMPAT	3	60/30 days		Y		QL for oral solution is 1200ml/30 days
zonisamide (ZONEGRAN)	1					
Central Nervous System Agents: Antidepressants: NRIs and TCAs						
amitriptyline hcl	1					
AMOXAPINE	2					
chlordiazepoxide /amitriptyline (LIMBITROL)	1					
chlordiazepoxide /amitriptyline (LIMBITROL DS)	1					
clomipramine hcl (ANAFRANIL)	1					
desipramine hcl (NORPRAMIN)	1					
doxepin hcl	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
imipramine hcl (TOFRANIL)	1					
IMIPRAMINE PAMOATE	3					
MAPROTILINE HCL	2					
nortriptyline hcl (PAMELOR)	1					
PERPHENAZINE /AMITRIPTYLINE	2					
trimipramine maleate (SURMONTIL)	1					
VIVACTIL	2					

Central Nervous System Agents: Antidepressants: Other

budeprion sr (WELLBUTRIN SR)	1	60/30 days				
budeprion xl (WELLBUTRIN XL)	1	30/30 days				
bupropion hcl (WELLBUTRIN)	1					
bupropion hcl (WELLBUTRIN XL)	1	30/30 days				
bupropion hcl sr (WELLBUTRIN SR)	1	60/30 days				
mirtazapine (REMERON)	1	30/30 days				
mirtazapine (REMERON SOLTAB)	1	30/30 days				
nefazodone hcl	1	60/30 days				
OLEPTRO	3	30-75/30 days				300mg QL-30/30; 150mg QL-75/30
trazodone hcl	1					

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

CYMBALTA	3	30/30 days	Y	Y		Progressive medication program with generic SSRI AND Venlafaxine ER required for depression; Must be prescribed by a neurologist or pain specialist if indicated for pain.
PRISTIQ	3	30/30 days	Y			Progressive medication program with generic SSRI AND Venlafaxine ER required
SAVELLA	2	60/30 days				* Titration pack qty limit = 55/28 days
venlafaxine hcl (EFFEXOR)	1	30/30 days				
venlafaxine hcl sr cap (EFFEXOR XR)	1	30/30 days				
venlafaxine hcl er tab (VENLAFAXINE ER)	1	30/30 days				225mg -Tier 2

Central Nervous System Agents: Antidepressants: SSRIs

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
citalopram hydrobromide (CELEXA)	1	Maximum daily dose 40mg per day				Maximum of total daily dose of 40mg/day regardless of tablet strength. PA is required for total daily dose greater than 40mg.
escitalopram (LEXAPRO)	1	30/30 days				QL solution - 300/30 days
fluoxetine hcl (PROZAC)	1					
fluoxetine hcl dr (PROZAC WEEKLY)	1	4/28 days				
fluvoxamine maleate	1					
paroxetine hcl susp(PAXIL SUSP)	1	600/30 days				
paroxetine hcl tabs (PAXIL TABS)	1					
paroxetine hcl (PAXIL CR)	1	30/30 days				
sertraline hcl (ZOLOFT)	1					
SYMBYAX	2	30/30 days				
Central Nervous System Agents: Antimanics						
lithium carbonate (LITHIUM CARBONATE)	1					
lithium carbonate er (LITHOBID)	1					
lithium citrate	1					
Central Nervous System Agents: Barbiturates						
mephobarbital (MEBARAL)	1					
SECONAL	2					
Central Nervous System Agents: Benzodiazepines						
alprazolam (XANAX)	1					
alprazolam xr (XANAX XR)	1	30/30 days				
chlordiazepoxide hcl (LIBRIUM)	1					
clorazepate dipotassium (TRANXENE T)	1					
diazepam (VALIUM)	1					
DORAL	3					
estazolam (PROSOM)	1					
flurazepam hcl (DALMANE)	1					
lorazepam (ATIVAN)	1					
LORAZEPAM INTENSOL	3	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
oxazepam (SERAX)	1					
temazepam (RESTORIL)	1	30/30 days				
triazolam (HALCION)	1					
Central Nervous System Agents: MAO Inhibitors						
MARPLAN	3					
phenelzine sulfate (NARDIL)	1					
tranylcypromine sulfate (PARNATE)	1					
Central Nervous System Agents: Miscellaneous						
NAMENDA	2	60/30 days				
NAMENDA TITRATION PAK	2	49/30 days				
RILUTEK	2	60/30 days				
STRATTERA	3	30/30 days				
XENAZINE	2	90/30 days				
XYREM	2			Y		
Central Nervous System Agents: Sedatives/Hypnotics						
bupirone hcl (BUSPAR)	1					Tier 1 does NOT apply to 7.5mg strength; 7.5mg strength is Tier 3
CHLORAL HYDRATE SUPP	2					
chloral hydrate syrup	1					
EQUAGESIC	2					
hydroxyzine hcl (ATARAX)	1					
hydroxyzine pamoate (VISTARIL)	1					
LUNESTA	3	30/30 days				
meprobamate (MEPROBAMATE)	1					
ROZEREM	2	30/30 days				
SOMNOTE	2					
zaleplon (SONATA)	1	30/30 days				
zolpidem tartrate (AMBIEN)	1	30/30 days				
zoldipem tartrate er (AMBIEN CR)	1	30/30 days				

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

baclofen	1					
carisoprodol (SOMA)	1	120/30 days				Only the 350mg strength is covered
carisoprodol /aspirin /codeine (SOMA COMPOUND/ CODEINE)	1	120/30 days				
carisoprodol/aspirin (SOMA COMPOUND)	1	120/30 days				
chlorzoxazone (PARAFON FORTE DSC)	1					
cyclobenzaprine hcl (FLEXERIL)	1	90/30 days				
dantrolene sodium (DANTRIUM)	1					
metaxalone (SKELAXIN)	1	120/30 days				
methocarbamol (ROBAXIN)	1					
orphenadrine citrate er (NORFLEX)	1	60/30 days				
tizanidine hcl (ZANAFLEX)	1					

Central Nervous System Stimulating Agents

ADDERALL XR	3	60/30 days				
amphetamine/dextroamphetamine sr (ADDERALL XR)	2	60/30 days				
amphetamine/dextroamphetamine (ADDERALL)	1	60/30 days				
CONCERTA	3	60/30 days				
DAYTRANA	3	30/30 days				
dexmethylphenidate hcl (FOCALIN)	1	60/30 days				
dextroamphetamine sulfate (DEXTROSTAT)	1	180/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
dextroamphetamine sulfate cap sr 24hr (DEXEDRINE)	1	90/30 days				
FOCALIN XR	3	30/30 days				
INTUNIV	3	30/30 days				
METADATE CD	3	30/30 days				
methamphetamine hcl (DESOXYN)	1					
methylphenidate hcl (RITALIN)	1	90/30 days				
methylphenidate hcl cap sr 24 (RITALIN LA)	1	30/30 days				Tier 1 does NOT apply to the 10mg strength; 10 mg strength Tier 3
methylphenidate hcl tab cr (RITALIN SR, METADATE ER, METHYLIN ER)	1	60/30 days				
methylphenidate hcl soln (METHYLIN SOLN)	1	450/30 days				
NUVIGIL	3	30/30 days		Y		
PROCENTRA	3	600ml/30 days				
PROVIGIL	3	60/30 days		Y		
VYVANSE	3	30/30 days				
Dermatological Agents: Antibacterials						
AKNE-MYCIN	3					
ALTABAX	3	15/30 days				
BACTROBAN	2	30/30 days				
BENZACLIN	3	50/30 days				Copay per 25 grams
CLEOCIN	2	6/30 days				
CLINDAGEL	3					
clindamax (CLEOCIN)	1					
clindamycin hcl cap (CLEOCIN)	1					
clindamycin phosphate (CLEOCIN-T)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
clindamycin phosphate foam (EVOCLIN)	1	100/30 days				
clindamycin/benzoyl peroxide gel	1	50/30 days				Copay per 25 grams
CLINDESSE	3					
DUAC CS	3	1/30 days				
erythromycin	1					
erythromycin (ERYGEL)	1					
erythromycin/benzoyl peroxide (BENZAMYCIN)	1	46.6/30 days				Copay per 25 grams
gentamicin sulfate	1					
METROGEL	2	60/30 days				
METROGEL 1% KIT	2	1/30 days				
metronidazole (METROCREAM)	1	45/30 days				
metronidazole (METROGEL)	1	60/30 days				
metronidazole (METROLOTION)	1	60/30 days				
metronidazole vaginal (METROGEL VAGINAL)	1					
mexar wash (OVACE WASH)	1					
mupirocin (BACTROBAN)	1	44/30 days				
NORITATE	2					
seb-prev wash (OVACE WASH)	1	360/30 days				
sulfacetamide sodium-urea pad (SOD SULFACET PAD)	1					
sulfacetamide sodium (KLARON)	1	336/30 days				
Dermatological Agents: Antifungals						
ciclopirox (LOPROX)	1					
ciclopirox nail lacquer (PENLAC NAIL LACQUER)	1					
clotrimazole (MYCELEX)	1					
clotrimazole/betamethasone dipropionate (LOTRISONE)	1					
econazole nitrate (SPECTAZOLE)	1					
ERTACZO	3	60gm/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
EXELDERM	2					
GYNAZOLE-1	2					
ketoconazole (NIZORAL)	1	120/30 days				
ketoconazole (NIZORAL)	1	240/30 days				
LOPROX SHAMPOO	3	240/30 days				
NAFTIN	2					
NAFTIN-MP	2					
nystatin (MYCOSTATIN)	1					
NYSTATIN VAGINAL	2					
nystop (MYCOSTATIN)	1					
OXISTAT	2	60/30 days				
terconazole cream (TERAZOL 3 CREAM)	1	40/30 days				
terconazole supp (TERAZOL 3 SUPP)	1	6/30 days				
terconazole (TERAZOL 7)	1	90/30 days				
zazole (TERAZOL 3)	1	40/30 days				
zazole (TERAZOL 7)	1	90/30 days				
Dermatological Agents: Anti-inflammatories						
ALA-SCALP	3					
alclometasone dipropionate (ACLOVATE)	1					
AMCINONIDE LOTN	2					
amcinonide cream (CYCLOCORT CREAM)	1					
apexicon e (PSORCON E)	1	60/30 days				
augmented betamethasone dipropionate (DIPROLENE)	1					
augmented betamethasone dipropionate (DIPROLENE AF)	1					
betamethasone dipropionate	1					
betamethasone valerate	1					
beta-val	1					
CAPEX	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
clobetasol propionate foam	1	100/30 days				Copay per 50 grams
clobetasol propionate (TEMOVATE)	1					
clobetasol propionate e (TEMOVATE E)	1					
clobetasol propionate lotion (CLOBEX)	1	236/30 days				
clobetasol propionate shampoo (CLOBEX)	1	236/30 days				
CLOBEX SPR 0.05%	3	118/30 days				
CLODERM PUMP	3					
CORDRAN	2					
CORDRAN SP	2					
CORDRAN TAPE	2					
cormax (TEMOVATE)	1					
CORTIFOAM	2					
CORTISPORIN	2					
desonide (DESOWEN)	1					
desoximetasone (TOPICORT)	1					
desoximetasone (TOPICORT LP)	1					
diflorasone diacetate	1					
EPIFOAM	2					
fluocinolone acetonide soln 0.01%	1					
fluocinolone acetonide ointment	1					
fluocinolone acetonide cream	1					
fluocinolone acetonide oil (DERMA-SMOOTH/FS BODY OIL/ DERMA-SMOOTH/FS SCALP OIL)	1					
fluocinolone acetonide (otic) oil 0.01% (DERMOTIC OTIC OIL)	1					
fluocinonide (LIDEX)	1					
fluocinonide emollient base (LIDEX-E)	1					
fluticasone propionate (CUTIVATE)	1					
halobetasol propionate (ULTRAVATE)	1					
HALOG	2					
hemril-30 (PROCTOCORT)	1	12/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
hydrocortisone	1					
hydrocortisone (HYTONE)	1					
hydrocortisone acetate (ANUSOL-HC)	1	12/30 days				
hydrocortisone butyrate (LOCOID)	1					
hydrocortisone valerate (WESTCORT)	1					
KENALOG	3					
lidocaine hcl/hydrocortisone acetate (LIDAMANTLE HC)	1	177/30 days				
LOCOID LIPOCREAM	2					
LUXIQ	3	100/30 days				Copay per 50 grams
mometasone furoate (ELOCON)	1					
NOVACORT	2					
nystatin/triamcinolone	1					
nystatin/triamcinolone (MYCOLOG II)	1					
OLUX-E	3	100/30 days				Copay per 50 grams
PANDEL	3	80/30 days				
prednicarbate (DERMATOP)	1					
proctocream-hc (ANUSOL-HC)	1	30/30 days				
PROCTOFOAM HC	2					
proctosol hc	1	30/30 days				
proctozone hc	1	30/30 days				
TACLONEX	3	100/30 days				
TACLONEX SCALP	3	240/30 days				
TEXACORT	3					
triamcinolone acetonide (KENALOG)	1					
triamcinolone in orabase (KENALOG IN ORABASE)	1					
VANOS	3	120/ 30 days				
VOLTAREN GEL	3					

Dermatological Agents: Antivirals

DENAVIR	3	5/30days				
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Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ZOVIRAX CREAM	2	5/30 days				
ZOVIRAX OINT	2	30/30 days				
Dermatological Agents: Miscellaneous						
ACCUZYME SE	2					
ACID JELLY	2					
acticin (ELIMITE)	1					
adapalene cream (DIFFERIN CREAM)	1	45/30 days		Y		PA required >26 years of age
adapalene gel (DIFFERIN GEL)	1	45/30 days		Y		PA required >26 years of age
ALCORTIN A	3					
amnesteem (ACCUTANE)	1					
ANACAINE	2					
anthralin (DRITHO-CRÈME HP)	1	50/30 days				
ATOPICLAIR	2	200/30 days				Copay per 100 grams
AVAR	3					
avita (RETIN-A)	1			Y		PA required >26 years of age
AZELEX	2					
CALCIPOTRIENE OINT	2	60/30 days				
calcipotriene (DOVONEX)	1	60/30 days				
CARAC	2	30/30 days				
claravis (ACCUTANE)	1					
CONDYLOX	3	3.5/30 days				
dermazene (VYTONE)	1					
DIFFERIN LOTION	2	59/30 days		Y		PA required >26 years of age
DOVONEX	2	120/30 days				
DRITHO-SCALP	2	50/30 days				
ELIDEL	2	120/30 days				Copay per 60 grams

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
EURAX	3					
FEM PH	2					
FINACEA	2	50/30 days				
FLUOROPLEX	2	30/30 days				
fluorouracil cream (EFUDEX CREAM)	1	40/30 days				
fluorouracil soln (EFUDEX SOLN)	1	10/30 days				
hydrocortisone acetate/pramoxine (ANALPRAM-HC)	1					
hypercare (DRYSOL)	1					
imiquimod (ALDARA)	1	12/30 days				
kovia (ACCUZYME)	1					
kovia 6.5	1	60/30 days				
lidazone hc (ANAMANTLE HC)	1	98/30 days				
lidocaine	1					
lidocaine (LIDAMANTLE)	1	177/30 days				
lidocaine hcl jelly (XYLOCAINE JELLY)	1					
lidocaine/prilocaine (EMLA)	1					
LIDODERM	3	60/30 days				
lindane	1					
malathion (OVIDE)	1					
OXSORALEN ULTRA	2					
PANAFIL SE	2	34/30 days				
PANRETIN	2	60/30 days				
phenazopyridine hcl (PYRIDIUM)	1					
phenazopyridine plus (PYRIDIUM PLUS)	1					
PHISOHEX	3	296/30 days				
podofilox (CONDYLOX W/APPLICATORS)	1					
pramoxine-hc (PRAMOSONE)	1					
prascion fc (PLEXION CLEANSING CLOTH)	1	60/30 days				
PROCORT CREAM	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
PROTOPIC	2	120/30 days				Copay per 60 grams
prudoxin (ZONALON)	1					
REGRANEX	3			Y		
RETIN-A MICRO	3	50/30 days		Y		PA required >26 years of age
RETIN-A MICRO PUMP	3	50/30 days		Y		PA required >26 years of age
SANTYL	2					
selenium sulfide (SELSUN SHAMPOO)	1					
silver sulfadiazine (SILVADENE)	1					
sodium hyaluronate	1	340/30 days				
sodium sulfacetamide/sulfur (PLEXION TS)	1	341/30 days				
SOLARAZE	2	100/30				
sulfacetamide sodium/sulfur cleanser	1	341/30 days				
SULFAMYLON	2					
sulfatol cleanser (ROSULA)	1	355/30 days				
SYNERA	2	2/30 days				
TAZORAC	2	30/30 days				
tbc (GRANULEX)	1					
tretinoin (RETIN-A)	1	50/30 days		Y		PA required >26 years of age
XCLAIR	2	150/30 days				
XERAC AC	2	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ziox (PANAFIL)	1	60/30 days				
ziox 405 (PANAFIL)	1	60/30 days				
ZITHRANOL	3	85/30 days				

Electrolyte and Fluid Maintenance

acetic acid 0.25%	1					
calcium acetate (PHOSLO)	1					
CARBAGLU TAB	2					
effervescent potassium/chloride (K-LYTE/CL)	1					
FOSRENOL	2	90/30 days				
GALZIN	2					
klor-con (K-LOR)	1					
klor-con 8	1					
KLOR-CON M15	2					
klor-con m20 (K-DUR)	1					
klotrix (K-TABS)	1					
K-PHOS	2					
K-PHOS MF	2					
K-PHOS NO 2	2					
lactulose	1	2880/30 days				
LITHOSTAT	2					
MICRO-K	2					
ORACIT	2					
potassium bicarbonate (K-LYTE)	1					
potassium chloride	1					
potassium chloride powder packet (KLOR-CON 25)	1					
potassium chloride er (K-DUR)	1					
potassium chloride er (MICRO-K)	1					
potassium citrate (UROCIT-K 5)	1					
potassium citrate extended-release (UROCIT-K 10)	1					
RENAGEL	2	360/30 days				
RENVELA	2	525/30 days				
sodium polystyrene sulfonate	1	480/30 days				
sodium polystyrene sulfonate (KAYEXALATE)	1	480/30 days				
sps	1	480/30 days				
UROCIT-K 15	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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vis-phos n (K-PHOS NEUTRAL)	1					
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Enzyme Replacement						
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PULMOZYME	2					
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SUCRAID	2					
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Eyes, Ears, Nose, and Throat Agents: Anesthetics						
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AKTEN	3	5/30 days				
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altacaine	1					
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antipyrine/benzocaine	1					
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auroguard	1					
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benzotic	1					
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CAPHOSOL	3	120/30 days		Y		
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ear-gesic (TYMPAGESIC DROPS)	1					
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MUGARD	3	120/30 days		Y		
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oticaine otic	1					
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otogesic (TYMPAGESIC DROPS)	1					
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proparacaine hcl (ALCAINE)	1	15/30 days				
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Eyes, Ears, Nose, and Throat Agents: Anti-infectives						
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AZASITE	3	5/30 days				
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bacitracin	1					
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bacitracin /neomycin /polymyxin	1	4/30 days				
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bacitracin/polymyxin b	1	4/30 days				
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BESIVANCE	3	5/30 days				
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chlorhexadine gluconate oral rinse (PERIDEX ORAL RINSE)	1	960/30 days				
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CILOXAN	2	4/30 days				
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ciprofloxacin hcl (CILOXAN)	1	10/30 days				
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IQUIX	3	10/30 days				
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levofloxacin (QUIXIN)	1	10/30 days				
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MOXEZA	2	3/30 days				
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NATACYN	3	15/30 days				
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neomycin /polymyxin /gramicidin (NEOSPORIN)	1					
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ofloxacin (FLOXIN OTIC)	1	20/30 days				
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Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ofloxacin (OCUFLOX)	1	10/30 days				
pramoxine/chloroxylenol (PRAMOTIC)	1	10/30 days				
sodium sulfacetamide (BLEPH-10)	1					
tobrasol (TOBREX)	1	10/30 days				
TOBREX	2	4/30 days				
trifluridine (VIROPTIC)	1	8/30 days				
trimethoprim sulfate/polymyxin b sulfate (POLYTRIM)	1	10/30 days				
VIGAMOX	2	3/30 days				
ZIRGAN	3	5/30 days				
ZYMAR	2	5/30 days				
ZYMAXID	2	2.5/30 days				

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

ACULAR	3	5/30 days				
ACULAR LS	3	5/30 days				
ACULAR PF	3	5/30 days				
bromfenac sodium ophth soln (XIBROM)	1	5/30 days				
BROMDAY SOL 0.09%	3	1.7ml/30 days				
diclofenac sodium (VOLTAREN)	1	5/30 days				
flurbiprofen sodium (OCUFEN)	1	2.5/30 days				

Eyes, Ears, Nose, and Throat Agents: Corticosteroids

acetic acid/hydrocortisone	1					
ALREX	3	5/30 days				
bac /poly /neomy /hc	1	4/30 days				
BECONASE AQ	3	25/30 days	Y			Progressive medication program with flunisolide , fluticasone propionate, triamcinolone acetonide , AND NASONEX required
BLEPHAMIDE	2	10/30 days				
BLEPHAMIDE S.O.P.	2	4/30 days				
CIPRO HC	3	10/30 days				
CIPRODEX	2	7.5/30 days				
cortisporin-tc	2					
cortomycin (CORTISPORIN)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
dexamethasone sodium phosphate	1					
DUREZOL	3	10/30 days				
FLAREX	3	10/30 days				
flunisolide (NASALIDE)	1	25/30 days				
fluorometholone (FML LIQUIFILM)	1	10/30 days				
fluticasone propionate (FLONASE)	1	16/30 days				
FML FORTE	2	10/30 days				
FML S.O.P.	2	4/30 days				
LOTEMAX SUSP	3	5/30 days				
LOTEMAX OINTMENT	3	3.5/30 days				
MAXIDEX	3					
methadex (MAXITROL)	1					
NASONEX	2	34/30 days				
neo /poly /bac /hc	1					
neomycin /polymyxin /dexamethasone (MAXITROL)	1					
neomycin /polymyxin /hydrocortisone otic soln (CORTISPORIN)	1					
neomycin /polymyxin /hydrocortisone oph susp	3					
OMNARIS SPR	3	12.5ml/30 days	Y			Progressive medication program with flunisolide , fluticasone propionate, triamcinolone acetonide , AND NASONEX required
otomar (CORTANE-B-OTIC)	1					
POLY-PRED	2	15/30 days				
PRED MILD	2	5/30 days				
PRED-G	3	5/30 days				
PRED-G S.O.P.	3	4/30 days				
PREDNISOLONE SODIUM PHOSPHATE	2	15/30 days				
RHINOCORT AQUA	3	8.6/30 days	Y			Progressive medication program with flunisolide ,

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
						fluticasone propionate, triamcinolone acetonide , AND NASONEX required
sulfacetamide sodium/prednisolone sodium phosphate	1	15/30 days				
TOBRADEX OINT	3	4/30 days				
tobramycin/ dexamethasone (TOBRADEX SUSP)	1	10/30 days				
triamcinolone acetonide (NASACORT AQ)	1	16.5/30 days				
VERAMYST	3	10/30 days	Y			Progressive medication program with flunisolide , fluticasone propionate, triamcinolone acetonide , AND NASONEX required
VEXOL	3	5/30 days				
ZYLET	3	5/30 days				

Eyes, Ears, Nose, and Throat Agents: Miscellaneous

acetic acid	1					
acetic acid/aluminum acetate	1					
apraclonidine (IOPIDINE)	1	15/30 days				*ONLY 0.5% at tier 1
ASTEPRO	2	30/30 days				
azelastine (ASTELIN)	1	30/30 days				
FIRST-BXN MOUTHWASH	3	473/30 days				
FIRST-DUKES MOUTHWASH	3	474/30 days				
FIRST-MARYS MOUTHWASH	3	474/30 days				
IOPIDINE	3	15/30 days				
LACRISERT	2					
PATANASE	3	30.5/30 days				
RESTASIS	2	64/30 days		Y		
TYZINE PEDIATRIC	2					

Gastrointestinal Agents: Antiemetics

ANZEMET	3	4-8/30 days				
CESAMET	3	6/30 days				
dronabinol (MARINOL)	1			Y		
EMEND	2	4-12/30 days		Y		
granisetron hcl (KYTRIL)	1	2/30 days				
maldemar (SCOPACE)	1					
ondansetron hcl (ZOFTRAN)	1	6-12/30 days				
ondansetron odt (ZOFTRAN ODT)	1	6-12/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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SANCUSO	3	4/28 days		Y		
trimethobenzamide hcl (TIGAN)	1					

Gastrointestinal Agents: Anti-inflammatories

APRISO	2	120/30 days				
ASACOL	2	360/30 days				
ASACOL-HD	2	180/30 days				
balsalazide disodium (COLAZAL)	1	270/30 days				
CANASA	2	60/30 days				
DIPENTUM	2	120/30 days				
hydrocortisone (CORTENEMA)	1					
LIALDA	3	120/30 days				
mesalamine (ROWASA)	1	3600/30 days				
PENTASA	2	240/30 days				

Gastrointestinal Agents: Enzyme Replacement

CREON	2					
CREON 5	2					
CREON 10	2					
CREON 20	2					
CREON 30	2					
DYGASE	2					
ENZYMAX	2					
GASTRINEX	2					
LIPRAM 4500	3					
LIPRAM-PN10	2					
LIPRAM-PN16	2					
LIPRAM-PN20	2					
LIPRAM-UL12	3					
LIPRAM-UL18	3					
LIPRAM-UL20	3					
PANCREASE MT 10	3					
PANCREASE MT 16	3					
PANCREASE MT 20	3					
PANCREASE MT 4	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
PANCREATIN	2					
PANCREAZE	2	300/30				
PANCRECARB MS-16	2					
PANCRECARB MS-4	2					
PANCRECARB MS-8	2					
PANCRELIPASE	2					
PANGESTYME CN 10	2					
PANGESTYME CN 20	2					
PANGESTYME EC	2					
PANGESTYME MT 16	2					
PANGESTYME UL 12	2					
PANGESTYME UL 18	2					
PANGESTYME UL 20	2					
plaretase 8000	1					
PLARETASE 8000	2					
ULTRASE	2					
ULTRASE MT 12	2					
ULTRASE MT 18	2					
ULTRASE MT 20	2					
VIOKASE	2					
VIOKASE 16	2					
VIOKASE 8	2					
ZENPEP	3					
Gastrointestinal Agents: H2 Antagonists						
cimetidine (TAGAMET)	1					
famotidine (PEPCID)	1					
famotidine susp. (PEPCID SUSP)	3	150/30 days				Excluded from coverage >12 years of age
nizatadine (AXID)	1	30-480/30 days				Solution: Excluded from coverage >12 years of age
ranitidine hcl (ZANTAC)	1					
Gastrointestinal Agents: Other						
AMITIZA	2	60/30 days				
belladonna alkaloids/phenobarbital cr (DONNATAL EXTENTAB)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
COLYTE-FLAVOR PACKS	3					
DIGEX NF	3					
diphenoxylate/atropine (LOMOTIL)	1					
HALFLYTELY BOWEL PREP	2					
hyoscyamine/ phenyltoloxamine (DIGEX NF)	1					
loperamide hcl	1					
LOTRONEX	2			Y		
metoclopramide hcl (REGLAN)	1					
MOVIPREP	2					
OSMOPREP	2					
paregoric	1					
peg 3350/electrolytes (COLYTE)	1					
polyethylene glycol 3350 (MIRALAX)	1					
se-donna pb hyos (DONNATAL ELX)	1					
SUPREP BOWEL PREP	3					
ursodiol (ACTIGALL)	1					
ursodiol 250 (URSO 250)	1					
ursodiol (URSO FORTE)	1					
VISICOL	2					

Gastrointestinal Agents: PPIs

ACIPHEX	3/5	30/30 days	Y			Progressive Medication Program with omeprazole, pantoprazole, lansoprazole, and Dexilant prior to coverage; For 5 Tier benefit, Copay Tier 5 applies.
DEXILANT	2	30/30 days	Y			Progressive Medication Program with omeprazole, lansoprazole, or pantoprazole, required.
lansoprazole (PREVACID)	1	30/30 days	Y			Progressive Medication Program with omeprazole or pantoprazole, required.
lansoprazole odt (PREVACID SOLUTAB)	1	30/30 days	Y			Progressive Medication Program with omeprazole or pantoprazole, required.

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
NEXIUM	3/5	30/30 days	Y			Progressive Medication Program with omeprazole, pantoprazole, lansoprazole, and Dexilant prior to coverage; For 5 Tier benefit, Copay Tier 5 applies.
omeprazole (PRILOSEC)	1	60/30 days				QL- 30/30 days for 40 mg strength
omeprazole otc (PRILOSEC OTC)	1	56/28 days				
omeprazole/sodium bicarbonate cap (ZEGERID)	1	30/30 days				
pantoprazole sodium (PROTONIX)	1	30/30 days				
PREVACID OTC	1	56/28 days				
PREVPAC	3	14/30 days				
PRILOSEC PACKETS	3	30/30 days	Y			Progressive Medication Program with generic omeprazole required.
PROTONIX PACK	3	30/30 days	Y			Progressive Medication Program with generic pantoprazole required.
ZEGERID OTC	1	28/28 days				
Gastrointestinal Agents: Protectants						
CARAFATE SUSP	2	480/30 days				
misoprostol (CYTOTEC)	1	120/30 days				
sucralfate tabs (CARAFATE TABS)	1	120/30 days				
Genitourinary Agents						
DETROL	2	60/30 days				
DETROL LA	2	30/30 days				
ENABLEX	3	30/30 days				
GELNIQUE	3	30/30 days				
flavoxate hcl (URISPAS)	1	240/30 days				
oxybutynin chloride (DITROPAN)	1	480/30 days				
oxybutynin chloride er (DITROPAN XL)	1	30/30 days				
SANCTURA XR	3	30/30 days				
TOVIAZ	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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trosipium chloride (SANCTURA)	1	60/30 days				
VESICARE	2	30/30 days				

Hormonal Agents: Androgens

ANDRODERM	3	30/30 days		Y		
ANDROGEL PUMP	2	300/30 days		Y		
ANDROGEL GEL 1.62%	2	150gm/30 days		Y		
AXIRON SOL 30MG/ACT	3	180gm/30 days		Y		
FORTESTA GEL 10MG/ACT	2	120gm/day		Y		
danazol	1					
oxandrolone (OXANDRIN)	1			Y		
TESTIM	3	300/30 days		Y		

Hormonal Agents: Contraceptives

apri (DESOGEN)	1	28/28 days				
aviane (ALESSE-28)	1	28/28 days				
BEYAZ	2	28/28 days				
cesia (CYCLESSA)	1	28/28 days				
cryselle-28 (LO/OVRAL-28)	1	28/28 days				
drospirenone/ethinyl estradiol 3/0.02 (YAZ)	1	28/28 days				
ELLA TAB	3	1/28 days				
enpresse-28 (TRI-LEVLEN)	1	28/28 days				
errin (NOR-QD)	1	28/28 days				
GENERESS FE CHEWABLE	2	28/28 days				
jolessa (SEASONALE)	1	91/91 days				
june1 1.5/30 (LOESTRIN 1.5/30-21)	1	28/28 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
kariva (MIRCETTE)	1	28/28 days				
kelnor 1/35 (DEMULEN 1/35-28)	1	28/28 days				
leena (TRI-NORINYL 28)	1	28/28 days				
levonorgestrel-ethinyl estradiol (continuous) tab (LYBREL)	1	28/28 days				
levonorgestrel-ethinyl estradiol (LOSEASONIQUE)	1	91/91 days				
LO LOESTRIN FE	2	28/28 days				
LOESTRIN 24 FE	2	28/28 days				
microgestin 1/20 (LOESTRIN 1/20-21)	1	28/28 days				
microgestin fe (LOESTRIN FE 1/20)	1	28/28 days				
microgestin fe 1.5/30 (LOESTRIN FE 1.5/30)	1	28/28 days				
mononessa (ORTHO-CYCLEN-28)	1	28/28 days				
NATAZIA	2	28/28 days				
NECON 10/11-28	2	28/28 days				
next choice (PLAN B)	1	2/30 days				Excluded for members >16 years old
norethindrone & ethinyl estradiol-fe chew tab (FEMCON FE CHW)	1	28/28 days				
nortrel 0.5/35 (28) (BREVICON-28)	1	28/28 days				
nortrel 1/35 (28) (NORINYL 1+35)	1	28/28 days				
nortrel 7/7/7 (ORTHO-NOVUM 7/7/7-28)	1	28/28 days				
NUVARING	3	1/28 days				
ocella (YASMIN-28)	1	28/28 days				
OGESTREL	2	28/28 days				
ORTHO EVRA	2	3/28 days				
ORTHO TRI-CYCLEN LO	2	28/28 days				
OVCON-50 28	2	28/28 days				
SAFYRAL	2	28/28 days				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (SEASONIQUE)	1	91/91 days				
tri-legest fe (ESTROSTEP FE)	1	28/28 days				
tri-sprintec (ORTHO TRI-CYCLEN)	1	28/28 days				
zenchent (OVCON-35)	1	28/28 days				
zovia 1/50e (DEMULEN 1/50-28)	1	28/28 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
Hormonal Agents: Corticosteroids						
ADVAIR DISKUS	2	60/30 days				
ADVAIR HFA	2	12/30 days				
AEROBID	3	21/30 days				
ALVESCO	3	6.1/30 days				
ASMANEX 120 METERED DOSES	2	1/30 days				
ASMANEX 30 METERED DOSES	2	1/30 days				
ASMANEX 60 METERED DOSES	2	1/30 days				
budesonide (PULMICORT)	1	2/30 days		Y		Only 0.25 and 0.5mg strengths tier 1; Prior authorization required >8 yrs of age
budesonide cap sr 24hr (ENTOCORT EC)	1	90/30 days				
CELESTONE	3					
cortisone acetate	1					
DEXAMETHASONE ELIX	2					
dexamethasone tabs	1					
DEXPAK	3					
DULERA	2	13/30 days				
FLOVENT DISKUS	2	60/30 days				
FLOVENT HFA	2	21.2/30 days				
fludrocortisone acetate (FLORINEF)	1					
hydrocortisone (CORTEF)	1					
methylprednisolone (MEDROL)	1					
methylprednisolone (MEDROL DOSEPAK)	1					
PREDNISOLONE TABS	2					
prednisolone (PRELONE)	1					
prednisolone sodium phosphate (ORAPRED)	1					
prednisolone sodium phosphate (PEDIAPRED)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
prednisone (DELTASONE)	1					
prednisone (STERAPRED DS)	1					
PULMICORT FLEXHALER	3	2/30 days				
PULMICORT RESPULES	3	60/30 days		Y		Prior authorization required >8 yrs of age
QVAR	2	24/30 days				
SYMBICORT	2	10.2/30 days				
Hormonal Agents: Estrogen Agonists						
alora	1	8/28 days				
ANGELIQ	3	28/28 days				
CENESTIN	2					
CLIMARA PRO	3	4/28 days				
COMBIPATCH	2	8/28 days				
covaryx (ESTRATEST)	1					
covaryx hs (ESTRATEST H.S.)	1					
essian (ESTRATEST)	1					
essian h.s. (ESTRATEST H.S.)	1					
ESTRACE	2					
ESTRADERM	2					
estradiol (CLIMARA)	1	4/28 days				
estradiol (ESTRACE)	1					
estradiol/norethindrone acetate (ACTIVEVELLA)	1	28/28 days				
DIVIGEL	3					
ELESTRIN GEL 0.06%	3	26gm pump/30 days				
ENJUVIA	3					
ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG (ACTIVEVELLA)						
ESTRASORB	3	98/30 days				
ESTRING	3	1/84 days				Covered for 3 copays
ESTROGEL	3	100/30 days				Copay per 50 grams

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
estropipate (OGEN)	1					
EVAMIST SPRAY	3					
EVISTA	2	30/30 days				
FEMHRT LOW DOSE	2					
FEMRING	3	1/84 days				Covered for 3 copays
FEMTRACE	2					
MENEST	2					
MENOSTAR	3					
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FEMHRT 1/5)	1					
PREFEST	2					
PREMARIN	2					
PREMARIN W/APPLICATOR	2	86/30 days				
PREMPHASE	2	28/28 days				
PREMPRO	2	28/28 days				
VAGIFEM	3	18/28 days				
VIVELLE-DOT	3	8/28 days				
Hormonal Agents: Growth Hormone						
INCRELEX	4				Y	Curascript Only
IPLEX	4				Y	Curascript Only
OMNITROPE	4			Y	Y	Exclusive Somatropin agent covered; Curascript only
SEROSTIM	4			Y	Y	Curascript Only
Hormonal Agents: Miscellaneous						
calcitonin nasal spray (FORTICAL, MIACALCIN)	1	3.7/28 days				
FORTEO	4	3/28 days		Y	Y	Curascript Only
methylergonovine maleate (METHERGINE)	1					
MIACALCIN INJ SOLN	4				Y	Curascript Only
Hormonal Agents: Pituitary						
desmopressin acetate (DDAVP)	1					
STIMATE	3			Y		
Hormonal Agents: Progestins						
CRINONE	3			Y		
ENDOMETRIN	3			Y		
medroxyprogesterone acetate (DEPO-PROVERA CONTRACEPTIVE)	1	1/84 days				\$30 copay

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
medroxyprogesterone acetate (PROVERA)	1					
MEGACE ES	3	150/30 days				
norethindrone acetate (AYGESTIN)	1					
PROCHIEVE	3			Y		
progesterone micronized (PROMETRIUM)	1					
Hormonal Agents: Thyroid Agents						
ARMOUR THYROID	2					Brand available in 15, 120, 180, 240, and 300mg strengths
levothroid	1					
levothyroxine sodium	1					
levoxyl	1					
liothyronine (CYTOMEL)	1					
methimazole (TAPAZOLE)	1					
NATURE-THROID	2					
propylthiouracil	1					
SYNTHROID	2					
thyroid tab (ARMOUR THYROID)	1					
THYROLAR-1	2					
THYROLAR-1/2	2					
THYROLAR-1/4	2					
THYROLAR-2	2					
THYROLAR-3	2					
TIROSINT	2					
unithroid direct	1					
Miscellaneous Agents						
ACTONEL	3	1-30/30 days	Y			Progressive Medication Program with alendronate required.
ACTONEL WITH CALCIUM	3	28/28 days	Y			Progressive Medication Program with alendronate required.
alendronate sodium (FOSAMAX)	1	4-30/30 days				
alfuzosin hcl er (UROXATRAL)	1	30/30 days				
allopurinol (ZYLOPRIM)	1					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
AMPYRA	3	60/30 days		Y		
ATELVIA	3	4/30 days	Y			Progressive Medication Program with alendronate required.
AVODART	2	30/30 days				
AVONEX	4	4/30 days	Y		Y	Curascript Only; Copaxone and Rebif are preferred products
azathioprine (IMURAN)	1					
BETASERON	4	15/30 days	Y		Y	Curascript Only; Copaxone and Rebif are preferred products
CELLCEPT SUSP	2					
CIMZIA	4	1/28 days		Y	Y	Humira and Enbrel required first; Curascript Only
CIMZIA STARTER KIT	4	1/28 days		Y	Y	Humira and Enbrel required first; Curascript Only
COLCRYS	3	60/30 days				
COPAXONE	4	30/30 days			Y	Curascript Only; Copaxone and Rebif are preferred products
cyclosporine (SANDIMMUNE)	1					
CYCLOSPORINE MODIFIED CAP 50mg	2					
cyclosporine modified (NEORAL)	1					
CYSTADANE	2					
CYSTAGON	2					
DEMSER	3					
disulfiram (ANTABUSE)	1					
ELMIRON	3					
ENBREL	4			Y	Y	Curascript Only
ENBREL SURECLICK	4			Y	Y	Curascript Only
etidronate disodium (DIDRONEL)	1					
FERRIPROX	4			Y		
FINASTERIDE	1	30/30 days				
FIRAZYR	4	3 syringes/30 days		Y		
fluoride	1			Y		Preventive Medication: \$0 copay; PA for age 5 and under , others excluded; only

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
						generic covered with retail Rx
folic acid	1			Y		Preventive Medication: \$0 copay; women 15-50, other age requires PA; generic covered with retail Rx
FOSAMAX SOLN	2	300/30 days				
FOSAMAX PLUS D	2	4/28 days	Y			Progressive Medication Program with alendronate required.
GAMMAGARD INJ	4			Y		Curascript Only
GAMUNEX-C	4			Y		Curascript Only
GILENYA	4	30/30 days		Y		
HUMIRA	4			Y	Y	Curascript Only
HUMIRA PEN	4			Y	Y	Curascript Only
ibandronate (BONIVA)	1	1/30 days	Y			Progressive Medication Program with alendronate required.
iron	1					Preventive Medication: \$0 copay; Excluded over age 1; only generic covered with retail Rx
JALYN	2	30/30 days				
KINERET	4			Y	Y	Curascript Only
leflunomide (ARAVA)	1					
LEUCOVORIN CALCIUM 10&15mg	2					
leucovorin calcium	1					
levocarnitine (CARNITOR)	1					
MEPHYTON	2					
MESNEX	3					
mycophenolate (CELLCEPT)	1					
MYFORTIC	3					
ORENCIA SOL	4			Y	Y	Curascript Only
ORFADIN	2					
RAPAMUNE	2					
REBIF	4	6/30 days			Y	Curascript Only; Copaxone and Rebif are preferred products
REBIF TITRATION PACK	4	4/30 days			Y	Curascript Only; Copaxone and Rebif are preferred products

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
RELISTOR	4	32/30 days		Y		
REVLIMID	4	21/28 days			Y	Curascript Only
RIMSO-50	2					
SAMSCA	3	60/30 days				
SENSIPAR	2	60/30 days				
SIMPONI	4			Y	Y	Humira and Enbrel required first; Curascript Only
SKELID	2					
SOMATULINE DEPOT	4	1/28 days		Y	Y	Curascript Only
SORIATANE	2	30/30 days				
SORIATANE CK	2	1/30 days				
tacrolimus (PROGRAF)	1					
tamsulosin (FLOMAX)	1	60/30 days				
THALOMID	4				Y	Curascript Only
THIOLA	2					
SYNALGOS-DC	3	300/30 days				
ULORIC	3	30/30 days		Y		
ZAVESCA	2	90/30 days				
ZORTRESS	2	60/30 days				

Ophthalmic Agents: Anti-Allergy

ALAMAST	3	10/30 days				
ALOCRIAL	2	15/30 days				
ALOMIDE	2	10/30 days				
azelastine (OPTIVAR)	1	6/30 days				
BEPREVE	2	10/30 days				
cromolyn sodium ophth soln	1	10/30 days				
EMADINE	3	5/30 days				
epinastine hcl (ELESTAT)	1	5/30 days				
LASTACAPT SOL 0.25%	3	3ml/30 days				
PATADAY	2	10/30 days				
PATANOL	2	10/30 days				
ZADITOR OTC	1	10/30 days				

Ophthalmic Agents: Antiglaucoma

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

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
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ISOPTO HYOSCINE	2	15/30 days				
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Ophthalmic Agents: Vasoconstrictors

ak-con (ALBALON)	1					
phenylephrine hcl	1					

Prenatal Vitamins

ATABEX EC TAB	3	30/30 days				
ATABEX TAB PRENATAL	3	30/30 days				
BAL-CARE MIS DHA	3	60/30 days				
B-NEXA TABLET	3	30/30 days				
BP FOLINATAL TAB PLUS B	3	30/30 days				
BP MULTINATL CHW PLUS	3	30/30 days				
BP MULTINATL TAB PLUS	3	30/30 days				
CAVAN ONE CAP OMEGA	3	30/30 days				
CAVAN TAB PRENATAL	3	30/30 days				
CAVAN-ALPHA KIT	3	60/30 days				
CAVAN-EC SOD MIS DHA	3	60/30 days				
CITRANATAL CAP HARMONY	3	30/30 days				
CITRANATAL MIS 90 DHA	3	60/30 days				
CITRANATAL MIS B-CALM	3	90/30 days				
CITRANATAL PAK ASSURE	3	60/30 days				
CITRANATAL PAK DHA	3	60/30 days				
CITRANATAL TAB RX	3	30/30 days				
COMPLETE NAT PAK DHA	3	60/30 days				
COMPLETENATE CHW	3	30/30 days				
COMPLETE-RF TAB PRENATAL	3	30/30 days				
CO-NATAL FA TAB 29-1MG	3	30/30 days				
CONCEPT DHA CAP	3	30/30 days				
CONCEPT OB CAP	3	30/30 days				
CRNATAL PAK	3	60/30 days				
DUET DHA MIS BALANCED	3	60/30 days				
ELITE OB CAP W/DHA	3	30/30 days				
ELITE-OB 400 CAP	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ELITE-OB TAB	3	30/30 days				
FOLBECAL TAB	3	30/30 days				
FOLCAL DHA CAP	3	30/30 days				
FOLCAPS CAP OMEGA 3	3	30/30 days				
FOLIVANE-EC PAK CA DHA	3	60/30 days				
FOLIVANE-OB CAP	3	30/30 days				
FOLIVANE-PRX CAP DHA NF	3	30/30 days				
GENTEX ADE TAB 28-1MG	3	30/30 days				
GESTICARE PAK DHA	3	60/30 days				
HEMENATAL OB DHA	3	60/30 days				
INATAL ADV TAB	3	30/30 days				
INATAL GT TAB	3	30/30 days				
INATAL ULTRA TAB	3	30/30 days				
LACTOCAL-F TAB	3	30/30 days				
LEVOMEFOLATE MIS	3	60/30 days				
MACNATAL CN CAP DHA	3	30/30 days				
MARNATAL-F CAP	3	30/30 days				
MARNATAL-F MIS PLUS DUO	3	60/30 days				
MAXINATE TAB	3	30/30 days				
M-VIT TAB 27-1MG	3	30/30 days				
MYNATAL CAP	3	30/30 days				
MYNATAL PLUS TAB	3	30/30 days				
MYNATAL TAB	3	30/30 days				
MYNATAL TAB ADVANCE	3	30/30 days				
MYNATAL-Z TAB	3	30/30 days				
MYNATE 90 TAB PLUS	3	30/30 days				
NATAFORT TAB	3	30/30 days				
NATALVIT TAB 75-1MG	3	30/30 days				
NATELLE-EZ TAB	3	30/30 days				
NEEVO DHA CAP	3	30/30 days				
NEEVO PAK	3	60/30 days				
NESTABS DHA PAK	3	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
NESTABS TAB	3	30/30 days				
NEXA SELECT CAP	3	30/30 days				
OB COMPLETE CAP 400	3	30/30 days				
OB COMPLETE CAP ONE	3	30/30 days				
OB COMPLETE CHW	3	30/30 days				
OB COMPLETE TAB	3	30/30 days				
OB COMPLETE TAB PREMIER	3	30/30 days				
OB COMPLETE/ CAP DHA	3	30/30 days				
OB-NATAL ONE CAP 20-7-1MG	3	30/30 days				
OB-NATAL ONE CAP 27-1MG	3	30/30 days				
OBSTETRIX EC TAB	3	30/30 days				
OBSTETRIX PAK DHA	3	60/30 days				
OBTREX DHA PAK	3	60/30 days				
OBTREX TAB	3	60/30 days				
O-CAL FA TAB	3	30/30 days				
O-CAL TAB PRENATAL	3	30/30 days				
PAIRE OB MIS	3	60/30 days				
PNV OB+DHA PAK	3	60/30 days				
PNV-DHA CAP	3	30/30 days				
PNV-DHA CAP DOCUSATE	3	30/30 days				
PNV-OMEGA CAP	3	30/30 days				
PNV-SELECT TAB	3	30/30 days				
PNV-TOTAL CAP	3	30/30 days				
PR NATAL 400 PAK	3	60/30 days				
PR NATAL 400 PAK EC	3	60/30 days				
PR NATAL 430 PAK	3	60/30 days				
PR NATAL 430 PAK EC	3	60/30 days				
PREFERA OB MIS + DHA	3	60/30 days				
PREFERA OB TAB	3	30/30 days				
PREFERAOB CAP ONE	3	30/30 days				
PRENAFIRST TAB	3	30/30 days				
PRENAISSANCE CAP	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
PRENAISSANCE CAP PLUS	3	30/30 days				
RENAPLUS TAB	3	30/30 days				
PRENATA CHW 29-1MG	3	30/30 days				
PRENATABS FA TAB	3	30/30 days				
PRENATABS RX TAB	3	30/30 days				
PRENATABS TAB OBN	3	30/30 days				
PRENATAL 19 CHW TAB	3	30/30 days				
PRENATAL 19 TAB	3	30/30 days				
PRENATAL AD TAB	3	30/30 days				
PRENATAL TAB LOW IRON	3	30/30 days				
PRENATAL TAB PLUS	3	30/30 days				
PRENATAL TAB PLUS/FE	3	30/30 days				
PRENATAL-U CAP	3	30/30 days				
PRENATE DHA CAP	3	30/30 days				
PRENATE CAP ESSENTIL	3	30/30 days				
PRENATE ELIT TAB	3	30/30 days				
PRENATE PLUS TAB	3	30/30 days				
PRENEXA CAP	3	30/30 days				
PREQUE 10 TAB	3	30/30 days				
PROTECTNATAL TAB	3	30/30 days				
PUREFE OB CAP PLUS	3	30/30 days				
SE-CARE CHW	3	30/30 days				
SE-CARE TAB CONCEIVE	3	30/30 days				
SELECT-OB CHW	3	30/30 days				
SELECT-OB+ PAK DHA	3	60/30 days				
SE-NATAL 19 CHW	3	30/30 days				
SE-NATAL 19 TAB	3	30/30 days				
SE-NATAL 90 TAB	3	30/30 days				
SE-NATAL ONE TAB	3	30/30 days				
SE-LETE DHA CAP	3	60/30 days				
SE-TAN DHA CAP	3	30/30 days				
SETON ET-EC PAK	3	60/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
SETONET PAK	3	60/30 days				
TANDEM DHA CAP	3	30/30 days				
TANDEM OB CAP	3	30/30 days				
TARON EC PAK CALCIUM	3	60/30 days				
TARON-BC MIS	3	90/30 days				
TARON-C DHA CAP	3	30/30 days				
TARON-DUO EC PAK	3	60/30 days				
TARON-EC CAL TAB 28-1MG	3	30/30 days				
TARON-PREX CAP	3	30/30 days				
TL-ASSURE+ MIS DHA	3	60/30 days				
TL-SELECT CAP	3	30/30 days				
TRI PRENATAL CAP DHA ONE	3	30/30 days				
TRI PRENATAL CAP DHA ONE	3	30/30 days				
TRI RX TAB	3	30/30 days				
TRIADVANCE TAB	3	30/30 days				
TRICARE DHA CAP 301	3	30/30 days				
TRICARE TAB PRENATAL	3	30/30 days				
TRIMESIS RX TAB	3	30/30 days				
TRINATAL GT TAB	3	30/30 days				
TRINATAL RX TAB 1	3	30/30 days				
TRINATAL TAB ULTRA	3	30/30 days				
TRINATE TAB	3	30/30 days				
TRIVEEN-DUO PAK DHA	3	60/30 days				
TRIVEEN-ONE CAP	3	30/30 days				
TRIVEEN-PRX CAP RNF	3	30/30 days				
TRIVEEN-PRX CAP RNF	3	60/30 days				
TRIVEEN-TEN TAB	3	60/30 days				
TRIVEEN-U CAP	3	30/30 days				
TRUST NATAL PAK DHA	3	60/30 days				
ULTIMATE OB MIS DHA	3	60/30 days				
ULTIMATECARE CAP ONE	3	30/30 days				
ULTIMATECARE CAP ONE NF	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ULTIMATECARE MIS ADVANTAG	3	60/30 days				
ULTIMATECARE MIS COMBO	3	60/30 days				
ULTRA TABS TAB	3	30/30 days				
VEMAVITE- CAP PRX 2	3	30/30 days				
VENA-BAL MIS DHA	3	60/30 days				
VENATAL COMP MIS DHA	3	60/30 days				
VENATAL-FA TAB	3	30/30 days				
VINACAL TAB	3	30/30 days				
VINATE AZ EX TAB	3	30/30 days				
VINATE AZ TAB	3	30/30 days				
VINATE C TAB	3	30/30 days				
VINATE CAL TAB	3	30/30 days				
VINATE CARE CHW	3	30/30 days				
VINATE GT TAB	3	30/30 days				
VINATE IC CAP	3	30/30 days				
VINATE II TAB	3	30/30 days				
VINATE M TAB	3	30/30 days				
VINATE ONE TAB	3	30/30 days				
VINATE PN TAB CARE	3	30/30 days				
VINATE ULTRA TAB	3	30/30 days				
VITAFOL-OB PAK +DHA	3	60/30 days				
VITAFOL-OB TAB 65-1MG	3	30/30 days				
VITAFOL-ONE CAP	3	30/30 days				
VITAFOL-PLUS	3	30/30 days				
VITAFOL-PN TAB	3	30/30 days				
VITAMEDMD REDICHEW	3	30/30 days				
VITA-PREN TAB	3	30/30 days				
VITASPIRE TAB	3	30/30 days				
VIVA DHA CAP	3	30/30 days				
VOL-NATE TAB	3	30/30 days				
VOL-PLUS TAB	3	30/30 days				
VOL-TAB RX TAB	3	30/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
ZATEAN-CH CAP	3	30/30 days				
ZATEAN-PN CAP DHA	3	30/30 days				
ZATEAN-PN CAP PLUS	3	30/30 days				
ZATEAN-PN TAB	3	30/30 days				

Respiratory Agents: Antitussives

AIRACOF	3					
ALBATUSIN	3					
ALDEX GS DM TAB	3					
ALDEX GS TAB 30-190MG	3					
ALLFEN CDX	3					
benzonatate (TESSALON)	1	90/30 days				
bromphen./phenylephrine (RESPAHIST-II)	1					
bromphen./phenylephrine chew (CENHIST)	1					
bromphen. /phenyleph tan (J-TAN D)	1					
bromphen. /pseudo (J-TAN D PD)	1					
CARBAPHEN 12	3					
chlorpheniramine w/ hydrocodone cr (TUSSIONEX SUSP EXT- REL)	1	120/30 days				
CODAR D LIQUID	3					
CODAR AR LIQUID	3					
CODAR GF LIQUID	3					
CORZALL	3					
CORZALL -PE	3					
CORZALL PLUS	3					
DONATUSS DC	3					
DONATUSS XP	3					
ENDACOF-DC LIQ	3					
EXALL	3					
EXALL-D	3					
GILTUSS	3					
GILTUSS PEDIATRIC	3					
GILTUSS TR	3					
guaifenesin/codeine (TUSSO-C)	1					
hydromet (HYCODAN)	1	480/30 days				

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
LORTUSS EX	3					
MAR-COF BP	3					
NASOTUSS	3					
NEO AC	3					
NOTUSS-NX	3					
NOTUSS-NXD	3					
NOTUSS-PE	3					
PEDIATEX TDM	3					
phenylephrine/bromphen./codeine (POLY-TUSSIN AC)	1					
phenylephrine/bromphen./dm (BROVEX PEB DM)	1					
phenylephrine-chlorphen-dm liquid (ACCUHIST PDX)	1					
phenyleph/carbetapentane/pot guaiaco (CARBATUSS-CL)	1					
phenylephrine/dexchlorphenir/codeine (VANACOF CD)	1					
phenylephrine/diphenhy./codeine (ENDAL CD)	1					
POLY HIST DHC	3					
POLY HIST NC	3					
POLY-TUSSIN EX	3					
PROHIST LQ LIQ	3					
PROHIST CD LIQ	3					
PROHIST CF LIQ	3					
pseudoephedrine/bromphen./dm (BROVEX PSB DM)	1					
pseudoephedrine/bromphen./dm (BROVEX PSE DM)	1					
pseudoephedrine/chlorphen./dm (MESEHIST DM)	1					
pseudoephedrine /dm/gg (DONATUSSIN DM)	1					
PRO-CLEAR	3					
PYRIL DM	3					
RESCON-MX	3					
RESPA C&C IR	3					
RYNEZE	3					
SYMPAK DM	3					
TRICODE AR LIQUID	3					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
TRICODE GF LIQUID	3					
TUSSO-XR	2					
TUSSO-ZR	2					
TUSSO-ZMR	2					
Z-COF I	3					
Z-TUSS E	3					
Z-TUSS AC	3	120/30 days				
ZODRYL AC	3					
ZODRYL AC ADULT	3					
ZODRYL DAC	3					
ZOTEX- D	3					
ZOTEX-EX	3					
ZOTEX-PE	3					
ZUTRIPRO LIQ	3					

Respiratory Agents: Bronchodilators

albuterol sulfate neb solution (ACCUNEB)	1	375/30 days				
albuterol sulfate neb solution (PROVENTIL)	1	375/30 days				
albuterol sulfate neb solution (VENTOLIN)	1	375/30 days				
albuterol sulfate syrup (VENTOLIN)	1	480/30 days				
albuterol sulfate er tab (VOSPIRE ER)	1	30/30 days				
albuterol sulfate/ipratropium bromide neb solution (DUONEB)	1	540/30 days				
ALUPENT	3	28/30 days				
aminophylline	1					
ARCAPTA NEOHALER	3	30/30 days				
BROVANA	3			Y		
COMBIVENT	2	29.4/30 days				
copd (LUFYLLIN-GG)	1					
DALIRESP	3	30/30 days		Y		
DY-G	1					
DYLIX	2					
dyphylline-gg (LUFYLLIN-GG)	1					
FORADIL AEROLIZER	2	60/30 days				
ipratropium bromide (ATROVENT)	1	360/30 days				
jay-phyl (PANFIL-G)	1					
levalbuterol hcl concentrate (XOPENEX CONCENTRATE)	1	96/30 days				*ONLY concentrate on tier 1
LUFYLLIN	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
MAXAIR AUTOHALER	2	14/30 days				
metaproterenol sulfate nebu	1	300/30 days				
metaproterenol sulfate syrup	1	480/30 days				
METAPROTERENOL SULFATE TABS	2					
PERFOROMIST	3			Y		
PROAIR HFA	3	17/30 days	Y			2 inhalers per month; Trial of Ventolin HFA prior to coverage
PROVENTIL HFA	3	13.4/30 days	Y			2 inhalers per month; Trial of Ventolin HFA prior to coverage
SEREVENT DISKUS	2	60/30 days				
terbutaline sulfate (BRETHINE)	1					
THEO-24	2					
theophylline er (UNIPHYL)	2					
VENTOLIN HFA	2	36/30 days				2 inhalers per month
XOPENEX	3	288/30 days				
XOPENEX HFA	3	30/30 days	Y			Trial of Ventolin HFA prior to coverage
Respiratory Agents: Devices						
AEROCHAMBER PLUS	2	1/365 days				
E-Z SPACER	2	1/365 days				
Respiratory Agents: Leukotriene Modifiers						
SINGULAIR	2	30/30 days				
zafirlukast (ACCOLATE)	1	60/30 days				
ZYFLO	2	120/30 days				
ZYFLO CR	2	120/30 days				
Respiratory Agents: Mast Cell Stabilizers						
cromolyn sodium soln nebu	1	240/30 days				
cromolyn sodium oral conc (GASTROCROM)	1					
cromolyn sodium (NASALCROM)	1	26/30 days				
Respiratory Agents: Miscellaneous						
acetylcysteine (MUCOMYST)	1					
NEBUSAL 6%	3					
Toxicologic Agents						
CHEMET	2					
CUPRIMINE	2					

Medication Name	Copay Tier	Quantity Limit	Progressive Med Program	Prior Authorization	Specialty Pharmacy	Comments
DEPEN TITRATABS	3					
EXJADE	2	180/30 days			Y	Curascript Only
naltrexone hcl (REVIA)	1					
SYPRINE	2					
Vitamin D Agents						
calcitriol (ROCALTROL)	1					
HECTOROL	2					
ZEMPLAR	2					

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bacitracin	60
bacitracin /neomycin /polymyxin	60
bacitracin/polymyxin b	60
baclofen	50
BACTROBAN	51
BAL-CARE MIS DHA	78
balsalazide disodium (COLAZAL)	64
BANZEL	45
BANZEL SUS	45
BARACLUDE SOLN	31
BARACLUDE TABS	31
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X ½	20
BD INSULIN SYRINGE SAFETYGLIDE/U- 100/0.3ML/31G X 5/16	20
BD INSULIN SYRINGE ULTRAFINE/U- 100/0.5ML/29G X ½	20
BD ULTRA FINE LANCETS	18
BD ULTRA-FINE 33 LANCETS	18
BD ULTRAFINE III MINI PEN NEEDLES/31G X 5MM	20
BD ULTRAFINE III SHORT PEN NEEDLES/31G X 5/16	20
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	20
BECONASE AQ	61
belladonna alkaloids/phenobarbital cr (DONNATAL EXTENTAB)	65
benazepril hcl (LOTENSIN)	35
benazepril hcl/hydrochlorothiazide (LOTENSIN HCT)	35
BENICAR	37
BENICAR HCT	37
BENZACLIN	51
benzonatate (TESSALON)	84
benzotic	60
benztropine mesylate (COGENTIN)	30
BEPREVE	76
BESIVANCE	60
betamethasone dipropionate	53
betamethasone valerate	53
BETASERON	74
beta-val	53
betaxolol hcl	77
betaxolol hcl (KERLONE)	42
bethanechol chloride (URECHOLINE)	33
BETIMOL	77
BETOPTIC-S	77
BEYAZ	68
bicalutamide (CASODEX)	28
BIDIL	43
BILTRICIDE	23
bisoprolol fumarate (ZEBETA)	42
bisoprolol fumarate/hydrochlorothiazide (ZIAC)	42

BLEPHAMIDE	61
BLEPHAMIDE S.O.P.	61
B-NEXA TABLET	78
BP FOLINATAL TAB PLUS B	78
BP MULTINATL CHW PLUS	78
BP MULTINATL TAB PLUS	78
BRILINTA	33
BROFED	23
BROMDAY SOL 0.09%	61
bromfenac sodium ophth soln (XIBROM)	61
bromhist pediatric	23
bromocriptine mesylate (PARLODEL)	30
bromphen. /phenyleph tan (J-TAN D)	84
bromphen. /pseudo (J-TAN D PD)	84
bromphen./phenylephrine (RESPAHIST-II)	84
bromphen./phenylephrine chew (CENHIST)	84
brompheniramine sr (RESPA-B)	23
brompheniramine/dextromethorphan/phenylephri ne (ALAHIST DM)	23
BROVANA	86
budeprion sr (WELLBUTRIN SR)	47
budeprion xl (WELLBUTRIN XL)	47
budesonide (PULMICORT)	70
budesonide cap sr 24hr (ENTOCORT EC)	70
bumetanide (BUMEX)	39
bupap (SEDAPAP)	11
buprenorphine (SUBUTEX)	15
bupropion hcl (WELLBUTRIN XL)	47
bupropion hcl (WELLBUTRIN)	47
bupropion hcl sr (WELLBUTRIN SR)	47
buspirone hcl (BUSPAR)	49
butal /asa /caff /cod (FIORINAL/CODEINE #3)	13
butalbital /acetaminophen /caffeine (ESGIC-PLUS)	11
butalbital /apap /caffeine (FIORICET)	11
butalbital /apap /caffeine /codeine (FIORICET/CODEINE)	13
butalbital /aspirin /caffeine (FIORINAL)	11
butalbital/acetaminophen (PHRENILIN)	11
butalbital/apap/caffeine (ESGIC)	11
butalbital/asa/caffeine (FIORINAL)	11
butorphanol tartrate (STADOL)	15
BYDUREON	21
BYETTA	21
BYSTOLIC	42

C

cabergoline (DOSTINEX)	30
CADUET	38
cafgesic (DURABAC)	11
calcipotriene (DOVONEX)	56
CALCIPOTRIENE OINT	56
calcitonin spr 200/act (FORTICAL, MIACALCIN SPR 200/ACT)	72
calcitriol (ROCALTROL)	88
calcium acetate (PHOSLO)	59

CAMBIA	11	chlordiazepoxide /clidinium (LIBRAX)	32
CANASA	64	chlordiazepoxide hcl (LIBRIUM)	48
CANTIL	32	chlorhexadine gluconate oral rinse (PERIDEX	
CAPEX	53	ORAL RINSE)	60
CAPHOSOL	60	chloroquine phosphate tabs (ARALEN)	31
CAPITAL/CODEINE	13	chlorothiazide	39
CAPRELSA	28	chlorpheniramine /phenyltoloxamine	
captopril (CAPOTEN)	35	/phenylephrine (NALEX-A)	23
captopril /hydrochlorothiazide (CAPOZIDE)	35	chlorpheniramine w/ hydrocodone cr (TUSSIONEX	
CARAC	56	SUSP EXT- REL)	84
CARAFATE SUSP	67	chlorpheniramine/phenylephrine hcl	23
CARBAGLU TAB	59	chlorpheniramine/pseudoephedrine cr	
carbamazepine (TEGRETOL)	45	(DECONAMINE SR)	23
carbamazepine er (CARBATROL)	45	chlorpheniramine/pseudoephedrine la (BIOHIST	
carbamazepine XR (TEGRETOL-XR)	45	LA)	23
CARBAPHEN 12	84	chlorpromazine hcl (THORAZINE)	44
CARBAPHEN 12 PED	23	chlorpropamide (DIABINESE)	21
carbidopa/levodopa (SINEMET)	30	chlorthalidone	39
carbidopa/levodopa er (SINEMET CR)	30	CHLORTHALIDONE 100mg	39
carbinoxamine maleate (CARBINOXAMINE		chlorzoxazone (PARAFON FORTE DSC)	50
MALEATE)	23	cholestyramine (QUESTRAN)	40
carboptic (ISOPTO CARBACHOL)	77	cholestyramine light (QUESTRAN LIGHT)	40
CARDENE SR	38	choline magnesium trisalicylate (TRILISATE)	11
CARDURA XL	34	ciclopirox (LOPROX)	52
carisoprodol (SOMA)	50	ciclopirox nail lacquer (PENLAC NAIL LACQUER)	
carisoprodol /aspirin /codeine (SOMA			52
COMPOUND/ CODEINE)	50	cilostazol (PLETAL)	33
carisoprodol/aspirin (SOMA COMPOUND)	50	CILOXAN	60
carteolol hcl	77	cimetidine (TAGAMET)	65
carvedilol (COREG)	42	CIMZIA	74
CAVAN ONE CAP OMEGA	78	CIMZIA STARTER KIT	74
CAVAN TAB PRENATAL	78	CIPRO HC	61
CAVAN-ALPHA KIT	78	CIPRODEX	61
CAVAN-EC SOD MIS DHA	78	ciprofloxacin er (CIPRO XR)	17
CAYSTON	16	ciprofloxacin hcl (CILOXAN)	60
CEDAX	15	ciprofloxacin hcl (CIPRO)	17
CEENU	28	citalopram hydrobromide 10 mg (CELEXA 10MG)	
cefaclor caps	15		48
CEFACLOR ER	15	CITRANATAL CAP HARMONY	78
cefadroxil (DURICEF)	15	CITRANATAL MIS 90 DHA	78
cefдинир (OMNICEF)	15	CITRANATAL MIS B-CALM	78
cefepodoxime proxetil (VANTIN)	15	CITRANATAL PAK ASSURE	78
cefprozil (CEFZIL)	15	CITRANATAL PAK DHA	78
cefuroxime axetil (CEFTIN)	15	CITRANATAL TAB RX	78
CELEBREX	11	claravis (ACCUTANE)	56
CELESTONE	70	clarithromycin (BIAXIN)	16
CELLCEPT SUSP	74	clarithromycin er (BIAXIN XL)	16
CELONTIN	45	CLEOCIN	51
CENESTIN	71	CLIMARA PRO	71
cephalexin (KEFLEX)	16	CLINDAGEL	51
CESAMET	63	clindamax (CLEOCIN)	51
cesia (CYCLESSA)	68	clindamycin hcl (CLEOCIN)	16
CHEMET	87	clindamycin hcl solution (CLEOCIN PEDIATRIC	
CHLORAL HYDRATE SUPP	49	GRANULES)	16
chloral hydrate syrup	49	clindamycin phosphate (CLEOCIN-T)	51
chlordiazepoxide /amitriptyline (LIMBITROL DS)	46	clindamycin phosphate foam (EVOCLIN)	52
chlordiazepoxide /amitriptyline (LIMBITROL)	46	clindamycin/benzoyl peroxide gel	52
		CLINDESSE	52

fluocinolone acetonide cream	54
fluocinolone acetonide oil 0.01% (DERMA-SMOOTH/FS BODY OIL/ DERMA-SMOOTH/FS SCALP OIL)	54
fluocinolone acetonide ointment	54
fluocinolone acetonide soln 0.01%	54
fluocinonide (LIDEX)	54
fluocinonide emollient base (LIDEX-E)	54
fluoride	74
fluorometholone (FML LIQUIFILM)	62
FLUOROPLEX	57
fluorouracil cream (EFUDEX CREAM)	57
fluorouracil soln (EFUDEX SOLN)	57
fluoxetine hcl (PROZAC)	48
fluoxetine hcl dr (PROZAC WEEKLY)	48
fluphenazine hcl (PROLIXIN)	45
flurazepam hcl (DALMANE)	48
flurbiprofen (ANSAID)	12
flurbiprofen sodium (OCUFEN)	61
flutamide	29
fluticasone propionate (CUTIVATE)	54
fluticasone propionate (FLONASE)	62
fluvoxamine maleate	48
FML FORTE	62
FML S.O.P.	62
FOCALIN XR	51
FOLBECAL TAB	79
FOLCAL DHA CAP	79
FOLCAPS CAP OMEGA 3	79
folic acid	75
FOLIVANE-EC PAK CA DHA	79
FOLIVANE-OB CAP	79
FOLIVANE-PRX CAP DHA NF	79
fondaparinux sodium (ARIXTRA)	34
FORADIL AEROLIZER	86
FORTEO	72
FORTESTA GEL 10MG/ACT	68
FOSAMAX PLUS D	75
FOSAMAX SOLN	75
fosinopril sodium (MONOPRIL)	35
fosinopril sodium/hydrochlorothiazide (MONOPRIL HCT)	35
FOSRENOL	59
FRAGMIN	34
FRENADOL	11
FROVA	27
furosemide (LASIX)	40
FUROSEMIDE SOLN	40
FUZEON	25

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gabapentin (NEURONTIN)	46
gabapentin solution (NEURONTIN SOLN)	46
GABITRIL	46
galantamine (RAZADYNE)	33
galantamine er (RAZADYNE ER)	33

galantamine hydrobromide oral soln (RAZADYNE SOLN)	33
GALZIN	59
GAMMAGARD INJ	75
GAMUNEX-C	75
GANCICLOVIR	31
GANTRISIN PEDIATRIC	17
GASTRINEX	64
GELNIQUE	67
gemfibrozil (LOPID)	40
GENERESS FE CHEWABLE	68
gentamicin sulfate	52
GENTEX ADE TAB 28-1MG	79
GESTICARE PAK DHA	79
GILENYA	75
GILTUSS	84
GILTUSS PEDIATRIC	84
GILTUSS TR	84
GLEEVEC	29
glimepiride (AMARYL)	21
glipizide (GLUCOTROL)	21
glipizide xl (GLUCOTROL XL)	22
glipizide/metformin hcl (METAGLIP)	22
GLUCAGEN HYPOKIT	27
GLUMETZA	22
glyburide (MICRONASE)	22
glyburide micronized (GLYNASE)	22
glyburide/metformin hcl (GLUCOVANCE)	22
glycopyrrolate (ROBINUL)	32
glycopyrrolate forte (ROBINUL FORTE)	32
GLYCRON	22
GLYSET	22
granisetron hcl (KYTRIL)	63
GRIFULVIN V	22
griseofulvin microsize (GRIFULVIN V)	22
GRIS-PEG	22
guaifenesin/codeine (TUSSO-C)	84
GUANABENZ ACETATE	36
guanfacine hcl (TENEX)	36
GUANIDINE HCL	33
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halobetasol propionate (ULTRAVATE)	54
HALOG	54
haloperidol	45
HECTOROL	88
HELIDAC	27
HEMENATAL OB DHA	79
hemril-30 (PROCTOCORT)	54
heparin sodium	34
HEPARIN SODIUM	34
heparin sodium dcu	34
HEPSERA	31
HEXALEN	29

HISTEX SR	24
homatropaire (ISOPTO HOMATROPINE)	77
HUMALOG	19
HUMALOG KWIKPEN	19
HUMALOG MIX 50/50	19
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HUMALOG MIX 50/50 PEN	19
HUMALOG MIX 75/25	19
HUMALOG MIX 75/25 KWIKPEN	19
HUMALOG MIX 75/25 PEN	19
HUMALOG PEN	19
HUMIRA	75
HUMIRA PEN	75
HUMULIN 50/50	19
HUMULIN 70/30	19
HUMULIN 70/30 PEN	19
HUMULIN N	20
HUMULIN N U-100 PEN	20
HUMULIN R	20
HUMULIN R U-500 (CONCENTRATED)	20
HYCAMPTIN	29
HYDRALAZINE /HYDROCHLOROTHIAZIDE	43
hydralazine hcl	43
hydrocet (BANCAP-HC)	13
hydrochlorothiazide	40
hydrochlorothiazide (MICROZIDE)	40
hydrocodone /acetaminophen (ANEXSIA, LORCET LORTAB, VICODIN, XODOL)	13
hydrocodone /acetaminophen (LORTAB)	14
hydrocodone bitartrate/acetaminophen (MAXIDONE)	14
hydrocodone/ibuprofen (VICOPROFEN)	14
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (HYCETSOLN)	14
hydrocortisone	55
hydrocortisone (CORTEF)	70
hydrocortisone (CORTENEMA)	64
hydrocortisone (HYTONE)	55
hydrocortisone acetate (ANUSOL-HC)	55
hydrocortisone acetate/pramoxine (ANALPRAM-HC)	57
hydrocortisone butyrate (LOCOID)	55
hydrocortisone valerate (WESTCORT)	55
hydromet (HYCODAN)	84
hydromorphone hcl (DILAUDID)	14
hydroxyurea (HYDREA)	29
hydroxyzine hcl (ATARAX)	49
hydroxyzine pamoate (VISTARIL)	49
hyomax-dt (SYMEX DUOTAB)	32
hyoscyamine	32
hyoscyamine sulfate (ANASPAZ)	32
hyoscyamine sulfate (LEVSIN)	32
hyoscyamine sulfate (LEVSIN/SL)	32
hyoscyamine sulfate er (LEVBID)	32
hyoscyamine sulfate er (LEVSINEX)	32
hyoscyamine/ phenyltoloxamine (DIGEX NF)	66
hypercare (DRYSOL)	57

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ibandronate (BONIVA)	75
ibuprofen (MOTRIN)	12
imipramine hcl (TOFRANIL)	47
IMIPRAMINE PAMOATE	47
imiquimod (ALDARA)	57
IMITREX STATDOSE REFILL	28
IMITREX STATDOSE SYSTEM	28
INATAL ADV TAB	79
INATAL GT TAB	79
INATAL ULTRA TAB	79
INCIVEK	31
INCRELEX	72
indapamide (LOZOL)	40
indomethacin caps	12
indomethacin er (INDOCIN SR)	12
INDOMETHACIN SUPP.	12
INFERGEN	31
INNOPRAN XL	42
INSULIN SYRINGE/0.3ML/29G X ½	21
INSULIN SYRINGE/0.5ML/29G X ½	21
INSULIN SYRINGE/1ML/29G X ½	21
INSULIN SYRINGE/1ML/31G X 5/16	21
INTELENCE	25
INTRON-A	29
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INTUNIV	51
INVEGA	44
INVIRASE CAPS	26
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IOPIDINE	63
IPLIX	72
ipratropium bromide	32
ipratropium bromide (ATROVENT)	86
IQUIX	60
irbesartan (AVAPRO)	37
irbesartan/hctz (AVALIDE)	37
IRESSA	29
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ISENTRESS	25
isometh/apap (MIDRIN CAPS)	27
isonarif (RIFAMATE)	28
ISONIAZID SYRP	28
isoniazid tabs	28
ISOPTO CARBACHOL	77
ISOPTO HOMATROPINE	77
ISOPTO HYOSCINE	78
ISORDIL TITRADOSE	43
isosorbide dinitrate (ISORDIL)	43
isosorbide dinitrate er (ISORDIL)	43
isosorbide mononitrate (ISMO)	43
isosorbide mononitrate (MONOKET)	43
isosorbide mononitrate er (IMDUR)	43
isoxsuprine hcl (VASODILAN)	43
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LIPRAM-UL12	64	CONTRACEPTIVE)	72
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LIPRAM-UL20	64	mefenamic acid (PONSTEL)	12
liquadd	51	MEFLOQUINE HCL TABS	31
lisinopril (ZESTRIL)	35	MEGACE ES	73
lisinopril /hydrochlorothiazide (PRINZIDE)	35	megestrol acetate (MEGACE)	29
lithium carbonate (LITHIUM CARBONATE)	48	meloxicam susp	12
lithium carbonate er (LITHOBID)	48	meloxicam tabs (MOBIC)	12
lithium citrate	48	MENEST	72
LITHOSTAT	59	MENOSTAR	72
LO LOESTRIN FE	69	MEPERIDINE HCL	14
LOCOID LIPOCREAM	55	meperidine hcl (DEMEROL)	14
LODOSYN	30	meperidine/promethazine (MEPERGAN FORTIS)	14
LOESTRIN 24 FE	69	mephobarbital (MEBARAL)	48
lohist-pd (ACCUHIST)	24	MEPHYTON	75
loperamide hcl	66	meprobamate (MEPROBAMATE)	49
LOPROX SHAMPOO	53	MEPRON	31
lorazepam (ATIVAN)	48	mercaptapurine (PURINETHOL)	29
LORAZEPAM INTENSOL	48	mesalamine (ROWASA)	64
LORTUSS EX	85	MESNEX	75
losartan (COZAAR)	37	MESTINON SYP	33
losartan/hctz (HYZAAR)	37	MESTINON TIMESPAN	33
LOTEMAX OINTMENT	62	METADATE CD	51
LOTEMAX SUSP	62	metaproterenol sulfate nebu	87
LOTRONEX	66	metaproterenol sulfate syrup	87
lovastatin (MEVACOR)	41	METAPROTERENOL SULFATE TABS	87
LOVAZA	41	metaxalone (SKELAXIN)	50
LOVENOX	34	metformin hcl (GLUCOPHAGE)	22
loxapine succinate (LOXITANE)	45	metformin hcl er (GLUCOPHAGE XR)	22
LUFYLLIN	86	methadex (MAXITROL)	62
LUMIGAN	77	methadone hcl (DOLOPHINE)	14
LUPRON DEPOT-PED**	IX	methadone hcl soln	14
LUXIQ	55	methamphetamine hcl (DESOXYN)	51
LYRICA	46	methazolamide	40
LYSODREN	29	methenamine hippurate (HIPREX)	27
LYSTEDA	34	methenamine/hyosc/meth blue/benz acid/phenyl	
		sol (PROSED D/S)	27
		methenamine/hyosc/meth blue/benz acid/phenyl	
		tab (PROSED D/S)	27
		methimazole (TAPAZOLE)	73
		methocarbamol (ROBAXIN)	50
		methotrexate	29
		methscopolamine bromide (PAMINE FORTE)	32
		methscopolamine bromide (PAMINE)	32
		METHYCLOTHIAZIDE	40
		methyl dopa (ALDOMET)	36
		METHYLDOPA /HYDROCHLOROTHIAZIDE	36
		methylegonovine maleate (METHERGINE)	72
		methylphenidate hcl (RITALIN)	51
		methylphenidate hcl soln. (METHYLIN SOLN)	51
		methylphenidate hcl tab cr (RITALIN SR)	51
		methylprednisolone (MEDROL DOSEPAK)	70
		methylprednisolone (MEDROL)	70
		metipranolol (OPTIPRANOLOL)	77
		metoclopramide hcl (REGLAN)	66
		metolazone (ZAROXOLYN)	40
M			
MACNATAL CN CAP DHA	79		
MACRODANTIN	27		
malathion (OVIDE)	57		
maldemar (SCOPACE)	63		
MAPROTILINE HCL	47		
MAR-COF BP	85		
MARNATAL-F CAP	79		
MARNATAL-F MIS PLUS DUO	79		
MARPLAN	49		
MATULANE	29		
MAXAIR AUTOHALER	87		
MAXALT	27		
MAXALT-MLT	27		
MAXIDEX	62		
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MECLOFENAMATE SODIUM	12		

metoprolol /hydrochlorothiazide (LOPRESSOR HCT)	42
metoprolol succinate er (TOPROL XL)	42
metoprolol tartrate (LOPRESSOR)	42
METROGEL	52
METROGEL 1% KIT	52
metronidazole (FLAGYL)	31
metronidazole (METROCREAM)	52
metronidazole (METROGEL)	52
metronidazole (METROLOTION)	52
metronidazole vaginal (METROGEL VAGINAL)	52
mexar wash (OVACE WASH)	52
MEXILETINE HCL	36
MIACALCIN INJ SOLN	72
MICARDIS	37
MICARDIS HCT	38
microgestin 1/20 (LOESTRIN 1/20-21)	69
microgestin fe (LOESTRIN FE 1/20)	69
microgestin fe 1.5/30 (LOESTRIN FE 1.5/30)	69
MICRO-K	59
midodrine hcl (PROAMATINE)	32
MIGERGOT	27
MIGRAL	27
MIGRANAL	28
minocycline hcl (DYNACIN, MINOCIN)	18
minoxidil	43
MIRAPEX ER	30
mirtazapine (REMERON SOLTAB)	47
mirtazapine (REMERON)	47
misoprostol (CYTOTEC)	67
MOBAN	45
moexipril /hydrochlorothiazide (UNIRETIC)	35
moexipril hcl (UNIVASC)	35
mometasone furoate (ELOCON)	55
mononessa (ORTHO-CYCLEN-28)	69
MONUROL	27
morphine sulfate	14
morphine sulfate (RMS)	14
morphine sulfate (ROXANOL)	14
morphine sulfate cap sr 24hr (KADIAN)	14
morphine sulfate cr (MS CONTIN)	14
morphine sulfate er (MS CONTIN)	14
MOVIPREP	66
MOXEZA	60
mst 600 (NOVASAL)	12
MUGARD	60
MULTAQ	36
mupirocin (BACTROBAN)	52
M-VIT TAB 27-1MG	79
MYCOBUTIN	28
mycophenolate (CELLCEPT)	75
MYFORTIC	75
MYLERAN	29
MYNATAL CAP	79
MYNATAL PLUS TAB	79
MYNATAL TAB	79
MYNATAL TAB ADVANCE	79

MYNATAL-Z TAB	79
MYNATE 90 TAB PLUS	79
MYTELASE	33

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nabumetone (RELAFEN)	12
nadolol (CORGARD)	42
nadolol /bendroflumethiazide (CORZIDE)	42
NAFTIN	53
NAFTIN-MP	53
NALEX-A 12	24
NALFON	12
naltrexone hcl (REVIA)	88
NAMENDA	49
NAMENDA TITRATION PAK	49
NAPRELAN	12
naproxen dr (EC-NAPROSYN)	12
naproxen sodium (ANAPROX DS)	12
naproxen sodium (ANAPROX)	12
naproxen sodium (NAPRELAN)	12
naproxen susp (NAPROSYN SUSP)	12
naproxen tabs (NAPROSYN TABS)	12
naratriptan tab (AMERGE)	28
NASONEX	62
NASOTUSS	85
NATACYN	60
NATAFORT TAB	79
NATALVIT TAB 75-1MG	79
NATAZIA	69
natelinide (STARLIX)	22
NATELLE-EZ TAB	79
NATURE-THROID	73
NAVANE	45
NEBUPENT	31
NEBUSAL 6%	87
NECON 10/11-28	69
NEEVO DHA CAP	79
NEEVO PAK	79
nefazodone hcl	47
neo /poly /bac /hc	62
NEO AC	85
neomycin /polymyxin /dexamethasone (MAXITROL)	62
neomycin /polymyxin /gramicidin (NEOSPORIN)	60
neomycin /polymyxin /hydrocortisone ophth susp	62
neomycin /polymyxin /hydrocortisone otic soln (CORTISPORIN)	62
neomycin sulfate	16
NESTABS DHA PAK	79
NESTABS TAB	80
NEUPOGEN	34
NEUPRO	30
NEXA SELECT CAP	80
NEXAVAR	29
NEXIUM	67

next choice (PLAN B)	69
NIASPAN	41
nifedipine hcl (CARDENE)	39
nifediac cc (ADALAT CC)	39
nifedical xl (PROCARDIA XL)	39
nifedipine (PROCARDIA)	39
NIFEDIPINE 20mg	39
nifedipine er (PROCARDIA XL)	39
NILANDRON	29
nisoldipine sr (SULAR)	39
NITRO-BID	43
NITRO-DUR	43
nitrofurantoin macrocrystalline (MACRODANTIN)	27
nitrofurantoin monohydrate (MACROBID)	27
nitrofurantoin susp (FURADANTIN)	27
nitroglycerin (NITROSTAT)	43
nitroglycerin cr	43
nitroglycerin er	43
nitroglycerin transdermal (NITRO-DUR)	43
NITROLINGUAL PUMPSPRAY	43
NITROMIST	43
nizatadine (AXID)	65
norethindrone & ethinyl estradiol-fe chew tab (FEMCON FE CHW)	69
norethindrone acetate (AYGESTIN)	73
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FEMHRT 1/5)	72
NORITATE	52
NORPACE CR	36
nortrel 0.5/35 (28) (BREVICON-28)	69
nortrel 1/35 (28) (NORINYL 1+35)	69
nortrel 7/7/7 (ORTHO-NOVUM 7/7/7-28)	69
nortriptyline hcl (PAMELOR)	47
NORVIR	26
NOTUSS-NX	85
NOTUSS-NXD	85
NOTUSS-PE	85
NOVACORT	55
NOVOLIN 70/30	20
NOVOLIN N	20
NOVOLIN R	20
NOVOLOG	20
NOVOLOG FLEXPEN	20
NOVOLOG MIX 70/30	20
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	20
NOVOLOG PENFILL	20
NOXAFIL	23
NUVARING	69
NUVIGIL	51
nystatin	23
nystatin (MYCOSTATIN)	53
NYSTATIN VAGINAL	53
nystatin/triamcinolone	55
nystatin/triamcinolone (MYCOLOG II)	55
nystop (MYCOSTATIN)	53

0	
OB COMPLETE CAP 400	80
OB COMPLETE CAP ONE	80
OB COMPLETE CHW	80
OB COMPLETE TAB	80
OB COMPLETE TAB PREMIER	80
OB COMPLETE/ CAP DHA	80
OB-NATAL ONE CAP 20-7-1MG	80
OB-NATAL ONE CAP 27-1MG	80
OBSTETRIX EC TAB	80
OBSTETRIX PAK DHA	80
OBTREX DHA PAK	80
OBTREX TAB	80
O-CAL FA TAB	80
O-CAL TAB PRENATAL	80
ocella (YASMIN-28)	69
ofloxacin (FLOXIN OTIC)	60
ofloxacin (FLOXIN)	17
ofloxacin (OCUFLOX)	61
OFORTA	29
OGESTREL	69
olanzapine orally disintegrating tab (ZYPREXA ZYDIS)	44
olanzapine tab (ZYPREXA)	44
OLEPTRO	47
OLUX-E	55
omeprazole (PRILOSEC)	67
omeprazole otc (PRILOSEC OTC)	67
omeprazole/sodium bicarbonate cap (ZEGERID)	67
OMNARIS SPR	X, 62
OMNITROPE	72
ondansetron hcl (ZOFRAN)	63
ondansetron odt (ZOFRAN ODT)	63
ONGLYZA	22
ONSOLIS	14
OPANA ER	14
ORACIT	59
ORAP	45
ORENCIA SOL	75
ORFADIN	75
orphenadrine citrate er (NORFLEX)	50
orphenadrine compound (NORGESIC)	12
ORPHENADRINE COMPOUND DS	12
ORTHO EVRA	69
ORTHO TRI-CYCLEN LO	69
OSMOPREP	66
oticaïne otic	60
otogesic (TYMPAGESIC DROPS)	60
otomar (CORTANE-B-OTIC)	62
OVCON-50 28	69
OVIDE	57
oxandrolone (OXANDRIN)	68
oxaprozin (DAYPRO)	13
oxazepam (SERAX)	49
oxcarbazepine (TRILEPTAL)	46
OXISTAT	53

OXSORALEN ULTRA	57
oxybutynin chloride (DITROPAN)	67
oxybutynin chloride er (DITROPAN XL)	67
oxycodone /acetaminophen (PERCOCET)	15
oxycodone hcl (OXYIR)	14
oxycodone hcl (ROXICODONE INTENSOL)	14
oxycodone hcl (ROXICODONE)	14
oxycodone hcl er (OXYCONTIN)	14
oxycodone/acetaminophen (TYLOX)	14
oxycodone/aspirin (PERCODAN)	15
OXYCONTIN	15
oxymorphone hcl (OPANA)	15

P

PAIRE OB MIS	80
PALGIC	24
PANAFIL SE	57
PANCREASE MT 10	64
PANCREASE MT 16	64
PANCREASE MT 20	64
PANCREASE MT 4	64
PANCREATIN	65
PANCREAZE	65
PANCRECARB MS-16	65
PANCRECARB MS-4	65
PANCRECARB MS-8	65
PANCRELIPASE	65
PANDEL	55
PANGESTYME CN 10	65
PANGESTYME CN 20	65
PANGESTYME EC	65
PANGESTYME MT 16	65
PANGESTYME UL 12	65
PANGESTYME UL 18	65
PANGESTYME UL 20	65
PANRETIN	57
pantoprazole sodium (PROTONIX)	67
papaverine hcl	43
papaverine hcl cr	43
PARCOPA	30
paregoric	66
paroxetine hcl (PAXIL CR)	48
paroxetine hcl susp (PAXIL SUSP)	48
paroxetine hcl tabs (PAXIL TABS)	48
PASER	28
PATADAY	76
PATANASE	63
PATANOL	76
PCE	16
PEDIATEX TDM	85
peg 3350/electrolytes (COLYTE)	66
PEGANONE	46
PEGASYS	31
PEGASYS PROCLICK	31
PEG-INTRON	31
PEG-INTRON REDIPEN PAK 4	31

penicillin v potassium	17
PENNSAID	13
PENTASA	64
pentazocine /acetaminophen (TALACEN)	15
pentazocine/naloxone hcl (TALWIN NX)	15
pentoxifylline er (TRENTAL)	34
PEPCID SUSP	65
PERFOROMIST	87
perinodopril (ACEON)	35
perphenazine	45
PERPHENAZINE /AMITRIPTYLINE	47
phenazopyridine hcl (PYRIDIUM)	57
phenazopyridine plus (PYRIDIUM PLUS)	57
phenelzine sulfate (NARDIL)	49
phenyl chlor-tan (RYNATAN PEDIATRIC)	24
phenyleph/ carbetapentane/pot guaiaco (CARBATUSS-CL)	85
phenylephrine cm (RESCON-MX)	24
phenylephrine hcl	78
phenylephrine/bromphen./codeine (POLY-TUSSIN AC)	85
phenylephrine/bromphen./dm (BROVEX PEB DM)	85
phenylephrine/dexchlorphenir/codeine (VANACOF CD)	85
phenylephrine/diphenhy./codeine (ENDAL CD)	85
phenylephrine-chlorphen-dm liquid (ACCUHIST PDX)	85
phenytoin (DILANTIN, PHENYTEK)	46
phenytoin sodium extended (DILANTIN)	46
PHISOHEX	57
PHOSPHOLINE IODIDE	77
PHRENILIN FORTE	11
pilocarpine hcl (ISOPTO CARPINE)	77
pilocarpine hcl (SALAGEN)	33
PILOPINE HS	77
PINDOLOL	42
piroxicam (FELDENE)	13
plaretase 8000	65
PLARETASE 8000	65
PLAVIX	34
PNV OB+DHA PAK	80
PNV-DHA CAP	80
PNV-DHA CAP DOCUSATE	80
PNV-OMEGA CAP	80
PNV-SELECT TAB	80
PNV-TOTAL CAP	80
podofilox (CONDYLOX W/APPLICATORS)	57
POLY HIST DHC	85
POLY HIST NC	85
polyethylene glycol 3350 (MIRALAX)	66
POLY-PRED	62
POLY-TUSSIN EX	85
potassium bicarbonate (K-LYTE)	59
potassium chloride	59
potassium chloride er (K-DUR)	59
potassium chloride er (MICRO-K)	59

potassium chloride powder packet (KLOR-CON 25)	59	PREQUE 10 TAB	81
potassium citrate (UROCIT-K 5)	59	PREVACID OTC	67
potassium citrate extended-release (UROCIT-K 10)	59	PREVPAC	67
PR NATAL 400 PAK	80	PREZISTA	26
PR NATAL 400 PAK EC	80	PRIFTIN	28
PR NATAL 430 PAK	80	PRILOSEC PACKETS	67
PR NATAL 430 PAK EC	80	primidone (MYSOLINE)	46
PRADAXA	34	PRIMSOL	27
pramipexole (MIRAPEX)	30	PRISTIQ	47
pramoxine/chloroxylenol	61	PROAIR HFA	87
pramoxine/chloroxylenol (PRAMOTIC)	61	probenecid	23
pramoxine-hc (PRAMOSONE)	57	probenecid/colchicine	23
PRANDIN	22	PROCENTRA	51
prascion fc (PLEXION CLEANSING CLOTH)	57	PROCHIEVE	73
pravastatin sodium (PRAVACHOL)	41	prochlorperazine maleate	45
prazosin hcl (MINIPRESS)	35	PRO-CLEAR	85
PRED MILD	62	PROCORT CREAM	57
PRED-G	62	PROCRIT	34
PRED-G S.O.P.	62	proctocream-hc (ANUSOL-HC)	55
prednicarbate (DERMATOP)	55	PROCTOFOAM HC	55
prednisolone (PRELONE)	70	proctosol hc	55
PREDNISOLONE SODIUM PHOSPHATE	62	proctozone hc	55
prednisolone sodium phosphate (ORAPRED)	70	progesterone micronized (PROMETRIUM)	73
prednisolone sodium phosphate (PEDIAPRED)	70	PROGLYCEM	44
PREDNISOLONE TABS	70	PROHIST CD LIQ	85
prednisone (DELTASONE)	71	PROHIST CF LIQ	85
prednisone (STERAPRED DS)	71	PROHIST LQ LIQ	85
PREFERA OB MIS + DHA	80	PROLEX DMX	24
PREFERA OB TAB	80	PROMACTA	34
PREFERAOB CAP ONE	80	promethazine hcl plain syrup	24
PREFEST	72	promethazine hcl supp	24
PREMARIN	72	promethazine hcl tabs	24
PREMARIN W/APPLICATOR	72	PRONESTYL	36
PREMPHASE	72	PRONESTYL SR	36
PREMPRO	72	propafenone hcl (RYTHMOL)	36
PRENAFIRST TAB	80	propafenone hcl sr (RYTHMOL SR)	36
PRENAISSANCE CAP	80	PROPANTHELINE BROMIDE	32
PRENAISSANCE CAP PLUS	81	proparacaine hcl (ALCAINE)	60
PRENAPLUS TAB	81	propranolol /hydrochlorothiazide (INDERIDE)	42
PRENATA CHW 29-1MG	81	PROPRANOLOL /HYDROCHLOROTHIAZIDE	
PRENATABS FA TAB	81	25/80mg	42
PRENATABS RX TAB	81	propranolol hcl (INDERAL)	42
PRENATABS TAB OBN	81	propranolol hcl er (INDERAL LA)	43
PRENATAL 19 CHW TAB	81	PROPRANOLOL HCL SOLN	42
PRENATAL 19 TAB	81	propylthiouracil	73
PRENATAL AD TAB	81	PROSTIGMIN	33
PRENATAL TAB LOW IRON	81	PROTECTNATAL TAB	81
PRENATAL TAB PLUS	81	PROTID	24
PRENATAL TAB PLUS/FE	81	PROTONIX PACK	67
PRENATAL-U CAP	81	PROTOPIC	58
PRENATE CAP ESSENTIL	81	PROVENTIL HFA	87
PRENATE DHA CAP	81	PROVIGIL	51
PRENATE ELIT TAB	81	prudoxin (ZONALON)	58
PRENATE PLUS TAB	81	pseudo cm	24
PRENEXA CAP	81	pseudoephedrine /dm/gg (DONATUSSIN DM)	85
		pseudoephedrine/bromphen./dm (BROVEX PSB DM)	85

pseudoephedrine/bromphen./dm (BROVEX PSE DM)	85
pseudoephedrine/chlorphen./dm (MESEHIST DM)	85
PULMICORT FLEXHALER	71
PULMICORT RESPULES	71
PULMOZYME	60
PUREFE OB CAP PLUS	81
PYLERA	27
pyrazinamide	28
pyridostigmine bromide (MESTINON)	33
PYRIL DM	85

Q

QUALAQUIN	31
quetiapine (SEROQUEL)	44
quinapril hcl (ACCUPRIL)	35
quinaretic (ACCURETIC)	35
quinidine gluconate cr	36
quinidine sulfate	36
quinidine sulfate er	36
QVAR	71

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ramipril (ALTACE)	35
RANEXA	42
RANICLOR	16
ranitidine hcl (ZANTAC)	65
RAPAMUNE	75
REBIF	75
REBIF TITRATION PACK	75
REGRANEX	58
RELAGESIC	24
RELENZA DISKHALER	31
RELHIST	24
RELION 70/30	20
RELION 70/30 INNOLET	20
RELION N	20
RELION N INNOLET	20
RELION R	20
RELISTOR	76
RELPAK	28
RENAGEL	59
REVELA	59
REQUIP XL	30
RESCON	24
RESCON-JR	24
RESCON-MX	85
RESCRIPTOR	25
RESERPINE	41
RESPA C&C IR	85
RESTASIS	63
RETIN-A MICRO	58
RETIN-A MICRO PUMP	58
REVATIO	44

REVLIMID	76
REYATAZ	26
RHINOCORT AQUA	62
rhinoflex	24
rhinoflex-650 (RELAGESIC)	25
ribapak	31
ribasphere	31
ribavirin (COPEGUS)	31
ribavirin (REBETOL)	31
RIDAURA	11
rifampin (RIFADIN)	28
RIFATER	28
RILUTEK	49
rimantadine hcl (FLUMADINE)	31
RIMSO-50	76
risperidone odt (RISPERDAL M-TABS)	44
risperidone soln (RISPERDAL SOLN)	44
risperidone tabs (RISPERDAL TABS)	44
rivastigmine cap (EXELON)	33
ropinirole hcl (REQUIP)	30
ROXICET SOLN	15
ROXICET TABS	15
ROZEREM	49
r-tanna (RYNATAN)	25
r-tanna pediatric (RYNATAN PEDIATRIC)	25
RYDEX	25
RYNEZE	85

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SABRIL	46
SAFYRAL	69
salsalate	13
SAL-TROPINE	32
SAMSCA	76
SANCTURA XR	67
SANCUSO	64
SANTYL	58
SAVELLA	47
seb-prev wash (OVACE WASH)	52
SE-CARE CHW	81
SE-CARE TAB CONCEIVE	81
SECONAL	48
se-donna pb hyos (DONNATAL ELX)	66
SELECT-OB CHW	81
SELECT-OB+ PAK DHA	81
selegiline hcl (ELDEPRYL)	30
selenium sulfide (SELSUN SHAMPOO)	58
SELZENTRY	25
SE-NATAL 19 CHW	81
SE-NATAL 19 TAB	81
SE-NATAL 90 TAB	81
SE-NATAL ONE TAB	81
SENSIPAR	76
SE-PLETE DHA CAP	81
SEREVENT DISKUS	87
SEROQUEL XR	44

tetracycline hcl	18	triamcinolone in orabase (KENALOG IN	
TEVETEN HCT	38	ORABASE)	55
TEXACORT	55	triamterene /hydrochlorothiazide	40
THALITONE	40	triamterene /hydrochlorothiazide (MAXZIDE)	40
THALOMID	76	triamterene /hydrochlorothiazide (MAXZIDE-25)	40
THEO-24	87	triazolam (HALCION)	49
theophylline er (UNIPHYL)	87	TRIBENZOR	38
THIOLA	76	TRICARE DHA CAP 301	82
thioridazine hcl	45	TRICARE TAB PRENATAL	82
thiothixene (NAVANE)	45	TRICODE AR LIQUID	85
thyroid	73	TRICODE GF LIQUID	86
THYROLAR-1	73	TRICOR	41
THYROLAR-1/2	73	trifluoperazine hcl	45
THYROLAR-1/4	73	trifluridine (VIROPTIC)	61
THYROLAR-2	73	TRIGLIDE	41
THYROLAR-3	73	trihexyphenidyl hcl (ARTANE)	30
ticlopidine hcl (TICLID)	34	tri-legest fe (ESTROSTEP FE)	69
TIKOSYN	36	TRILIPIX	41
TIMOLOL MALEATE	43	TRIMESIS RX TAB	82
timolol maleate (TIMOPTIC)	77	trimethobenzamide hcl (TIGAN)	64
timolol maleate ophthalmic gel forming		trimethoprim (PROLOPRIM)	27
(TIMOPTIC-XE)	77	trimethoprim sulfate/polymyxin b sulfate	
TINDAMAX	31	(POLYTRIM)	61
TIROSINT	73	trimipramine maleate (SURMONTIL)	47
tizanidine hcl (ZANAFLEX)	50	TRINATAL GT TAB	82
TL-ASSURE+ MIS DHA	82	TRINATAL RX TAB 1	82
TL-SELECT CAP	82	TRINATAL TAB ULTRA	82
TOBI	16	TRINATE TAB	82
TOBRADEX OINT	63	triotann pediatric	25
tobramycin/ dexamethasone (TOBRADEX)	63	tri-sprintec (ORTHO TRI-CYCLEN)	69
tobrasol (TOBREX)	61	TRIVEEN-DUO PAK DHA	82
TOBREX	61	TRIVEEN-ONE CAP	82
tolazamide	22	TRIVEEN-PRX CAP RNF	82
tolmetin sodium	13	TRIVEEN-TEN TAB	82
topiramate (TOPAMAX)	46	TRIVEEN-U CAP	82
topiramate sprinkles (TOPAMAX SPRINKLES)	46	TRIZIVIR	26
torsemide (DEMADEX)	40	trospium chloride (SANCTURA)	68
TOVIAZ	67	TRUST NATAL PAK DHA	82
TRACLEER	44	TRUVADA	26
tramadol hcl (ULTRAM)	15	TUSSO-XR	86
tramadol hcl tab sr 24hr biphasic release		TUSSO-ZMR	86
(RYZOLT)	15	TUSSO-ZR	86
tramadol hydrochloride/acetaminophen		TWINJECT	44
(ULTRACET)	15	TYKERB	30
trandolapril (MAVIK)	35	TYVASO	44
tranylcypromine sulfate (PARNATE)	49	TYZEKA	32
TRAVATAN Z	77	TYZINE PEDIATRIC	63
trazodone hcl	47		
TRECTOR	28		
tretinoin (RETIN-A)	58		
tretinoin (VESANOID)	30		
trezix (PANLOR DC)	15		
TRI PRENATAL CAP DHA ONE	82		
TRI RX TAB	82		
TRIADVANCE TAB	82		
triamcinolone acetonide (KENALOG)	55		
triamcinolone acetonide (NASACORT AQ)	63		

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ULORIC	76
ULTIMATE OB MIS DHA	82
ULTIMATECARE CAP ONE	82
ULTIMATECARE CAP ONE NF	82
ULTIMATECARE MIS ADVANTAG	83
ULTIMATECARE MIS COMBO	83
ULTRA TABS TAB	83

ultrabrom	25	VINATE GT TAB	83
ultrabrom pd	25	VINATE IC CAP	83
ULTRASE	65	VINATE II TAB	83
ULTRASE MT 12	65	VINATE M TAB	83
ULTRASE MT 18	65	VINATE ONE TAB	83
ULTRASE MT 20	65	VINATE PN TAB CARE	83
unithroid direct	73	VINATE ULTRA TAB	83
URETRON D/S	27	VIOKASE	65
urimar t	27	VIOKASE 16	65
UROKIT-K 15	59	VIOKASE 8	65
urogesic-blue	27	VIRACEPT POWD	26
ursodiol (ACTIGALL)	66	VIRACEPT TABS	27
ursodiol (URSO FORTE)	66	VIRAMUNE SUSP	25
ursodiol 250 (URSO 250)	66	VIRAMUNE TABS	25
UTA	27	VIRAMUNE XR TABLET	26
V			
VAGIFEM	72	VIREAD	26
valacyclovir (VALTREX)	32	VISICOL	66
VALCYTE	32	vis-phos n (K-PHOS NEUTRAL)	60
valproic acid (DEPAKENE)	46	visqid a/a (UROQID #2)	27
VALTURNA	41	VITAFOL-OB PAK +DHA	83
VANOCIN HCL	16	VITAFOL-OB TAB 65-1MG	83
VANOS	55	VITAFOL-ONE CAP	83
VAZOTAB	25	VITAFOL-PLUS	83
V-COF	25	VITAFOL-PN TAB	83
VEMAVITE- CAP PRX 2	83	VITAMEDMD REDICHEW	83
VENA-BAL MIS DHA	83	VITA-PREN TAB	83
VENATAL COMP MIS DHA	83	VITASPIRE TAB	83
VENATAL-FA TAB	83	VIVA DHA CAP	83
venlafaxine hcl (EFFEXOR)	47	VIVACTIL	47
venlafaxine hcl er tab (VENLAFAXINE ER)	47	VIVELLE-DOT	72
venlafaxine hcl sr cap (EFFEXOR XR)	47	VOL-NATE TAB	83
VENTAVIS	44	VOL-PLUS TAB	83
VENTOLIN HFA	87	VOL-TAB RX TAB	83
VERAMYST	X, 63	VOLTAREN GEL	55
verapamil hcl (CALAN)	39	voriconazole for susp 40 mg/ml (VFEND SUS)	23
verapamil hcl er (CALAN SR)	39	VORICONAZOLE TAB 200 MG (VFEND)	23
verapamil hcl er (VERELAN PM)	39	VOTRIENT	30
verapamil hcl er (VERELAN)	39	VYTORIN	41
verapamil hcl sr (VERELAN)	39	VYVANSE	51
VESICARE	68	W	
VEXOL	63	warfarin sodium (COUMADIN)	33
V-HIST	25	WELCHOL	41
VICTOZA	21	X	
VICTRELIS	32	XALKORI	30
VIDEX EC	26	XARELTO	33
VIDEX PEDIATRIC	26	XCLAIR	58
VIGAMOX	61	XELODA	30
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