

*Aon Hewitt's Corporate Health Exchange*

# **Drug List**

*(California)*

Aon Hewitt's Corporate Health Exchange Drug List includes a list of drugs covered by Health Net. This drug list is for **California**. The drug list is updated often and may change. To get the most up-to-date information, you may view the latest drug list on our website at [www.healthnet.com/aonhewitt](http://www.healthnet.com/aonhewitt) or call us at 1-888-926-1692.



# Welcome to Health Net

## What is Aon Hewitt's Corporate Health Exchange Drug List?

Aon Hewitt's Corporate Health Exchange Drug List or formulary is a list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and new information about existing drugs and chooses drugs based on:

- Safety;
- Effectiveness;
- Side effects; and
- Value (If two drugs are equally effective, the less costly drug will be preferred)

## How much will I pay for my drugs?

To figure out how much you will pay for a drug, the abbreviations in the table below appear in the Drug Tier column on the formulary. The copayment or coinsurance level you will pay is shown in the Copayment/Coinsurance column. If you do not know your copayment or coinsurance for each tier, please refer to your Summary of Benefits or other plan documents.

<i>Abbreviation</i>	<i>Copayment/Coinsurance</i>	<i>Description</i>
1	Tier 1 copayment or coinsurance	Generic drugs
2	Tier 2 copayment or coinsurance	Preferred brand drugs
3	Tier 3 copayment or coinsurance	Non-preferred brand drugs and specialty/covered injectable drugs. You may be required to obtain some drugs from a Specialty Pharmacy.
GP	You may pay your copayment or coinsurance <i>plus</i> the difference in cost between the brand and generic drugs.	Generics are preferred. A generic version of this brand drug is available. You can get the brand drug, but you may pay your copayment or coinsurance <i>plus</i> the difference in cost between the brand and generic drugs.
PV	\$0	Preventive benefit drugs. These drugs must be covered at no cost to members under the Affordable Care Act. A deductible does not apply.
NF	Non-formulary – If Health Net approves an exception request for a non-formulary drug, the non-preferred brand tier (Tier 3) copayment will apply	Drugs not covered on the formulary.

## How do I use the drug list?

Look for your drug in the index at the end of this booklet. The index lists all of the drugs on the drug list. Both brand name drugs and generic drugs are listed in the index. Next to your drug, you will see the page number where you can find your drug.

### What if my drug is not on the drug list?

If your drug is not on the drug list, call us at 1-888-926-1692 and ask if your drug is covered. If your drug is not covered, you can ask your doctor to prescribe a similar drug that is covered. If your doctor feels you need to have the drug that is not covered, your doctor can ask us to make an exception.

### What are generic drugs?

A generic drug contains the same active ingredient and works the same way as the brand name drug. Generic drugs are safe and effective, and generally cost less.

Generic drugs are available on the drug list at Tier 1. If you request a brand name drug that has an available generic version, you may be charged a higher cost share.

### Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
MO	Mail Order	These drugs are available from the mail order pharmacy.
PA	Prior Authorization	These drugs require prior authorization for coverage, effectiveness, or safety reasons. This means that your doctor must request approval from Health Net before the drug will be covered.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulins, insulin supplies and some covered preventive drugs.
ST	Step Therapy	You must first try another specific drug(s) before these drugs will be covered.

### How can I get an exception to the rules for drug coverage?

Your doctor can ask for an exception to our rules for drug coverage.

- Your doctor can ask us to cover your drug even if it is not on the drug list.
- Your doctor can ask us to make an exception for limits on your drug. For example, if your drug has a quantity limit of 1 tablet per day, your doctor can ask us to cover more.

To request an exception, your doctor can fax a prior authorization form along with a written statement supporting the request to us at (818) 676-8086.

### **Can I go to any pharmacy?**

To get the best benefit, you should use pharmacies that are in the network. These pharmacies have a contract with Health Net. Most chain pharmacies and many independent pharmacies are in the network. To find a pharmacy near you, visit our website at [www.healthnet.com/aonhewitt](http://www.healthnet.com/aonhewitt) or call us at 1-888-926-1692.

If you fill your prescription at an out-of-network pharmacy, the pharmacy may not be able to bill Health Net online so you may have to pay the full cost of your drug. However, you can send us your pharmacy receipt and ask for reimbursement, minus your copayment or coinsurance.

Some injectable and high cost drugs may be considered “specialty drugs”. These drugs must be obtained at one of Health Net’s Specialty Pharmacies.

### **Can I use a mail order pharmacy?**

You can use the CVS Caremark Mail Order Pharmacy for the home delivery of most maintenance drugs. Maintenance drugs are those needed for a long term condition. To use the mail order pharmacy, your doctor must provide new prescriptions that allow up to a 90-day supply of each drug. Mail order forms are available on our website at [www.healthnet.com/aonhewitt](http://www.healthnet.com/aonhewitt) or you may call us at 1-888-926-1692 to request a form.

### **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at Health Net participating pharmacies.
- Be sure your doctor prescribes drugs on the drug list
- Fill your maintenance drugs through our mail order pharmacy program.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL (Use Amphetamine-Dextroamphetamine)	GP	MO
ADDERALL XR (Use Amphetamine-Dextroamphetamine)	GP	QL(2 ea daily, 180 ea per fill retail, 180 ea per fill mail, 3 copay(s) per fill retail, 2 copay(s) per fill mail); MO
amphetamine-dextroamphetamine cp24 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 6.25mg-6.25mg-6.25mg-6.25mg, 7.5mg-7.5mg-7.5mg-7.5mg	1	QL(2 ea daily, 180 ea per fill retail, 180 ea per fill mail, 3 copay(s) per fill retail, 2 copay(s) per fill mail); MO
amphetamine-dextroamphetamine tabs 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.125mg-3.125mg-3.125mg-3.125mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg	1	MO
DESOXYN (Use Methamphetamine HCl)	GP	PA; MO
DEXEDRINE (Use Dextroamphetamine Sulfate)	GP	MO
dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg	1	MO
dextroamphetamine sulfate soln 5 mg/5ml	1	MO
dextroamphetamine sulfate tabs 10 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tabs 5 mg	1	MO
methamphetamine hcl	1	PA; MO
PROCENTRA (Use Dextroamphetamine Sulfate)	GP	MO
VYVANSE	2	QL(1 ea daily); MO
ZENZEDI	3	
<b>Analeptics</b>		
CAFCIT (Use Caffeine Citrate)	GP	MO
caffeine citrate	1	MO
<b>Anorexiants Non-Amphetamine</b>		
QSYMIA	3	PA
REGIMEX	3	PA
<b>Anti-Obesity Agents</b>		
BELVIQ	3	PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
clonidine hcl (adhd)	1	QL(4 ea daily); MO
INTUNIV	3	QL(1 ea daily); MO
KAPVAY (Use Clonidine HCl (ADHD))	GP	QL(4 ea daily); MO
KAPVAY DOSE PACK	3	MO
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG	3	QL(2 ea daily); MO
STRATTERA 100 MG, 60 MG, 80 MG	3	QL(1 ea daily); MO
<b>Stimulants - Misc.</b>		
CONCERTA 18 MG, 27 MG, 54 MG (Use Methylphenidate HCl)	GP	QL(1 ea daily); MO
CONCERTA 36 MG (Use Methylphenidate HCl)	GP	QL(2 ea daily); MO
DAYTRANA	3	MO

Please refer to pages ii - iii for a complete description of abbreviations.  
AL=Age Limit GP=Generic Preferred MO=Available at Mail Order  
NF=Non Formulary PA=Prior Authorization PV=\$0 Co-pay  
QL=Quantity Limit ST=Step Therapy  
Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 15 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily); MO
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); MO
FOCALIN (Use <i>Dexmethylphenidate HCl</i> )	GP	QL(2 ea daily); MO
FOCALIN XR 10 MG, 20 MG, 5 MG	3	QL(1 ea daily); MO
FOCALIN XR 15 MG, 30 MG, 40 MG (Use <i>Dexmethylphenidate HCl</i> )	GP	QL(1 ea daily); MO
FOCALIN XR 25 MG, 35 MG	3	MO
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG (Use <i>Methylphenidate HCl</i> )	GP	MO
METADATE CD 20 MG, 30 MG (Use <i>Methylphenidate HCl</i> )	GP	QL(2 ea daily); MO
METHYLIN CHEW 10 MG, 2.5 MG	3	MO
METHYLIN SOLN 10 MG/5ML, 5 MG/5ML (Use <i>Methylphenidate HCl</i> )	GP	MO
<i>methylphenidate hcl cp24 20 mg, 30 mg, 40 mg</i>	1	MO
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	MO
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily); MO
<i>methylphenidate hcl er</i>	1	QL(1 ea daily); MO
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	MO
<i>methylphenidate hcl tabs 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylphenidate hcl tbc 18 mg, 20 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily); MO
<i>methylphenidate hcl tbc 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily, 90 day(s) limit); MO
<i>methylphenidate hcl tbc 36 mg</i>	1	QL(2 ea daily, 90 day(s) limit); MO
<i>methylphenidate hcl tbc 36 mg</i>	1	QL(2 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil</i>	1	PA; QL(1 ea daily); MO
NUVIGIL 150 MG, 200 MG, 250 MG	3	PA
NUVIGIL 50 MG	3	ST; MO
PROVIGIL (Use <i>Modafinil</i> )	GP	PA; QL(1 ea daily); MO
QUILLIVANT XR	3	QL(12 ml daily); MO
RITALIN (Use <i>Methylphenidate HCl</i> )	GP	MO
RITALIN LA 10 MG	3	MO
RITALIN LA 20 MG, 30 MG, 40 MG (Use <i>Methylphenidate HCl</i> )	GP	MO
RITALIN SR (Use <i>Methylphenidate HCl</i> )	GP	QL(1 ea daily); MO
<b>AMEBICIDES - Drugs to Treat Amoebzoa Infections</b>		
<b>Amebicides</b>		
YODOXIN	2	MO
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
BETHKIS	3	
<i>neomycin sulfite</i>	1	MO
<i>paromomycin sulfite</i>	1	MO
TOBI (Use <i>Tobramycin</i> )	GP	
TOBI PODHALER	3	
<i>tobramycin</i>	3	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA	3	PA

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HUMIRA PEN	3	PA
HUMIRA PEN-CROHNS DISEASESTARTER	3	PA
HUMIRA PEN-PSORIASIS STARTER	3	PA
SIMPONI	3	PA
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ	3	PA
<b>Antirheumatic Antimetabolites</b>		
OTREXUP	3	PA
RHEUMATREX	2	MO
<b>Gold Compounds</b>		
RIDAURA	2	MO
<b>Interleukin-1 Blockers</b>		
ARCALYST	3	PA
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET	3	PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ANAPROX (Use Naproxen Sodium)	GP	MO
ANAPROX DS (Use Naproxen Sodium)	GP	MO
ARTHROTEC 50 (Use Diclofenac w/ Misoprostol)	GP	MO
ARTHROTEC 75 (Use Diclofenac w/ Misoprostol)	GP	MO
CATAFLAM (Use Diclofenac Potassium)	GP	MO
CELEBREX	3	ST; MO
CLINORIL (Use Sulindac)	GP	MO
DAYPRO (Use Oxaprozin)	GP	MO
diclofenac potassium	1	MO
diclofenac sodium	1	MO

Drug Name	Drug Tier	Requirements/Limits
diclofenac w/ misoprostol	1	MO
DUEXIS	3	MO
EC-NAPROSYN 500 MG (Use Naproxen)	GP	MO
etodolac caps 200 mg, 300 mg	1	MO
etodolac tabs 400 mg, 500 mg	1	MO
etodolac tb24 400 mg, 500 mg, 600 mg	1	QL(2 ea daily); MO
FELDENE (Use Piroxicam)	GP	MO
fenoprofen calcium	1	MO
flurbiprofen	1	MO
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	MO
INDOCIN SUPP RE 50 MG	3	MO
INDOCIN SUSP OR 25 MG/5ML	2	MO
indomethacin caps or 25 mg, 50 mg	1	MO
indomethacin cpcr or 75 mg	1	MO
ketoprofen	1	MO
KETOPROFEN ER	3	MO
ketorolac tromethamine tabs or 10 mg	1	QL(0.67 ea daily); MO
meclofenamate sodium	1	MO
mefenamic acid	1	MO
MELOXICAM SUSP 7.5 MG/5ML	2	MO
meloxicam tabs 15 mg	1	QL(1 ea daily); MO
meloxicam tabs 7.5 mg	1	QL(2 ea daily); MO
MOBIC SUSP 7.5 MG/5ML	2	MO
MOBIC TABS 15 MG (Use Meloxicam)	GP	QL(1 ea daily); MO

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Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS 7.5 MG ( <i>Use Meloxicam</i> )	GP	QL(2 ea daily); MO
<i>nabumetone 500 mg</i>	1	QL(4 ea daily); MO
<i>nabumetone 750 mg</i>	1	QL(3 ea daily); MO
NALFON 200 MG	2	
NALFON 400 MG	3	MO
NAPRELAN	3	MO
NAPROSYN ( <i>Use Naproxen</i> )	GP	MO
<i>naproxen sodium</i>	1	MO
<i>naproxen susp 125 mg/5ml</i>	1	MO
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen tbec 500 mg</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
PONSTEL ( <i>Use Mefenamic Acid</i> )	GP	MO
SPRIX	3	QL(1 ea daily,5 day(s) limit); MO
<i>sulindac</i>	1	MO
<i>tolmetin sodium</i>	1	MO
VIMOVO	3	PA; MO
VOLTAREN-XR ( <i>Use Diclofenac Sodium</i> )	GP	MO
ZIPSOR	3	ST; QL(4 ea daily,7 day(s) limit); MO
ZORVOLEX	3	MO
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA 10 MG ( <i>Use Leflunomide</i> )	GP	QL(2 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
ARAVA 20 MG ( <i>Use Leflunomide</i> )	GP	QL(1 ea daily); MO
<i>leflunomide 10 mg</i>	1	QL(2 ea daily); MO
<i>leflunomide 20 mg</i>	1	QL(1 ea daily); MO
<b>Selective Costimulation Modulators</b>		
ORENCIA	3	PA
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL	3	PA
ENBREL SURECLICK	3	PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
BUPAP 300MG-50MG	3	MO
BUPAP 650MG-50MG	1	MO
<i>butalbital-acetaminophen</i>	1	MO
<i>butalbital-acetaminophen-caffeine</i>	1	MO
<i>butalbital-aspirin-caffeine</i>	1	MO
<i>butalbital/aspirin/caffeine</i>	1	MO
DOLGIC PLUS	3	MO
ESGIC ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	GP	MO
ESGIC-PLUS ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	GP	MO
FIORICET ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	GP	MO
FIORINAL ( <i>Use Butalbital-Aspirin-Caffeine</i> )	GP	MO
ORBIVAN CF	3	MO
PHRENILIN FORTE	2	MO
SEDAPAP ( <i>Use Butalbital-Acetaminophen</i> )	GP	MO

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Drug Name	Drug Tier	Requirements/ Limits
TENCON (Use Butalbital-Acetaminophen)	GP	MO
<b>Salicylates</b>		
aspirin chew 81 mg	PV	MO; PV
aspirin tabs 325 mg	PV	MO; PV
aspirin tabs 81 mg	PV	PV
aspirin tbec 324 mg, 325 mg, 81 mg	PV	MO; PV
diflunisal	1	MO
ECOTRIN REGULAR STRENGTH (Use Aspirin)	GP	MO; PV
ST JOSEPH ADULT (Use Aspirin)	GP	PV
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE (Use Aspirin)	GP	PV
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ (Use Fentanyl Citrate)	GP	PA; MO
AVINZA (Use Morphine Sulfate Beads)	GP	QL(1 ea daily); MO
CODEINE SULFATE SOLN 30 MG/5ML	3	MO
codeine sulfate tabs 15 mg, 30 mg, 60 mg	1	MO
CONZIP	3	MO
DEMEROL TABS OR 100 MG, 50 MG (Use Meperidine HCl)	GP	MO
DILAUDID (Use Hydromorphone HCl)	GP	MO
DOLOPHINE (Use Methadone HCl)	GP	QL(12 ea daily); MO
DOLOPHINE HCL (Use Methadone HCl)	GP	QL(12 ea daily); MO
DURAGESIC (Use Fentanyl)	GP	QL(0.5 ea daily); MO
EXALGO 12 MG, 16 MG, 8 MG	3	QL(4 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
EXALGO 32 MG	3	QL(2 ea daily); MO
fentanyl	1	QL(0.5 ea daily); MO
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; MO
FENTORA	3	PA; QL(3 ea daily); MO
hydromorphone hcl liqd or 1 mg/ml	1	MO
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	MO
KADIAN 10 MG (Use Morphine Sulfate)	GP	MO
KADIAN 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use Morphine Sulfate)	GP	QL(2 ea daily); MO
KADIAN 130 MG, 150 MG	3	
KADIAN 200 MG	3	QL(2 ea daily); MO
KADIAN 40 MG, 70 MG	3	MO
LEVORPHANOL TARTRATE	1	MO
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	MO
meperidine hcl tabs or 100 mg, 50 mg	1	MO
methadone hcl conc or 10 mg/ml	1	MO
methadone hcl soln or 10 mg/5ml, 5 mg/5ml	1	MO
methadone hcl tabs or 10 mg, 5 mg	1	QL(12 ea daily); MO
METHADOSE (Use Methadone HCl)	1	MO
METHADOSE SUGAR-FREE (Use Methadone HCl)	1	MO
morphine sulfate beads	1	QL(1 ea daily); MO
morphine sulfate cp24 or 10 mg	1	MO

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<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL(2 ea daily); MO
<i>morphine sulfate soln or 10 mg/5ml, 100 mg/5ml, 20 mg/5ml, 20 mg/ml</i>	1	MO
<i>morphine sulfate supp re 20 mg</i>	1	MO
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	MO
<i>morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(3 ea daily); MO
MS CONTIN (Use Morphine Sulfate)	GP	QL(3 ea daily); MO
NUCYNTA	2	QL(6 ea daily); MO
NUCYNTA ER	2	QL(2 ea daily); MO
OPANA ER (CRUSH RESISTANT) 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG	2	QL(2 ea daily); MO
OPANA ER (CRUSH RESISTANT) 7.5 MG	2	QL(2 ea daily)
OPANA TABS OR 10 MG, 5 MG (Use Oxymorphone HCl)	GP	MO
OXECTA	3	QL(4 ea daily); MO
<i>oxycodone hcl</i>	1	MO
OXYCONTIN	3	QL(3 ea daily); MO
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	MO
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL(2 ea daily); MO
ROXICODONE (Use Oxycodone HCl)	GP	MO
RYBIX ODT	3	
RYZOLT (Use Tramadol HCl)	GP	MO
SUBSYS 200 MCG, 400 MCG, 800 MCG	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
SUBSYS 600 MCG	3	PA
TRAMADOL HCL ER	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily); MO
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	MO
ULTRAM (Use Tramadol HCl)	GP	QL(8 ea daily); MO
ULTRAM ER (Use Tramadol HCl)	GP	MO
ZOXYDRO ER	3	PA; MO
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine</i>	1	MO
<i>butalbital-acetaminophen-caffeine w/ codeine 300mg-50mg-40mg-30mg</i>	1	PA; MO
<i>butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg</i>	1	MO
<i>butalbital-aspirin-caffeine w/cod</i>	1	MO
FIORICET/CODEINE 300MG-50MG-40MG-30MG (Use Butalbital-Acetaminophen-Caffeine w/Codeine)	GP	PA; MO
FIORICET/CODEINE 325MG-50MG-40MG-30MG (Use Butalbital-Acetaminophen-Caffeine w/Codeine)	GP	MO
FIORINAL/CODEINE #3 (Use Butalbital-Aspirin-Caffeine w/Cod)	GP	MO
HYCET (Use Hydrocodone-Acetaminophen)	GP	MO
HYDROCODONE BITARTRATE/ACETAMINOPHEN 10MG-750MG	2	MO
HYDROCODONE BITARTRATE/ACETAMINOPHEN 2.5MG-325MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen caps 5mg-500mg	1	MO
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml, 7.5mg/15ml-500mg/15ml	1	MO
hydrocodone-acetaminophen tabs 10mg-300mg, 10mg-500mg, 10mg-650mg, 10mg-750mg, 2.5mg-500mg, 5mg-300mg, 5mg-500mg, 7.5mg-300mg, 7.5mg-500mg, 7.5mg-650mg	1	MO
hydrocodone-acetaminophen tabs 10mg-325mg, 5mg-325mg, 7.5mg-325mg	1	QL(240 ea per fill retail); MO
hydrocodone-acetaminophen tabs 7.5mg-750mg	1	
hydrocodone-ibuprofen	1	MO
HYDROCODONE/ACETA MINOPHEN 7.5MG-500MG, 7.5MG-650MG	2	MO
HYDROCODONE/ACETA MINOPHEN 7.5MG-750MG	2	
ibudone	1	MO
LORCET 10/650 (Use Hydrocodone-Acetaminophen)	GP	MO
LORCET PLUS (Use Hydrocodone-Acetaminophen)	GP	MO
LORTAB (Use Hydrocodone-Acetaminophen)	GP	MO
MAXIDONE (Use Hydrocodone-Acetaminophen)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
NORCO (Use Hydrocodone-Acetaminophen)	GP	QL(240 ea per fill retail); MO
oxycodone w/ acetaminophen	1	MO
oxycodone-ibuprofen	1	QL(4 ea daily); MO
pentazocine-acetaminophen	1	MO
PERCOCET (Use Oxycodone w/ Acetaminophen)	GP	MO
REPREXAIN (Use Hydrocodone-Ibuprofen)	GP	MO
ROXICET	2	MO
tramadol-acetaminophen	1	MO
TREZIX	3	MO
TYLENOL/CODEINE #3 (Use Acetaminophen w/ Codeine)	GP	MO
TYLENOL/CODEINE #4 (Use Acetaminophen w/ Codeine)	GP	MO
TYLOX (Use Oxycodone w/ Acetaminophen)	GP	MO
ULTRACET (Use Tramadol-Acetaminophen)	GP	MO
VICODIN (Use Hydrocodone-Acetaminophen)	GP	MO
VICODIN ES (Use Hydrocodone-Acetaminophen)	GP	
VICOPROFEN (Use Hydrocodone-Ibuprofen)	GP	MO
XODOL (Use Hydrocodone-Acetaminophen)	GP	MO
ZYDONE	3	MO
<b>Opioid Partial Agonists</b>		
buprenorphine hcl subl sl 2 mg	1	PA; QL(3 ea daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl subl sl 8 mg</i>	1	PA; QL(4 ea daily); MO
<i>buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg</i>	1	PA; QL(3 ea daily); MO
<i>buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg</i>	1	PA; QL(4 ea daily); MO
<i>butorphanol tartrate na 10 mg/ml</i>	1	QL(0.25 ml daily); MO
BUTRANS 10 MCG/HR, 20 MCG/HR, 5 MCG/HR	3	QL(0.15 ea daily); MO
BUTRANS 15 MCG/HR	3	QL(4 ea per 28 days retail); MO
<i>pentazocine w/ naloxone</i>	1	MO
PENTAZOCINE/NALOXONE HCL	3	MO
SUBOXONE FILM 12MG-3MG, 2MG-0.5MG, 4MG-1MG, 8MG-2MG	3	PA; MO
SUBOXONE SUBL 2MG-0.5MG (Use <i>Buprenorphine HCl-Naloxone HCl Dihydrate</i> )	GP	PA; QL(3 ea daily); MO
SUBOXONE SUBL 8MG-2MG (Use <i>Buprenorphine HCl-Naloxone HCl Dihydrate</i> )	GP	PA; QL(4 ea daily); MO
ZUBSOLV	3	PA; MO
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
OXANDRIN (Use <i>Oxandrolone</i> )	GP	MO
<i>oxandrolone</i>	1	MO
<b>Androgens</b>		
ANDRODERM	3	MO
ANDROGEL	2	QL(10 gm daily); MO
ANDROGEL PUMP	2	QL(10 gm daily); MO

Drug Name	Drug Tier	Requirements/ Limits
ANDROXY	2	MO
AXIRON	3	ST; QL(6 ml daily); MO
<i>danazol</i>	1	MO
FORTESTA	3	ST; QL(3.5 gm daily); MO
METHITEST	2	MO
<i>methyltestosterone</i>	1	MO
STRIANT	3	QL(2 ea daily); MO
TESTIM	3	PA; QL(10 gm daily); MO
TESTRED (Use <i>Methyltestosterone</i> )	GP	MO
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA (Use <i>Hydrocortisone (Intrarectal)</i> )	GP	MO
CORTIFOAM	2	MO
<i>hydrocortisone (intrarectal)</i>	1	MO
<b>Rectal Combinations</b>		
ANALPRAM-HC CREA 1%-1%, 1%-2.5% (Use <i>Hydrocortisone Acetate w/ Pramoxine</i> )	GP	MO
ANALPRAM-HC LOTN 1%-2.5%	3	MO
ANALPRAM-HC SINGLES (Use <i>Hydrocortisone Acetate w/ Pramoxine</i> )	GP	MO
<i>hydrocortisone acetate w/ pramoxine</i>	1	MO
<i>lidocaine-hydrocortisone acetate (rectal)</i>	1	MO
PROCORT	3	MO
PROCTOFOAM HC	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>Rectal Steroids</b>		
ANUSOL-HC ( <i>Use Hydrocortisone (Rectal)</i> )	GP	MO
ANUSOL-HC ( <i>Use Hydrocortisone Acetate (Rectal)</i> )	GP	MO
<i>hydrocortisone (rectal)</i>	1	MO
<i>hydrocortisone acetate (rectal)</i>	1	MO
PROCTOCORT ( <i>Use Hydrocortisone Acetate (Rectal)</i> )	GP	MO
<b>Vasodilating Agents</b>		
RECTIV	3	MO
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
ALBENZA	3	MO
BILTRICIDE	2	MO
STROMEKTOL	3	MO
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
CAYSTON	3	PA
FLAGYL ( <i>Use Metronidazole</i> )	GP	MO
FLAGYL ER	3	MO
<i>metronidazole</i>	1	MO
PRIMSOL	3	MO
TINDAMAX 250 MG ( <i>Use Tinidazole</i> )	GP	PA; MO
TINDAMAX 500 MG ( <i>Use Tinidazole</i> )	GP	
<i>tinidazole 250 mg</i>	1	PA; MO
TINIDAZOLE 250 MG ( <i>Use Tinidazole</i> )	GP	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>tinidazole 500 mg</i>	1	
<i>tinidazole 500 mg</i>	1	MO
TINIDAZOLE 500 MG ( <i>Use Tinidazole</i> )	GP	MO
<i>trimethoprim</i>	1	MO
VANCOCIN HCL ( <i>Use Vancomycin HCl</i> )	GP	PA; MO
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	PA; MO
XIFAXAN	3	QL(2 ea daily,9 ea per fill retail); MO
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	GP	MO
BACTRIM DS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	GP	MO
<i>erythromycin-sulfisoxazole</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
<b>Antiprotozoal Agents</b>		
ALINIA	3	MO
MEPRON	2	MO
<b>Ketolides</b>		
KETEK	3	MO
<b>Leprostatics</b>		
<i>dapsone</i>	1	MO
<b>Lincosamides</b>		
CLEOCIN CAPS OR 150 MG, 300 MG, 75 MG ( <i>Use Clindamycin HCl</i> )	GP	MO
CLEOCIN PEDIATRIC GRANULES ( <i>Use Clindamycin Palmitate Hydrochloride</i> )	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	1	MO
<i>clindamycin palmitate hydrochloride</i>	1	MO
<b>Oxazolidinones</b>		
ZYVOX SUSR OR 100 MG/5ML	2	QL(210 ml per 90 days retail); MO
ZYVOX TABS OR 600 MG	2	QL(20 ea per 90 days retail); MO
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA 1000 MG	3	MO
RANEXA 500 MG	3	QL(4 ea daily); MO
<b>Nitrates</b>		
DILATRATE SR	3	MO
IMDUR ( <i>Use Isosorbide Mononitrate</i> )	GP	MO
ISORDIL TITRADOSE 40 MG	2	MO
ISORDIL TITRADOSE 5 MG ( <i>Use Isosorbide Dinitrate</i> )	GP	MO
<i>isosorbide dinitrate subl sl 2.5 mg</i>	1	
ISOSORBIDE DINITRATE SUBL SL 5 MG ( <i>Use Isosorbide Dinitrate</i> )	GP	
<i>isosorbide dinitrate tabs or 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
ISOSORBIDE DINITRATE TABS OR 30 MG	2	MO
<i>isosorbide dinitrate tbc or 40 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
MONOKET ( <i>Use Isosorbide Mononitrate</i> )	GP	MO
NITRO-BID	2	MO

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>Use Nitroglycerin</i> )	GP	QL(1 ea daily); MO
NITRO-DUR 0.3 MG/HR	2	QL(1 ea daily); MO
<i>nitroglycerin cpcr or 2.5 mg, 9 mg</i>	1	MO
NITROGLYCERIN LINGUAL	3	MO
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily); MO
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO
NITROLINGUAL PUMPSPRAY ( <i>Use Nitroglycerin</i> )	GP	MO
NITROMIST	3	MO
NITROSTAT	2	MO
<b>ANTIANSXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl</i>	1	MO
<i>hydroxyzine hcl</i>	1	MO
HYDROXYZINE PAMOATE 100 MG	2	MO
<i>hydroxyzine pamoate 25 mg, 50 mg</i>	1	MO
<i>meprobamate</i>	1	MO
VISTARIL ( <i>Use Hydroxyzine Pamoate</i> )	GP	MO
<b>Benzodiazepines</b>		
<i>alprazolam</i>	1	MO
ALPRAZOLAM INTENSOL	3	MO
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG ( <i>Use Lorazepam</i> )	GP	MO
<i>chlordiazepoxide hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium</i>	1	MO
DIAZEPAM INTENSOL	2	MO
<i>diazepam soln or 1 mg/ml</i>	1	MO
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	MO
<i>lorazepam conc or 2 mg/ml</i>	1	MO
<i>lorazepam intensol</i>	1	MO
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO
NIRAVAM (Use Alprazolam)	GP	MO
<i>oxazepam</i>	1	MO
TRANXENE T (Use Clorazepate Dipotassium)	GP	MO
VALIUM (Use Diazepam)	GP	MO
XANAX (Use Alprazolam)	GP	MO
XANAX XR (Use Alprazolam)	GP	MO
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate</i>	1	MO
NORPACE (Use Disopyramide Phosphate)	GP	MO
NORPACE CR 100 MG	2	MO
NORPACE CR 150 MG (Use Disopyramide Phosphate)	GP	MO
<i>quinidine gluconate tbcr or 324 mg</i>	1	MO
<i>quinidine sulfata</i>	1	MO
<i>quinidine sulfata er</i>	1	MO
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	1	MO
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily); MO
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily); MO
RYTHMOL 150 MG (Use Propafenone HCl)	GP	QL(6 ea daily); MO
RYTHMOL 225 MG (Use Propafenone HCl)	GP	QL(3 ea daily); MO
RYTHMOL SR (Use Propafenone HCl)	GP	MO
TAMBOCOR (Use Flecainide Acetate)	GP	MO
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl</i>	1	MO
CORDARONE (Use Amiodarone HCl)	GP	MO
MULTAQ	2	MO
TIKOSYN	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium</i>	1	MO
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	2	QL(0.86 gm daily); MO
<i>ipratropium bromide</i>	1	MO
SPIRIVA HANDIHALER	2	QL(1 ea daily); MO
TUDORZA PRESSAIR	2	QL(0.04 ea daily); MO
<b>Leukotriene Modulators</b>		
ACCOLATE (Use Zafirlukast)	GP	MO
<i>montelukast sodium</i>	1	QL(1 ea daily); MO

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR ( <i>Use Montelukast Sodium</i> )	GP	QL(1 ea daily); MO
<i>zafirlukast</i>	1	MO
ZYFLO	3	MO
ZYFLO CR	3	MO
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP	3	MO
<b>Steroid Inhalants</b>		
AEROSPAN	3	QL(0.3 gm daily)
ALVESCO	3	QL(0.41 gm daily); MO
ASMANEX 120 METERED DOSES	2	QL(0.04 ea daily); MO
ASMANEX 14 METERED DOSES	2	QL(0.04 ea daily); MO
ASMANEX 30 METERED DOSES	2	QL(0.04 ea daily); MO
ASMANEX 60 METERED DOSES	2	QL(0.04 ea daily); MO
ASMANEX 7 METERED DOSES	2	QL(0.04 ea daily); MO
<i>budesonide (inhalation) 0.25 mg/2ml</i>	1	QL(8 ml daily); MO
<i>budesonide (inhalation) 0.5 mg/2ml</i>	1	QL(4 ml daily); MO
FLOVENT DISKUS 100 MCG/BLIST	2	QL(20 ea daily); MO
FLOVENT DISKUS 250 MCG/BLIST	2	QL(8 ea daily); MO
FLOVENT DISKUS 50 MCG/BLIST	2	QL(40 ea daily); MO
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(0.8 gm daily); MO
FLOVENT HFA 44 MCG/ACT	2	QL(0.36 gm daily); MO
PULMICORT 0.25 MG/2ML ( <i>Use Budesonide (Inhalation)</i> )	GP	QL(8 ml daily); MO
PULMICORT 0.5 MG/2ML ( <i>Use Budesonide (Inhalation)</i> )	GP	QL(4 ml daily); MO

Drug Name	Drug Tier	Requirements/Limits
PULMICORT 1 MG/2ML	2	QL(2 ml daily); MO
PULMICORT FLEXHALER 180 MCG/ACT	2	QL(0.07 ea daily); MO
PULMICORT FLEXHALER 90 MCG/ACT	2	QL(0.27 ea daily); MO
QVAR 40 MCG/ACT	2	QL(0.58 gm daily); MO
QVAR 80 MCG/ACT	2	QL(0.29 gm daily); MO
<b>Sympathomimetics</b>		
ACCUNEB ( <i>Use Albuterol Sulfate</i> )	GP	MO
ADVAIR DISKUS	2	QL(2 ea daily); MO
ADVAIR HFA	2	QL(0.4 gm daily); MO
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	MO
<i>albuterol sulfate syrj or 2 mg/5ml</i>	1	MO
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	QL(2 ea daily); MO
ANORO ELLIPTA	3	
ARCAPTA NEOHALER	3	QL(1 ea daily); MO
BREO ELLIPTA	2	QL(2 ea daily); MO
BROVANA	3	MO
COMBIVENT	3	MO
COMBIVENT RESPIMAT	3	MO
DULERA	2	QL(0.45 gm daily); MO
DUONEB ( <i>Use Ipratropium-Albuterol</i> )	GP	MO
FORADIL AEROLIZER	3	MO
<i>ipratropium-albuterol</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl</i>	1	MO
MAXAIR AUTOHALER	2	QL(0.94 gm daily)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	MO
METAPROTERENOL SULFATE TABS 10 MG	2	MO
PERFOROMIST	3	MO
PROAIR HFA	3	QL(0.57 gm daily); MO
PROAIR HFA	3	QL(0.47 gm daily); MO
PROVENTIL HFA	2	QL(0.47 gm daily); MO
SEREVENT DISKUS	2	QL(2 ea daily); MO
SYMBICORT	2	MO
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA	3	QL(0.54 gm daily); MO
VENTOLIN HFA	3	QL(1.2 gm daily); MO
VENTOLIN HFA	3	QL(0.47 gm daily); MO
VOSPIRE ER (Use Albuterol Sulfate)	GP	QL(2 ea daily); MO
XOPENEX (Use Levalbuterol HCl)	GP	MO
XOPENEX CONCENTRATE (Use Levalbuterol HCl)	GP	MO
XOPENEX HFA	2	QL(0.6 gm daily); MO
<b>Xanthines</b>		
AMINOPHYLLINE TABS OR 200 MG (Use Aminophylline)	GP	
ELIXOPHYLLIN	3	MO
THEO-24	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS OR 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (Use Warfarin Sodium)	GP	MO
<i>warfarin sodium</i>	1	MO
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS	3	MO
XARELTO 10 MG	2	QL(1 ea daily); MO
XARELTO 15 MG, 20 MG	2	MO
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (Use Fondaparinux Sodium)	GP	PA
ARIXTRA 2.5 MG/0.5ML (Use Fondaparinux Sodium)	GP	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>enoxaparin sodium ij 300 mg/3ml</i>	3	PA; QL(0.1 ml daily)
<i>enoxaparin sodium sc 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	3	PA
<i>fondaparinux sodium 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	3	PA
<i>fondaparinux sodium 2.5 mg/0.5ml</i>	3	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML	3	PA
FRAGMIN 2500 UNIT/0.2ML	3	QL(7 ml per 90 days retail)
LOVENOX IJ 300 MG/3ML (Use Enoxaparin Sodium)	GP	PA; QL(0.1 ml daily)
LOVENOX SC 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (Use Enoxaparin Sodium)	GP	PA
<b>Thrombin Inhibitors</b>		
IPRIVASK	3	PA
PRADAXA	2	MO
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA	3	MO
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam</i>	1	MO
DIASTAT ACUDIAL	3	QL(0.14 ea daily); MO
DIASTAT PEDIATRIC	3	QL(0.14 ea daily); MO
DIAZEPAM GEL RE 10 MG, 2.5 MG, 20 MG	3	QL(0.14 ea daily); MO
KLONOPIN (Use Clonazepam)	GP	MO
ONFI	3	MO
<b>Anticonvulsants - Misc.</b>		
APTIOM	3	PA
BANZEL	2	MO
<i>carbamazepine</i>	1	MO
CARBATROL (Use Carbamazepine)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i>	1	MO
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	GP	MO
KEPPRA TABS OR 1000 MG, 250 MG, 500 MG, 750 MG (Use Levetiracetam)	GP	MO
KEPPRA XR (Use Levetiracetam)	GP	MO
LAMICTAL (Use Lamotrigine)	GP	MO
LAMICTAL CHEWABLE DISPERSIBLE (Use Lamotrigine)	GP	MO
LAMICTAL ODT	3	PA; MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE (Use Lamotrigine)	GP	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE (Use Lamotrigine)	GP	MO
LAMICTAL STARTER/TAKING VALPROATE (Use Lamotrigine)	GP	MO
LAMICTAL XR KIT	3	PA; MO
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 50 MG (Use Lamotrigine)	GP	PA; QL(1 ea daily); MO
LAMICTAL XR TB24 250 MG (Use Lamotrigine)	GP	PA; MO
LAMICTAL XR TB24 300 MG (Use Lamotrigine)	GP	MO
<i>lamotrigine chew 25 mg, 5 mg</i>	1	MO
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; QL(1 ea daily); MO
<i>lamotrigine tb24 250 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tb24 300 mg</i>	1	MO
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	MO
<i>levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO
LYRICA CAPS 100 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; QL(3 ea daily); MO
LYRICA CAPS 150 MG, 225 MG, 300 MG	3	PA; QL(2 ea daily); MO
LYRICA SOLN 20 MG/ML	3	PA; QL(30 ml daily); MO
MYSOLINE (Use Primidone)	GP	MO
NEURONTIN (Use Gabapentin)	GP	MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	ST; MO
POTIGA 200 MG, 300 MG, 50 MG	3	MO
POTIGA 400 MG	3	
<i>primidone</i>	1	MO
TEGRETOL (Use Carbamazepine)	GP	MO
TEGRETOL-XR 100 MG	2	MO
TEGRETOL-XR 200 MG, 400 MG (Use Carbamazepine)	GP	MO
TOPAMAX (Use Topiramate)	GP	MO
TOPAMAX SPRINKLE (Use Topiramate)	GP	MO
<i>topiramate</i>	1	MO
TRILEPTAL (Use Oxcarbazepine)	GP	MO
TROKENDI XR	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN OR 10 MG/ML	2	MO
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	2	MO
ZONEGRAN (Use Zonisamide)	GP	MO
<i>zonisamide</i>	1	MO
<b>Carbamates</b>		
<i>felbamate</i>	1	MO
FELBATOL (Use Felbamate)	GP	MO
<b>GABA Modulators</b>		
GABITRIL 12 MG	3	MO
GABITRIL 2 MG, 4 MG (Use Tiagabine HCl)	GP	MO
SABRIL	2	
<i>tiagabine hcl</i>	1	MO
<b>Hydantoins</b>		
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	GP	MO
DILANTIN CAPS 30 MG	2	MO
DILANTIN INFATABS (Use Phenytoin)	GP	MO
DILANTIN SUSP 125 MG/5ML (Use Phenytoin)	GP	MO
PEGANONE	3	MO
PHENYTEK (Use Phenytoin Sodium Extended)	GP	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<b>Succinimides</b>		
CELONTIN	2	MO
<i>ethosuximide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ZARONTIN (Use Ethosuximide)	GP	MO
<b>Valproic Acid</b>		
DEPAKENE (Use Valproate Sodium)	GP	MO
DEPAKENE (Use Valproic Acid)	GP	MO
DEPAKOTE (Use Divalproex Sodium)	GP	MO
DEPAKOTE ER (Use Divalproex Sodium)	GP	MO
DEPAKOTE SPRINKLES (Use Divalproex Sodium)	GP	MO
<i>divalproex sodium</i>	1	MO
STAVZOR	3	MO
<i>valproate sodium soln or 250 mg/5ml</i>	1	MO
<i>valproate sodium syrp or 250 mg/5ml</i>	1	MO
<i>valproic acid</i>	1	MO

### ANTIDEPRESSANTS - Drugs to Treat Depression

#### Alpha-2 Receptor Antagonists (Tetracyclics)

<i>mirtazapine</i>	1	MO
REMERON (Use Mirtazapine)	GP	MO
REMERON SOLTAB (Use Mirtazapine)	GP	MO

#### Antidepressants - Misc.

APLENZIN	3	ST; QL(1 ea daily); MO
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	MO
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	MO
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily); MO
FORFIVO XL	3	ST; QL(1 ea daily); MO
<i>maprotiline hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN (Use Bupropion HCl)	GP	MO
WELLBUTRIN SR (Use Bupropion HCl)	GP	MO
WELLBUTRIN XL (Use Bupropion HCl)	GP	QL(1 ea daily); MO
<b>Modified Cyclics</b>		
BRINTELLIX	3	MO
NEFAZODONE HCL 100 MG, 150 MG, 200 MG, 50 MG	3	MO
<i>nefazodone hcl 250 mg</i>	1	MO
OLEPTRO	3	MO
<i>trazodone hcl</i>	1	MO
VIIBRYD KIT	3	PA; MO
VIIBRYD TABS 10 MG, 20 MG, 40 MG	3	ST; MO
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily); MO
MARPLAN	3	MO
NARDIL (Use Phenelzine Sulfate)	GP	MO
PARNATE (Use Tranylcypromine Sulfate)	GP	MO
<i>phenelzine sulfate</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA 10 MG (Use Citalopram Hydrobromide)	GP	QL(4 ea daily); MO
CELEXA 20 MG (Use Citalopram Hydrobromide)	GP	QL(2 ea daily); MO
CELEXA 40 MG (Use Citalopram Hydrobromide)	GP	QL(1 ea daily); MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily); MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily); MO
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily); MO
<i>escitalopram oxalate</i>	1	MO
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fluoxetine hcl cpdr 90 mg</i>	1	MO
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	MO
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	1	MO
FLUOXETINE HCL TABS 60 MG	3	ST; QL(1 ea daily); MO
<i>fluvoxamine maleate</i>	1	MO
LEXAPRO (Use Escitalopram Oxalate)	GP	MO
LUVOX CR (Use Fluvoxamine Maleate)	GP	MO
<i>paroxetine hcl</i>	1	MO
PAXIL (Use Paroxetine HCl)	GP	MO
PAXIL CR (Use Paroxetine HCl)	GP	MO
PEXEVA	3	MO
PROZAC (Use Fluoxetine HCl)	GP	MO
PROZAC WEEKLY (Use Fluoxetine HCl)	GP	MO
<i>sertraline hcl</i>	1	MO
ZOLOFT (Use Sertraline HCl)	GP	MO
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA 20 MG, 30 MG, 60 MG (Use Duloxetine HCl)	GP	QL(2 ea daily); MO
CYMBALTA 60 MG	2	QL(2 ea daily); MO
DESVENLAFAXINE ER	3	ST; QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl</i>	1	QL(2 ea daily); MO
EFFEXOR XR 150 MG (Use Venlafaxine HCl)	GP	QL(2 ea daily); MO
EFFEXOR XR 37.5 MG, 75 MG (Use Venlafaxine HCl)	GP	QL(1 ea daily); MO
FETZIMA 120 MG, 40 MG, 80 MG	3	ST; QL(1 ea daily); MO
FETZIMA 20 MG	3	ST; QL(2 ea daily); MO
FETZIMA TITRATION PACK	3	ST; MO
KHEDEZLA	3	ST; QL(1 ea daily); MO
PRISTIQ	2	ST; QL(1 ea daily); MO
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily); MO
<i>venlafaxine hcl cp24 37.5 mg</i>	1	MO
<i>venlafaxine hcl cp24 37.5 mg, 75 mg</i>	1	QL(1 ea daily); MO
VENLAFAXINE HCL ER 150 MG, 37.5 MG, 75 MG (Use Venlafaxine HCl)	GP	MO
<i>venlafaxine hcl er 225 mg</i>	1	MO
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>venlafaxine hcl tb24 150 mg, 37.5 mg, 75 mg</i>	1	MO
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl</i>	1	MO
AMOXAPINE	2	MO
ANAFRANIL (Use Clomipramine HCl)	GP	MO
<i>clomipramine hcl</i>	1	MO
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl caps 10 mg, 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DOXEPIN HCL CAPS 75 MG (Use Doxepin HCl)	GP	MO
<i>doxepin hcl conc 10 mg/ml</i>	1	MO
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
NORPRAMIN (Use Desipramine HCl)	GP	MO
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
NORTRIPTYLINE HCL SOLN 10 MG/5ML (Use Nortriptyline HCl)	GP	MO
PAMELOR (Use Nortriptyline HCl)	GP	MO
<i>protriptyline hcl</i>	1	MO
TOFRANIL (Use Imipramine HCl)	GP	MO
TOFRANIL-PM (Use Imipramine Pamoate)	GP	MO
VIVACTIL (Use Protriptyline HCl)	GP	MO
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	1	MO
GLYSET	3	MO
PRECOSE (Use Acarbose)	GP	MO
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET (Use Pioglitazone HCl-Metformin HCl)	GP	MO
ACTOPLUS MET XR	3	MO
AVANDAMET	2	
AVANDARYL	2	
DUETACT (Use Pioglitazone HCl-Glimepiride)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl</i>	1	MO
GLUCOVANCE (Use Glyburide-Metformin)	GP	MO
<i>glyburide-metformin</i>	1	MO
JANUMET	2	MO
JANUMET XR	2	MO
JENTADUETO	2	MO
JUVISYNC 100MG-10MG	2	MO
JUVISYNC 100MG-20MG, 50MG-10MG, 50MG-20MG	2	
JUVISYNC 40MG-100MG, 40MG-50MG	2	QL(1 ea daily)
KAZANO	3	MO
KOMBIGLYZE XR	3	MO
OSENI	3	MO
<i>pioglitazone hcl-glimepiride</i>	1	MO
<i>pioglitazone hcl-metformin hcl</i>	1	MO
PRANDIMET	3	MO
<b>Biguanides</b>		
FORTAMET (Use Metformin HCl)	GP	MO
GLUCOPHAGE (Use Metformin HCl)	GP	MO
GLUCOPHAGE XR (Use Metformin HCl)	GP	MO
GLUMETZA	3	MO
<i>metformin hcl</i>	1	MO
RIOMET	3	MO
<b>Diabetic Other</b>		
GLUCAGEN	3	PA
GLUCAGEN HYPOKIT	3	PA

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT	3	PA; QL(0.04 ea daily)
KORLYM	3	PA
PROGLYCEM	3	MO
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA	2	MO
NESINA	3	MO
ONGLYZA	3	MO
TRADJENTA	2	MO
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET	3	MO
<b>Incretin Mimetic Agents (GLP-1 Receptor</b>		
BYDUREON	3	PA
BYETTA	3	PA
VICTOZA	3	PA
<b>Insulin Sensitizing Agents</b>		
ACTOS (Use Pioglitazone HCl)	GP	MO
AVANDIA	2	
<i>pioglitazone hcl</i>	1	MO
<b>Insulin</b>		
APIDRA	3	PA; MO
APIDRA SOLOSTAR	3	PA; MO
HUMALOG	2	QL(1.5 ml daily); MO
HUMALOG KWIKPEN	2	QL(1.5 ml daily); MO
HUMALOG MIX 50/50	2	QL(1.5 ml daily); MO
HUMALOG MIX 50/50 KWIKPEN	2	QL(1.5 ml daily); MO
HUMALOG MIX 75/25	2	MO

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	2	MO
HUMULIN 70/30 KWIKPEN	3	QL(1.5 ml daily); RX/OTC; MO
HUMULIN N KWIKPEN	2	QL(1.5 ml daily); RX/OTC; MO
HUMULIN R U-500 (CONCENTRATED)	2	QL(1.34 ml daily); MO
LANTUS	2	QL(1.5 ml daily); MO
LANTUS SOLOSTAR	2	QL(1.5 ml daily); MO
LEVEMIR	2	QL(1.5 ml daily); MO
LEVEMIR FLEXPEN	2	QL(1.5 ml daily); MO
NOVOLOG	3	QL(1.34 ml daily); MO
NOVOLOG FLEXPEN	3	QL(1.5 ml daily); MO
NOVOLOG MIX 70/30	3	QL(1.34 ml daily); MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	QL(1.5 ml daily); MO
NOVOLOG PENFILL	3	QL(1.5 ml daily); MO
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	1	MO
PRANDIN (Use Repaglinide)	GP	MO
<i>repaglinide</i>	1	MO
STARLIX (Use Nateglinide)	GP	MO
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA	3	MO
INVOKANA	2	MO
<b>Sulfonylureas</b>		
AMARYL (Use Glimepiride)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
CHLORPROPAMIDE (Use Chlorpropamide)	GP	MO
DIABETA	2	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
GLUCOTROL (Use Glipizide)	GP	MO
GLUCOTROL XL (Use Glipizide)	GP	MO
GLYBURIDE 1.25 MG, 2.5 MG, 5 MG	2	MO
<i>glyburide 1.25 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glyburide micronized</i>	1	MO
GLYNASE (Use Glyburide Micronized)	GP	MO
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO
<b>ANTIDIARRHEALS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
FULYZAQ	3	PA; QL(2 ea daily); MO
<b>Antidiarrheal Agents - Misc.</b>		
REZYST SB	3	MO
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine</i>	1	MO
<i>diphenoxylate/atropine</i>	1	MO
LOMOTIL (Use Diphenoxylate w/ Atropine)	GP	MO
<i>loperamide hcl caps</i>	1	RX/OTC; MO
OPIUM TINCTURE (PAREGORIC)	3	MO
<b>ANTIDOTES - Drugs to Treat Overdose or Toxicity</b>		
<b>Antidotes - Chelating Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
CHEMET	3	
EXJADE	3	
FERRIPROX	3	
<b>Opioid Antagonists</b>		
<i>naltrexone hcl</i>	1	MO
REVIA (Use Naltrexone HCl)	GP	MO
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS OR 100 MG	3	PA; QL(0.07 ea daily); MO
<i>granisetron hcl tabs or 1 mg</i>	1	PA; QL(0.07 ea daily); MO
<i>ondansetron</i>	1	QL(0.67 ea daily); MO
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(1.67 ml daily, 50 ml per fill retail); MO
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	QL(0.67 ea daily); MO
SANCUSO	3	PA; QL(0.04 ea daily); MO
ZOFRAN ODT (Use Ondansetron)	GP	QL(0.67 ea daily); MO
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	GP	QL(1.67 ml daily, 50 ml per fill retail); MO
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	GP	QL(0.67 ea daily); MO
ZUPLENZ	3	QL(0.67 ea daily); MO
<b>Antiemetics - Anticholinergic</b>		
TIGAN (Use Trimethobenzamide HCl)	GP	MO
TRANSDERM-SCOP	3	MO
<i>trimethobenzamide hcl</i>	1	MO
<b>Antiemetics - Miscellaneous</b>		

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Drug Name	Drug Tier	Requirements/Limits
CESAMET	3	PA; QL(2 ea daily); MO
DICLEGIS	3	QL(4 ea daily); MO
<i>dronabinol</i>	1	PA; MO
MARINOL (Use <i>Dronabinol</i> )	GP	PA; MO
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
EMEND	3	QL(0.1 ea daily); MO
EMEND 125 MG, 80 MG	3	QL(0.04 ea daily); MO
EMEND 40 MG	3	QL(0.07 ea daily); MO
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
ANCOBON 250 MG (Use <i>Flucytosine</i> )	GP	
ANCOBON 500 MG (Use <i>Flucytosine</i> )	GP	MO
<i>flucytosine 250 mg</i>	1	
<i>flucytosine 500 mg</i>	1	MO
GRIFULVIN V (Use <i>Griseofulvin Microsize</i> )	GP	MO
GRIS-PEG (Use <i>Griseofulvin Ultramicrosize</i> )	GP	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
LAMISIL PACK 187.5 MG	3	PA; MO
LAMISIL TABS 250 MG (Use <i>Terbinafine HCl</i> )	GP	PA; MO
<i>nystatin</i>	1	MO
<i>terbinafine hcl</i>	1	PA; MO
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN (Use <i>Fluconazole</i> )	GP	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i>	1	MO
<i>itraconazole</i>	1	PA; MO
<i>ketoconazole</i>	1	MO
NOXAFIL	3	MO
ONMEL	3	PA; MO
SPORANOX CAPS 100 MG (Use <i>Itraconazole</i> )	GP	PA; MO
SPORANOX PULSEPAK (Use <i>Itraconazole</i> )	GP	PA; MO
SPORANOX SOLN 10 MG/ML	2	PA; MO
VFEND SUSR 40 MG/ML (Use <i>Voriconazole</i> )	GP	MO
VFEND TABS 200 MG, 50 MG (Use <i>Voriconazole</i> )	GP	QL(2 ea daily); MO
<i>voriconazole susr or 40 mg/ml</i>	1	MO
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(2 ea daily); MO
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate</i>	1	MO
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	2	MO
<i>clemastine fumarate syrp 0.67 mg/5ml</i>	1	MO
<i>clemastine fumarate tabs 2.68 mg</i>	1	MO
PALGIC (Use <i>Carbinoxamine Maleate</i> )	GP	MO
<b>Antihistamines - Non-Sedating</b>		
CLARINEX REDITABS (Use <i>Desloratadine</i> )	GP	PA; MO
CLARINEX SYRP 0.5 MG/ML	3	PA; MO
CLARINEX TABS 5 MG (Use <i>Desloratadine</i> )	GP	PA; QL(1 ea daily); MO
<i>desloratadine tabs 5 mg</i>	1	PA; QL(1 ea daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>desloratadine tbdp 2.5 mg, 5 mg</i>	1	PA; MO
<i>levocetirizine dihydrochloride soln or 2.5 mg/5ml</i>	1	PA; MO
<i>levocetirizine dihydrochloride tabs or 5 mg</i>	1	QL(1 ea daily); MO
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	GP	PA; MO
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	GP	QL(1 ea daily); MO
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	MO
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	1	MO
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	MO
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	1	MO
PROMETHEGAN (Use Promethazine HCl)	GP	MO
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl</i>	1	MO
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
LIPTRUZET	2	QL(1 ea daily); MO
VYTORIN 10MG-10MG	2	ST; QL(1 ea daily); MO
VYTORIN 10MG-20MG, 40MG-10MG	2	QL(1 ea daily); MO
VYTORIN 80MG-10MG	2	PA; QL(1 ea daily); MO
<b>Antihyperlipidemics - Misc.</b>		
KYNAMRO	3	PA; LA
LOVAZA	3	MO

Drug Name	Drug Tier	Requirements/ Limits
VASCEPA	3	MO
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
COLESTID (Use Colestipol HCl)	GP	MO
COLESTID FLAVORED (Use Colestipol HCl)	GP	MO
<i>colestipol hcl</i>	1	MO
QUESTRAN (Use Cholestyramine)	GP	MO
QUESTRAN LIGHT (Use Cholestyramine Light)	GP	MO
WELCHOL	3	MO
<b>Fibric Acid Derivatives</b>		
ANTARA 130 MG, 43 MG (Use Fenofibrate Micronized)	GP	MO
ANTARA 30 MG	3	
ANTARA 90 MG	3	MO
<i>choline fenofibrate</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
FENOFIBRIC ACID	3	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
<i>gemfibrozil</i>	1	MO
LIPOFEN	3	MO
LOFIBRA (Use Fenofibrate Micronized)	GP	MO
LOFIBRA (Use Fenofibrate)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
LOPID ( <i>Use Gemfibrozil</i> )	GP	MO
TRICOR ( <i>Use Fenofibrate</i> )	GP	MO
TRIGLIDE 160 MG ( <i>Use Fenofibrate</i> )	GP	MO
TRIGLIDE 50 MG	3	
TRILIPIX ( <i>Use Choline Fenofibrate</i> )	GP	MO
<b>HMG CoA Reductase Inhibitors</b>		
ADVICOR 20MG-1000MG, 20MG-500MG, 20MG-750MG	2	MO
ADVICOR 40MG-1000MG	2	QL(1 ea daily); MO
ALTOPREV	3	MO
<i>atorvastatin calcium</i>	1	QL(1 ea daily); MO
CRESTOR 10 MG, 20 MG, 40 MG	3	QL(1 ea daily); MO
CRESTOR 5 MG	3	ST; QL(1 ea daily); MO
<i>fluvastatin sodium</i>	1	PA; QL(1 ea daily); MO
LESCOL ( <i>Use Fluvastatin Sodium</i> )	GP	PA; QL(1 ea daily); MO
LESCOL XL	3	PA; QL(1 ea daily); MO
LIPITOR ( <i>Use Atorvastatin Calcium</i> )	GP	QL(1 ea daily); MO
LIVALO	3	ST; QL(1 ea daily); MO
<i>lovastatin</i>	1	MO
MEVACOR ( <i>Use Lovastatin</i> )	GP	MO
PRAVACHOL 20 MG, 80 MG ( <i>Use Pravastatin Sodium</i> )	GP	QL(1 ea daily); MO
PRAVACHOL 40 MG ( <i>Use Pravastatin Sodium</i> )	GP	QL(2 ea daily); MO
<i>pravastatin sodium 10 mg, 20 mg, 80 mg</i>	1	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium 40 mg</i>	1	QL(2 ea daily); MO
SIMCOR	2	MO
<i>simvastatin</i>	1	QL(1 ea daily); MO
ZOCOR ( <i>Use Simvastatin</i> )	GP	QL(1 ea daily); MO
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
ZETIA	2	MO
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID	3	PA
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic)</i>	1	MO
NIASPAN ( <i>Use Niacin (Antihyperlipidemic)</i> )	GP	MO
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL ( <i>Use Quinapril HCl</i> )	GP	MO
ACEON ( <i>Use Perindopril Erbumine</i> )	GP	MO
ALTACE ( <i>Use Ramipril</i> )	GP	QL(2 ea daily); MO
<i>benazepril hcl</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate</i>	1	QL(2 ea daily); MO
EPANED	3	QL(5 ml daily); MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN ( <i>Use Benazepril HCl</i> )	GP	MO
MAVIK ( <i>Use Trandolapril</i> )	GP	MO
<i>moexipril hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>perindopril erbumine</i>	1	MO
PRINIVIL ( <i>Use Lisinopril</i> )	GP	MO
<i>quinapril hcl</i>	1	MO
<i>ramipril</i>	1	QL(2 ea daily); MO
<i>trandolapril</i>	1	MO
UNIVASC ( <i>Use Moexipril HCl</i> )	GP	MO
VASOTEC ( <i>Use Enalapril Maleate</i> )	GP	QL(2 ea daily); MO
ZESTRIL ( <i>Use Lisinopril</i> )	GP	MO
<b>Agents for Pheochromocytoma</b>		
DIBENZYLINE	2	MO
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND ( <i>Use Candesartan Cilexetil</i> )	GP	MO
AVAPRO ( <i>Use Irbesartan</i> )	GP	MO
BENICAR	2	MO
<i>candesartan cilexetil</i>	1	MO
COZAAR ( <i>Use Losartan Potassium</i> )	GP	MO
DIOVAN	2	MO
EDARBI	3	MO
<i>eprosartan mesylate</i>	1	MO
<i>irbesartan</i>	1	MO
<i>losartan potassium</i>	1	MO
MICARDIS ( <i>Use Telmisartan</i> )	GP	ST; MO
<i>telmisartan</i>	1	ST; MO
TEVETEN ( <i>Use Eprosartan Mesylate</i> )	GP	MO
<b>Antiadrenergic Antihypertensives</b>		

Drug Name	Drug Tier	Requirements/ Limits
CARDURA ( <i>Use Doxazosin Mesylate</i> )	GP	MO
CATAPRES ( <i>Use Clonidine HCl</i> )	GP	MO
CATAPRES-TTS-1 ( <i>Use Clonidine HCl</i> )	GP	MO
CATAPRES-TTS-2 ( <i>Use Clonidine HCl</i> )	GP	MO
CATAPRES-TTS-3 ( <i>Use Clonidine HCl</i> )	GP	MO
<i>clonidine hcl</i>	1	MO
<i>doxazosin mesylate</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>methyldopa</i>	1	MO
MINIPRESS ( <i>Use Prazosin HCl</i> )	GP	MO
<i>prazosin hcl</i>	1	MO
<i>reserpine</i>	1	MO
TENEX ( <i>Use Guanfacine HCl</i> )	GP	MO
<i>terazosin hcl</i>	1	MO
<b>Antihypertensive Combinations</b>		
ACCURETIC ( <i>Use Quinapril-Hydrochlorothiazide</i> )	GP	MO
<i>amlodipine besylate-benazepril hcl</i>	1	MO
AMTURNIDE	2	ST; MO
ATACAND HCT ( <i>Use Candesartan Cilexetil-Hydrochlorothiazide</i> )	GP	MO
<i>atenolol &amp; chlorthalidone</i>	1	MO
AVALIDE ( <i>Use Irbesartan-Hydrochlorothiazide</i> )	GP	MO
AZOR	3	ST; MO
<i>benazepril &amp; hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT	2	MO
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide 25mg-15mg, 50mg-15mg</i>	1	MO
CAPTOPRIL/HYDROCHLOROTHIAZIDE 25MG-25MG, 50MG-25MG (Use Captopril & Hydrochlorothiazide)	GP	MO
CLORPRES	3	MO
CORZIDE (Use Nadolol & Bendroflumethiazide)	GP	MO
DIOVAN HCT (Use Valsartan-Hydrochlorothiazide)	GP	MO
DUTOPROL	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	2	ST; MO
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	MO
HYZAAR (Use Losartan Potassium & Hydrochlorothiazide)	GP	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>lisinopril &amp; hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT (Use Metoprolol & Hydrochlorothiazide)	GP	MO
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	MO
LOTENSIN HCT (Use Benazepril & Hydrochlorothiazide)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
LOTREL (Use Amlodipine Besylate-Benazepril HCl)	GP	MO
<i>methyl dopa/hydrochlorothiazide</i>	1	MO
<i>metoprolol &amp; hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
MICARDIS HCT (Use Telmisartan-Hydrochlorothiazide)	GP	ST; MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol &amp; bendroflumethiazide</i>	1	MO
PRINZIDE (Use Lisinopril & Hydrochlorothiazide)	GP	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
TARKA	3	MO
TEKAMLO	2	ST; MO
TEKTURNA HCT	2	ST; MO
<i>telmisartan-amlodipine</i>	1	ST; MO
<i>telmisartan-hydrochlorothiazide</i>	1	ST; MO
TENORETIC 100 (Use Atenolol & Chlorthalidone)	GP	MO
TENORETIC 50 (Use Atenolol & Chlorthalidone)	GP	MO
TEVETEN HCT	3	ST; MO
TRIBENZOR	2	ST; MO
TWYNSTA (Use Telmisartan-Amlodipine)	GP	ST; MO
UNIRETIC (Use Moexipril-Hydrochlorothiazide)	GP	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VALTURNA	2	ST

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Drug Name	Drug Tier	Requirements/Limits
VASERETIC (Use Enalapril Maleate & Hydrochlorothiazide)	GP	MO
ZESTORETIC (Use Lisinopril & Hydrochlorothiazide)	GP	MO
ZIAC (Use Bisoprolol & Hydrochlorothiazide)	GP	MO
<b>Direct Renin Inhibitors</b>		
TEKTURNA	2	ST; MO
<b>Selective Aldosterone Receptor Antagonists</b>		
eplerenone	1	MO
INSPRA (Use Eplerenone)	GP	MO
<b>Vasodilators</b>		
hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	1	MO
minoxidil	1	MO
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
atovaquone-proguanil hcl	1	MO
COARTEM	2	QL(0.8 ea daily); MO
MALARONE 250MG-100MG (Use Atovaquone-Proguanil HCl)	GP	MO
MALARONE 62.5MG-25MG	3	MO
<b>Antimalarials</b>		
ARALEN (Use Chloroquine Phosphate)	GP	MO
chloroquine phosphate	1	MO
DARAPRIM	3	MO
hydroxychloroquine sulfate	1	MO
mefloquine hcl	1	QL(6 ea per fill retail, 6 ea per fill mail); MO

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL (Use Hydroxychloroquine Sulfate)	GP	MO
PRIMAQUINE PHOSPHATE	2	MO
QUALAQUIN (Use Quinine Sulfate)	GP	PA; QL(2 ea daily); MO
quinine sulfate	1	PA; QL(2 ea daily); MO
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
MESTINON SYRP 60 MG/5ML	2	MO
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	GP	MO
MESTINON TIMESPAN	2	MO
pyridostigmine bromide	1	MO
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
isoniazid & rifampin	1	MO
RIFAMATE	2	MO
<b>Antimycobacterial Agents</b>		
CYCLOSERINE	3	MO
ethambutol hcl	1	MO
isoniazid syrp or 50 mg/5ml	1	MO
isoniazid tabs or 100 mg, 300 mg	1	MO
MYAMBUTOL (Use Ethambutol HCl)	GP	MO
MYCOBUTIN	2	MO
PRIFTIN	3	MO
pyrazinamide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)	GP	MO
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO
SIRTURO	3	
TRECATOR	2	MO
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN TABS OR 2 MG	2	MO
CEENU (Use Lomustine)	GP	
<i>cyclophosphamide tabs or 25 mg, 50 mg</i>	1	MO
HEXALEN	2	MO
LEUKERAN	2	MO
LOMUSTINE	2	
MYLERAN	2	MO
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (Use Temozolomide)	GP	
TEMODAR SOLR IV 100 MG	3	PA
<i>temozolomide</i>	1	
<b>Antimetabolites</b>		
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium soln ij 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	3	PA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	MO
PURINETHOL (Use Mercaptopurine)	GP	MO
TABLOID	2	MO

Drug Name	Drug Tier	Requirements/Limits
TREXALL	3	MO
XELODA	3	
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
ERIVEDGE	3	
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>anastrozole</i>	1	MO
ARIMIDEX (Use Anastrozole)	GP	MO
AROMASIN (Use Exemestane)	GP	MO
<i>bicalutamide</i>	1	MO
CASODEX (Use Bicalutamide)	GP	MO
ELIGARD	3	PA
EMCYT	2	MO
<i>exemestane</i>	1	MO
FARESTON	2	MO
FEMARA (Use Letrozole)	GP	MO
<i>flutamide</i>	1	MO
<i>letrozole</i>	1	MO
<i>leuprolide acetate</i>	3	PA
LUPRON DEPOT	3	PA
LYSODREN	2	MO
MEGACE ORAL (Use Megestrol Acetate)	GP	MO
<i>megestrol acetate</i>	1	MO
NILANDRON	2	MO
<i>tamoxifen citrate</i>	1	MO
XTANDI	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA	3	PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	3	
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR	3	PA
AFINITOR DISPERZ	3	PA
BOSULIF	3	PA; LA
CAPRELSA	3	
COMETRIQ	3	
GILOTRIF	3	PA
GLEEVEC	3	
ICLUSIG	3	PA
IMBRUVICA	3	PA
INLYTA	3	PA
JAKAFI	3	
MEKINIST	3	PA
NEXAVAR	3	
SPRYCEL	3	
STIVARGA	3	PA; LA
SUTENT	3	
TAFINLAR	3	PA
TARCEVA	3	PA
TASIGNA	3	PA
TYKERB	3	
VANDETANIB	3	

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	3	
XALKORI	3	PA
ZELBORAF	3	PA; LA
ZOLINZA	3	PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE	3	PA
HYDREA ( <i>Use Hydroxyurea</i> )	GP	MO
<i>hydroxyurea</i>	1	MO
INTRON-A	3	PA
INTRON-A W/DILUENT	3	PA
MATULANE	3	
SYLATRON	3	PA
TARGRETIN	3	
<i>tretinoin (chemotherapy)</i>	1	MO
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium tabs or 10 mg, 25 mg, 5 mg</i>	1	MO
LEUCOVORIN CALCIUM TABS OR 15 MG	2	MO
MESNEX TABS OR 400 MG	3	MO
<b>Mitotic Inhibitors</b>		
<i>etoposide caps or 50 mg</i>	1	MO
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	3	PA
HYCAMTIN SOLR IV 4 MG ( <i>Use Topotecan HCl</i> )	GP	PA
<i>topotecan hcl</i>	3	PA
<b>ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Antiparkinson Adjuvants</b>		
LODOSYN	3	MO
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	MO
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN (Use Entacapone)	GP	MO
<i>entacapone</i>	1	MO
TASMAR	3	MO
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps 100 mg</i>	1	MO
<i>amantadine hcl syrp 50 mg/5ml</i>	1	MO
AMANTADINE HCL TABS 100 MG	3	MO
APOKYN	3	PA
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	2	MO
MIRAPEX (Use Pramipexole Dihydrochloride)	GP	MO
MIRAPEX ER	3	MO
NEUPRO 1 MG/24HR, 3 MG/24HR, 8 MG/24HR	3	MO
NEUPRO 2 MG/24HR	3	QL(3 ea daily); MO
NEUPRO 4 MG/24HR, 6 MG/24HR	3	QL(1 ea daily); MO
PARCOPA (Use Carbidopa-Levodopa)	GP	MO
PARLODEL (Use Bromocriptine Mesylate)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride</i>	1	MO
REQUIP (Use Ropinirole Hydrochloride)	GP	MO
REQUIP XL (Use Ropinirole Hydrochloride)	GP	MO
<i>ropinirole hydrochloride</i>	1	MO
SINEMET (Use Carbidopa-Levodopa)	GP	MO
SINEMET CR (Use Carbidopa-Levodopa)	GP	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT	2	MO
ELDEPRYL (Use Selegiline HCl)	GP	MO
<i>selegiline hcl</i>	1	MO
ZELAPAR	3	MO
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate</i>	1	MO
LITHIUM CITRATE (Use Lithium Citrate)	GP	MO
LITHOBID (Use Lithium Carbonate)	GP	MO
<b>Antipsychotics - Misc.</b>		
EQUETRO	3	MO
GEODON (Use Ziprasidone HCl)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
LATUDA	3	MO
<i>ziprasidone hcl</i>	1	MO
<b>Benzisoxazoles</b>		
FANAPT	3	PA; MO
INVEGA	3	MO
RISPERDAL (Use Risperidone)	GP	MO
RISPERDAL M-TAB (Use Risperidone)	GP	MO
<i>risperidone</i>	1	MO
<b>Butyrophenones</b>		
<i>haloperidol</i>	1	MO
<i>haloperidol lactate conc or 2 mg/ml</i>	1	MO
<b>Dibenzapines</b>		
<i>clozapine</i>	1	
CLOZARIL (Use Clozapine)	GP	
<i>loxapine succinate</i>	1	MO
LOXITANE (Use Loxapine Succinate)	GP	MO
<i>olanzapine</i>	1	MO
<i>quetiapine fumarate</i>	1	MO
SAPHRIS	2	MO
SEROQUEL (Use Quetiapine Fumarate)	GP	MO
SEROQUEL XR	3	MO
VERSACLOZ	3	PA
ZYPREXA (Use Olanzapine)	GP	MO
ZYPREXA ZYDIS (Use Olanzapine)	GP	MO
<b>Phenothiazines</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
COMPAZINE (Use Prochlorperazine Maleate)	GP	MO
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>perphenazine</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
<i>thioridazine hcl</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
<b>Quinolinone Derivatives</b>		
ABILIFY	2	MO
ABILIFY DISCMELT	3	PA; MO
<b>Thioxanthenes</b>		
<i>thiothixene</i>	1	MO
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections</b>		
<b>Antiseptics &amp; Disinfectants</b>		
<i>formaldehyde</i>	1	MO
<b>Chlorine Antiseptics</b>		
PHISOHEX	3	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate</i>	1	MO
<i>abacavir sulfate</i>	NF	MO
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	MO
APTIVUS	2	MO
ATRIPLA	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR ( <i>Use Lamivudine-Zidovudine</i> )	GP	MO
COMPLERA	2	MO
CRIXIVAN	2	MO
<i>didanosine</i>	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
EPIVIR HBV ( <i>Use Lamivudine</i> )	GP	MO
EPIVIR SOLN 10 MG/ML	2	MO
EPIVIR TABS 150 MG, 300 MG ( <i>Use Lamivudine</i> )	GP	MO
EPZICOM	2	MO
FUZEON KIT	3	PA; QL(1 ea daily)
FUZEON SOLR	3	PA
INTELENCE 100 MG, 200 MG	2	MO
INTELENCE 25 MG	2	
INVIRASE	2	MO
ISENTRESS CHEW 100 MG	2	PA; MO
ISENTRESS CHEW 25 MG	2	MO
ISENTRESS TABS 400 MG	2	MO
KALETRA	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA	2	MO
<i>nevirapine</i>	1	MO
NORVIR	2	MO

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP 100 MG/ML	3	MO
PREZISTA TABS 150 MG, 600 MG, 800 MG	2	MO
PREZISTA TABS 400 MG, 75 MG	2	
RESCRIPTOR	2	MO
RETROVIR ( <i>Use Zidovudine</i> )	GP	MO
REYATAZ 100 MG	2	
REYATAZ 150 MG, 200 MG, 300 MG	2	MO
SELZENTRY	2	MO
<i>stavudine</i>	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
TIVICAY	2	MO
TRIZIVIR ( <i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i> )	GP	MO
TRUVADA	2	MO
VIDEX EC ( <i>Use Didanosine</i> )	GP	MO
VIRACEPT	2	MO
VIRAMUNE ( <i>Use Nevirapine</i> )	GP	MO
VIRAMUNE XR 100 MG	3	
VIRAMUNE XR 400 MG	3	MO
VIREAD 150 MG, 300 MG	2	MO
VIREAD 200 MG, 250 MG	2	
ZERIT ( <i>Use Stavudine</i> )	GP	MO
ZIAGEN ( <i>Use Abacavir Sulfate</i> )	GP	MO

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Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine</i>	1	MO
<b>CMV Agents</b>		
VALCYTE SOLR 50 MG/ML	2	QL(21 ml daily); MO
VALCYTE TABS 450 MG	2	MO
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	1	MO
BARACLUDE	2	MO
COPEGUS (Use Ribavirin (Hepatitis C))	GP	PA
HEPSERA (Use Adefovir Dipivoxil)	GP	MO
INCIVEK	3	PA
INFERGEN	3	PA
MODERIBA MISC	3	PA
<i>moderiba misc</i>	1	PA
MODERIBA TABS 400 MG, 600 MG	2	PA
OLYSIO	3	PA
PEG-INTRON	3	PA
PEG-INTRON REDIPEN	3	PA
PEG-INTRON REDIPEN PAK 4	3	PA
PEGASYS	3	PA
PEGASYS PROCLICK	3	PA
REBETOL (Use Ribavirin (Hepatitis C))	GP	PA
RIBAPAK MISC	3	PA
<i>ribapak tabs</i>	1	PA
<i>ribatab</i>	1	PA
<i>ribavirin (hepatitis c)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI	3	PA
TYZEKA	3	ST; MO
VICTRELIS	3	PA
<b>Herpes Agents</b>		
<i>acyclovir</i>	1	MO
<i>famciclovir</i>	1	MO
FAMVIR (Use Famciclovir)	GP	MO
<i>valacyclovir hcl</i>	1	MO
VALTREX (Use Valacyclovir HCl)	GP	MO
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	GP	MO
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	GP	MO
ZOVIRAX TABS OR 400 MG, 800 MG (Use Acyclovir)	GP	MO
<b>Influenza Agents</b>		
FLUMADINE (Use Rimantadine Hydrochloride)	GP	MO
RELENZA DISKHALER	3	QL(0.67 ea daily); MO
<i>rimantadine hydrochloride</i>	1	MO
TAMIFLU CAPS 30 MG, 45 MG	3	QL(10 ea per fill retail, 10 ea per fill mail); AL; MO
TAMIFLU CAPS 75 MG	3	MO
TAMIFLU SUSR 6 MG/ML	3	QL(75 ml daily, 5 day(s) limit); AL; MO
<b>ASSORTED CLASSES - Miscellaneous Drugs</b>		
<b>Chelating Agents</b>		
CUPRIMINE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
DEPEN TITRATABS	2	MO
SYPRINE	3	
<b>Immunomodulators</b>		
REVLIMID 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	3	PA
REVLIMID 20 MG	3	PA; LA
THALOMID	3	
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL	3	ST; MO
AZASAN	3	MO
<i>azathioprine</i>	1	MO
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	GP	MO
CELLCEPT SUSR 200 MG/ML	2	MO
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	GP	MO
<i>cyclosporine caps or 100 mg, 25 mg</i>	1	MO
<i>cyclosporine modified</i>	1	MO
<i>cyclosporine modified (for microemulsion)</i>	1	MO
IMURAN (Use Azathioprine)	GP	MO
<i>mycophenolate mofetil</i>	1	MO
<i>mycophenolate sodium</i>	1	MO
MYFORTIC (Use Mycophenolate Sodium)	GP	MO
NEORAL (Use Cyclosporine Modified (For Microemulsion))	GP	MO
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOLN 1 MG/ML	3	MO
RAPAMUNE TABS 0.5 MG (Use Sirolimus)	GP	MO
RAPAMUNE TABS 1 MG, 2 MG	3	MO
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use Cyclosporine)	GP	MO
<i>sirolimus</i>	1	MO
<i>tacrolimus</i>	1	MO
ZORTRESS	2	MO
<b>Potassium Removing Resins</b>		
KAYEXALATE (Use Sodium Polystyrene Sulfonate)	GP	MO
<i>sodium polystyrene sulfonate</i>	1	MO
<i>sps</i>	1	MO
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 12.5 mg, 25 mg, 6.25 mg</i>	1	MO
<i>carvedilol 3.125 mg</i>	1	QL(2 ea daily); MO
COREG 12.5 MG, 25 MG, 6.25 MG (Use Carvedilol)	GP	MO
COREG 3.125 MG (Use Carvedilol)	GP	QL(2 ea daily); MO
COREG CR	3	MO
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO
TRANDATE (Use Labetalol HCl)	GP	MO
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MO
BYSTOLIC	3	MO
KERLONE (Use <i>Betaxolol HCl</i> )	GP	MO
LOPRESSOR TABS OR 100 MG, 50 MG (Use <i>Metoprolol Tartrate</i> )	GP	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	MO
SECTRAL (Use <i>Acebutolol HCl</i> )	GP	MO
TENORMIN (Use <i>Atenolol</i> )	GP	MO
TOPROL XL (Use <i>Metoprolol Succinate</i> )	GP	MO
ZEBETA (Use <i>Bisoprolol Fumarate</i> )	GP	QL(1 ea daily); MO
<b>Beta Blockers Non-Selective</b>		
BETAPACE (Use <i>Sotalol HCl</i> )	GP	MO
BETAPACE AF (Use <i>Sotalol HCl (AFIB/AFL)</i> )	GP	MO
CORGARD (Use <i>Nadolol</i> )	GP	MO
INDERAL LA (Use <i>Propranolol HCl</i> )	GP	MO
INDERAL XL	3	MO
INNOPRAN XL	3	MO
LEVATOL	3	MO
<i>nadolol</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol hcl soln or 20 mg/5ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
PROPRANOLOL HCL SOLN OR 40 MG/5ML	2	MO
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (afib/afl)</i>	1	MO
<i>timolol maleate</i>	1	QL(2 ea daily); MO
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC 30 MG, 60 MG (Use <i>Nifedipine</i> )	GP	MO
ADALAT CC 90 MG (Use <i>Nifedipine</i> )	GP	QL(1 ea daily); MO
<i>amlodipine besylate</i>	1	QL(2 ea daily); MO
CALAN (Use <i>Verapamil HCl</i> )	GP	MO
CALAN SR (Use <i>Verapamil HCl</i> )	GP	MO
CARDIZEM (Use <i>Diltiazem HCl</i> )	GP	MO
CARDIZEM CD (Use <i>Diltiazem HCl Coated Beads</i> )	GP	QL(1 ea daily); MO
CARDIZEM LA 120 MG	2	MO
CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>Diltiazem HCl Coated Beads</i> )	GP	MO
COVERA-HS	3	
DILACOR XR (Use <i>Diltiazem HCl</i> )	GP	MO
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL(1 ea daily); MO
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1	MO

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diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl extended release beads	1	MO
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	1	MO
felodipine	1	MO
ISOPTIN SR (Use Verapamil HCl)	GP	MO
ISRADIPINE	3	MO
nicardipine hcl caps or 20 mg, 30 mg	1	MO
nifedipine caps 10 mg, 20 mg	1	MO
nifedipine tb24 30 mg, 60 mg	1	MO
nifedipine tb24 30 mg, 60 mg, 90 mg	1	QL(1 ea daily); MO
nimodipine	1	MO
nisoldipine	1	MO
nisoldipine er	1	MO
NORVASC (Use Amlodipine Besylate)	GP	QL(2 ea daily); MO
NYMALIZE	3	
PROCARDIA (Use Nifedipine)	GP	MO
PROCARDIA XL (Use Nifedipine)	GP	QL(1 ea daily); MO
SULAR (Use Nisoldipine)	GP	MO
TIAZAC (Use Diltiazem HCl Extended Release Beads)	GP	MO
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	MO
verapamil hcl tabs or 120 mg, 80 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL HCL TABS OR 40 MG (Use Verapamil HCl)	GP	MO
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	1	MO
VERELAN (Use Verapamil HCl)	GP	MO
VERELAN PM (Use Verapamil HCl)	GP	MO
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
DIGOXIN SOLN OR 0.05 MG/ML	2	MO
digoxin tabs or 0.125 mg, 0.25 mg	1	MO
LANOXIN TABS OR 0.0625 MG, 187.5 MCG	2	MO
LANOXIN TABS OR 0.125 MG, 0.25 MG (Use Digoxin)	GP	MO
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
amlodipine besylate-atorvastatin calcium	1	PA; MO
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	3	PA; MO
BIDIL	3	MO
CADUET 10MG-10MG, 10MG-2.5MG, 10MG-5MG, 20MG-5MG, 40MG-5MG, 80MG-10MG	3	PA; MO
CADUET 20MG-10MG, 40MG-10MG (Use Amlodipine Besylate-Atorvastatin Calcium)	GP	PA; MO
<b>Prostaglandin Vasodilators</b>		
TYVASO	3	PA; LA
TYVASO REFILL	3	PA; LA
TYVASO STARTER	3	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
VENTAVIS	3	PA; LA
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
LETAIRIS	3	LA
OPSUMIT	3	PA
TRACLEER	3	QL(2 ea daily); LA
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA	3	PA
REVATIO SOLN IV 10 MG/12.5ML	3	PA
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	GP	PA
<i>sildenafil citrate (pulmonary hypertension)</i>	3	PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS	3	PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil</i>	1	MO
<i>cephalexin caps 250 mg, 500 mg, 750 mg</i>	1	MO
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	MO
CEPHALEXIN TABS 250 MG, 500 MG	3	MO
KEFLEX (Use Cephalexin)	GP	MO
<b>Cephalosporins - 2nd Generation</b>		
<i>cefactor caps 250 mg, 500 mg</i>	1	MO
CEFACLOR ER	3	MO
CEFACLOR SUSR 250 MG/5ML (Use Cefaclor)	GP	
<i>cefprozil</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CEFTIN (Use Cefuroxime Axetil)	GP	MO
<i>cefuroxime axetil</i>	1	MO
<b>Cephalosporins - 3rd Generation</b>		
CEDAX	3	MO
<i>cefdinir</i>	1	MO
<i>cefepodoxime proxetil</i>	1	MO
CEFTIBUTEN	3	MO
SUPRAX CAPS 400 MG	3	
SUPRAX CHEW 100 MG, 200 MG	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML	3	MO
SUPRAX SUSR 500 MG/5ML	3	
SUPRAX TABS 400 MG	3	MO
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
AMETHYST	PV	MO; PV
BEYAZ	PV	QL(1 ea daily); MO; PV
BREVICON-28 (Use Norethindrone & Eth Estradiol)	GP	MO; PV
CYCLESSA (Use Desogestrel-Ethinyl Estradiol (Triphasic))	GP	MO; PV
DESOGEN (Use Desogestrel & Ethinyl Estradiol)	GP	MO; PV
<i>desogestrel &amp; ethinyl estradiol</i>	PV	MO; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	PV	MO; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	PV	MO; PV
<i>drospirenone-ethinyl estradiol</i>	PV	QL(1 ea daily); MO; PV

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Drug Name	Drug Tier	Requirements/ Limits
ESTROSTEP FE ( <i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i> )	GP	MO; PV
<i>ethynodiol diacet &amp; eth estrad</i>	PV	MO; PV
FEMCON FE ( <i>Use Norethindrone &amp; Ethinyl Estradiol-Fe</i> )	GP	MO; PV
GENERESS FE	PV	QL(1 ea daily); MO; PV
<i>levonorgestrel &amp; eth estradiol</i>	PV	MO; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	PV	MO; PV
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	PV	QL(1 ea daily); MO; PV
LO LOESTRIN FE	PV	QL(1 ea daily); MO; PV
LO MINASTRIN FE	PV	QL(1 ea daily); MO; PV
LO/OVRAL-28 ( <i>Use Norgestrel &amp; Ethinyl Estradiol</i> )	GP	MO; PV
LOESTRIN 1.5/30-21 ( <i>Use Norethindrone Acet &amp; Eth Estra</i> )	GP	MO; PV
LOESTRIN 1/20-21 ( <i>Use Norethindrone Acet &amp; Eth Estra</i> )	GP	MO; PV
LOESTRIN 24 FE	PV	MO; PV
LOESTRIN FE 1.5/30 ( <i>Use Norethin Acet &amp; Estrad-Fe</i> )	GP	MO; PV
LOESTRIN FE 1/20 ( <i>Use Norethin Acet &amp; Estrad-Fe</i> )	GP	MO; PV
LOMEDIA 24 FE	PV	MO; PV
LOSEASONIQUE ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	GP	QL(1 ea daily); MO; PV
MINASTRIN 24 FE	PV	PA; QL(84 ea per fill retail, 3 copay(s) per fill retail); MO; PV
MIRCETTE ( <i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i> )	GP	MO; PV

Drug Name	Drug Tier	Requirements/ Limits
MODICON ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	GP	MO; PV
NATAZIA	PV	QL(1 ea daily); MO; PV
NECON 10/11-28	PV	MO; PV
NORDETTE-28 ( <i>Use Levonorgestrel &amp; Eth Estradiol</i> )	GP	MO; PV
<i>norethin acet &amp; estrad-fe</i>	PV	MO; PV
<i>norethindrone &amp; eth estradiol</i>	PV	MO; PV
<i>norethindrone &amp; ethinyl estradiol-fe</i>	PV	MO; PV
<i>norethindrone &amp; mestranol</i>	PV	MO; PV
<i>norethindrone acet &amp; eth estra</i>	PV	MO; PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	PV	MO; PV
<i>norethindrone-eth estradiol (triphasic)</i>	PV	QL(1 ea daily); MO; PV
<i>norethindrone-eth estradiol (triphasic)</i>	PV	MO; PV
<i>norgestimate-ethinyl estradiol</i>	PV	QL(1 ea daily); MO; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PV	QL(1 ea daily); MO; PV
<i>norgestrel &amp; ethinyl estradiol</i>	PV	MO; PV
NORINYL 1+35 ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	GP	MO; PV
NORINYL 1+50	PV	MO; PV
<i>ogestrel</i>	PV	MO; PV
ORTHO TRI-CYCLEN ( <i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i> )	GP	QL(1 ea daily); MO; PV
ORTHO TRI-CYCLEN LO	PV	MO; PV
ORTHO-CEPT ( <i>Use Desogestrel &amp; Ethinyl Estradiol</i> )	GP	MO; PV

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Drug Name	Drug Tier	Requirements/ Limits
ORTHO-CYCLEN ( <i>Use Norgestimate-Ethinyl Estradiol</i> )	GP	QL(1 ea daily); MO; PV
ORTHO-NOVUM 1/35 ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	GP	MO; PV
ORTHO-NOVUM 7/7/7 ( <i>Use Norethindrone-Eth Estradiol (Triphasic)</i> )	GP	QL(1 ea daily); MO; PV
OVCON-35 ( <i>Use Norethindrone &amp; Eth Estradiol</i> )	GP	MO; PV
OVCON-50 28	PV	PV
QUARTETTE	PV	QL(91 ea per fill retail,91 ea per fill mail,3 copay(s) per fill retail,2 copay(s) per fill mail); MO; PV
SAFYRAL	PV	QL(1 ea daily); MO; PV
SEASONALE ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	GP	QL(1 ea daily); MO; PV
SEASONIQUE ( <i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	GP	QL(1 ea daily); MO; PV
TRI-NORINYL 28 ( <i>Use Norethindrone-Eth Estradiol (Triphasic)</i> )	GP	MO; PV
YASMIN 28 ( <i>Use Drospirenone-Ethinyl Estradiol</i> )	GP	QL(1 ea daily); MO; PV
YAZ ( <i>Use Drospirenone-Ethinyl Estradiol</i> )	GP	QL(1 ea daily); MO; PV
zovia 1/50e	PV	MO; PV
<b>Combination Contraceptives - Transdermal</b>		
ORTHO EVRA	PV	MO; PV
<b>Combination Contraceptives - Vaginal</b>		
NUVARING	PV	QL(0.04 ea daily); MO; PV
<b>Emergency Contraceptives</b>		

Drug Name	Drug Tier	Requirements/ Limits
ELLA	PV	PV
<i>levonorgestrel (emergency oc)</i>	PV	RX/OTC; PV
PLAN B ONE-STEP ( <i>Use Levonorgestrel (Emergency OC)</i> )	GP	RX/OTC; PV
<b>Progestin Contraceptives - Oral</b>		
NOR-QD ( <i>Use Norethindrone (Contraceptive)</i> )	GP	QL(1 ea daily); MO; PV
<i>norethindrone (contraceptive)</i>	PV	QL(1 ea daily); MO; PV
ORTHO MICRONOR ( <i>Use Norethindrone (Contraceptive)</i> )	GP	QL(1 ea daily); MO; PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide</i>	1	MO
CORTEF ( <i>Use Hydrocortisone</i> )	GP	MO
<i>cortisone acetate</i>	1	MO
<i>dexamethasone</i>	1	MO
DEXAMETHASONE INTENSOL	2	MO
DEXPAK 10 DAY	3	MO
DEXPAK 13 DAY	3	MO
DEXPAK 6 DAY	3	MO
ENTOCORT EC ( <i>Use Budesonide</i> )	GP	MO
FLO-PRED	3	MO
<i>hydrocortisone</i>	1	MO
MEDROL 16 MG, 32 MG, 4 MG, 8 MG ( <i>Use Methylprednisolone</i> )	GP	MO
MEDROL 2 MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MEDROL DOSEPAK (Use Methylprednisolone)	GP	MO
<i>methylprednisolone</i>	1	MO
MILLIPRED DP	3	MO
MILLIPRED SOLN 10 MG/5ML	3	MO
MILLIPRED TABS 5 MG	2	MO
ORAPRED (Use Prednisolone Sodium Phosphate)	GP	MO
ORAPRED ODT	3	MO
<i>pediapred</i>	1	MO
<i>prednisolone</i>	1	MO
<i>prednisolone sodium phosphate or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OR 25 MG/5ML	3	
PREDNISON INTENSOL	2	MO
<i>prednisone soln 5 mg/5ml</i>	1	MO
<i>prednisone tabs 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
PREDNISON TABS 10 MG	2	MO
PREDNISON TABS 5 MG	3	MO
PRELONE (Use Prednisolone)	GP	MO
RAYOS	3	MO
UCERIS	3	PA; MO
VERIPRED 20	3	MO
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate</i>	1	MO
<i>hydrocodone w/ homatropine</i>	1	MO
TESSALON (Use Benzonatate)	GP	MO
TESSALON PERLES (Use Benzonatate)	GP	MO
<b>Cough/Cold/Allergy Combinations</b>		
ALAHIST DHC	3	MO
CLARINEX-D 12 HOUR	3	PA; MO
CLARINEX-D 24 HOUR	3	PA; MO
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	1	RX/OTC; MO
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	RX/OTC; MO
<i>guaifenesin-codeine syrp 100mg/5ml-10mg/5ml</i>	1	RX/OTC; MO
<i>phenyleph-promethazine w/ cod</i>	1	MO
PRO-RED AC 1MG/5ML-5MG/5ML-9MG/5ML	3	
<i>promethazine &amp; phenylephrine</i>	1	MO
<i>promethazine vc plain</i>	1	MO
<i>promethazine vc/codeine</i>	1	MO
<i>promethazine w/codeine</i>	1	MO
<i>promethazine-dm</i>	1	MO
PROTID	3	
<i>pseudoephed-bromphen-dm syrp 2mg/5ml-30mg/5ml-10mg/5ml</i>	1	RX/OTC; MO
<i>pseudoephed-cpm w/ hydrocod</i>	1	MO

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Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine w/ codeine-gg soln</i>	1	MO
REZIRA	3	MO
SEMPREX-D	3	MO
TUSSICAPS	3	MO
VITUZ	3	
ZUTRIPRO (Use Pseudoephed-CPM w/ Hydrocod)	GP	MO
<b>Misc. Respiratory Inhalants</b>		
HYPER-SAL (Use Sodium Chloride (Inhalant))	GP	MO
HYPERSAL (Use Sodium Chloride (Inhalant))	GP	MO
NEBUSAL	3	MO
<i>sodium chloride (inhalant)</i>	1	MO
<b>Mucolytics</b>		
<i>acetylcysteine</i>	1	MO
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA	3	PA
ACANYA	3	MO
ACZONE	3	MO
<i>adapalene</i>	1	QL(1.5 gm daily); MO
AKNE-MYCIN	2	MO
ATRALIN	3	QL(1.5 gm daily); MO
AVAR LS CLEANSER (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
AVAR-E LS (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
AZELEX	3	MO
BENZAACLIN (Use Clindamycin Phosphate-Benzoyl Peroxide)	GP	MO
BENZAACLIN WITH PUMP (Use Clindamycin Phosphate-Benzoyl Peroxide)	GP	MO
<i>claravis</i>	1	
CLARIFOAM EF (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
CLEOCIN-T (Use Clindamycin Phosphate (Topical))	GP	MO
CLINDAGEL (Use Clindamycin Phosphate (Topical))	GP	MO
<i>clindamycin phosphate (topical)</i>	1	MO
<i>clindamycin phosphate-benzoyl peroxide</i>	1	MO
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	MO
DIFFERIN CREA 0.1 % (Use Adapalene)	GP	QL(1.5 gm daily); MO
DIFFERIN GEL 0.1 % (Use Adapalene)	GP	QL(1.5 gm daily); MO
DIFFERIN GEL 0.3 %	2	QL(45 gm per fill retail, 135 gm per fill mail); MO
DIFFERIN LOTN 0.1 %	3	QL(1.97 ml daily); MO
DUAC (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	GP	MO
EPIDUO	3	QL(1.5 gm daily); MO
ERYGEL (Use Erythromycin (Acne Aid))	GP	MO
<i>erythromycin (acne aid)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
EVOCLIN (Use Clindamycin Phosphate (Topical))	GP	MO
FABIOR	3	QL(1.67 gm daily); MO
isotretinoin 10 mg	1	QL(4 ea daily)
isotretinoin 20 mg	1	QL(5 ea daily, 150 day(s) limit)
isotretinoin 20 mg	1	QL(5 ea daily)
isotretinoin 40 mg	1	QL(2 ea daily)
isotretinoin 40 mg	1	QL(2 ea daily, 150 day(s) limit)
KLARON (Use Sulfacetamide Sodium (Acne))	GP	MO
RETIN-A (Use Tretinoin)	GP	MO
RETIN-A MICRO (Use Tretinoin Microsphere)	2	QL(0.67 gm daily); MO
RETIN-A MICRO PUMP (Use Tretinoin Microsphere)	2	QL(1.7 gm daily); MO
RIAX	3	
SODIUM SULFACETAMIDE/SULFUR	3	MO
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	3	MO
SODIUM SULFACETAMIDE/SULFUR IN UREA	3	MO
sulfacetamide sodium (acne)	1	MO
sulfacetamide sodium w/ sulfur crea 2%-10%, 5%-10%	1	MO
sulfacetamide sodium w/ sulfur emul 1%-10%, 5%-10%	1	MO
sulfacetamide sodium w/ sulfur foam 5%-10%	1	MO

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur liqd 2%-10%, 4%-9%, 4.5%-9%	1	MO
sulfacetamide sodium w/ sulfur lotn 5%-10%	1	QL(1 ml daily); MO
sulfacetamide sodium w/ sulfur susp 4%-8%	1	MO
sulfacetamide sodium-sulfur in urea vehicle	1	MO
SUMADAN WASH (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
SUMAXIN TS (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
SUMAXIN WASH (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
TRETIN-X CREA 0.038 %	3	QL(1.2 gm daily); MO
TRETIN-X CREA 0.075 %	3	MO
tretinoin	1	MO
tretinoin microsphere 0.04 %, 0.1 %	2	QL(1.7 gm daily); MO
tretinoin microsphere 0.04 %, 0.1 %	2	QL(0.67 gm daily); MO
tretinoin microsphere 0.04 %, 0.1 %	1	QL(1.7 gm daily); MO
tretinoin microsphere 0.04 %, 0.1 %	1	QL(0.67 gm daily); MO
VANOXIDE-HC	3	MO
VELTIN	3	QL(1 gm daily); MO
ZIANA	3	QL(1 gm daily); MO
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN	3	QL(0.5 gm daily); MO
<b>Anti-inflammatory Agents - Topical</b>		
FLECTOR	3	MO
LIDOPROFEN	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
PENNSAID 1.5 %	3	QL(5 ml daily); MO
PENNSAID 2 %	3	MO
VOLTAREN GEL TD 1 %	3	MO
VOPAC KT	3	PA
<b>Antibiotics - Topical</b>		
ALTABAX	3	MO
BACTROBAN (Use Mupirocin Calcium (Topical))	GP	MO
BACTROBAN (Use Mupirocin)	GP	MO
CENTANY	2	MO
CENTANY AT	3	MO
CORTISPORIN CREA EX 10000UNIT/GM-0.5%-0.5%	3	MO
CORTISPORIN OINT EX 400UNIT/GM-5000UNIT/GM-0.5%-1%	3	MO
gentamicin sulfate crea ex 0.1 %	1	MO
gentamicin sulfate oint ex 0.1 %	1	MO
mupirocin	1	MO
mupirocin calcium (topical)	1	MO
<b>Antifungals - Topical</b>		
ALCORTIN A	3	MO
ALOQUIN	3	MO
ciclopirox gel 0.77 %	1	MO
ciclopirox olamine	1	MO
ciclopirox sham 1 %	1	MO
ciclopirox soln 8 %	1	MO
clotrimazole w/ betamethasone crea	1	QL(1.5 gm daily); MO

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole w/ betamethasone lotn	1	QL(2 ml daily); MO
econazole nitrate	1	MO
ERTACZO	3	MO
EXELDERM CREA	3	MO
EXELDERM SOLN	2	MO
EXTINA (Use Ketoconazole (Topical))	GP	MO
iodoquinol-hc	1	MO
ketoconazole (topical) crea	1	QL(2 gm daily); MO
ketoconazole (topical) foam	1	MO
ketoconazole (topical) sham	1	MO
LOPROX (Use Ciclopirox)	GP	MO
LOPROX SHAMPOO (Use Ciclopirox)	GP	MO
LOTRISONE (Use Clotrimazole w/ Betamethasone)	GP	QL(1.5 gm daily); MO
LUZU	3	PA
NAFTIN	3	MO
NIZORAL (Use Ketoconazole (Topical))	GP	MO
nystatin (topical)	1	MO
nystatin-triamcinolone	1	MO
nystatin/triamcinolone	1	MO
OXISTAT	3	MO
PENLAC NAIL LACQUER (Use Ciclopirox)	GP	MO
VUSION	3	MO
VYTONE	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
XOLEGEL	3	MO
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC	2	MO
<i>diclofenac sodium (actinic keratoses)</i>	1	MO
EFUDEX ( <i>Use Fluorouracil (Topical)</i> )	GP	MO
FLUOROPLEX	2	MO
<i>fluorouracil (topical)</i>	1	MO
PANRETIN	3	PA; MO
PICATO	3	MO
SOLARAZE ( <i>Use Diclofenac Sodium (Actinic Keratoses)</i> )	GP	MO
TARGRETIN	3	
VALCHLOR	3	PA; LA
<b>Antipruritics - Topical</b>		
PRUDOXIN	3	MO
ZONALON	3	MO
<b>Antipsoriatics</b>		
<i>acitretin 10 mg</i>	1	QL(1 ea daily); MO
<i>acitretin 17.5 mg</i>	1	MO
<i>acitretin 25 mg</i>	1	QL(2 ea daily); MO
<i>calcipotriene crea</i>	1	QL(5 gm daily); MO
<i>calcipotriene oint</i>	1	QL(5 gm daily); MO
<i>calcipotriene soln</i>	1	MO
<i>calcitrene</i>	1	QL(5 gm daily); MO
<i>calcitriol (topical)</i>	1	QL(3.4 gm daily); MO

Drug Name	Drug Tier	Requirements/ Limits
DOVONEX ( <i>Use Calcipotriene</i> )	GP	QL(5 gm daily); MO
OXSORALEN ULTRA	2	MO
SORIATANE 10 MG ( <i>Use Acitretin</i> )	GP	QL(1 ea daily); MO
SORIATANE 17.5 MG ( <i>Use Acitretin</i> )	GP	MO
SORIATANE 25 MG ( <i>Use Acitretin</i> )	GP	QL(2 ea daily); MO
SORILUX	3	PA; MO
TAZORAC	2	QL(1 gm daily); MO
VECTICAL ( <i>Use Calcitriol (Topical)</i> )	GP	QL(3.4 gm daily); MO
ZITHRANOL-RR	3	MO
<b>Antiseborrheic Products</b>		
OVACE PLUS WASH ( <i>Use Sulfacetamide Sodium</i> )	GP	MO
OVACE WASH ( <i>Use Sulfacetamide Sodium</i> )	GP	MO
<i>selenium sulfide lotn 2.5 %</i>	1	MO
SELENIUM SULFIDE SHAM 2.25% ( <i>Use Selenium Sulfide-Pyrithione Zinc in Urea Vehicle</i> )	GP	MO
<i>selenium sulfide-pyrithione zinc in urea vehicle</i>	1	MO
SELRX	3	MO
SELSUN SHAMPOO ( <i>Use Selenium Sulfide</i> )	GP	MO
SODIUM SULFACETAMIDE WASH	3	
<i>sulfacetamide sodium liqd ex</i>	1	MO
TERSI FOAM	3	MO
<b>Antivirals - Topical</b>		
<i>acyclovir topical</i>	1	QL(1 gm daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
DENAVIR	3	QL(0.05 gm daily); MO
LIDOVIR	3	MO
XERESE	3	QL(0.17 gm daily); MO
ZOVIRAX CREA EX 5 %	3	MO
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	GP	QL(1 gm daily); MO
<b>Burn Products</b>		
SILVADENE (Use Silver Sulfadiazine)	GP	MO
silver sulfadiazine	1	MO
SULFAMYLON	3	MO
<b>Corticosteroids - Topical</b>		
ACLOVATE (Use Alclometasone Dipropionate)	GP	MO
alclometasone dipropionate	1	MO
amcinonide	1	MO
APEXICON E	2	MO
betamethasone dipropionate (topical)	1	MO
betamethasone dipropionate augmented	1	MO
betamethasone valerate	1	MO
CAPEX	2	MO
CARMOL-HC (Use Urea-HC Acetate)	GP	MO
clobetasol propionate	1	MO
clobetasol propionate emollient base	1	MO
clobetasol propionate emulsion	1	MO
CLOBEX LIQD	3	MO
CLOBEX LOTN (Use Clobetasol Propionate)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
CLOBEX SHAM (Use Clobetasol Propionate)	GP	MO
CLOCORTOLONE PIVALATE	3	MO
CLOCORTOLONE PIVALATE PUMP	3	MO
CLODERM	3	MO
CLODERM PUMP	3	MO
CORDRAN	3	MO
CORDRAN SP	3	MO
CORDRAN TAPE	3	MO
CUTIVATE (Use Fluticasone Propionate)	GP	MO
DERMA-SMOOTH/FS BODY (Use Fluocinolone Acetonide)	GP	MO
DERMA-SMOOTH/FS BODY OIL (Use Fluocinolone Acetonide)	GP	MO
DERMA-SMOOTH/FS SCALP (Use Fluocinolone Acetonide)	GP	MO
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	GP	MO
DERMATOP (Use Prednicarbate)	GP	MO
DESONATE	3	MO
desonide	1	MO
DESOWEN (Use Desonide)	GP	MO
DESOXIMETASONE CREA 0.05 %	2	MO
desoximetasone crea 0.25 %	1	MO
desoximetasone gel 0.05 %	1	MO
DESOXIMETASONE OINT 0.05 %	3	MO
desoximetasone oint 0.25 %	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate</i>	1	MO
DIPROLENE (Use <i>Betamethasone Dipropionate Augmented</i> )	GP	MO
DIPROLENE AF (Use <i>Betamethasone Dipropionate Augmented</i> )	GP	MO
ELOCON (Use <i>Mometasone Furoate</i> )	GP	MO
EPIFOAM	3	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide emulsified base</i>	1	MO
<i>fluticasone propionate</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>halobetasol propionate &amp; ammonium lactate</i>	1	MO
HALOG	3	MO
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	MO
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
KENALOG	2	MO
LOCOID CREA (Use <i>Hydrocortisone Butyrate</i> )	GP	MO
LOCOID LIPOCREAM (Use <i>Hydrocortisone Butyrate Hydrophilic Lipo Base</i> )	GP	MO
LOCOID LOTN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
LOCOID OINT (Use <i>Hydrocortisone Butyrate</i> )	GP	MO
LOCOID SOLN (Use <i>Hydrocortisone Butyrate</i> )	GP	MO
LUXIQ (Use <i>Betamethasone Valerate</i> )	GP	MO
<i>mometasone furoate</i>	1	MO
NOVACORT	3	MO
OLUX (Use <i>Clobetasol Propionate</i> )	GP	MO
OLUX-E (Use <i>Clobetasol Propionate Emulsion</i> )	GP	MO
PANDEL	3	MO
PRAMOSONE CREA 1%-1%	2	MO
PRAMOSONE CREA 1%-2.5% (Use <i>Pramoxine-HC</i> )	GP	MO
PRAMOSONE E	3	MO
PRAMOSONE LOTN 1%-1%, 1%-2.5%	3	MO
PRAMOSONE OINT 1%-1%, 1%-2.5%	3	MO
<i>pramoxine-hc</i>	1	MO
<i>prednicarbate</i>	1	MO
SYNALAR (Use <i>Fluocinolone Acetonide</i> )	GP	MO
TACLONEX OINT	3	ST; QL(2 gm daily); MO
TACLONEX SUSP	3	QL(2 gm daily); MO
TEMOVATE (Use <i>Clobetasol Propionate</i> )	GP	MO
TEMOVATE E (Use <i>Clobetasol Propionate Emollient Base</i> )	GP	MO
TEXACORT	3	MO
TOPICORT CREA 0.05 %	2	MO
TOPICORT CREA 0.25 % (Use <i>Desoximetasone</i> )	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
TOPICORT GEL 0.05 % (Use Desoximetasone)	GP	MO
TOPICORT LIQD 0.25 %	3	ST; MO
TOPICORT OINT 0.05 %	3	MO
TOPICORT OINT 0.25 % (Use Desoximetasone)	GP	MO
<i>triamcinolone acetonide</i>	1	MO
<i>triamcinolone acetonide (topical)</i>	1	MO
<i>trianex</i>	1	MO
ULTRAVATE (Use Halobetasol Propionate)	GP	MO
ULTRAVATE PAC (Use Halobetasol Propionate & Ammonium Lactate)	GP	MO
<i>urea-hc acetate</i>	1	MO
VANOS (Use Fluocinonide)	GP	MO
VERDESO	3	MO
WESTCORT (Use Hydrocortisone Valerate)	GP	MO
<b>Emollient/Keratolytic Agents</b>		
ALUVEA (Use Urea)	GP	MO
CEM-UREA	3	MO
HYDRO 35 (Use Urea in Lactic Acid Vehicle)	GP	MO
HYDRO 40 FOAM (Use Urea)	GP	MO
KERAFOAM	3	
UMECTA EMUL	3	MO
UMECTA NAIL FILM (Use Urea)	GP	MO
UMECTA SUSP (Use Urea)	GP	MO
URAMAXIN (Use Urea)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
URAMAXIN GT (Use Urea)	GP	MO
<i>urea</i>	1	MO
<i>urea in lactic acid vehicle</i>	1	MO
<i>urea in zinc undecylenate-lactic acid vehicle</i>	1	MO
UTOPIC	3	MO
<b>Emollients</b>		
LAC-HYDRIN (Use Lactic Acid (Ammonium Lactate))	GP	RX/OTC; MO
LAC-HYDRIN TWELVE (Use Lactic Acid (Ammonium Lactate))	GP	RX/OTC; MO
<i>lactic acid (ammonium lactate)</i>	1	RX/OTC; MO
<b>Enzymes - Topical</b>		
GRANULEX (Use Trypsin w/ Castor Oil & Peruvian Balsam)	GP	MO
SANTYL	3	MO
<i>trypsin w/ castor oil &amp; peruvian balsam</i>	1	MO
XENADERM (Use Trypsin w/ Castor Oil & Peruvian Balsam)	GP	MO
<b>Immunomodulating Agents - Topical</b>		
ALDARA (Use Imiquimod)	GP	MO
<i>imiquimod</i>	1	MO
ZYCLARA	3	QL(1 gm daily); MO
ZYCLARA PUMP 2.5 %	3	QL(0.6 gm daily); MO
ZYCLARA PUMP 3.75 %	3	QL(1 gm daily); MO
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL	3	QL(2 gm daily); MO
PROTOPIC	2	PA; QL(2 gm daily); AL; MO

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Drug Name	Drug Tier	Requirements/ Limits
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL	2	MO
CONDYLOX SOLN ( <i>Use Podofilox</i> )	GP	MO
PODOCON 25 IN BENZOIN TINCTURE	3	
<i>podofilox</i>	1	MO
SALEX ( <i>Use Salicylic Acid</i> )	GP	MO
SALEX LOTION ( <i>Use Salicylic Acid w/ Cleanser</i> )	GP	MO
<i>salicylic acid crea 6 %</i>	1	MO
<i>salicylic acid foam 6 %</i>	1	MO
<i>salicylic acid in ammonium lactate vehicle</i>	1	MO
SALICYLIC ACID LIQD 26 %	3	MO
<i>salicylic acid liqd 27.5 %</i>	1	MO
<i>salicylic acid lotn 6 %</i>	1	MO
<i>salicylic acid sham 6 %</i>	1	MO
<i>salicylic acid w/ cleanser</i>	1	MO
SALKERA ( <i>Use Salicylic Acid in Ammonium Lactate Vehicle</i> )	GP	MO
SALVAX ( <i>Use Salicylic Acid</i> )	GP	MO
VIRASAL ( <i>Use Salicylic Acid</i> )	GP	MO
<b>Local Anesthetics - Topical</b>		
<i>butamben-tetracaine-benzocaine</i>	1	
EMLA ( <i>Use Lidocaine-Prilocaine</i> )	GP	MO
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC; MO
<i>lidocaine hcl soln ex 4 %</i>	1	MO
<i>lidocaine oint</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine ptch</i>	1	QL(3 ea daily); MO
<i>lidocaine-prilocaine</i>	1	MO
LIDOCAINE/PRILOCAINE	3	
LIDODERM ( <i>Use Lidocaine</i> )	GP	QL(3 ea daily); MO
LIDORX	3	MO
XYLOCAINE EX 4 % ( <i>Use Lidocaine HCl</i> )	GP	MO
<b>Misc. Dermatological Products</b>		
EMULSION SB	3	MO
EPICERAM	3	MO
TL-CERMIDE	3	MO
<b>Misc. Topical</b>		
<i>aluminum chloride</i>	1	MO
DRYSOL ( <i>Use Aluminum Chloride</i> )	GP	MO
XERAC AC	3	MO
<b>Rosacea Agents</b>		
FINACEA	2	MO
METROCREAM ( <i>Use Metronidazole (Topical)</i> )	GP	MO
METROGEL ( <i>Use Metronidazole (Topical)</i> )	GP	MO
METROLOTION ( <i>Use Metronidazole (Topical)</i> )	GP	QL(2 ml daily); MO
<i>metronidazole (topical) crea 0.75 %</i>	1	MO
<i>metronidazole (topical) gel 0.75 %</i>	1	QL(1.5 gm daily); MO
<i>metronidazole (topical) gel 1 %</i>	1	MO
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(2 ml daily); MO
MIRVASO	3	MO
NORITATE	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
ORACEA	3	PA; MO
<b>Scabicides &amp; Pediculicides</b>		
ELIMITE (Use Permethrin)	GP	QL(2 gm daily); MO
EURAX	2	MO
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	3	AL; MO
OVIDE (Use Malathion)	GP	MO
<i>permethrin</i>	1	QL(2 gm daily); MO
SKLICE	3	MO
SPINOSAD	3	AL; MO
ULESFIA	3	MO
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 gm daily); MO
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
METOPIRONE	3	
<b>Diagnostic Tests</b>		
ACCU-CHEK ACTIVE STRIPS	3	PA; QL(6.67 ea daily); MO
ACCU-CHEK AVIVA	3	PA; QL(6.67 ea daily); MO
ACCU-CHEK AVIVA PLUS STRP VI	3	PA; QL(6.67 ea daily); MO
ACCU-CHEK COMFORT CURVE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ACCU-CHEK COMPACT PLUS	3	PA; QL(6.67 ea daily); MO
ACCU-CHEK COMPACT TEST DRUM	3	PA; QL(6.67 ea daily); MO
ACCU-CHEK SMARTVIEW STRIPS	3	PA; QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
ACCUTREND GLUCOSE	3	PA; QL(6.67 ea daily); MO
ACURA BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
ADVANCE INTUITION TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ADVANCE MICRO-DRAW TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ADVOCATE REDI-CODE STRP VI	3	PA; QL(6.67 ea daily); MO
ADVOCATE REDI-CODE+ TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
ADVOCATE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
AGAMATRIX AMP NO CODE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
AGAMATRIX JAZZ TEST STRIPS	3	PA; QL(6.67 ea daily); MO
AGAMATRIX KEYNOTE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
AGAMATRIX PRESTO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ASCENSIA AUTODISC TEST STRIPS	3	PA; QL(6.7 ea daily); MO
ASSURE 3 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ASSURE 4 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ASSURE II	3	PA; QL(6.67 ea daily); MO
ASSURE II CHECK STRIP	3	PA; QL(6.67 ea daily); MO
ASSURE II TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ASSURE PLATINUM TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ASSURE PRO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
AT LAST TEST STRIPS	3	PA; QL(6.67 ea daily); MO
BAYER BREEZE 2 TEST DISC	3	PA; QL(6.7 ea daily); MO
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO

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BAYER CONTOUR NEXT BLOODGLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
BG STAR BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
BIOSCANNER GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
BL TEST STRIP	3	PA; QL(6.67 ea daily); MO
BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
BLOOD GLUCOSE TEST STRIPS PREMIUM	3	PA; QL(6.67 ea daily); MO
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM	3	PA; QL(6.67 ea daily); MO
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE	3	PA; QL(6.67 ea daily); MO
CARESENS N BLOOD GLUCOSETEST STRIPS	3	PA; QL(6.67 ea daily); MO
CHOICE DM FORA G20 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
CLEVER CHEK AUTO-CODE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
CLEVER CHEK TEST STRIPS	3	PA; QL(6.67 ea daily); MO
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
CLEVER CHOICE MICRO TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
CONTROL AST	3	PA; QL(6.67 ea daily); MO
CONTROL TEST STRIPS	3	PA; QL(6.67 ea daily); MO
CVS BLOOD GLUCOSE STRIPS	3	PA; QL(6.67 ea daily); MO
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
DUO-CARE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASY PLUS BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
EASY PLUS II BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
EASY STEP TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASY TALK BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASY TOUCH GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASY TRAK BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASYGLUCO STRP VI	3	PA; QL(6.67 ea daily); MO
EASYMAX 15 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASYMAX TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASYPLUS BLOOD GLUCOSE TEST STRIP	3	PA; QL(6.67 ea daily); MO
EASYPRO BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EASYPRO PLUS STRP VI	3	PA; QL(6.67 ea daily); MO
ECLIPSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ELEMENT COMPACT TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ELEMENT PLUS TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ELEMENT TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EMBRACE BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ENVISION AUTOCODE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EQL TRUETEST BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
EQL TRUETRACK TEST	3	PA; QL(6.67 ea daily); MO
EVENCARE + BLOOD GLUCOSETEST STRIP	3	PA; QL(6.67 ea daily); MO
EVENCARE BLOOD GLUCOSE TEST STRIP	3	PA; QL(6.67 ea daily); MO
EVENCARE G2 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EVENCARE G3 TEST STRIPS	3	PA; QL(6.67 ea daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
EVOLUTION AUTOCODE STRP VI	3	PA; QL(6.67 ea daily); MO
EXACTECH R-S-G TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EXACTECH TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EZ SMART BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FASTTAKE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FIFTY50 GLUCOSE TEST STRIP 2.0	3	PA; QL(6.67 ea daily); MO
FORA D10 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA D15C BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA D15G BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA D15Z BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA D20 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA G20 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA G30A BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA G71A BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA G90 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA GD20 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA V10 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA V12 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA V20 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA V22 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORA V30A BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FORACARE GD40	3	PA; QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
FORACARE PREMIUM V10 TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
FORACARE TEST N GO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FREESTYLE INSULINX BLOODGLUCOSE TEST	2	QL(6.67 ea daily); MO
FREESTYLE INSULINX BLOODGLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	2	QL(6.67 ea daily); MO
FREESTYLE LITE TEST STRIPS	2	QL(6.67 ea daily); MO
FREESTYLE LITE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
FREESTYLE TEST STRIPS	2	QL(6.67 ea daily); MO
FREESTYLE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GE100 BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
GLUCO PERFECT 3 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GLUCOCARD 01 SENSOR	3	PA; QL(6.67 ea daily); MO
GLUCOCARD 01 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GLUCOCARD VITAL TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GLUCOCARD X-SENSOR	3	PA; QL(6.67 ea daily); MO
GLUCOCOM TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GLUCOLAB TEST STRIPS	3	PA; QL(6.67 ea daily); MO
GLUCONAVII BLOOD GLUCOSETEST STRIPS	3	PA; QL(6.67 ea daily); MO
GMATE BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
INFINITY BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
KROGER BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO

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KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
KROGER TEST STRIPS	3	PA; QL(6.67 ea daily); MO
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
LIBERTY TEST STRIPS	3	PA; QL(6.67 ea daily); MO
MAXIMA BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
MEIJER BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
MEIJER PREMIUM BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
MICRODOT TEST STRIPS	3	PA; QL(6.67 ea daily); MO
MYGLUCOHEALTH BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
NEUTEK 2TEK TEST STRIPS	3	PA; QL(6.67 ea daily); MO
NEXGEN TEST STRIPS	3	PA; QL(6.67 ea daily); MO
NOVA MAX GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ON CALL PLUS BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
ON CALL VIVID BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
ONETOUCH BASIC/PROFILE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ONETOUCH ULTRA BLUE	2	QL(6.67 ea daily); MO
ONETOUCH VERIO TEST STRIPS	2	QL(6.67 ea daily); MO
ONETOUCH VERIO TEST STRIPS	3	PA; QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
OPTIUM TEST STRIPS	3	PA; QL(6.67 ea daily); MO
OPTIUMEZ TEST STRIPS	3	PA; QL(6.67 ea daily); MO
OPTUMRX BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRECISION PCX	3	PA; QL(6.67 ea daily); MO
PRECISION PCX PLUS TEST STRIPS	2	QL(6.67 ea daily); MO
PRECISION POINT OF CARE TEST STRIPS	2	QL(6.67 ea daily); MO
PRECISION QID TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRECISION SOF-TACT TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	2	QL(6.67 ea daily); MO
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRESTIGE SMART SYSTEM CO-BRAND TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRESTIGE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRODIGY AUTOCODE BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
PTS PANELS GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
QUICKTEK TEST STRIPS	3	PA; QL(6.67 ea daily); MO
QUINTET AC BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
QUINTET BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO

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RA TRUETEST STRIPS	3	PA; QL(6.67 ea daily); MO
REFUAH PLUS BLOOD GLUCOSETEST STRIPS	3	PA; QL(6.67 ea daily); MO
RELION BLOOD GLUCOSE TESTSTRIPS	3	PA; QL(6.67 ea daily); MO
RELION CONFIRM/MICRO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
RELION PRIME BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
RELION ULTIMA TEST STRIPS	3	PA; QL(6.67 ea daily); MO
REVEAL BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
REXALL BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SMART DIABETES XPRES BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS	3	PA; QL(6.67 ea daily); MO
SMART SENSE VALUE BLOOD GLUCOSE STRIPS	3	PA; QL(6.67 ea daily); MO
SMARTEST BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SOLUS V2 AUDIBLE TEST	3	PA; QL(6.67 ea daily); MO
SUPREME TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SURE EDGE BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SURECHEK BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
SURESTEP PRO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
SURESTEP TEST STRIPS	3	PA; QL(6.67 ea daily); MO
TELCARE BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
TGT BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM	3	PA; QL(6.67 ea daily); MO
TRUETEST BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
TRUETEST BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
TRUETEST STRIPS	3	PA; QL(6.67 ea daily); MO
TRUETRACK BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO
TRUETRACK TEST	3	PA; QL(6.67 ea daily); MO
ULTIMA TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ULTRATRAK PRO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
ULTRATRAK ULTIMATE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
UNISTRIP1 GENERIC	3	PA; QL(6.67 ea daily); MO
VICTORY AGM-4000 TEST STRIPS	3	PA; QL(6.67 ea daily); MO
VOCAL POINT BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
WAVESENSE PRESTO TEST STRIPS	3	PA; QL(6.67 ea daily); MO
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON	2	MO
PANCREAZE	3	MO
<i>pancrelipase (lipase-protease-amylase)</i>	1	MO
PERTZYE	3	MO

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SUCRAID	3	PA
ULTRESA	3	MO
VIOKACE	3	MO
ZENPEP 10000UNIT-3000UNIT-16000UNIT, 34000UNIT-10000UNIT-55000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 85000UNIT-25000UNIT-136000UNIT	2	MO
ZENPEP 17000UNIT-5000UNIT-27000UNIT (Use Pancrelipase (Lipase-Protease-Amylase))	GP	MO
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 500 mg</i>	1	MO
ACETAZOLAMIDE TABS 125 MG (Use Acetazolamide)	GP	MO
<i>acetazolamide tabs 250 mg</i>	1	MO
DIAMOX (Use Acetazolamide)	GP	MO
<i>methazolamide</i>	1	MO
NEPTAZANE (Use Methazolamide)	GP	MO
<b>Diuretic Combinations</b>		
ALDACTAZIDE 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	GP	MO
ALDACTAZIDE 50MG-50MG	2	MO
<i>amiloride &amp; hydrochlorothiazide</i>	1	MO
DYAZIDE (Use Triamterene & Hydrochlorothiazide)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE (Use Triamterene & Hydrochlorothiazide)	GP	MO
MAXZIDE-25 (Use Triamterene & Hydrochlorothiazide)	GP	MO
<i>spironolactone &amp; hydrochlorothiazide</i>	1	MO
<i>triamterene &amp; hydrochlorothiazide</i>	1	MO
TRIAMTERENE/HYDROCHLOROTHIAZIDE	2	MO
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO
DEMADEX (Use Torsemide)	GP	MO
EDECRIN	3	MO
<i>furosemide soln or 10 mg/ml</i>	1	MO
FUROSEMIDE SOLN OR 8 MG/ML	3	MO
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO
LASIX (Use Furosemide)	GP	MO
<i>torsemide</i>	1	MO
<b>Potassium Sparing Diuretics</b>		
ALDACTONE (Use Spironolactone)	GP	MO
<i>amiloride hcl</i>	1	MO
DYRENIUM	3	MO
<i>spironolactone</i>	1	MO
<b>Thiazides and Thiazide-Like Diuretics</b>		
CHLOROTHIAZIDE 250 MG	3	MO
<i>chlorothiazide 250 mg, 500 mg</i>	1	MO
CHLORTHALIDONE 25 MG	2	MO

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<i>chlorthalidone 25 mg</i>	1	MO
CHLORTHALIDONE 50 MG (Use <i>Chlorthalidone</i> )	GP	MO
DIURIL	3	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
METHYCLOTHIAZIDE	3	MO
<i>metolazone</i>	1	MO
MICROZIDE (Use <i>Hydrochlorothiazide</i> )	GP	MO
THALITONE	2	
ZAROXOLYN (Use <i>Metolazone</i> )	GP	MO
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL 150 MG	3	ST; QL(0.04 ea daily); MO
ACTONEL 30 MG, 35 MG, 5 MG	3	ST; MO
ALENDRONATE SODIUM SOLN 70 MG/75ML	3	MO
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	QL(1 ea daily); MO
<i>alendronate sodium tabs 35 mg</i>	1	QL(0.14 ea daily); MO
ALENDRONATE SODIUM TABS 40 MG	2	MO
<i>alendronate sodium tabs 70 mg</i>	1	QL(0.15 ea daily); MO
ATELVIA	3	ST; QL(0.15 ea daily); MO
BINOSTO	3	ST; QL(0.15 ea daily)
BONIVA (Use <i>Ibandronate Sodium</i> )	GP	QL(0.04 ea daily); MO
<i>calcitonin (salmon)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
DIDRONEL (Use <i>Etidronate Disodium</i> )	GP	MO
ETIDRONATE DISODIUM	3	MO
FORTEO	3	PA
FOSAMAX (Use <i>Alendronate Sodium</i> )	GP	QL(0.15 ea daily); MO
FOSAMAX PLUS D	3	PA; QL(0.15 ea daily); MO
<i>ibandronate sodium</i>	1	QL(0.04 ea daily); MO
MIACALCIN IJ 200 UNIT/ML	3	PA
MIACALCIN NA 200 UNIT/ACT (Use <i>Calcitonin (Salmon)</i> )	GP	MO
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT	3	PA
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA	3	PA
<b>Growth Hormones</b>		
HUMATROPE	3	PA
HUMATROPE COMBO PACK	3	PA
NORDITROPIN FLEXPPO	3	PA
NORDITROPIN NORDIFLEX PEN	3	PA
OMNITROPE	3	PA
SEROSTIM	3	PA
<b>Hormone Receptor Modulators</b>		
EVISTA	2	QL(1 ea daily); MO
OSPHENA	3	MO
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX	3	PA
<b>LHRH/GnRH Agonist Analog Pituitary</b>		

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED	3	PA
<b>Metabolic Modifiers</b>		
BUPHENYL POWD 3 GM/TSP (Use Sodium Phenylbutyrate)	GP	LA
BUPHENYL TABS 500 MG	3	LA
calcitriol caps or 0.25 mcg, 0.5 mcg	1	MO
calcitriol soln or 1 mcg/ml	1	MO
CARNITOR SF (Use Levocarnitine (Metabolic Modifiers))	GP	MO
CARNITOR SOLN OR 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	GP	MO
CARNITOR TABS OR 330 MG (Use Levocarnitine (Metabolic Modifiers))	GP	MO
doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg	1	MO
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (Use Doxercalciferol)	GP	MO
KUVAN	3	PA
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	1	MO
levocarnitine (metabolic modifiers) tabs or 330 mg	1	MO
ORFADIN	3	
paricalcitol	1	MO
RAVICTI	3	PA
ROCALTROL (Use Calcitriol)	GP	MO
SENSIPAR	3	
sodium phenylbutyrate	3	LA

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR CAPS OR 1 MCG, 2 MCG, 4 MCG (Use Paricalcitol)	GP	MO
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Refrigerated)	GP	MO
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	GP	MO
DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)	GP	MO
desmopressin acetate refrigerated	1	MO
desmopressin acetate spray	1	MO
desmopressin acetate spray refrigerated	1	MO
desmopressin acetate tabs or 0.1 mg, 0.2 mg	1	MO
STIMATE	3	
<b>Prolactin Inhibitors</b>		
cabergoline	1	QL(8 ea per fill retail, 8 ea per 23 days retail); MO
<b>Somatostatic Agents</b>		
octreotide acetate	3	PA
SANDOSTATIN (Use Octreotide Acetate)	GP	PA
SIGNIFOR	3	PA
<b>Vasopressin Receptor Antagonists</b>		
SAMSCA	3	QL(1 ea daily)
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVEVELLA (Use Estradiol & Norethindrone Acetate)	GP	MO
ANGELIQ	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PRO	2	QL(0.14 ea daily); MO
COMBIPATCH	3	MO
DUAVEE	3	
<i>esterified estrogens &amp; methyltestosterone</i>	1	QL(1 ea daily); MO
<i>estradiol &amp; norethindrone acetate</i>	1	MO
FEMHRT 1/5 ( <i>Use Norethindrone Acetate-Ethinyl Estradiol</i> )	GP	MO
FEMHRT LOW DOSE	3	MO
JINTELI ( <i>Use Norethindrone Acetate-Ethinyl Estradiol</i> )	GP	MO
<i>norethindrone acetate-ethinyl estradiol</i>	1	MO
PREFEST	3	MO
PREMPHASE	2	MO
PREMPRO 0.3MG-1.5MG	2	QL(1 ea daily); MO
PREMPRO 0.45MG-1.5MG, 0.625MG-2.5MG, 0.625MG-5MG	2	MO
<b>Estrogens</b>		
ALORA 0.025 MG/24HR	3	QL(0.27 ea daily); MO
ALORA 0.05 MG/24HR	2	QL(0.27 ea daily); MO
ALORA 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.2857 ea daily); MO
CENESTIN 0.3 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
CENESTIN 0.45 MG	3	QL(1 ea daily); MO
CLIMARA ( <i>Use Estradiol</i> )	GP	QL(0.14 ea daily); MO
DIVIGEL	3	MO
ELESTRIN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ENJUVIA 0.3 MG, 0.45 MG, 1.25 MG	3	QL(1 ea daily); MO
ENJUVIA 0.625 MG	3	QL(1 ea daily)
ENJUVIA 0.9 MG	3	MO
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG ( <i>Use Estradiol</i> )	GP	MO
<i>estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	QL(0.14 ea daily); MO
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO
ESTRASORB	3	QL(1.87 gm daily); MO
ESTROGEL	3	QL(1.67 gm daily); MO
<i>estropipate 0.75 mg, 1.5 mg</i>	1	MO
ESTROPIPATE 3 MG ( <i>Use Estropipate</i> )	GP	MO
EVAMIST	3	MO
FEMTRACE	3	
MENEST	2	MO
MENOSTAR	3	QL(0.14 ea daily); MO
MINIVELLE 0.0375 MG/24HR	2	MO
MINIVELLE 0.05 MG/24HR	2	QL(0.27 ea daily); MO
MINIVELLE 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.2857 ea daily); MO
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	MO
VIVELLE-DOT 0.025 MG/24HR	3	QL(0.27 ea daily); MO
VIVELLE-DOT 0.0375 MG/24HR	2	MO
VIVELLE-DOT 0.05 MG/24HR	2	QL(0.27 ea daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.2857 ea daily); MO
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX ABC PACK (Use Moxifloxacin HCl)	GP	MO
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	GP	MO
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	MO
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	GP	MO
CIPRO XR 1000MG (Use Ciprofloxacin-Ciprofloxacin HCl)	GP	QL(14 ea per fill retail,14 ea per fill mail); MO
CIPRO XR 500MG (Use Ciprofloxacin-Ciprofloxacin HCl)	GP	QL(3 ea per fill retail,3 ea per fill mail); MO
<i>ciprofloxacin hcl</i>	1	MO
<i>ciprofloxacin-ciprofloxacin hcl 1000mg</i>	1	QL(14 ea per fill retail,14 ea per fill mail); MO
<i>ciprofloxacin-ciprofloxacin hcl 500mg</i>	1	QL(3 ea per fill retail,3 ea per fill mail); MO
FACTIVE	3	QL(1 ea per 90 days retail,1 ea per 90 days mail); MO
LEVAQUIN SOLN 25 MG/ML (Use Levofloxacin)	GP	MO
LEVAQUIN TABS 250 MG (Use Levofloxacin)	GP	QL(14 ea per fill retail); MO
LEVAQUIN TABS 500 MG, 750 MG (Use Levofloxacin)	GP	QL(14 ea per fill retail,00 ea per fill mail); MO
<i>levofloxacin soln or 25 mg/ml</i>	1	MO
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin tabs or 500 mg, 750 mg</i>	1	QL(14 ea per fill retail,00 ea per fill mail); MO
<i>levofloxacin tabs or 750 mg</i>	4	QL(14 ea per fill retail,00 ea per fill mail); MO
<i>moxifloxacin hcl</i>	1	MO
NOROXIN	3	MO
<i>ofloxacin 200 mg</i>	1	
<i>ofloxacin 300 mg, 400 mg</i>	1	QL(28 ea per 90 days retail,28 ea per 90 days mail); MO
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL (Use Ursodiol)	GP	MO
URSO 250 (Use Ursodiol)	GP	MO
URSO FORTE (Use Ursodiol)	GP	MO
<i>ursodiol</i>	1	MO
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis)</i>	1	MO
GASTROCROM (Use Cromolyn Sodium (Mastocytosis))	GP	MO
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA	2	MO
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	MO
METZOLV ODT	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
REGLAN ( <i>Use Metoclopramide HCl</i> )	GP	MO
<b>Inflammatory Bowel Agents</b>		
APRISO	3	MO
ASACOL	2	QL(12 ea daily)
ASACOL HD	2	MO
AZULFIDINE ( <i>Use Sulfasalazine</i> )	GP	MO
AZULFIDINE EN-TABS ( <i>Use Sulfasalazine</i> )	GP	MO
<i>balsalazide disodium</i>	1	QL(9.4 ea daily); MO
CANASA	2	MO
CIMZIA	3	PA
COLAZAL ( <i>Use Balsalazide Disodium</i> )	GP	QL(9.4 ea daily); MO
DELZICOL	2	QL(12 ea daily); MO
DIPENTUM	3	MO
GIAZO	3	ST; QL(6 ea daily); MO
LIALDA	2	MO
<i>mesalamine</i>	1	MO
PENTASA	3	MO
SFROWASA	2	MO
<i>sulfasalazine</i>	1	MO
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy)</i>	1	MO
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
LINZESS	2	MO
LOTRONEX	3	MO
<b>Peripheral Opioid Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR	3	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder)</i>	1	MO
FOSRENOL	3	MO
PHOSLO ( <i>Use Calcium Acetate (Phosphate Binder)</i> )	GP	MO
PHOSLYRA	3	MO
RENAGEL	3	MO
RENVELA	3	MO
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Acidifiers</b>		
K-PHOS NO 2	2	MO
<b>Alkalinizers</b>		
<i>cytra-3</i>	1	MO
CYTRA-K ( <i>Use Potassium Citrate-Citric Acid</i> )	GP	MO
<i>potassium citrate (alkalinizer)</i>	1	MO
POTASSIUM CITRATE ER	2	MO
<i>potassium citrate-citric acid</i>	1	MO
SHOHL'S SOLUTION MODIFIED ( <i>Use Sodium Citrate &amp; Citric Acid</i> )	GP	MO
<i>sodium citrate &amp; citric acid</i>	1	MO
TRICITRATES	3	
UROCIT-K 10	2	MO
UROCIT-K 15	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 5	2	MO
<b>Cystinosis Agents</b>		
CYSTAGON	3	
PROCYSBI	3	
<b>Interstitial Cystitis Agents</b>		
ELMIRON	3	MO
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1	QL(1 ea daily); MO
AVODART	3	ST; MO
CARDURA XL	3	MO
<i>finasteride</i>	1	QL(1 ea daily); AL; MO
FLOMAX ( <i>Use Tamsulosin HCl</i> )	GP	QL(2 ea daily); MO
JALYN	3	ST; MO
PROSCAR ( <i>Use Finasteride</i> )	GP	QL(1 ea daily); AL; MO
RAPAFLO	3	MO
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MO
UROXATRAL ( <i>Use Alfuzosin HCl</i> )	GP	QL(1 ea daily); MO
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl</i>	1	MO
PYRIDIUM ( <i>Use Phenazopyridine HCl</i> )	GP	MO
<b>Urinary Stone Agents</b>		
LITHOSTAT	3	MO
THIOLA	3	MO
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<b>Gout Agents</b>		
<i>allopurinol</i>	1	MO
COLCRYST ( <i>Use Colchicine</i> )	GP	MO
ULORIC	2	MO
ZYLOPRIM ( <i>Use Allopurinol</i> )	GP	MO
<b>Uricosurics</b>		
<i>probenecid</i>	1	MO
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ALPHANINE SD	3	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR	3	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1	MO
TRENTAL ( <i>Use Pentoxifylline</i> )	GP	MO
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX	3	MO
AGRYLIN ( <i>Use Anagrelide HCl</i> )	GP	MO
<i>anagrelide hcl</i>	1	MO
BRILINTA	2	MO
<i>cilostazol</i>	1	QL(2 ea daily); MO
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily); MO
<i>dipyridamole</i>	1	MO
EFFIENT	2	MO
PERSANTINE ( <i>Use Dipyridamole</i> )	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
PLAVIX (Use Clopidogrel Bisulfate)	GP	QL(2 ea daily); MO
PLETAL (Use Cilostazol)	GP	QL(2 ea daily); MO
<i>ticlopidine hcl</i>	1	MO
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Sickle Cell Anemia</b>		
DROXIA	3	MO
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC; MO
<i>folic acid tabs or 400 mcg, 800 mcg</i>	PV	MO; PV
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE	3	PA
EPOGEN	3	PA
GRANIX	3	PA
LEUKINE	3	PA
NEULASTA	3	PA
NEUMEGA	3	PA
NEUPOGEN	3	PA
PROCRIT	3	PA
PROMACTA 25 MG, 50 MG	3	PA
PROMACTA 75 MG	3	PA; QL(1 ea daily)
<b>Hematopoietic Mixtures</b>		
FOLIVANE-F	2	MO
INTEGRA F	2	MO
NIRON KOMPLETE	3	
<b>Iron</b>		

Drug Name	Drug Tier	Requirements/Limits
FER-IN-SOL (Use Ferrous Sulfate)	GP	MO; PV
<i>ferrous sulfate elix 220 mg/5ml</i>	PV	MO; PV
<i>ferrous sulfate soln 15 mg/ml</i>	PV	MO; PV
FERROUS SULFATE SYRP 300 MG/5ML	PV	PV
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR SYRP 25 % (Use Aminocaproic Acid)	GP	MO
AMICAR TABS 1000 MG	3	MO
AMICAR TABS 500 MG (Use Aminocaproic Acid)	GP	MO
<i>aminocaproic acid syrp or 25 %</i>	1	MO
AMINOCAPROIC ACID TABS OR 1000 MG	3	MO
<i>aminocaproic acid tabs or 500 mg</i>	1	MO
LYSTEDA (Use Tranexamic Acid)	GP	QL(6 ea daily, 5 day(s) limit); MO
<i>tranexamic acid tabs or 650 mg</i>	1	QL(6 ea daily, 5 day(s) limit); MO
<b>HYPNOTICS - Drugs to Help Sleep</b>		
<b>Barbiturate Hypnotics</b>		
BUTISOL SODIUM	3	MO
<i>phenobarbital elix 20 mg/5ml</i>	1	MO
<i>phenobarbital soln 20 mg/5ml</i>	1	MO
PHENOBARBITAL TABS 100 MG, 15 MG, 30 MG, 60 MG	2	MO
<i>phenobarbital tabs 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO
<b>Hypnotics - Tricyclic Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
SILENOR	3	ST; QL(1 ea daily); MO
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN (Use Zolpidem Tartrate)	GP	QL(1 ea daily); MO
AMBIEN CR (Use Zolpidem Tartrate)	GP	QL(1 ea daily); MO
DORAL	3	MO
EDLUAR	3	ST; QL(1 ea daily); MO
<i>estazolam</i>	1	MO
<i>flurazepam hcl</i>	1	MO
HALCION (Use Triazolam)	GP	MO
INTERMEZZO	3	PA; MO
LUNESTA	3	ST; QL(1 ea daily); MO
<i>midazolam hcl syrp or 2 mg/ml</i>	1	MO
QUAZEPAM	3	MO
RESTORIL (Use Temazepam)	GP	MO
SOMNOTE	2	
SONATA (Use Zaleplon)	GP	QL(1 ea daily); MO
<i>temazepam</i>	1	MO
<i>triazolam</i>	1	MO
<i>zaleplon</i>	1	QL(1 ea daily); MO
<i>zolpidem tartrate</i>	1	QL(1 ea daily); MO
ZOLPIMIST	3	ST; QL(0.26 ml daily); MO
<b>Selective Melatonin Receptor Agonists</b>		
ROZEREM	3	ST; QL(1 ea daily); MO
<b>LAXATIVES - Bowel Treatment Drugs</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Laxative Combinations</b>		
COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	3	
COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM-2.98GM-6.72GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	GP	QL(4000 ml per fill retail, 4000 ml per fill mail); MO
GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	2	QL(4000 ea per fill retail, 4000 ea per fill mail); MO
GOLYTELY 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	GP	QL(4000 ml per fill retail, 4000 ml per fill mail); MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	QL(1 ea per fill retail, 1 ea per fill mail)
MOVIPREP	3	MO
NULYTELY/FLAVOR PACKS (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	GP	MO
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	QL(4000 ml per fill retail, 4000 ml per fill mail); MO
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	MO
PREPOPIK	3	MO
SUCLEAR	3	MO
SUPREP BOWEL PREP	3	MO
<b>Laxatives - Miscellaneous</b>		
KRISTALOSE	3	MO
<i>lactulose</i>	1	MO
MIRALAX POWD (Use Polyethylene Glycol 3350)	GP	QL(17.6 gm daily); RX/OTC; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 powd</i>	1	QL(17.6 gm daily); RX/OTC; MO
<b>Saline Laxatives</b>		
OSMOPREP	3	MO
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
AZITHROMYCIN PACK OR 1 GM	2	MO
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	MO
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail); MO
<i>azithromycin tabs or 500 mg</i>	1	QL(3 ea daily); MO
<i>azithromycin tabs or 600 mg</i>	1	QL(10 ea per fill retail); MO
ZITHROMAX PACK OR 1 GM	2	MO
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	GP	MO
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	GP	QL(6 ea per fill retail); MO
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	GP	QL(3 ea daily); MO
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	GP	QL(10 ea per fill retail); MO
ZITHROMAX TRI-PAK (Use Azithromycin)	GP	QL(3 ea daily); MO
ZITHROMAX Z-PAK (Use Azithromycin)	GP	QL(6 ea per fill retail); MO
ZMAX	2	QL(2 ea daily); MO
<b>Clarithromycin</b>		
BIAXIN (Use Clarithromycin)	GP	MO
BIAXIN XL (Use Clarithromycin)	GP	QL(14 ea per fill retail, 14 ea per fill mail); MO

Drug Name	Drug Tier	Requirements/Limits
BIAXIN XL PAC (Use Clarithromycin)	GP	QL(14 ea per fill retail, 14 ea per fill mail); MO
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	MO
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail, 14 ea per fill mail); MO
<b>Erythromycins</b>		
<i>e.e.s. 400</i>	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB	2	MO
ERYPED 200	2	MO
ERYPED 400	2	MO
<i>erythrocin stearate</i>	1	MO
<i>erythromycin</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin ethylsuccinate</i>	1	MO
<b>Fidaxomicin</b>		
DIFICID	3	MO
<b>MEDICAL DEVICES</b>		
<b>Contraceptives</b>		
FC FEMALE CONDOM	PV	PV
FC2 FEMALE CONDOM	PV	PV
FEMCAP	PV	PV
ORTHO DIAPHRAGM ALL-FLEX/65MM	PV	QL(1 ea per 360 days retail); MO; PV

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Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/ Limits
ORTHO DIAPHRAGM ALL-FLEX/70MM	PV	QL(1 ea per 360 days retail); MO; PV
ORTHO DIAPHRAGM ALL-FLEX/75MM	PV	QL(1 ea per 360 days retail); MO; PV
ORTHO DIAPHRAGM ALL-FLEX/80MM	PV	QL(1 ea per 360 days retail); MO; PV
ORTHO DIAPHRAGM COIL SPRING KIT 100	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM COIL SPRING KIT 105	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM COIL SPRING KIT 50	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 55	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 60	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 65	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 70	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 75	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 80	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 85	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 90	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM FLAT SPRING KIT 95	PV	QL(1 ea per 360 days retail); PV
PRENTIF CAVITY-RIM CERVICAL CAP	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
<b>Diabetic Supplies</b>		
A1C NOW	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACCU-CHEK AVIVA PLUS KIT XX	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACCU-CHEK COMPACT PLUS CARE KIT	3	PA; QL(1 ea per 365 days retail); MO
ACCU-CHEK NANO SMARTVIEW	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACCU-CHEK VOICEMATE	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACURA BLOOD GLUCOSE MONITORING SYSTEM METER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACURA BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACURA PLUS BLOOD GLUCOSE MONITORING SYSTEM METER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ACURA PLUS BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ADVANCE INTUITION BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ADVANCE MICRO-DRAW METER	3	PA; QL(1 ea per 365 days retail); MO

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Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ADVOCATE REDI-CODE DEVI XX	3	PA; QL(1 ea per 365 days retail); MO
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING	3	PA; QL(1 ea per 365 days retail); MO
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
ADVOCATE REDI-CODE/TALKING DEVI	3	PA; QL(1 ea per 365 days retail); MO
ADVOCATE REDI-CODE/TALKING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST	3	PA; QL(1 ea per 365 days retail); MO
AGAMATRIX JAZZ	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
AGAMATRIX PRESTO	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
AGAMATRIX PRESTO PRO METER	3	PA; QL(1 ea per 365 days retail); MO
ASSURE 3 METER	3	PA; QL(1 ea per 365 days retail); MO
ASSURE 4 BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PLATINUM BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
ASSURE PRO BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
AT LAST BLOOD GLUCOSE SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
BAYER BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR LINK BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR NEXT BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR NEXT USB BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BAYER CONTOUR USB BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

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Last Updated: April 1, 2014



Drug Name	Drug Tier	Requirements/ Limits
BD LATITUDE DIABETES MANAGEMENT SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BD LOGIC BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BLOOD GLUCOSE MONITORINGSYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BLOOD GLUCOSE SYSTEM PAK	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
CARESENS N BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CARESENS N GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CHOICE DM DIABETES RISK IN-HOME TEST KIT	3	PA; QL(1 ea per 365 days retail); MO
CHOICE DM FORA G20 BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
CONTROL BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
DIDGET	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASY PLUS BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
EASY PLUS BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

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Last Updated: April 1, 2014



Drug Name	Drug Tier	Requirements/ Limits
EASY STEP BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
EASY STEP BLOOD GLUCOSE MONITOR STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	3	PA; QL(1 ea per 365 days retail); MO
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASY TOUCH GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYGLUCO KIT XX	3	PA; QL(1 ea per 365 days retail); MO
EASYGLUCO VALUE PACK	3	PA; QL(1 ea per 365 days retail); MO
EASYMAX L BLOOD GLUCOSE SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
EASYMAX L BLOOD GLUCOSE SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYMAX N BLOOD GLUCOSE SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
EASYMAX N BLOOD GLUCOSE SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYMAX V BLOOD GLUCOSE SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	3	PA; QL(1 ea per 365 days retail); MO
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYPLUS R13N SELF-MONITORING BLOOD GLUCOSE SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYPLUS V SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EASYPRO PLUS KIT XX	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ECLIPSE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ELEMENT AUTOCODE SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

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Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT PLUS BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	3	PA; QL(1 ea per 365 days retail); MO
ENVISION AUTOCODE	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EQL TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
EVENCARE G2 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
EVENCARE G3 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
EVOLUTION AUTOCODE DEVI XX	3	PA; QL(1 ea per 365 days retail); MO
EZ SMART DIABETES MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
EZ SMART PLUS DIABETES MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FASTTAKE COMPACT MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FIFTY50 GLUCOSE METER 2.0	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

Drug Name	Drug Tier	Requirements/ Limits
FORA G71A BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FORA G90 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	3	PA; QL(1 ea per 365 days retail); MO
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING	3	PA; QL(1 ea per 365 days retail); MO
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	3	PA; QL(1 ea per 365 days retail); MO
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FORA V22 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FREESTYLE FLASH SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

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Last Updated: April 1, 2014

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FREESTYLE FREEDOM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FREESTYLE FREEDOM LITE	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FREESTYLE FREEDOM LITE	2	QL(1 ea per 365 days retail); RX/OTC; MO
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail); RX/OTC; MO
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail); MO
FREESTYLE SIDEKICK II VALUEPACK	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
FREESTYLE SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); MO
GE100 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCO PERFECT 3 BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE	3	PA; QL(1 ea per 365 days retail); MO
GLUCOCARD 01 BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCARD X-METER	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCOM BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
GLUCOLAB BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

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Last Updated: April 1, 2014

Drug Name	Drug Tier	Requirements/ Limits
GMATE VOICE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
IBG STAR BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
INFINITY BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
KROGER BLOOD GLUCOSE MONITORING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
LIBERTY BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
LIBERTY BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
MAXIMA BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MAXIMA METER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MAXIMA STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MEIJER BLOOD GLUCOSE MONITORING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

Drug Name	Drug Tier	Requirements/ Limits
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
NEXGEN METER KIT	3	PA; QL(1 ea per 365 days retail); MO
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ON CALL PLUS BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ON CALL VIVID BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

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Last Updated: April 1, 2014



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ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ON CALL VIVID PAL BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH BASIC SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH PROFILE SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRA 2	2	QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRA 2	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRA MINI	2	QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRA MINI	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRA SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRALINK SYSTEM (DEC)	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRALINK SYSTEM (HEX)	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH ULTRASMART	2	QL(1 ea per 365 days retail); RX/OTC; MO

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail); RX/OTC; MO
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
OPTUMRX BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PARADIGM LINK BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRECISION LINK	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRECISION QID MONITOR	3	PA; QL(1 ea per 365 days retail); MO

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Last Updated: April 1, 2014



Drug Name	Drug Tier	Requirements/ Limits
PRECISION SOF-TACT MONITOR	3	PA; QL(1 ea per 365 days retail); MO
PRECISION XTRA DEVI	2	QL(1 ea per 365 days retail); MO
PRECISION XTRA DEVI	3	PA; QL(1 ea per 365 days retail); MO
PRECISION XTRA KIT	3	PA; QL(1 ea per 365 days retail); MO
PRECISION XTRA MONITOR	3	PA; QL(1 ea per 365 days retail); MO
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY AUTOCODE PRO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY POCKET BLOOD GLUCOSE METER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY POCKET PRO BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY PREFERRED BLOOD GLUCOSE METER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY PREFERRED BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY VOICE BLOOD GLUCOSE METER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
PRODIGY VOICEPRO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
QUICKTEK	3	PA; QL(1 ea per 365 days retail); MO
QUICKTEK	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
QUINTET BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
RA BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
RA TRUE2GO BLOOD GLUCOSEMONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RA TRUERESULT BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

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REVEAL BLOOD GLUCOSE MONITOR	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
REXALL BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
RIGHTSOURCE BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
SMART DIABETES XPRES BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
SMARTEST EJECT STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SMARTEST PERSONA STARTERKIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST PRONTO STARTERKIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
SMARTEST PROTEGE STARTERKIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER	3	PA; QL(1 ea per 365 days retail); MO
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TELCARE BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TGT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO

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TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail); MO
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
TRUETRACK SMART SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ULTIMA	3	PA; QL(1 ea per 365 days retail); MO
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
ULTRATRAK ACTIVE	3	PA; QL(1 ea per 365 days retail); MO
ULTRATRAK PRO	3	PA; QL(1 ea per 365 days retail); MO
ULTRATRAK ULTIMATE MONITOR	3	PA; QL(1 ea per 365 days retail); MO
VICTORY BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM	3	PA; QL(1 ea per 365 days retail); MO

Drug Name	Drug Tier	Requirements/ Limits
WAVESENSE AMP	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
WAVESENSE KEYNOTE	3	PA; QL(1 ea per 365 days retail); RX/OTC; MO
WAVESENSE KEYNOTE PRO METER	3	PA; QL(1 ea per 365 days retail); MO
<b>Parenteral Therapy Supplies</b>		
BD ECLIPSE NEEDLE 30G X 1/2"	2	RX/OTC; MO
BD NEEDLE/30G X 1/2"	2	RX/OTC; MO
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC; MO
INSULIN SYRINGES AND PEN NEEDLES	2	MO
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC; MO
TERUMO SURGUARD2 SAFETY NEEDLE/30G X 1/2"	2	RX/OTC; MO
<b>Respiratory Therapy Supplies</b>		
AEROCHAMBER MINI AEROSOLCHAMBER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER MV	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER PLUS FLOW VU	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER PLUS FLOW-VU	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO

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AEROCHAMBER PLUS FLOW-VU/LARGE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	AEROCHAMBER/FLOWSIGNAL	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER PLUS FLOW-VU/MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	ARIAL CHAMBER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER PLUS FLOW-VU/SMALL MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER Z-STAT PLUS/LARGE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
AEROCHAMBER Z-STAT PLUS/SMALL MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	BREATHERITE RIGID SPACERW/MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO

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BREATHERITE W/LARGE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	INSPIREASE DRUG DELIVERY SYSTEM	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
BREATHERITE W/MEDIUM MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	LITEAIRE	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
BREATHERITE W/SMALL MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	MICROCHAMBER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
E-Z SPACER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	MICROSPACER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
E-Z SPACER THE BODY GUARDS PACK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	NESSI SPACER/LARGE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
EASIVENT	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	NESSI SPACER/MOUTHPIECE	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
EASIVENT/MASK-LARGE	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	NESSI SPACER/SMALL/MED MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
EASIVENT/MASK-MEDIUM	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	OPTICHAMBER ADVANTAGE	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
EASIVENT/MASK-SMALL	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO	OPTICHAMBER ADVANTAGE/LARGE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO

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Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER ADVANTAGE/SMALL FACE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER DIAMOND DEVI	2	QL(1 ea per 365 days retail); RX/OTC; MO
OPTICHAMBER DIAMOND MISC	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER DIAMOND/LARGEFACE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER DIAMOND/MEDIUM FACE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER DIAMOND/SMALLFACE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER FACE MASK/LARGE	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER FACE MASK/MEDIUM	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTICHAMBER FACE MASK/SMALL	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO

Drug Name	Drug Tier	Requirements/ Limits
OPTIHALER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
OPTIHALER MDI DRUG DELIVERY SYSTEM	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
POCKET CHAMBER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
POCKET SPACER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
RITEFLO	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
VALVED HOLDING CHAMBER	3	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
VORTEX VALVED HOLDING CHAMBER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
WATCHHALER	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
<i>acetaminophen- isometheptene- dichloralphenazone</i>	1	MO
CAFERGOT (Use <i>Ergotamine w/ Caffeine</i> )	GP	MO

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Drug Name	Drug Tier	Requirements/ Limits
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN	1	MO
MIGERGOT	2	MO
PRODRIN 130MG-500MG-20MG (Use Acetaminophen-Isometheptene-Caffeine)	GP	MO
PRODRIN 65MG-325MG-20MG	3	PA
TREXIMET	3	PA; QL(0.3 ea daily); MO
<b>Migraine Products - NSAIDs</b>		
CAMBIA	3	QL(0.3 ea daily); MO
<b>Migraine Products</b>		
D.H.E. 45 (Use Dihydroergotamine Mesylate)	GP	PA
dihydroergotamine mesylate ij 1 mg/ml	3	PA
DIHYDROERGOTAMINE MESYLATE NA 4 MG/ML	3	QL(0.267 ml daily)
ERGOMAR	2	
MIGRANAL	3	QL(0.267 ml daily)
<b>Serotonin Agonists</b>		
ALSUMA	3	PA; QL(0.07 ml daily)
AMERGE (Use Naratriptan HCl)	GP	QL(0.3 ea daily); MO
AXERT	3	QL(0.2 ea daily); MO
FROVA	3	QL(0.3 ea daily); MO
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT	3	QL(0.2 ea daily); MO
IMITREX SOLN SC 6 MG/0.5ML (Use Sumatriptan Succinate)	GP	PA; QL(0.07 ml daily)
IMITREX STATDOSE REFILL 4 MG/0.5ML (Use Sumatriptan Succinate)	GP	PA

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL 6 MG/0.5ML (Use Sumatriptan Succinate)	GP	PA; QL(0.07 ml daily)
IMITREX STATDOSE SYSTEM 4 MG/0.5ML (Use Sumatriptan Succinate)	GP	PA
IMITREX STATDOSE SYSTEM 6 MG/0.5ML (Use Sumatriptan Succinate)	GP	PA; QL(0.07 ml daily)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (Use Sumatriptan Succinate)	GP	QL(0.3 ea daily); MO
MAXALT (Use Rizatriptan Benzoate)	GP	QL(0.4 ea daily); MO
MAXALT-MLT (Use Rizatriptan Benzoate)	GP	QL(0.4 ea daily); MO
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); MO
RELPAK	3	QL(0.2 ea daily); MO
<i>rizatriptan benzoate</i>	1	QL(0.4 ea daily); MO
SUMATRIPTAN	3	QL(0.2 ea daily); MO
<i>sumatriptan succinate soln sc 4 mg/0.5ml</i>	3	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	3	PA; QL(0.07 ml daily)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); MO
<i>zolmitriptan</i>	1	QL(0.2 ea daily); MO
ZOMIG NASAL SPRAY	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail); MO
ZOMIG SOLN NA 2.5 MG, 5 MG	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail); MO
ZOMIG TABS OR 2.5 MG, 5 MG (Use Zolmitriptan)	GP	QL(0.2 ea daily); MO
ZOMIG ZMT (Use Zolmitriptan)	GP	QL(0.2 ea daily); MO

## MINERALS & ELECTROLYTES

### Fluoride

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Drug Name	Drug Tier	Requirements/ Limits
FLUORABON	PV	MO; PV
<i>flura-drops</i>	PV	MO; PV
LURIDE (Use Sodium Fluoride)	GP	MO; PV
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 0.55 mg, 1 mg, 1.1 mg, 2.2 mg</i>	PV	MO; PV
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	PV	MO; PV
<i>sodium fluoride tabs 1 mg</i>	1	
<b>Iodine Products</b>		
SSKI	2	MO
<b>Phosphate</b>		
K-PHOS	2	MO
K-PHOS NEUTRAL (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	GP	MO
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	MO
<b>Potassium</b>		
EFFER-K	3	MO
K-LOR HOSPITAL PACK (Use Potassium Chloride)	GP	MO
K-TABS (Use Potassium Chloride)	GP	MO
KLOR-CON 25 (Use Potassium Chloride)	GP	MO
KLOR-CON M15 (Use Potassium Chloride Microencapsulated Crystals CR)	GP	MO
MICRO-K (Use Potassium Chloride)	GP	MO
<i>potassium bicarb &amp; chloride</i>	1	MO
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE ER	3	
<i>potassium chloride liqd or 20 %</i>	1	MO
<i>potassium chloride microencapsulated crystals cr</i>	1	MO
<i>potassium chloride pack or 20 meq</i>	1	MO
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	1	MO
<b>Zinc</b>		
GALZIN	3	MO
<i>zinc sulfate caps or 220 mg</i>	1	RX/OTC; MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
FIRST-MOUTHWASH BLM	3	MO
<i>lidocaine hcl (mouth-throat)</i>	1	MO
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1	MO
FIRST-BXN MOUTHWASH	3	MO
FIRST-DUKES MOUTHWASH	3	MO
FIRST-MARYS MOUTHWASH	3	
<i>nystatin (mouth-throat)</i>	1	MO
ORAVIG	3	MO
<b>Steroids - Mouth/Throat</b>		
<i>triamcinolone acetonide (mouth)</i>	1	MO
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	1	MO
EVOXAC (Use Cevimeline HCl)	GP	MO
GELCLAIR	3	

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Drug Name	Drug Tier	Requirements/ Limits
ORAFATE	3	
<i>pilocarpine hcl (oral)</i>	1	MO
PROTHELIAL	3	
SALAGEN ( <i>Use Pilocarpine HCl (Oral)</i> )	GP	MO
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
<i>pediatric multivitamins w/fl</i>	1	AL; MO
<i>pediatric vitamins acd w/ fluoride</i>	1	AL; MO
POLY-VI-FLOR CHEW 200MCG-0.25MG-15UNIT-400UNIT, 200MCG-0.5MG-15UNIT-400UNIT, 200MCG-1MG-15UNIT-400UNIT	3	AL; MO
POLY-VI-FLOR SUSP 200MCG/ML-0.25MG/ML	3	MO
QUFLORA PEDIATRIC	2	AL; MO
TRI-VI-FLOR	3	MO
TRI-VI-FLORO	3	MO
<b>Ped Multi Vitamins w/Fl &amp; FE</b>		
ESCAVITE LQ	2	MO
MULTI-VIT/IRON/FLUORIDE	2	MO
MULTI-VITAMIN/FLUORIDE/IRON	2	MO
POLY-VI-FLOR/IRON	3	MO
<i>tri-vit/fluoride/iron</i>	1	AL; MO
<b>Prenatal Vitamins</b>		
ACTIVE OB	2	
B-NEXA 100MG-124.1MG-1.2MG-40MG	3	MO
B-NEXA 100MG-124.23MG-1.22MG-42MG	3	

Drug Name	Drug Tier	Requirements/ Limits
BAL-CARE DHA	2	MO
BAL-CARE DHA ESSENTIAL	3	
CAVAN ONE OMEGA	3	MO
CAVAN-ALPHA KIT	2	MO
CAVAN-EC SOD DHA	2	MO
CHOICE-OB+DHA	3	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL ASSURE ( <i>Use Prenatal w/o Vit A w/ Fe Carbonyl-Fe Gluconate-DSS-FA-DHA</i> )	GP	MO
CITRANATAL B-CALM	3	MO
CITRANATAL DHA	2	MO
CITRANATAL HARMONY 250MG-28MG-30UNIT-100MG-50MG-400UNIT-1MG-25MG, 260MG-30MG-30UNIT-104MG-50MG-400UNIT-1MG-25MG, 265MG-650MG-29MG-30UNIT-104MG-50MG-400UNIT-1MG-25MG	3	MO
CITRANATAL HARMONY 260MG-30UNIT-104MG-27MG-50MG-400UNIT-1MG-25MG	3	
CITRANATAL RX ( <i>Use Prenatal without Vit A w/ Fe Carbonyl-Fe Gluc-Docusate-FA</i> )	GP	MO
COMPLETE-RF PRENATAL ( <i>Use Prenatal without A w/ Fe Carbonyl-Docusate-Folic Acid</i> )	GP	
COMPLETENATE	2	MO
CONCEPT DHA	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
CONCEPT OB	2	MO
DUET DHA	3	MO
DUET DHA 400	3	MO
DUET DHA 400EC	3	MO
DUET DHA 430	3	MO
DUET DHA 430EC	3	
DUET DHA BALANCED 220MCG-24MG- 2900UNIT-2MG-25MG- 25MG-1.2MG-210MG- 15MG-4MG-12MCG- 840UNIT-1MG-2MG- 45MG-115MG, 278MG- 210MCG-26MG- 2840UNIT-2MG-25MG- 25MG-1.5MG-215MG- 20MG-4MG-12MCG- 840UNIT-1MG-2MG- 50MG-120MG	3	
DUET DHA BALANCED 267MG-65MCG-210MCG- 25MG-2800UNIT-1.8MG- 25MG-25MG-1.5MG- 215MG-20MG-55MG-2MG- 12MCG-640UNIT-1MG- 15MG-50MG-120MG, 380MG-3MG-220MCG- 27MG-2850UNIT-2MG- 25MG-25MG-1.8MG- 219MG-20MG-4MG- 12MCG-840UNIT-1MG- 50MG-120MG	3	MO
DUET DHA EC 400MG- 2825UNIT-3MG-220MCG- 25MG-2MG-25MG-25MG- 1.8MG-200MG-20MG- 4MG-12MCG-800UNIT- 1MG-45MG-120MG	3	MO
DUET DHA EC 430MG- 2825UNIT-3MG-220MCG- 25MG-2MG-25MG-25MG- 1.8MG-200MG-20MG- 4MG-12MCG-800UNIT- 1MG-45MG-120MG	3	

Drug Name	Drug Tier	Requirements/ Limits
EXTRA-VIRT PLUS DHA	3	MO
FOCALGIN-B	3	
FOLCAL DHA	3	MO
FOLCAPS OMEGA 3	3	MO
FOLIVANE-EC CALCIUM DHA NF	2	MO
FOLIVANE-OB	2	MO
GESTICARE DHA	2	MO
HEMENATAL OB	3	MO
HEMENATAL OB + DHA	2	MO
<i>inatal advance</i>	1	MO
<i>inatal gt</i>	1	MO
<i>inatal ultra</i>	1	MO
INFANATE BALANCE	3	MO
MACNATAL CN DHA	3	MO
MOMS CHOICE RX	3	
MYNATAL ADVANCE	2	MO
MYNATAL ULTRACAPLET	2	MO
NATA KOMplete	3	MO
NATACHEW	3	
NATALVIRT 90 DHA	2	MO
NATALVIRT CA	1	MO
NATELLE ONE	3	MO
NEEVO DHA	3	MO
NESTABS	3	MO
NESTABS ABC	3	

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Drug Name	Drug Tier	Requirements/ Limits
NESTABS DHA	2	MO
NEXA PLUS	3	MO
NEXA SELECT 325MG-160MG-55MG-29MG-800UNIT-1.25MG-30UNIT-25MG-28MG	3	MO
NEXA SELECT 337.5MG-750MG-160MG-55MG-29MG-800UNIT-1.25MG-30UNIT-28MG-28MG	3	
NUTRI-TAB OB	3	MO
NUTRI-TAB OB + DHA	2	MO
OB COMPLETE	3	
OB COMPLETE ONE	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE/DHA	3	MO
OB-NATAL ONE	3	MO
PAIRE OB	2	MO
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	3	MO
PNV OB+DHA	2	MO
PNV-DHA	3	MO
PNV-DHA+DOCUSATE	3	MO
PNV-FIRST	3	MO
PNV-OMEGA	3	MO
PNV-SELECT	3	MO
PR NATAL 400 EC (Use Prenatal MV & Min w/Fe Bisglyc-Fe Prot Succ-FA-CA-Omega 3)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
PR NATAL 430 (Use Prenatal MV & Min w/Fe Bisglyc-Fe Prot Succ-FA-CA-Omega 3)	GP	MO
PR NATAL 430 EC (Use Prenatal MV & Min w/Fe Bisglyc-Fe Prot Succ-FA-CA-Omega 3)	GP	MO
PREFERA OB	3	MO
PREFERA OB + DHA	2	MO
PRENA1 CHEW/QUATREFOLIC	3	MO
PRENA1 PEARL	3	
PRENA1 PLUS/QUATREFOLIC	3	MO
PRENA1/QUATREFOLIC	3	MO
PRENAISSANCE	3	MO
PRENAISSANCE 90 DHA	2	MO
PRENAISSANCE BALANCE	3	MO
PRENAISSANCE DHA	2	MO
PRENAISSANCE HARMONY DHA	3	MO
PRENAISSANCE NEXT	3	MO
PRENAISSANCE NEXT-B	3	
PRENAISSANCE PLUS	3	MO
PRENAISSANCE PROMISE (Use Prenatal w/o Vit A w/ Fe Carbonyl-Fe Gluconate-DSS-FA-DHA)	GP	MO
PRENATA	2	MO
PRENATAL 19 CHEW 1000UNIT-400UNIT-20MG-25MG-3MG-200MG-29MG-7MG-6MG-3MG-12MCG-1MG-30UNIT-20MG-100MG	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	2	GL; MO
PRENATAL 19 TABS 1000UNIT-30UNIT-20MG- 25MG-3MG-200MG-29MG- 15MG-3MG-7MG-12MCG- 400UNIT-20MG-1MG- 100MG, 30UNIT- 1000UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	3	MO
PRENATAL MV & MIN/FE- FA-DHA	3	
<i>prenatal vit w/ docusate- iron carbonyl-folic acid</i>	1	MO
PRENATAL-U	2	MO
PRENATE	3	MO
PRENATE AM	3	MO
PRENATE DHA	2	QL(1 ea daily); MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	3	MO
PRENATE ESSENTIAL	2	MO
PRENATE MINI	3	MO
PRENATE RESTORE	3	MO
PRENEXA	3	MO
PREQUE 10	3	MO
PROVIDA OB	2	MO
R-NATAL OB	2	
REAPHIRM	3	MO

Drug Name	Drug Tier	Requirements/ Limits
SE-NATAL 19 CHEW 30UNIT-1000UNIT-100MG- 20MG-3MG-200MG-29MG- 7MG-15MG-3MG-12MCG- 400UNIT-1MG-20MG	2	MO
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG- 25MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-3MG-20MG- 1MG-100MG	3	MO
SELECT-OB+DHA	3	MO
SETON ET-EC ( <i>Use Prenatal MV &amp; Min w/Fe Bisglyc-Fe Prot Succ-FA- CA-Omega 3</i> )	GP	MO
SETONET ( <i>Use Prenatal MV &amp; Min w/Fe Bisglyc-Fe Prot Succ-FA-CA-Omega 3</i> )	GP	MO
TARON-BC	3	MO
TARON-C DHA	2	MO
TARON-DUO EC ( <i>Use Prenatal MV &amp; Min w/Fe Bisglyc-Fe Prot Succ-FA- CA-Omega 3</i> )	GP	MO
TARON-PREX	3	MO
TL-ASSURE ONE	3	MO
TL-ASSURE+DHA	3	MO
TL-SELECT	3	MO
TL-SELECT DHA	3	MO
TRI RX ( <i>Use Prenatal without Vit A w/ Fe Carbonyl-Fe Gluc- Docusate-FA</i> )	GP	MO
TRI-TABS DHA	2	MO
<i>triadvance</i>	1	MO
TRICARE PRENATAL COMPLEAT	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRINATAL GT	2	MO
TRINATAL ULTRA	2	MO
TRIVEEN-U	2	MO
ULTIMATE OB DHA	2	MO
ULTIMATECARE ONE	3	MO
ULTIMATECARE ONE NF	3	MO
<i>ultra tabs</i>	1	MO
V-NATAL	3	MO
V-NATAL DHA	2	MO
VEMAVITE-PRX 2	3	MO
VENA-BAL DHA	2	MO
VENATAL COMPLETE DHA	2	MO
VINACAL ( <i>Use Prenatal without Vit A w/ Fe Carbonyl-Fe Gluc-Docusate-FA</i> )	GP	MO
VINACAL B	3	MO
VINATE CALCIUM	2	
VINATE DHA	3	MO
VINATE DHA RF	3	MO
VINATE GT	2	MO
VINATE ULTRA	2	MO
VIRT-BAL DHA PLUS	3	MO
VIRT-PN	3	MO
VIRT-PN DHA	3	MO
VIRT-PN PLUS	3	MO
VIRT-SELECT	3	MO

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-NANO	3	
VITAFOL-ONE	3	MO
VITAFOL-PLUS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	MO
VITAMEDMD PLUS RX/QUATREFOLIC	3	MO
VITAMEDMD REDICHEW RX/QUATREFOLIC	3	MO
VITAPEARL	3	
VIVA CT PRENATAL	3	
VP-CH PLUS	3	MO
VP-CH-PNV	3	MO
VP-GGR-B6 PRENATAL	3	MO
VP-HEME OB	3	MO
VP-HEME OB + DHA	2	MO
VP-PNV-DHA	3	MO
ZATEAN-CH	3	MO
ZATEAN-PN	3	MO
ZATEAN-PN DHA	3	MO
ZATEAN-PN PLUS	3	MO
ZINGIBER	3	MO

### MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms

#### Central Muscle Relaxants

AMRIX	3	ST; QL(1 ea daily); MO
<i>baclofen</i>	1	MO
<i>carisoprodol</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>chlorzoxazone</i>	1	MO
<i>cyclobenzaprine hcl</i>	1	MO
FEXMID (Use <i>Cyclobenzaprine HCl</i> )	GP	MO
FLEXERIL (Use <i>Cyclobenzaprine HCl</i> )	GP	MO
LORZONE	3	MO
<i>metaxalone</i>	1	MO
<i>methocarbamol</i>	1	MO
<i>orphenadrine citrate tb12 or 100 mg</i>	1	MO
PARAFON FORTE DSC (Use <i>Chlorzoxazone</i> )	GP	MO
ROBAXIN TABS OR 500 MG (Use <i>Methocarbamol</i> )	GP	MO
ROBAXIN-750 (Use <i>Methocarbamol</i> )	GP	MO
SKELAXIN (Use <i>Metaxalone</i> )	GP	MO
SOMA 250 MG	3	MO
SOMA 350 MG (Use <i>Carisoprodol</i> )	GP	MO
<i>tizanidine hcl</i>	1	MO
ZANAFLEX (Use <i>Tizanidine HCl</i> )	GP	MO
<b>Direct Muscle Relaxants</b>		
DANTRIUM (Use <i>Dantrolene Sodium</i> )	GP	MO
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	MO
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin</i>	1	MO
<i>carisoprodol w/ aspirin &amp; codeine</i>	1	MO
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine w/ aspirin &amp; caff</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA	3	QL(0.77 gm daily); MO
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL	2	MO
<b>Nasal Antiallergy</b>		
ASTELIN (Use <i>Azelastine HCl</i> )	GP	QL(1.2 ml daily); MO
ASTEPRO	2	QL(1 ml daily); MO
<i>azelastine hcl</i>	1	QL(1.2 ml daily); MO
PATANASE	3	MO
<b>Nasal Anticholinergics</b>		
ATROVENT (Use <i>Ipratropium Bromide (Nasal)</i> )	GP	MO
<i>ipratropium bromide (nasal)</i>	1	MO
<b>Nasal Steroids</b>		
BECONASE AQ	3	QL(1.67 gm daily); MO
FLONASE (Use <i>Fluticasone Propionate (Nasal)</i> )	GP	QL(1.2 gm daily); MO
<i>flunisolide (nasal)</i>	1	MO
<i>flunisolide 0.025 %</i>	1	MO
FLUNISOLIDE 29 MCG/ACT	3	
<i>fluticasone propionate (nasal)</i>	1	QL(1.2 gm daily); MO
NASACORT AQ (Use <i>Triamcinolone Acetonide (Nasal)</i> )	GP	QL(1.2 gm daily); MO
NASONEX	2	QL(1.2 gm daily); MO
OMNARIS	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
QNASL	3	QL(0.3 gm daily); MO
RHINOCORT AQUA	3	QL(0.6 gm daily); MO
<i>triamcinolone acetonide (nasal)</i>	1	QL(1.2 gm daily); MO
VERAMYST	3	QL(0.34 gm daily); MO
ZETONNA	3	QL(0.3 gm daily); MO
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK ( <i>Use Riluzole</i> )	GP	MO
<i>riluzole</i>	1	MO
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT	3	MO
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN ( <i>Use Levobunolol HCl</i> )	GP	MO
<i>betaxolol hcl (ophth)</i>	1	MO
BETIMOL	2	MO
BETOPTIC-S	2	MO
<i>carteolol hcl (ophth)</i>	1	MO
COMBIGAN	3	MO
COSOPT ( <i>Use Dorzolamide HCl-Timolol Maleate</i> )	GP	MO
COSOPT PF	3	MO
<i>dorzolamide hcl-timolol maleate</i>	1	MO
ISTALOL	2	MO
<i>levobunolol hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metipranolol</i>	1	MO
OPTIPRANOLOL ( <i>Use Metipranolol</i> )	GP	MO
<i>timolol maleate (ophth)</i>	1	MO
TIMOPTIC ( <i>Use Timolol Maleate (Ophth)</i> )	GP	MO
TIMOPTIC-XE ( <i>Use Timolol Maleate (Ophth)</i> )	GP	MO
<b>Cycloplegic Mydriatics</b>		
<i>atropine sulfate (ophthalmic)</i>	1	MO
ATROPINE SULFATE OINT OP 1 % ( <i>Use Atropine Sulfate (Ophthalmic)</i> )	GP	MO
CYCLOGYL 0.5 %	2	MO
CYCLOGYL 1 %, 2 % ( <i>Use Cyclopentolate HCl</i> )	GP	MO
CYCLOMYDRIL	3	MO
<i>cyclopentolate hcl</i>	1	MO
<i>homatropine hbr</i>	1	
ISOPTO ATROPINE ( <i>Use Atropine Sulfate (Ophthalmic)</i> )	GP	MO
ISOPTO HOMATROPINE 2 %	2	
ISOPTO HOMATROPINE 5 % ( <i>Use Homatropine HBr</i> )	GP	
ISOPTO HYOSCINE	2	
MYDRIACYL ( <i>Use Tropicamide</i> )	GP	MO
<i>tropicamide</i>	1	MO
<b>Miotics</b>		
ISOPTO CARPINE ( <i>Use Pilocarpine HCl</i> )	GP	MO
PHOSPHOLINE IODIDE	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl</i>	1	MO
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P 0.1 %	2	MO
ALPHAGAN P 0.15 % ( <i>Use Brimonidine Tartrate</i> )	GP	MO
<i>apraclonidine hcl</i>	1	MO
<i>brimonidine tartrate</i>	1	MO
IOPIDINE 0.5 % ( <i>Use Apraclonidine HCl</i> )	GP	MO
IOPIDINE 1 %	3	MO
SIMBRINZA	3	MO
<b>Ophthalmic Anti-infectives</b>		
AZASITE	3	QL(0.17 ml daily); MO
<i>bacitracin</i>	1	MO
<i>bacitracin-polymyxin b (ophth)</i>	1	MO
BESIVANCE	3	MO
BLEPH-10 ( <i>Use Sulfacetamide Sodium (Ophth)</i> )	GP	MO
CILOXAN OINT	2	MO
CILOXAN SOLN ( <i>Use Ciprofloxacin HCl (Ophth)</i> )	GP	MO
<i>ciprofloxacin hcl (ophth)</i>	1	MO
<i>erythromycin (ophth)</i>	1	MO
GARAMYCIN ( <i>Use Gentamicin Sulfate (Ophth)</i> )	GP	MO
<i>gatifloxacin (ophth)</i>	1	MO
<i>gentamicin sulfate (ophth)</i>	1	MO
<i>levofloxacin (ophth)</i>	1	MO
MOXEZA	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NATACYN	2	MO
<i>neomycin-bacitracin zn-polymyxin</i>	1	MO
<i>neomycin-polymy-gramicid</i>	1	MO
NEOSPORIN ( <i>Use Neomycin-Polymy-Gramicid</i> )	GP	MO
OCUFLOX ( <i>Use Ofloxacin (Ophth)</i> )	GP	QL(5 ml per fill retail, 5 ml per fill mail); MO
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail, 5 ml per fill mail); MO
<i>polymyxin b-trimethoprim</i>	1	MO
POLYTRIM ( <i>Use Polymyxin B-Trimethoprim</i> )	GP	MO
<i>sulfacetamide sodium (ophth)</i>	1	MO
SULFACETAMIDE SODIUM OINT OP	2	MO
<i>tobramycin sulfate (ophth)</i>	1	MO
TOBEX OINT	2	MO
TOBEX SOLN ( <i>Use Tobramycin Sulfate (Ophth)</i> )	GP	MO
<i>trifluridine</i>	1	MO
VIGAMOX	2	QL(3 ml per fill retail, 3 ml per fill mail); MO
VIROPTIC ( <i>Use Trifluridine</i> )	GP	MO
ZIRGAN	3	MO
ZYMAXID ( <i>Use Gatifloxacin (Ophth)</i> )	GP	MO
<b>Ophthalmic Decongestants</b>		
MYDFRIN ( <i>Use Phenylephrine HCl (Ophth)</i> )	GP	MO
NAPHAZOLINE HCL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl (ophth)</i>	1	MO
<b>Ophthalmic Immunomodulators</b>		
RESTASIS	3	QL(2.14 ea daily); MO
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE ( <i>Use Proparacaine HCl</i> )	GP	MO
<i>proparacaine hcl</i>	1	MO
<i>tetracaine hcl (ophth)</i>	1	MO
<b>Ophthalmic Steroids</b>		
ALREX	3	MO
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail,4 gm per fill mail); MO
BLEPHAMIDE	2	MO
BLEPHAMIDE S.O.P.	2	MO
<i>dexamethasone sodium phosphate (ophth)</i>	1	MO
DUREZOL	3	MO
FLAREX	2	MO
<i>fluorometholone (ophth)</i>	1	MO
FML	2	MO
FML FORTE	2	MO
FML LIQUIFILM ( <i>Use Fluorometholone (Ophth)</i> )	GP	MO
LOTEMAX GEL	3	MO
LOTEMAX OINT	3	MO
LOTEMAX SUSP	3	QL(0.17 ml daily); MO
MAXIDEX	2	MO
MAXITROL ( <i>Use Neomycin-Polymy-Dexameth</i> )	GP	MO

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-dexameth</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO
OMNIPRED ( <i>Use Prednisolone Acetate (Ophth)</i> )	GP	MO
PRED FORTE ( <i>Use Prednisolone Acetate (Ophth)</i> )	GP	MO
PRED MILD	2	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
<i>prednisolone acetate (ophth)</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OP 1 % ( <i>Use Prednisolone Sodium Phosphate (Ophth)</i> )	GP	MO
<i>sulfacetamide sod-prednisolone</i>	1	MO
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
TOBRADEX SUSP ( <i>Use Tobramycin-Dexamethasone</i> )	GP	QL(5 ml per fill retail,5 ml per fill mail); MO
<i>tobramycin-dexamethasone</i>	1	QL(5 ml per fill retail,5 ml per fill mail); MO
VEXOL	3	MO
ZYLET	2	QL(5 ml per fill retail,5 ml per fill mail); MO
<b>Ophthalmics - Misc.</b>		
ACULAR ( <i>Use Ketorolac Tromethamine (Ophth)</i> )	GP	MO
ACULAR LS ( <i>Use Ketorolac Tromethamine (Ophth)</i> )	GP	MO
ACUVAIL	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
ALOCRIAL	3	MO
ALOMIDE	2	MO
<i>azelastine hcl (ophth)</i>	1	MO
AZOPT	2	QL(0.4 ml daily); MO
BEPREVE	3	QL(0.34 ml daily); MO
BROMDAY	3	MO
BROMFENAC	3	MO
<i>bromfenac sodium (ophth)</i>	1	MO
<i>cromolyn sodium (ophth)</i>	1	MO
CYSTARAN	3	QL(2.15 ml daily)
<i>diclofenac sodium (ophth)</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
ELESTAT ( <i>Use Epinastine HCl (Ophth)</i> )	GP	MO
EMADINE	3	MO
<i>epinastine hcl (ophth)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	3	MO
<i>ketorolac tromethamine (ophth)</i>	1	MO
LASTACAPT	2	MO
NEVANAC	3	MO
OCUFEN ( <i>Use Flurbiprofen Sodium</i> )	GP	MO
OPTIVAR ( <i>Use Azelastine HCl (Ophth)</i> )	GP	MO
PATADAY	2	QL(0.09 ml daily); MO
PATANOL	3	QL(0.34 ml daily); MO

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA	3	MO
TRUSOPT ( <i>Use Dorzolamide HCl</i> )	GP	MO
VOLTAREN SOLN OP 0.1 % ( <i>Use Diclofenac Sodium (Ophth)</i> )	GP	MO
<b>Prostaglandins - Ophthalmic</b>		
<i>latanoprost</i>	1	QL(0.09 ml daily); MO
LUMIGAN 0.01 %	2	QL(0.09 ml daily); MO
LUMIGAN 0.03 %	2	QL(0.09 ml daily)
RESCULA	3	QL(0.17 ml daily); MO
TRAVATAN Z	2	QL(0.09 ml daily); MO
XALATAN ( <i>Use Latanoprost</i> )	GP	QL(0.09 ml daily); MO
ZIOPTAN	3	MO
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	1	MO
ACETIC ACID/ALUMINUM ACETATE ( <i>Use Acetic Acid-Aluminum Acetate</i> )	GP	MO
CRESYLATE	3	MO
<b>Otic Anti-infectives</b>		
CETRAXAL	3	MO
CIPROFLOXACIN	3	MO
<i>ofloxacin (otic)</i>	1	MO
<b>Otic Combinations</b>		
CIPRO HC	3	MO
CIPRODEX	2	QL(8 ml per fill retail, 8 ml per fill mail); MO

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Drug Name	Drug Tier	Requirements/Limits
COLY-MYCIN S	3	MO
CORTANE-B AQUEOUS (Use Pramoxine-HC-Chloroxylenol Aqueous)	GP	MO
CORTANE-B-OTIC (Use Pramoxine-HC-Chloroxylenol)	GP	MO
CORTISPORIN SOLN OT 10000UNIT/ML-3.5MG/ML-1% (Use Neomycin-Polymyxin-HC (Otic))	GP	MO
CORTISPORIN-TC	3	MO
neomycin-polymyxin-hc (otic)	1	MO
OTICIN HC NR (Use Pramoxine-HC-Chloroxylenol)	GP	MO
pramoxine-hc-chloroxylenol	1	MO
pramoxine-hc-chloroxylenol aqueous	1	MO
<b>Otic Steroids</b>		
DERMOTIC (Use Fluocinolone Acetonide (Otic))	GP	MO
fluocinolone acetonide (otic)	1	MO
hydrocortisone w/acetic acid	1	QL(10 ml per fill retail,30 ml per fill mail); MO
VOSOL HC (Use Hydrocortisone w/Acetic Acid)	GP	QL(10 ml per fill retail,30 ml per fill mail); MO
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
METHERGINE TABS OR 0.2 MG (Use Methylergonovine Maleate)	GP	MO
methylergonovine maleate tabs or 0.2 mg	1	MO
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Aminopenicillins</b>		
amoxicillin caps 250 mg, 500 mg	1	MO
AMOXICILLIN CHEW 250 MG (Use Amoxicillin)	GP	MO
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	MO
amoxicillin tabs 500 mg, 875 mg	1	MO
ampicillin caps 250 mg, 500 mg	1	MO
ampicillin susr 125 mg/5ml	1	
ampicillin susr 250 mg/5ml	1	MO
MOXATAG	3	PA; QL(1 ea daily,10 ea per fill retail,10 ea per fill mail); MO
<b>Natural Penicillins</b>		
penicillin v potassium	1	MO
<b>Penicillin Combinations</b>		
amoxicillin & pot clavulanate	1	MO
AUGMENTIN ES-600 (Use Amoxicillin & Pot Clavulanate)	GP	MO
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	MO
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	GP	MO
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	GP	MO
AUGMENTIN XR (Use Amoxicillin & Pot Clavulanate)	GP	MO
<b>Penicillinase-Resistant Penicillins</b>		
dicloxacillin sodium	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN ( <i>Use Norethindrone Acetate</i> )	GP	MO
<i>medroxyprogesterone acetate</i>	1	MO
MEGACE ES	3	MO
<i>norethindrone acetate</i>	1	MO
<i>progesterone</i>	1	PA; MO
<i>progesterone micronized</i>	1	QL(2 ea daily); MO
PROMETRIUM ( <i>Use Progesterone Micronized</i> )	GP	QL(2 ea daily); MO
PROVERA ( <i>Use Medroxyprogesterone Acetate</i> )	GP	MO
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1	PA; MO
ANTABUSE ( <i>Use Disulfiram</i> )	GP	MO
CAMPRAL ( <i>Use Acamprosate Calcium</i> )	GP	PA; MO
<i>disulfiram</i>	1	MO
<b>Anti-Cataleptic Agents</b>		
XYREM	3	PA
<b>Antidementia Agents</b>		
ARICEPT ( <i>Use Donepezil Hydrochloride</i> )	GP	QL(1 ea daily); MO
ARICEPT ODT ( <i>Use Donepezil Hydrochloride</i> )	GP	QL(1 ea daily); MO
<i>donepezil hydrochloride</i>	1	QL(1 ea daily); MO
EXELON CAPS OR 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>Use Rivastigmine Tartrate</i> )	GP	MO

Drug Name	Drug Tier	Requirements/Limits
EXELON PT24 TD 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	2	MO
EXELON SOLN OR 2 MG/ML	2	MO
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily); MO
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	MO
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	MO
NAMENDA	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMENDA XR TITRATION PACK	3	PA; MO
RAZADYNE ( <i>Use Galantamine Hydrobromide</i> )	GP	MO
RAZADYNE ER ( <i>Use Galantamine Hydrobromide</i> )	GP	QL(1 ea daily); MO
<i>rivastigmine tartrate</i>	1	MO
<b>Combination Psychotherapeutics</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE	3	MO
<i>olanzapine-fluoxetine hcl</i>	1	MO
PERPHENAZINE/AMITRIPTYLINE	3	MO
SYMBYAX ( <i>Use Olanzapine-Fluoxetine HCl</i> )	GP	MO
<b>Fibromyalgia Agents</b>		
SAVELLA	3	PA; QL(2 ea daily); MO
SAVELLA TITRATION PACK	3	PA; QL(2 ea daily); MO
<b>Movement Disorder Drug Therapy</b>		
XENAZINE	3	
<b>Multiple Sclerosis Agents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
AMPYRA	3	PA
AUBAGIO	3	PA
AVONEX	3	PA
AVONEX PEN	3	PA
BETASERON	3	PA
COPAXONE	3	PA
EXTAVIA	3	PA
GILENYA	3	PA
REBIF	3	PA
REBIF REBIDOSE	3	PA
REBIF REBIDOSE TITRATIONPACK	3	PA
REBIF TITRATION PACK	3	PA
TECFIDERA	3	PA
TECFIDERA STARTER PACK	3	PA
<b>Postherpetic Neuralgia (PHN) Agents</b>		
GRALISE	3	PA; MO
GRALISE STARTER	3	PA; MO
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd)</i>	1	MO
SARAFEM	3	MO
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA	2	MO
<b>Psychotherapeutic and Neurological Agents -</b>		
ERGOLOID MESYLATES	3	MO
ORAP	3	MO
<b>Restless Leg Syndrome (RLS) Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
HORIZANT 300 MG	3	PA; MO
HORIZANT 600 MG	3	QL(1 ea daily); MO
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent)</i>	1	PA; MO
CHANTIX	3	PA; MO
CHANTIX CONTINUING MONTHPAK	3	PA; MO
CHANTIX STARTING MONTH PAK	3	PA; MO
NICOTROL INHALER	3	PA; MO
NICOTROL NS	3	PA; MO
ZYBAN ( <i>Use Bupropion HCl (Smoking Deterrent)</i> )	GP	PA; MO
<b>Vasomotor Symptom Agents</b>		
BRISDELLE	3	MO
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO	3	PA; LA
PULMOZYME	3	QL(5 ml daily)
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE	3	MO
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
ADOXA CAPS 150 MG ( <i>Use Doxycycline (Monohydrate)</i> )	GP	MO
ADOXA PAK 1/100 ( <i>Use Doxycycline (Monohydrate)</i> )	GP	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ADOXA PAK 1/150 ( <i>Use Doxycycline (Monohydrate)</i> )	GP	ST; MO
ADOXA PAK 2/100 ( <i>Use Doxycycline (Monohydrate)</i> )	GP	ST; MO
ADOXA TABS 100 MG, 50 MG, 75 MG ( <i>Use Doxycycline (Monohydrate)</i> )	GP	ST; MO
<i>demeclocycline hcl</i>	1	MO
DORYX 150 MG ( <i>Use Doxycycline Hyclate</i> )	GP	ST; MO
DORYX 200 MG	3	PA; MO
DOXYCYCLINE ( <i>Use Doxycycline (Monohydrate)</i> )	GP	MO
<i>doxycycline (monohydrate) caps 100 mg, 150 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline (monohydrate) tabs 100 mg, 150 mg, 50 mg, 75 mg</i>	1	ST; MO
<i>doxycycline hyclate caps or 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate tabs or 100 mg</i>	1	MO
<i>doxycycline hyclate tbec or 100 mg, 150 mg, 75 mg</i>	1	ST; MO
DYNACIN ( <i>Use Minocycline HCl</i> )	GP	MO
MINOCIN ( <i>Use Minocycline HCl</i> )	GP	MO
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl tabs 100 mg, 50 mg</i>	1	MO
<i>minocycline hcl tb24 135 mg, 45 mg, 90 mg</i>	1	ST; MO
MONODOX ( <i>Use Doxycycline (Monohydrate)</i> )	GP	MO
SOLODYN	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl</i>	1	MO
VIBRAMYCIN CAPS 100 MG ( <i>Use Doxycycline Hyclate</i> )	GP	MO
VIBRAMYCIN SUSR 25 MG/5ML ( <i>Use Doxycycline (Monohydrate)</i> )	GP	MO
VIBRAMYCIN SYRP 50 MG/5ML	2	MO
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE ( <i>Use Methimazole</i> )	GP	MO
<b>Thyroid Hormones</b>		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 300 MG ( <i>Use Thyroid</i> )	GP	MO
ARMOUR THYROID 30 MG, 60 MG, 90 MG	2	MO
CYTOMEL ( <i>Use Liothyronine Sodium</i> )	GP	MO
<i>levothyroxine sodium</i>	1	MO
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	1	MO
NATURE-THROID 113.75 MG, 16.25 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	MO
NATURE-THROID 130 MG, 195 MG, 32.5 MG, 65 MG ( <i>Use Thyroid</i> )	GP	MO
SYNTHROID ( <i>Use Levothyroxine Sodium</i> )	GP	MO
<i>thyroid</i>	1	MO
THYROLAR-3	3	MO
TIROSINT	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
WESTHROID 113.75 MG, 16.25 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	MO
WESTHROID 130 MG, 195 MG, 32.5 MG, 65 MG (Use Thyroid)	GP	MO
WESTHROID-P 130 MG	4	MO
WESTHROID-P 16.25 MG, 48.75 MG, 97.5 MG	2	MO
WESTHROID-P 32.5 MG, 65 MG (Use Thyroid)	GP	MO
WP THYROID 130 MG, 32.5 MG, 65 MG (Use Thyroid)	GP	MO
WP THYROID 16.25 MG, 48.75 MG, 97.5 MG	2	MO
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
ANASPAZ (Use Hyoscyamine Sulfate)	GP	MO
BELLADONNA & OPIUM	3	MO
<i>belladonna alkaloids-phenobarbital</i>	1	MO
BENTYL (Use Dicyclomine HCl)	GP	MO
<i>clidinium &amp; chlordiazepoxide</i>	1	MO
CUVPOSA	2	MO
<i>dicyclomine hcl caps 10 mg</i>	1	MO
DICYCLOMINE HCL SOLN 10 MG/5ML	2	MO
<i>dicyclomine hcl tabs 20 mg</i>	1	MO
DIGEX NF (Use Hyoscyamine-Phenyltoloxamine)	GP	MO
DONNATAL (Use Belladonna Alkaloids-Phenobarbital)	GP	MO
DONNATAL EXTENTABS (Use Belladonna Alkaloids-Phenobarbital)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
GASTRINEX NF	3	MO
GLYCATE	3	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	MO
<i>hyoscyamine sulfate</i>	1	MO
LIBRAX (Use Clidinium & Chlordiazepoxide)	GP	MO
<i>methscopolamine bromide</i>	1	MO
PAMINE (Use Methscopolamine Bromide)	GP	MO
PAMINE FORTE (Use Methscopolamine Bromide)	GP	MO
<i>propantheline bromide</i>	1	MO
ROBINUL FORTE (Use Glycopyrrolate)	GP	MO
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	GP	MO
<b>H-2 Antagonists</b>		
AXID (Use Nizatidine)	GP	MO
<i>cimetidine 300 mg, 400 mg, 800 mg</i>	1	MO
<i>cimetidine hcl</i>	1	MO
<i>famotidine susr or 40 mg/5ml</i>	1	MO
<i>famotidine tabs or 40 mg</i>	1	QL(2 ea daily); MO
<i>nizatidine</i>	1	MO
PEPCID SUSR 40 MG/5ML (Use Famotidine)	GP	MO
PEPCID TABS 40 MG (Use Famotidine)	GP	QL(2 ea daily); MO
<i>ranitidine hcl caps 150 mg, 300 mg</i>	1	MO
<i>ranitidine hcl syrp 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	MO
<i>ranitidine hcl tabs 150 mg</i>	1	RX/OTC; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl tabs 300 mg</i>	1	MO
ZANTAC 150 MAXIMUM STRENGTH (Use Ranitidine HCl)	GP	RX/OTC; MO
ZANTAC SYRP OR 15 MG/ML (Use Ranitidine HCl)	GP	MO
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	GP	RX/OTC; MO
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	GP	MO
ZANTAC TBEF OR 25 MG	3	
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	2	MO
CARAFATE TABS 1 GM (Use Sucralfate)	GP	MO
<i>sucralfate</i>	1	MO
<b>Proton Pump Inhibitors</b>		
ACIPHEX (Use Rabeprazole Sodium)	GP	PA; QL(2 ea daily); MO
ACIPHEX SPRINKLE	3	PA
DEXILANT	3	PA; QL(1 ea daily); MO
ESOMEPRAZOLE STRONTIUM 24.65 MG	3	PA; QL(1 ea daily)
ESOMEPRAZOLE STRONTIUM 49.3 MG	3	PA; QL(1 ea daily); MO
FIRST-LANSOPRAZOLE	3	PA; MO
FIRST-OMEPRAZOLE	3	MO
<i>lansoprazole 15 mg</i>	1	QL(1 ea daily); RX/OTC; MO
<i>lansoprazole 15 mg</i>	1	RX/OTC; MO
<i>lansoprazole 30 mg</i>	1	QL(1 ea daily); MO
NEXIUM CPDR 20 MG, 40 MG	3	PA; QL(1 ea daily); MO
NEXIUM PACK 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE + SYRSPEND SFALKA	3	MO
<i>omeprazole 10 mg</i>	1	MO
<i>omeprazole 20 mg, 40 mg</i>	1	QL(1 ea daily); MO
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	QL(1 ea daily); MO
PREVACID 15 MG (Use Lansoprazole)	GP	QL(1 ea daily); RX/OTC; MO
PREVACID 30 MG (Use Lansoprazole)	GP	QL(1 ea daily); MO
PREVACID SOLUTAB	3	QL(1 ea daily); AL; MO
PRILOSEC CPDR 10 MG (Use Omeprazole)	GP	MO
PRILOSEC CPDR 20 MG, 40 MG (Use Omeprazole)	GP	QL(1 ea daily); MO
PRILOSEC PACK 10 MG	3	PA; MO
PROTONIX PACK OR 40 MG	3	MO
PROTONIX TBEC OR 20 MG, 40 MG (Use Pantoprazole Sodium)	GP	QL(1 ea daily); MO
<i>rabeprazole sodium</i>	1	PA; QL(2 ea daily); MO
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC (Use Misoprostol)	GP	MO
<i>misoprostol</i>	1	MO
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	MO
HELIDAC	3	MO
OMECLAMOX-PAK	3	MO
<i>omeprazole-sodium bicarbonate 40mg-1100mg</i>	1	PA; MO
PREVPAC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	GP	MO
PYLERA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	GP	PA; MO
ZEGERID PACK 20MG-1680MG, 40MG-1680MG	3	MO
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infective Combinations</b>		
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	1	MO
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	1	MO
PROSED/DS (Use Methenamine-Hyosc-Methylene Blue-Benzoic Acid-Phenyl Sal)	GP	MO
URELLE	3	MO
URIBEL	3	MO
UROQID #2	3	MO
<b>Urinary Anti-infectives</b>		
FURADANTIN (Use Nitrofurantoin)	GP	MO
HIPREX (Use Methenamine Hippurate)	GP	MO
MACROBID (Use Nitrofurantoin Monohyd Macro)	GP	MO
MACRODANTIN 100 MG, 50 MG (Use Nitrofurantoin Macrocrystal)	GP	MO
MACRODANTIN 25 MG	2	MO
<i>methenamine hippurate</i>	1	MO
METHENAMINE MANDELATE 0.5 GM (Use Methenamine Mandelate)	GP	MO
<i>methenamine mandelate 1 gm</i>	1	MO
MONUROL	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd macro</i>	1	MO
UREX (Use Methenamine Hippurate)	GP	MO
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
DETROL (Use Tolterodine Tartrate)	GP	QL(2 ea daily); MO
DETROL LA (Use Tolterodine Tartrate)	GP	QL(1 ea daily); MO
DITROPAN XL (Use Oxybutynin Chloride)	GP	MO
ENABLEX	3	MO
GELNIQUE	3	MO
<i>oxybutynin chloride</i>	1	MO
OXYTROL	3	RX/OTC; MO
OXYTROL FOR WOMEN	3	RX/OTC; MO
SANCTURA (Use Trospium Chloride)	GP	MO
SANCTURA XR (Use Trospium Chloride)	GP	MO
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily); MO
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily); MO
TOVIAZ	2	QL(1 ea daily); MO
<i>trospium chloride</i>	1	MO
VESICARE	3	MO
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ	3	QL(1 ea daily); MO
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		

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Last Updated: April 1, 2014



Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride</i>	1	MO
URECHOLINE (Use <i>Bethanechol Chloride</i> )	GP	MO
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1	MO
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
VIVOTIF BERNA	3	QL(4 ea per fill retail)
<b>Viral Vaccines</b>		
FLUMIST QUADRIVALENT	3	
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Spermicides</b>		
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	PV	MO; PV
SHUR-SEAL	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM	PV	PV
<b>Vaginal Anti-infectives</b>		
AVC	3	MO
CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i> )	GP	MO
CLEOCIN SUPP VA 100 MG	3	MO
<i>clindamycin phosphate vaginal</i>	1	MO
METROGEL-VAGINAL (Use <i>Metronidazole Vaginal</i> )	GP	MO
<i>metronidazole vaginal</i>	1	MO
MICONAZOLE 3	3	MO
NYSTATIN VAGINAL	2	

Drug Name	Drug Tier	Requirements/Limits
TERAZOL 3 (Use <i>Terconazole Vaginal</i> )	GP	MO
TERAZOL 7 (Use <i>Terconazole Vaginal</i> )	GP	MO
<i>terconazole vaginal</i>	1	MO
<b>Vaginal Estrogens</b>		
ESTRACE CREA VA 0.1 MG/GM	2	MO
ESTRING	3	QL(1 ea per fill retail, 1 ea per fill mail, 3 copay(s) per fill retail, 2 copay(s) per fill mail); MO; PV
FEMRING	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail); MO
PREMARIN CREA VA 0.625 MG/GM	2	MO
VAGIFEM	3	MO
<b>Vaginal Progestins</b>		
CRINONE 8 %	3	PA; MO
ENDOMETRIN	3	PA; MO
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
ADRENACLICK	3	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
AUVI-Q	3	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
EPINEPHRINE	3	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
EPIPEN 2-PAK	3	PA; QL(2 ea per fill retail,4 ea per 30 days retail)
EPIPEN-JR 2-PAK	3	PA; QL(2 ea per fill retail,4 ea per 30 days retail)
TWINJECT	3	PA; QL(2 ea per fill retail,4 ea per 30 days retail)

#### Vasopressors

<i>midodrine hcl</i>	1	MO
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#### VITAMINS

##### Oil Soluble Vitamins

BABY DDROPS ( <i>Use Cholecalciferol</i> )	GP	AL; PV
<i>cholecalciferol chew 400 unit</i>	PV	AL; PV
<i>cholecalciferol liqd 400 unit/ml</i>	PV	AL; MO; PV
<i>cholecalciferol liqd 400 unt/0.03ml</i>	PV	AL; PV
<i>cholecalciferol tabs 400 unit</i>	PV	AL; MO; PV
CVS VITAMIN D3	PV	AL; PV
D-VI-SOL ( <i>Use Cholecalciferol</i> )	GP	AL; MO; PV
D3	PV	AL; PV
DRISDOL ( <i>Use Ergocalciferol</i> )	GP	MO
<i>ergocalciferol</i>	1	MO
MEPHYTON	2	MO
VITAMIN D	PV	AL; PV
VITAMIN D2	PV	AL; PV
VITAMIN D3	PV	AL; PV

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D3 400	PV	AL; PV
WELLESSE VITAMIN D3	PV	AL; PV

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 Last Updated: April 1, 2014

## Index

A1C NOW	63	ACTIGALL	57	ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM	63
abacavir sulfate	30	ACTIMMUNE	28	ADVANCE INTUITION TEST STRIPS	48
abacavir sulfate-lamivudine-zidovudine	30	ACTIQ	5	ADVANCE MICRO-DRAW METER	63
ABILIFY	30	ACTIVE OB	79	ADVANCE MICRO-DRAW TEST STRIPS	48
ABILIFY DISCMELT	30	ACTIVELLA	55	ADVICOR 20MG-1000MG, 20MG-500MG, 20MG-750MG	23
ABSORICA	40	ACTONEL 150 MG	54	ADVICOR 40MG-1000MG	23
acamprosate calcium	90	ACTONEL 30 MG, 35 MG, 5 MG	54	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM	64
ACANYA	40	ACTOPLUS MET	18	ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING	64
acarbose	18	ACTOPLUS MET XR	18	ADVOCATE REDI-CODE	48
ACCOLATE	11	ACTOS	19	ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING	64
ACCU-CHEK ACTIVE STRIPS	48	ACULAR	87	ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM	64
ACCU-CHEK AVIVA	48	ACULAR LS	87	ADVOCATE REDI-CODE+ TESTSTRIPS	48
ACCU-CHEK AVIVA PLUS	48	ACURA BLOOD GLUCOSE MONITORING SYSTEM METER KIT	63	ADVOCATE REDI-CODE+ TALKING	64
ACCU-CHEK COMFORT CURVE TEST STRIPS	48	ACURA BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT	63	ADVOCATE TEST STRIPS	48
ACCU-CHEK COMPACT PLUS	48	ACURA BLOOD GLUCOSE TESTSTRIPS	48	AEROCHAMBER MINI AEROSOLCHAMBER	73
ACCU-CHEK COMPACT PLUS CARE KIT	63	ACURA PLUS BLOOD GLUCOSEMONITORING SYSTEM METER KIT	63	AEROCHAMBER MV	73
ACCU-CHEK COMPACT TEST DRUM	48	ACURA PLUS BLOOD GLUCOSEMONITORING SYSTEM STARTER KIT	63	AEROCHAMBER PLUS FLOW VU	73
ACCU-CHEK NANO SMARTVIEW	63	ACUVAIL	87	AEROCHAMBER PLUS FLOW-VU	73
ACCU-CHEK SMARTVIEW STRIPS	48	acyclovir	32	AEROCHAMBER PLUS FLOW-VU/LARGE MASK	74
ACCU-CHEK VOICEMATE	63	acyclovir topical	43	AEROCHAMBER PLUS FLOW-VU/MASK	74
ACCUNEB	12	ACZONE	40	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	74
ACCUPRIL	23	ADALAT CC 30 MG, 60 MG	34	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	74
ACCURETIC	24	ADALAT CC 90 MG	34	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	74
ACCU-TREND GLUCOSE	48	adapalene	40	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	74
acebutolol hcl	33	ADCIRCA	36	AEROCHAMBER Z-STAT PLUS/LARGE MASK	74
ACEON	23	ADDERALL	1	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	74
acetaminophen w/ codeine	6	ADDERALL XR	1	AEROCHAMBER Z-STAT PLUS/SMALL MASK	74
acetaminophen-isometheptene-dichloralphenazone	76	adefovir dipivoxil	32	AEROCHAMBER/FLowsIGNAL	74
ACETAZOLAMIDE 125 MG	53	ADEMPAS	36		
acetazolamide 250 mg	53	ADOXA 100 MG, 50 MG, 75 MG	92		
acetazolamide 500 mg	53	ADOXA 150 MG	91		
acetic acid (otic)	88	ADOXA PAK 1/100	91		
ACETIC ACID/ALUMINUM ACETATE	88	ADOXA PAK 1/150	92		
acetylcysteine	40	ADOXA PAK 2/100	92		
ACIPHES	94	ADRENALICK	96		
ACIPHES SPRINKLE	94	ADVAIR DISKUS	12		
acitretin 10 mg	43	ADVAIR HFA	12		
acitretin 17.5 mg	43	ADVANCE INTUITION BLOOD GLUCOSE METER	63		
acitretin 25 mg	43				
ACLOVATE	44				

AEROSPAN.....	12	ALORA 0.025 MG/24HR... 56	AMOXAPINE.....	17
AFINITOR.....	28	ALORA 0.05 MG/24HR... 56	amoxicillin & pot clavulanate	89
AFINITOR DISPERZ.....	28	ALORA 0.075 MG/24HR, 0.1	amoxicillin 125 mg/5ml, 200	
AGAMATRIX AMP NO CODE		MG/24HR.....	mg/5ml, 250 mg/5ml, 400	
ADVANCED BLOOD GLUCOSE		ALPHAGAN P 0.1 %.....	mg/5ml.....	89
MONITORING SYST.....	64	ALPHAGAN P 0.15 %.....	AMOXICILLIN 250 MG.....	89
AGAMATRIX AMP NO CODE		ALPHANINE SD.....	amoxicillin 250 mg, 500 mg..	89
TEST STRIPS.....	48	alprazolam.....	amoxicillin 500 mg, 875 mg..	89
AGAMATRIX JAZZ.....	64	ALPRAZOLAM INTENSOL 10	amoxicillin-clarithromycin w/	
AGAMATRIX JAZZ TEST		ALREX.....	lansoprazole.....	94
STRIPS.....	48	ALSUMA.....	amphetamine-	
AGAMATRIX KEYNOTE TEST		ALTABAX.....	dextroamphetamine 1.25mg-	
STRIPS.....	48	ALTACE.....	1.25mg-1.25mg-1.25mg,	
AGAMATRIX PRESTO.....	64	ALTOPREV.....	1.875mg-1.875mg-1.875mg-	
AGAMATRIX PRESTO PRO		aluminum chloride.....	1.875mg, 2.5mg-2.5mg-2.5mg-	
METER.....	64	ALUVEA.....	2.5mg, 3.125mg-3.125mg-	
AGAMATRIX PRESTO TEST		ALVESCO.....	3.125mg-3.125mg, 3.75mg-	
STRIPS.....	48	amantadine hcl 100 mg... 29	3.75mg-3.75mg-3.75mg, 5mg-	
AGGRENEX.....	59	AMANTADINE HCL 100	5mg-5mg-5mg, 7.5mg-7.5mg-	
AGRYLIN.....	59	MG.....	7.5mg-7.5mg.....	1
AKNE-MYCIN.....	40	amantadine hcl 50 mg/5ml 29	amphetamine-	
ALAHIST DHC.....	39	AMARYL.....	dextroamphetamine 1.25mg-	
ALBENZA.....	9	AMBIEN.....	1.25mg-1.25mg-1.25mg, 2.5mg-	
albuterol sulfate 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml... 12		AMBIEN CR.....	2.5mg-2.5mg-2.5mg, 3.75mg-	
albuterol sulfate 2 mg, 4 mg. 12		amcinonide.....	3.75mg-3.75mg-3.75mg, 5mg-	
albuterol sulfate 2 mg/5ml... 12		AMERGE.....	5mg-5mg-5mg, 6.25mg-6.25mg-	
albuterol sulfate 4 mg, 8 mg. 12		AMETHYST.....	6.25mg-6.25mg, 7.5mg-7.5mg-	
ALCAINE.....	87	AMICAR 1000 MG.....	7.5mg-7.5mg.....	1
alclometasone dipropionate. 44		AMICAR 25 %.....	ampicillin 125 mg/5ml.....	89
ALCORTIN A.....	42	AMICAR 500 MG.....	ampicillin 250 mg, 500 mg..	89
ALDACTAZIDE 25MG-		amiloride &	ampicillin 250 mg/5ml.....	89
25MG.....	53	hydrochlorothiazide.....	AMPYRA.....	91
ALDACTAZIDE 50MG-		amiloride hcl.....	AMRIX.....	83
50MG.....	53	AMINOCAPROIC ACID 1000	AMTURNIDE.....	24
ALDACTONE.....	53	MG.....	ANAFRANIL.....	17
ALDARA.....	46	aminocaproic acid 25 %... 60	anagrelide hcl.....	59
alendronate sodium 10 mg, 5		aminocaproic acid 500 mg. 60	ANALPRAM-HC 1%-1%, 1%-	
mg.....	54	AMINOPHYLLINE 200 MG 13	2.5%.....	8
alendronate sodium 35 mg.. 54		amiodarone hcl.....	ANALPRAM-HC 1%-2.5%... 8	
ALENDRONATE SODIUM 40		AMITIZA.....	ANALPRAM-HC SINGLES... 8	
MG.....	54	amitriptyline hcl.....	ANAPROX.....	3
alendronate sodium 70 mg.. 54		amlodipine besylate.....	ANAPROX DS.....	3
ALENDRONATE SODIUM 70		amlodipine besylate-	ANASPAZ.....	93
MG/75ML.....	54	atorvastatin calcium.....	anastrozole.....	27
alfuzosin hcl.....	59	amlodipine besylate-benazepril	ANCOBON 250 MG.....	21
ALINIA.....	9	hcl.....	ANCOBON 500 MG.....	21
ALKERAN 2 MG.....	27	AMLODIPINE	ANDRODERM.....	8
allopurinol.....	59	BESYLATE/ATORVASTATIN	ANDROGEL.....	8
ALOCRIAL.....	88	CALCIUM.....	ANDROGEL PUMP.....	8
ALOMIDE.....	88		ANDROXY.....	8
ALOQUIN.....	42		ANGELIQ.....	55

ANORO ELLIPTA.....	12	ASMANEX 7 METERED DOSES.....	12	AUGMENTIN XR.....	89
ANTABUSE.....	90	aspirin 324 mg, 325 mg, 81 mg.....	5	AUVI-Q.....	96
ANTARA 130 MG, 43 MG...	22	aspirin 325 mg.....	5	AVALIDE.....	24
ANTARA 30 MG.....	22	aspirin 81 mg.....	5	AVANDAMET.....	18
ANTARA 90 MG.....	22	ASSURE 3 METER.....	64	AVANDARYL.....	18
ANUSOL-HC.....	9	ASSURE 3 TEST STRIPS.....	48	AVANDIA.....	19
ANZEMET 100 MG.....	20	ASSURE 4 BLOOD GLUCOSE METER.....	64	AVAPRO.....	24
APEXICON E.....	44	ASSURE 4 TEST STRIPS.....	48	AVAR LS CLEANSER.....	40
APIDRA.....	19	ASSURE II.....	48	AVAR-E LS.....	40
APIDRA SOLOSTAR.....	19	ASSURE II CHECK STRIP.....	48	AVC.....	96
APLENZIN.....	16	ASSURE II TEST STRIPS.....	48	AVELOX 400 MG.....	57
APOKYN.....	29	ASSURE PLATINUM BLOOD GLUCOSE METER.....	64	AVELOX ABC PACK.....	57
apraclonidine hcl.....	86	ASSURE PLATINUM TEST STRIPS.....	48	AVINZA.....	5
APRISO.....	58	ASSURE PRO BLOOD GLUCOSE METER.....	64	AVODART.....	59
APTIOM.....	14	ASSURE PRO TEST STRIPS.....	48	AVONEX.....	91
APTIVUS.....	30	ASTAGRAF XL.....	33	AVONEX PEN.....	91
ARALEN.....	26	ASTELIN.....	84	AXERT.....	77
ARANESP ALBUMIN FREE.....	60	ASTEPRO.....	84	AXID.....	93
ARAVA 10 MG.....	4	AT LAST BLOOD GLUCOSE SYSTEM.....	64	AXIRON.....	8
ARAVA 20 MG.....	4	AT LAST TEST STRIPS.....	48	AYGESTIN.....	90
ARCALYST.....	3	ATACAND.....	24	AZASAN.....	33
ARCAPTA NEOHALER.....	12	ATACAND HCT.....	24	AZASITE.....	86
ARIAL CHAMBER.....	74	ATELVIA.....	54	azathioprine.....	33
ARICEPT.....	90	atenolol.....	33	azelastine hcl.....	84
ARICEPT ODT.....	90	atenolol & chlorthalidone.....	24	azelastine hcl (ophth).....	88
ARIMIDEX.....	27	ATIVAN 0.5 MG, 1 MG, 2 MG.....	10	AZELEX.....	40
ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML...	13	atorvastatin calcium.....	23	AZILECT.....	29
ARIXTRA 2.5 MG/0.5ML.....	13	atovaquone-proguanil hcl.....	26	AZITHROMYCIN 1 GM.....	62
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 300 MG.....	92	ATRALIN.....	40	azithromycin 100 mg/5ml, 200 mg/5ml.....	62
ARMOUR THYROID 30 MG, 60 MG, 90 MG.....	92	ATRIPLA.....	30	azithromycin 250 mg.....	62
AROMASIN.....	27	atropine sulfate (ophthalmic).....	85	azithromycin 500 mg.....	62
ARTHROTEC 50.....	3	ATROPINE SULFATE 1 %.....	85	azithromycin 600 mg.....	62
ARTHROTEC 75.....	3	ATROVENT.....	84	AZOPT.....	88
ASACOL.....	58	ATROVENT HFA.....	11	AZOR.....	24
ASACOL HD.....	58	AUBAGIO.....	91	AZULFIDINE.....	58
ASCENSIA AUTODISC TEST STRIPS.....	48	AUGMENTIN 125MG/5ML- 31.25MG/5ML.....	89	AZULFIDINE EN-TABS.....	58
ASMANEX 120 METERED DOSES.....	12	AUGMENTIN 250MG/5ML- 62.5MG/5ML.....	89	B-NEXA 100MG-124.1MG- 1.2MG-40MG.....	79
ASMANEX 14 METERED DOSES.....	12	AUGMENTIN 500MG-125MG, 875MG-125MG.....	89	B-NEXA 100MG-124.23MG- 1.22MG-42MG.....	79
ASMANEX 30 METERED DOSES.....	12	AUGMENTIN ES-600.....	89	BABY DDROPS.....	97
ASMANEX 60 METERED DOSES.....	12			bacitracin.....	86



BACTRIM DS .....	9	BENICAR HCT .....	25	BLOOD GLUCOSE TEST STRIPS .....	49
BACTROBAN .....	42	BENTYL .....	93	BLOOD GLUCOSE TEST STRIPS PREMIUM .....	49
BACTROBAN NASAL .....	84	BENZAFLIN .....	40	BONIVA .....	54
BAL-CARE DHA .....	79	BENZAFLIN WITH PUMP .....	40	BOSULIF .....	28
BAL-CARE DHA ESSENTIAL .....	79	benzonatate .....	39	BREATHERITE .....	74
balsalazide disodium .....	58	benztropine mesylate 0.5 mg, 1 mg, 2 mg .....	29	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK .....	74
BANZEL .....	14	BEPREVE .....	88	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK .....	74
BARACLUDE .....	32	BESIVANCE .....	86	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK .....	74
BAYER BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM .....	64	BETAGAN .....	85	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK .....	74
BAYER BREEZE 2 TEST DISC .....	48	betamethasone dipropionate (topical) .....	44	BREATHERITE COLLAPSIBLESPACER W/NEONATE MASK .....	74
BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM .....	64	betamethasone dipropionate augmented .....	44	BREATHERITE RIGID SPACERW/MASK .....	74
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS .....	48	betamethasone valerate .....	44	BREATHERITE W/LARGE MASK .....	75
BAYER CONTOUR LINK BLOODGLUCOSE MONITORING SYSTEM .....	64	BETAPACE .....	34	BREATHERITE W/MEDIUM MASK .....	75
BAYER CONTOUR NEXT BLOODGLUCOSE MONITORING SYSTEM .....	64	BETAPACE AF .....	34	BREATHERITE W/SMALL MASK .....	75
BAYER CONTOUR NEXT BLOODGLUCOSE TEST .....	49	BETASERON .....	91	BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM .....	65
BAYER CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM .....	64	betaxolol hcl .....	34	BREO ELLIPTA .....	12
BAYER CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM .....	64	betaxolol hcl (ophth) .....	85	BREVICON-28 .....	36
BAYER CONTOUR NEXT USB BLOOD GLUCOSE MONITORING SYSTEM .....	64	bethanechol chloride .....	96	BRILINTA .....	59
BAYER CONTOUR USB BLOOD GLUCOSE MONITORING SYSTEM .....	64	BETHKIS .....	2	brimonidine tartrate .....	86
BD ECLIPSE NEEDLE 30G X1/2" .....	73	BETIMOL .....	85	BRINTELLIX .....	16
BD LATITUDE DIABETES MANAGEMENT SYSTEM .....	65	BETOPTIC-S .....	85	BRISDELLE .....	91
BD LOGIC BLOOD GLUCOSE MONITOR .....	65	BEYAZ .....	36	BROMDAY .....	88
BD NEEDLE/30G X 1/2" .....	73	BG STAR BLOOD GLUCOSE TEST .....	49	BROMFENAC .....	88
BECONASE AQ .....	84	BIAXIN .....	62	bromfenac sodium (ophth) .....	88
BELLADONNA & OPIUM .....	93	BIAXIN XL .....	62	bromocriptine mesylate .....	29
belladonna alkaloids-phenobarbital .....	93	BIAXIN XL PAC .....	62	BROVANA .....	12
BELVIQ .....	1	bicalutamide .....	27	budesonide .....	38
benazepril & hydrochlorothiazide .....	24	BIDIL .....	35	budesonide (inhalation) 0.25 mg/2ml .....	12
benazepril hcl .....	23	BILTRICIDE .....	9	budesonide (inhalation) 0.5 mg/2ml .....	12
BENICAR .....	24	BINOSTO .....	54	bumetanide 0.5 mg, 1 mg, 2 mg .....	53
		BIOSCANNER GLUCOSE TEST STRIPS .....	49	BUPAP 300MG-50MG .....	4
		bisoprolol & hydrochlorothiazide .....	25	BUPAP 650MG-50MG .....	4
		bisoprolol fumarate .....	34	BUPHENYL 3 GM/TSP .....	55
		BL TEST STRIP .....	49	BUPHENYL 500 MG .....	55
		BLEPH-10 .....	86		
		BLEPHAMIDE .....	87		
		BLEPHAMIDE S.O.P. ....	87		
		BLOOD GLUCOSE MONITORINGSYSTEM .....	65		
		BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM .....	65		
		BLOOD GLUCOSE SYSTEM PAK .....	65		

buprenorphine hcl 2 mg.....	7	calcitriol 0.25 mcg, 0.5 mcg.....	55	CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	65
buprenorphine hcl 8 mg.....	8	calcitriol 1 mcg/ml.....	55	carisoprodol.....	83
buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg.....	8	calcium acetate (phosphate binder).....	58	carisoprodol w/ aspirin.....	84
buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg.....	8	CAMBIA.....	77	carisoprodol w/ aspirin & codeine.....	84
bupropion hcl (smoking deterrent).....	91	CAMPRAL.....	90	CARMOL-HC.....	44
bupropion hcl 100 mg, 150 mg, 200 mg.....	16	CANASA.....	58	CARNITOR 1 GM/10ML.....	55
bupropion hcl 100 mg, 75 mg.....	16	candesartan cilexetil.....	24	CARNITOR 330 MG.....	55
bupropion hcl 150 mg, 300 mg.....	16	candesartan cilexetil-hydrochlorothiazide.....	25	CARNITOR SF.....	55
bupirone hcl.....	10	CAPEX.....	44	carteolol hcl (ophth).....	85
butalbital-acetaminophen.....	4	CAPRELSA.....	28	carvedilol 12.5 mg, 25 mg, 6.25 mg.....	33
butalbital-acetaminophen-caffeine.....	4	captopril.....	23	carvedilol 3.125 mg.....	33
butalbital-acetaminophen-caffeine w/ codeine 300mg-50mg-40mg-30mg.....	6	captopril/hydrochlorothiazide 25mg-15mg, 50mg-15mg.....	25	CASODEX.....	27
butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg.....	6	CAPTOPRIL/HYDROCHLOROTHIAZIDE 25MG-25MG.....	25	CATAFLAM.....	3
butalbital-aspirin-caffeine.....	4	CARAC.....	43	CATAPRES.....	24
butalbital-aspirin-caffeine w/cod.....	6	CARAFATE 1 GM.....	94	CATAPRES-TTS-1.....	24
butalbital/aspirin/caffeine.....	4	CARAFATE 1 GM/10ML.....	94	CATAPRES-TTS-2.....	24
butamben-tetracaine-benzocaine.....	47	carbamazepine.....	14	CATAPRES-TTS-3.....	24
BUTISOL SODIUM.....	60	CARBATROL.....	14	CAVAN ONE OMEGA.....	79
butorphanol tartrate 10 mg/ml.....	8	carbidopa-levodopa.....	29	CAVAN-ALPHA KIT.....	79
BUTRANS 10 MCG/HR, 20 MCG/HR, 5 MCG/HR.....	8	CARBIDOPA/LEVODOPA/ENTACAPONE.....	29	CAVAN-EC SOD DHA.....	79
BUTRANS 15 MCG/HR.....	8	carbinoxamine maleate.....	21	CAYSTON.....	9
BYDUREON.....	19	CARDIZEM.....	34	CEDEX.....	36
BYETTA.....	19	CARDIZEM CD.....	34	CEENU.....	27
BYSTOLIC.....	34	CARDIZEM LA 120 MG.....	34	cefaclor 250 mg, 500 mg.....	36
cabergoline.....	55	CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG.....	34	CEFACLOR 250 MG/5ML.....	36
CADUET 10MG-10MG, 10MG-2.5MG, 10MG-5MG, 20MG-5MG, 40MG-5MG, 80MG-10MG.....	35	CARDURA.....	24	CEFACLOR ER.....	36
CADUET 20MG-10MG, 40MG-10MG.....	35	CARDURA XL.....	59	cefadroxil.....	36
CAFECIT.....	1	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM.....	65	cefdinir.....	36
CAFERGOT.....	76	CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE.....	65	cefpodoxime proxetil.....	36
caffeine citrate.....	1	CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM.....	49	cefprozil.....	36
CALAN.....	34	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE.....	49	CEFTIBUTEN.....	36
CALAN SR.....	34	CARESENS N BLOOD GLUCOSE MONITORING SYSTEM.....	65	CEFTIN.....	36
calcipotriene.....	43	CARESENS N BLOOD GLUCOSE TEST STRIPS.....	49	cefuroxime axetil.....	36
calcitonin (salmon).....	54	CARESENS N GLUCOSE MONITORING SYSTEM.....	65	CELEBREX.....	3
calcitrene.....	43			CELEXA 10 MG.....	16
calcitriol (topical).....	43			CELEXA 20 MG.....	16
				CELEXA 40 MG.....	16
				CELLCEPT 200 MG/ML.....	33
				CELLCEPT 250 MG.....	33
				CELLCEPT 500 MG.....	33
				CELONTIN.....	15
				CEM-UREA.....	46
				CENESTIN 0.3 MG, 0.625 MG, 0.9 MG, 1.25 MG.....	56

CENESTIN 0.45 MG	56	CILOXAN	86	clarithromycin 250 mg, 500 mg	62
CENTANY	42	cimetidine 300 mg, 400 mg, 800 mg	93	clarithromycin 500 mg	62
CENTANY AT	42	cimetidine hcl	93	CLEMASTINE FUMARATE 0.67 MG/5ML	21
cephalexin 125 mg/5ml, 250 mg/5ml	36	CIMZIA	58	clemastine fumarate 0.67 mg/5ml	21
CEPHALEXIN 250 MG, 500 MG	36	CIPRO 250 MG, 500 MG	57	clemastine fumarate 2.68 mg/5ml	21
cephalexin 250 mg, 500 mg	36	CIPRO 5 GM/100ML, 500 MG/5ML	57	CLEOCIN 100 MG	96
CESAMET	21	CIPRO HC	88	CLEOCIN 150 MG, 300 MG, 75 MG	9
CETRAXAL	88	CIPRO XR 1000MG	57	CLEOCIN 2 %	96
cevimeline hcl	78	CIPRO XR 500MG	57	CLEOCIN PEDIATRIC GRANULES	9
CHANTIX	91	CIPRODEX	88	CLEOCIN-T	40
CHANTIX CONTINUING MONTHPAK	91	CIPROFLOXACIN	88	CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM	65
CHANTIX STARTING MONTH PAK	91	ciprofloxacin hcl	57	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM	65
CHEMET	20	ciprofloxacin hcl (ophth)	86	CLEVER CHEK AUTO-CODE TEST STRIPS	49
chlordiazepoxide hcl	10	ciprofloxacin-ciprofloxacin hcl 1000mg	57	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM	65
CHLORDIAZEPOXIDE/AMITRIPTYLINE	90	ciprofloxacin-ciprofloxacin hcl 500mg	57	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS	49
chloroquine phosphate	26	citalopram hydrobromide 10 mg	16	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM	65
CHLOROTHIAZIDE 250 MG	53	citalopram hydrobromide 10 mg/5ml	16	CLEVER CHEK TEST STRIPS	49
chlorothiazide 250 mg, 500 mg	53	citalopram hydrobromide 20 mg	17	CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM	65
chlorpromazine hcl 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	30	citalopram hydrobromide 40 mg	17	CLEVER CHOICE AUTO-CODE PRO TEST STRIPS	49
CHLORPROPAMIDE	20	CITRANATAL 90 DHA	79	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM	65
CHLORTHALIDONE 25 MG	53	CITRANATAL ASSURE	79	CLEVER CHOICE MICRO TESTSTRIPS	49
chlorthalidone 25 mg	54	CITRANATAL B-CALM	79	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM	65
CHLORTHALIDONE 50 MG	54	CITRANATAL DHA	79	clidinium & chlordiazepoxide	93
chlorzoxazone	84	CITRANATAL HARMONY 250MG-28MG-30UNIT-100MG-50MG-400UNIT-1MG-25MG, 260MG-30MG-30UNIT-104MG-50MG-400UNIT-1MG-25MG, 265MG-650MG-29MG-30UNIT-104MG-50MG-400UNIT-1MG-25MG	79	CLIMARA	56
CHOICE DM DIABETES RISK IN-HOME TEST KIT	65	CITRANATAL HARMONY 260MG-30UNIT-104MG-27MG-50MG-400UNIT-1MG-25MG	79	CLIMARA PRO	56
CHOICE DM FORA G20 BLOODGLUCOSE MONITORING SYSTEM	65	CITRANATAL RX	79	CLINDAGEL	40
CHOICE DM FORA G20 TEST STRIPS	49	claravis	40	clindamycin hcl	10
CHOICE-OB+DHA	79	CLARIFOAM EF	40	clindamycin palmitate hydrochloride	10
cholecalciferol 400 unit	97	CLARINEX 0.5 MG/ML	21	clindamycin phosphate (topical)	40
cholecalciferol 400 unit/0.03ml	97	CLARINEX 5 MG	21		
cholestyramine	22	CLARINEX REDITABS	21		
cholestyramine light	22	CLARINEX-D 12 HOUR	39		
choline fenofibrate	22	CLARINEX-D 24 HOUR	39		
ciclopirox 0.77 %	42	clarithromycin 125 mg/5ml, 250 mg/5ml	62		
ciclopirox 1 %	42				
ciclopirox 8 %	42				
ciclopirox olamine	42				
cilostazol	59				

clindamycin phosphate vaginal	96	COMBIVENT RESPIMAT	12	COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	13
clindamycin phosphate-benzoyl peroxide	40	COMBIVIR	31	COVERA-HS	34
clindamycin phosphate-benzoyl peroxide (refrigerate)	40	COMETRIQ	28	COZAAR	24
CLINORIL	3	COMPAZINE	30	CREON	52
clobetasol propionate	44	COMPLERA	31	CRESTOR 10 MG, 20 MG, 40 MG	23
clobetasol propionate emollient base	44	COMPLETE-RF PRENATAL	79	CRESTOR 5 MG	23
clobetasol propionate emulsion	44	COMPLETENATE	79	CRESYLATE	88
CLOBEX	44	COMTAN	29	CRINONE 8 %	96
CLOCORTOLONE PIVALATE	44	CONCEPT DHA	79	CRIXIVAN	31
CLOCORTOLONE PIVALATE PUMP	44	CONCEPT OB	80	cromolyn sodium	11
CLODERM	44	CONCERTA 18 MG, 27 MG, 54 MG	1	cromolyn sodium (mastocytosis)	57
CLODERM PUMP	44	CONCERTA 36 MG	1	cromolyn sodium (ophth)	88
clomipramine hcl	17	CONDYLOX	47	CUPRIMINE	32
clonazepam	14	CONTROL AST	49	CUTIVATE	44
clonidine hcl	24	CONTROL BLOOD GLUCOSE MONITORING SYSTEM	65	CUVPOSA	93
clonidine hcl (adhd)	1	CONTROL TEST STRIPS	49	CVS BLOOD GLUCOSE STRIPS	49
clopidogrel bisulfate	59	CONZIP	5	CVS VITAMIN D3	97
clorazepate dipotassium	11	COPAXONE	91	CYCLESSA	36
CLORPRES	25	COPEGUS	32	cyclobenzaprine hcl	84
clotrimazole	78	CORDARONE	11	CYCLOGYL 0.5 %	85
clotrimazole w/ betamethasone	42	CORDRAN	44	CYCLOGYL 1 %, 2 %	85
clozapine	30	CORDRAN SP	44	CYCLOMYDRIL	85
CLOZARIL	30	CORDRAN TAPE	44	cyclopentolate hcl	85
COARTEM	26	COREG 12.5 MG, 25 MG, 6.25 MG	33	cyclophosphamide 25 mg, 50 mg	27
codeine sulfate 15 mg, 30 mg, 60 mg	5	COREG 3.125 MG	33	CYCLOSERINE	26
CODEINE SULFATE 30 MG/5ML	5	COREG CR	33	CYCLOSET	19
COLAZAL	58	CORGARD	34	cyclosporine 100 mg, 25 mg	33
colchicine w/ probenecid	59	CORTANE-B AQUEOUS	89	cyclosporine modified	33
COLCRYS	59	CORTANE-B-OTIC	89	cyclosporine modified (for microemulsion)	33
COLESTID	22	CORTEF	38	CYMBALTA 20 MG, 30 MG, 60 MG	17
COLESTID FLAVORED	22	CORTENEMA	8	CYMBALTA 60 MG	17
colestipol hcl	22	CORTIFOAM	8	cyproheptadine hcl	22
COLY-MYCIN S	89	cortisone acetate	38	CYSTAGON	59
COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	61	CORTISPORIN 10000UNIT/GM-0.5%-0.5%	42	CYSTARAN	88
COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM-2.98GM-6.72GM	61	CORTISPORIN 10000UNIT/ML-3.5MG/ML-1%	89	CYTOMEL	92
COMBIGAN	85	CORTISPORIN 400UNIT/GM-5000UNIT/GM-0.5%-1%	42	CYTOTEC	94
COMBIPATCH	56	CORTISPORIN-TC	89	cytra-3	58
COMBIVENT	12	CORZIDE	25	CYTRA-K	58
		COSOPT	85	D-VI-SOL	97
		COSOPT PF	85	D.H.E. 45	77
				D3	97

DALIRESP.....	12	DESOXIMETASONE 0.05 %.....	44	diclofenac w/ misoprostol.....	3
danazol.....	8	desoximetasone 0.05 %... 44		dicloxacillin sodium.....	89
DANTRIUM.....	84	desoximetasone 0.25 %... 44		dicyclomine hcl 10 mg.....	93
dantrolene sodium 100 mg, 25 mg, 50 mg.....	84	DESOXYN.....	1	DICYCLOMINE HCL 10 MG/5ML.....	93
dapsone.....	9	DESVENLAFAXINE ER... 17		dicyclomine hcl 20 mg.....	93
DARAPRIM.....	26	DETROL.....	95	didanosine.....	31
DAYPRO.....	3	DETROL LA.....	95	DIDGET.....	65
DAYTRANA.....	1	dexamethasone.....	38	DIDRONEL.....	54
DDAVP 0.01 %.....	55	DEXAMETHASONE INTENSOL.....	38	DIFFERIN 0.1 %.....	40
DDAVP 0.1 MG, 0.2 MG.....	55	dexamethasone sodium phosphate (ophth).....	87	DIFFERIN 0.3 %.....	40
DELZICOL.....	58	DEXEDRINE.....	1	DIFICID.....	62
DEMADEX.....	53	DEXILANT.....	94	diflorasone diacetate.....	45
demeclocycline hcl.....	92	DEXILANT.....	94	DIFLUCAN.....	21
DEMEROL 100 MG, 50 MG... 5		dexmethylphenidate hcl 10 mg, 2.5 mg, 5 mg.....	2	diflunisal.....	5
DENAVIR.....	44	dexmethylphenidate hcl 15 mg, 30 mg, 40 mg.....	2	DIGEX NF.....	93
DEPAKENE.....	16	DEXPAK 10 DAY.....	38	DIGOXIN 0.05 MG/ML.....	35
DEPAKOTE.....	16	DEXPAK 13 DAY.....	38	digoxin 0.125 mg, 0.25 mg... 35	
DEPAKOTE ER.....	16	DEXPAK 6 DAY.....	38	dihydroergotamine mesylate 1 mg/ml.....	77
DEPAKOTE SPRINKLES... 16		dextroamphetamine sulfate 10 mg.....	1	DIHYDROERGOTAMINE MESYLATE 4 MG/ML.....	77
DEPEN TITRATABS.....	33	dextroamphetamine sulfate 10 mg, 15 mg, 5 mg.....	1	DILACOR XR.....	34
DERMA-SMOOTH/FS BODY.....	44	dextroamphetamine sulfate 5 mg.....	1	DILANTIN 100 MG.....	15
DERMA-SMOOTH/FS BODY OIL.....	44	dextroamphetamine sulfate 5 mg/5ml.....	1	DILANTIN 125 MG/5ML.....	15
DERMA-SMOOTH/FS SCALP.....	44	DIABETA.....	20	DILANTIN 30 MG.....	15
DERMA-SMOOTH/FS SCALP OIL.....	44	DIAMOX.....	53	DILANTIN INFATABS.....	15
DERMATOP.....	44	DIASTAT ACUDIAL.....	14	DILATRATE SR.....	10
DERMOTIC.....	89	DIASTAT PEDIATRIC.....	14	DILAUDID.....	5
desipramine hcl.....	17	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	65	diltiazem hcl 120 mg, 180 mg, 240 mg.....	35
desloratadine 2.5 mg, 5 mg... 22		DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS.....	49	diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg.....	35
desloratadine 5 mg.....	21	diazepam 1 mg/ml.....	11	diltiazem hcl 120 mg, 60 mg, 90 mg.....	34
desmopressin acetate 0.1 mg, 0.2 mg.....	55	diazepam 10 mg, 2 mg, 5 mg.....	11	diltiazem hcl coated beads 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	34
desmopressin acetate refrigerated.....	55	DIAZEPAM 10 MG, 2.5 MG, 20 MG.....	14	diltiazem hcl coated beads 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	34
desmopressin acetate spray... 55		DIAZEPAM INTENSOL... 11		diltiazem hcl extended release beads.....	35
desmopressin acetate spray refrigerated.....	55	DIBENZYLINE.....	24	DIOVAN.....	24
DESOGEN.....	36	DICLEGIS.....	21	DIOVAN HCT.....	25
desogestrel & ethinyl estradiol.....	36	diclofenac potassium.....	3	DIPENTUM.....	58
desogestrel-ethinyl estradiol (biphasic).....	36	diclofenac sodium.....	3	diphenoxylate w/ atropine... 20	
desogestrel-ethinyl estradiol (triphasic).....	36	diclofenac sodium (actinic keratoses).....	43	diphenoxylate/atropine.....	20
DESONATE.....	44	diclofenac sodium (ophth). 88		DIPROLENE.....	45
desonide.....	44			DIPROLENE AF.....	45
DESOWEN.....	44				



dipyridamole	59	DUET DHA BALANCED	EASIVENT/MASK-LARGE	75
disopyramide phosphate	11	220MCG-24MG-2900UNIT-	EASIVENT/MASK-MEDIUM	75
disulfiram	90	2MG-25MG-25MG-1.2MG-	EASIVENT/MASK-SMALL	75
DITROPAN XL	95	210MG-15MG-4MG-12MCG-	EASY PLUS BLOOD GLUCOSE	
DIURIL	54	840UNIT-1MG-2MG-45MG-	MONITOR	65
divalproex sodium	16	115MG, 278MG-210MCG-	EASY PLUS BLOOD GLUCOSE	
DIVIGEL	56	26MG-2840UNIT-2MG-25MG-	MONITORING SYSTEM	65
DOLGIC PLUS	4	25MG-1.5MG-215MG-20MG-	EASY PLUS BLOOD GLUCOSE	
DOLOPHINE	5	4MG-12MCG-840UNIT-1MG-	TEST STRIPS	49
DOLOPHINE HCL	5	2MG-50MG-120MG	EASY PLUS II BLOOD	
donepezil hydrochloride	90	DUET DHA BALANCED	GLUCOSE MONITORING	
DONNATAL	93	267MG-65MCG-210MCG-	SYSTEM	65
DONNATAL EXTENTABS	93	25MG-2800UNIT-1.8MG-	EASY PLUS II BLOOD	
DORAL	61	25MG-25MG-1.5MG-215MG-	GLUCOSE TEST	49
DORYX 150 MG	92	20MG-55MG-2MG-12MCG-	EASY STEP BLOOD GLUCOSE	
DORYX 200 MG	92	640UNIT-1MG-15MG-50MG-	MONITOR	66
dorzolamide hcl	88	120MG, 380MG-3MG-	EASY STEP BLOOD GLUCOSE	
dorzolamide hcl-timolol		220MCG-27MG-2850UNIT-	MONITOR STARTER KIT	66
maleate	85	2MG-25MG-25MG-1.8MG-	EASY STEP TEST STRIPS	49
DOVONEX	43	219MG-20MG-4MG-12MCG-	EASY TALK BLOOD GLUCOSE	
doxazosin mesylate	24	840UNIT-1MG-50MG-120MG	MONITORING	
doxepin hcl 10 mg, 100 mg, 150	17	DUET DHA EC 400MG-	SYSTEM/TALKING	66
mg, 25 mg, 50 mg	17	2825UNIT-3MG-220MCG-	EASY TALK BLOOD GLUCOSE	
doxepin hcl 10 mg/ml	18	25MG-2MG-25MG-25MG-	TEST STRIPS	49
DOXEPIN HCL 75 MG	18	1.8MG-200MG-20MG-4MG-	EASY TOUCH GLUCOSE	
doxercalciferol 0.5 mcg, 1 mcg,	55	12MCG-800UNIT-1MG-45MG-	MONITORING SYSTEM	66
2.5 mcg	55	120MG	EASY TOUCH GLUCOSE TEST	
DOXYCYCLINE	92	DUET DHA EC 430MG-	STRIPS	49
doxycycline (monohydrate) 100	92	2825UNIT-3MG-220MCG-	EASY TRAK BLOOD GLUCOSE	
mg, 150 mg, 50 mg, 75 mg	92	25MG-2MG-25MG-25MG-	MONITORING SYSTEM	66
doxycycline hyclate 100 mg	92	1.8MG-200MG-20MG-4MG-	EASY TRAK BLOOD GLUCOSE	
doxycycline hyclate 100 mg, 150	92	12MCG-800UNIT-1MG-45MG-	TEST STRIPS	49
mg, 75 mg	92	120MG	EASYGLUCO	49
doxycycline hyclate 100 mg, 50	92	DUETACT	EASYGLUCO VALUE PACK	66
mg	92	DUETACT	EASYMAX 15 TEST	
DRISDOL	97	DUETACT	STRIPS	49
dronabinol	21	DUEXIS	EASYMAX L BLOOD GLUCOSE	
drosiprenone-ethinyl		DULERA	SYSTEM	66
estradiol	36	duloxetine hcl	EASYMAX N BLOOD GLUCOSE	
DROXIA	60	DUO-CARE TEST STRIPS	SYSTEM	66
DRYSOL	47	DUONEB	EASYMAX NG SELF-	
DUAC	40	DURAGESIC	MONITORING BLOOD	
DUAVEE	56	DUREZOL	GLUCOSE SYSTEM	66
DUET DHA	80	DUTOPROL	EASYMAX TEST STRIPS	49
DUET DHA 400	80	DYAZIDE	EASYMAX V BLOOD GLUCOSE	
DUET DHA 400EC	80	DYMISTA	SYSTEM	66
DUET DHA 430	80	DYNACIN	EASYMAX V BLOOD GLUCOSE	
DUET DHA 430EC	80	DYRENIUM	SYSTEM/TALKING	66
		E-Z SPACER	EASYMAX V2 SELF-	
		E-Z SPACER THE BODY	MONITORING BLOOD	
		GUARDS PACK	GLUCOSE	
		e.e.s. 400	SYSTEM/SPEAKING	66
		E.E.S. GRANULES	EASYPLUS BLOOD GLUCOSE	
		EASIVENT	TEST STRIP	49
			EASYPLUS R13N SELF-	
			MONITORING BLOOD	
			GLUCOSE SYSTEM	66

EASYPLUS V SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING.....	66	EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING.....	67	EQL TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM.....	67
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM.....	66	EMBRACE BLOOD GLUCOSE TEST STRIPS.....	49	EQL TRUETEST BLOOD GLUCOSE TEST.....	49
EASYPRO BLOOD GLUCOSE TEST STRIPS.....	49	EMCYT.....	27	EQL TRUETRACK TEST.....	49
EASYPRO PLUS.....	49	EMEND.....	21	EQUETRO.....	29
EC-NAPROSYN 500 MG.....	3	EMEND 125 MG, 80 MG.....	21	ergocalciferol.....	97
ECLIPSE BLOOD GLUCOSE MONITORING SYSTEM.....	66	EMEND 40 MG.....	21	ERGOLOID MESYLATES.....	91
ECLIPSE TEST STRIPS.....	49	EMLA.....	47	ERGOMAR.....	77
econazole nitrate.....	42	EMSAM.....	16	ERIVEDGE.....	27
ECOTRIN REGULAR STRENGTH.....	5	EMTRIVA.....	31	ERTACZO.....	42
EDARBI.....	24	EMULSION SB.....	47	ERY-TAB.....	62
EDARBYCLOR.....	25	ENABLEX.....	95	ERYGEL.....	40
EDECIN.....	53	enalapril maleate.....	23	ERYPED 200.....	62
EDLUAR.....	61	enalapril maleate & hydrochlorothiazide.....	25	ERYPED 400.....	62
EDURANT.....	31	ENBREL.....	4	erythrocin stearate.....	62
EFFER-K.....	78	ENBREL SURECLICK.....	4	erythromycin.....	62
EFFEXOR XR 150 MG.....	17	ENDOMETRIN.....	96	erythromycin (acne aid).....	40
EFFEXOR XR 37.5 MG, 75 MG.....	17	ENJUVIA 0.3 MG, 0.45 MG, 1.25 MG.....	56	erythromycin (ophth).....	86
EFFIENT.....	59	ENJUVIA 0.625 MG.....	56	erythromycin base.....	62
EFUDEX.....	43	ENJUVIA 0.9 MG.....	56	erythromycin ethylsuccinate.....	62
EGRIFTA.....	54	enoxaparin sodium 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml.....	13	erythromycin-sulfisoxazole.....	9
ELDEPRYL.....	29	enoxaparin sodium 300 mg/3ml.....	13	ESCAVITE LQ.....	79
ELEMENT AUTOCODE SYSTEM.....	66	entacapone.....	29	escitalopram oxalate.....	17
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM.....	66	ENTOCORT EC.....	38	ESGIC.....	4
ELEMENT COMPACT TEST STRIPS.....	49	ENVISION AUTOCODE.....	67	ESGIC-PLUS.....	4
ELEMENT PLUS BLOOD GLUCOSE METER.....	67	ENVISION AUTOCODE TEST STRIPS.....	49	ESOMEPRAZOLE STRONTIUM 24.65 MG.....	94
ELEMENT PLUS TEST STRIPS.....	49	EPANED.....	23	ESOMEPRAZOLE STRONTIUM 49.3 MG.....	94
ELEMENT TEST STRIPS.....	49	EPICERAM.....	47	estazolam.....	61
ELESTAT.....	88	EPIDUO.....	40	esterified estrogens & methyltestosterone.....	56
ELESTRIN.....	56	EPIFOAM.....	45	ESTRACE 0.1 MG/GM.....	96
ELIDEL.....	46	epinastine hcl (ophth).....	88	ESTRACE 0.5 MG, 1 MG, 2 MG.....	56
ELIGARD.....	27	EPINEPHRINE.....	96	estradiol & norethindrone acetate.....	56
ELIMITE.....	48	EPIPEN.....	97	estradiol 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr.....	56
ELIQUIS.....	13	EPIPEN-2-PAK.....	97	estradiol 0.5 mg, 1 mg, 2 mg.....	56
ELIXOPHYLLIN.....	13	EPIPEN-JR 2-PAK.....	97	ESTRASORB.....	56
ELLA.....	38	EPIVIR 10 MG/ML.....	31	ESTRING.....	96
ELMIRON.....	59	EPIVIR 150 MG, 300 MG.....	31	ESTROGEL.....	56
ELOCON.....	45	EPIVIR HBV.....	31	estropipate 0.75 mg, 1.5 mg.....	56
EMADINE.....	88	eplerenone.....	26	ESTROPIPATE 3 MG.....	56
		EPOGEN.....	60	ESTROSTEP FE.....	37
		eprosartan mesylate.....	24		
		EPZICOM.....	31		

ethambutol hcl.....	26	EZ SMART DIABETES MONITORING SYSTEM... 67	FETZIMA 20 MG.....	17
ethosuximide.....	15	EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS... 50	FETZIMA TITRATION PACK	17
ethynodiol diacet & eth estradiol.....	37	EZ SMART PLUS DIABETES MONITORING SYSTEM... 67	FEXMID.....	84
ETIDRONATE DISODIUM... 54		FABIOR.....	FIBRICOR.....	22
etodolac 200 mg, 300 mg... 3		FACTIVE.....	FIFTY50 GLUCOSE METER 2.0.....	67
etodolac 400 mg, 500 mg... 3		famciclovir.....	FIFTY50 GLUCOSE TEST STRIP 2.0.....	50
etodolac 400 mg, 500 mg, 600 mg.....	3	famotidine 40 mg.....	FINACEA.....	47
etoposide 50 mg.....	28	famotidine 40 mg/5ml... 93	finasteride.....	59
EURAX.....	48	FAMVIR.....	FIORICET.....	4
EVAMIST.....	56	FANAPT.....	FIORICET/CODEINE 300MG- 50MG-40MG-30MG... 6	
EVENCARE + BLOOD GLUCOSE TEST STRIP... 49		FARESTON.....	FIORICET/CODEINE 325MG- 50MG-40MG-30MG... 6	
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM... 67		FARXIGA.....	FIORINAL.....	4
EVENCARE BLOOD GLUCOSE TEST STRIP.....	49	FASTTAKE COMPACT MONITORING SYSTEM... 67	FIORINAL/CODEINE #3... 6	
EVENCARE G2 BLOOD GLUCOSE MONITORING SYSTEM.....	67	FASTTAKE TEST STRIPS... 50	FIRAZYR.....	59
EVENCARE G2 TEST STRIPS.....	49	FC FEMALE CONDOM... 62	FIRST-BXN MOUTHWASH... 78	
EVENCARE G3 BLOOD GLUCOSE MONITORING SYSTEM.....	67	FC2 FEMALE CONDOM... 62	FIRST-DUKES MOUTHWASH.....	78
EVENCARE G3 TEST STRIPS.....	49	felbamate.....	FIRST-LANSOPRAZOLE... 94	
EVISTA.....	54	FELBATOL.....	FIRST-MARYS MOUTHWASH.....	78
EVOCLIN.....	41	FELDENE.....	FIRST-MOUTHWASH BLM... 78	
EVOLUTION AUTOCODE... 50		felodipine.....	FIRST-OMEPRAZOLE... 94	
EVOXAC.....	78	FEMARA.....	FLAGYL.....	9
EXACTECH R-S-G TEST STRIPS.....	50	FEMCAP.....	FLAGYL ER.....	9
EXACTECH TEST STRIPS... 50		FEMCON FE.....	FLAREX.....	87
EXALGO 12 MG, 16 MG, 8 MG.....	5	FEMHRT 1/5.....	flavoxate hcl.....	96
EXALGO 32 MG.....	5	FEMHRT LOW DOSE... 56	flecainide acetate... 11	
EXELDERM.....	42	FEMRING.....	FLECTOR.....	41
EXELON 1.5 MG, 3 MG, 4.5 MG, 6 MG.....	90	FEMTRACE.....	FLEXERIL.....	84
EXELON 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR... 90		fenofibrate.....	FLO-PRED.....	38
EXELON 2 MG/ML.....	90	fenofibrate micronized... 22	FLOMAX.....	59
exemestane.....	27	FENOFIBRIC ACID... 22	FLONASE.....	84
EXFORGE.....	25	FENOGLIDE.....	FLOVENT DISKUS 100 MCG/BLIST.....	12
EXFORGE HCT.....	25	fenopropfen calcium... 3	FLOVENT DISKUS 250 MCG/BLIST.....	12
EXJADE.....	20	fentanyl.....	FLOVENT DISKUS 50 MCG/BLIST.....	12
EXTAVIA.....	91	fentanyl citrate 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg... 5	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT... 12	
EXTINA.....	42	FENTORA.....	FLOVENT HFA 44 MCG/ACT.....	12
EXTRA-VIRT PLUS DHA... 80		FER-IN-SOL.....	fluconazole.....	21
EZ SMART BLOOD GLUCOSE TEST STRIPS.....	50	FERRIPROX.....	flucytosine 250 mg... 21	
		ferrous sulfate 15 mg/ml... 60	flucytosine 500 mg... 21	
		ferrous sulfate 220 mg/5ml... 60	fludrocortisone acetate... 39	
		FERROUS SULFATE 300 MG/5ML.....	FLUMADINE.....	32
		FETZIMA 120 MG, 40 MG, 80 MG.....		

FLUMIST QUADRIVALENT	96	fondaparinux sodium 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	13	FORA V22 BLOOD GLUCOSE TEST STRIPS	50
flunisolide (nasal)	84	fondaparinux sodium 2.5 mg/0.5ml	13	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM	67
flunisolide 0.025 %	84	FORA D10 BLOOD GLUCOSE TEST STRIPS	50	FORA V30A BLOOD GLUCOSE TEST STRIPS	50
FLUNISOLIDE 29 MCG/ACT	84	FORA D15C BLOOD GLUCOSE TEST STRIPS	50	FORACARE GD40	50
fluocinolone acetonide	45	FORA D15G BLOOD GLUCOSE TEST STRIPS	50	FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM	67
fluocinolone acetonide (otic)	89	FORA D15Z BLOOD GLUCOSE TEST STRIPS	50	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM	67
fluocinonide	45	FORA D20 BLOOD GLUCOSE TEST STRIPS	50	FORACARE PREMIUM V10 TESTSTRIPS	50
fluocinonide emulsified base	45	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM	67	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM	67
FLUORABON	78	FORA G20 BLOOD GLUCOSE TEST STRIPS	50	FORACARE TEST N GO TEST STRIPS	50
fluorometholone (ophth)	87	FORA G30A BLOOD GLUCOSE MONITORING SYSTEM	67	FORADIL AEROLIZER	12
FLUOROPLEX	43	FORA G30A BLOOD GLUCOSE TEST STRIPS	50	FORFIVO XL	16
fluorouracil (topical)	43	FORA G71A BLOOD GLUCOSE MONITORING SYSTEM	67	formaldehyde	30
fluoxetine hcl (pmdd)	91	FORA G71A BLOOD GLUCOSE TEST STRIPS	50	FORTAMET	18
fluoxetine hcl 10 mg, 20 mg	17	FORA G90 BLOOD GLUCOSE MONITORING SYSTEM	67	FORTEO	54
fluoxetine hcl 10 mg, 20 mg, 40 mg	17	FORA G90 BLOOD GLUCOSE TEST STRIPS	50	FORTESTA	8
fluoxetine hcl 20 mg/5ml	17	FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM	67	FOSAMAX	54
FLUOXETINE HCL 60 MG	17	FORA GD20 TEST STRIPS	50	FOSAMAX PLUS D	54
fluoxetine hcl 90 mg	17	FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	67	fosinopril sodium	23
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg	30	FORA V10 BLOOD GLUCOSE TEST STRIPS	50	fosinopril sodium & hydrochlorothiazide	25
flura-drops	78	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING	67	FOSRENOL	58
flurazepam hcl	61	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	67	FRAGMIN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML	14
flurbiprofen	3	FORA V12 BLOOD GLUCOSE TEST STRIPS	50	FRAGMIN 2500 UNIT/0.2ML	14
flurbiprofen sodium	88	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM	67	FREESTYLE FLASH SYSTEM	67
flutamide	27	FORA V20 BLOOD GLUCOSE TEST STRIPS	50	FREESTYLE FREEDOM	68
fluticasone propionate	45	FORA V22 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	67	FREESTYLE FREEDOM LITE	68
fluticasone propionate (nasal)	84	FORA V22 BLOOD GLUCOSE MONITORING SYSTEM/TALKING	67	FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM	68
fluvastatin sodium	23			FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	50
fluvoxamine maleate	17			FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	50
FML	87			FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM	68
FML FORTE	87			FREESTYLE LITE TEST STRIPS	50
FML LIQUIFILM	87				
FOCALGIN-B	80				
FOCALIN	2				
FOCALIN XR 10 MG, 20 MG, 5 MG	2				
FOCALIN XR 15 MG, 30 MG, 40 MG	2				
FOCALIN XR 25 MG, 35 MG	2				
FOLCAL DHA	80				
FOLCAPS OMEGA 3	80				
folic acid 1 mg	60				
folic acid 400 mcg, 800 mcg	60				
FOLIVANE-EC CALCIUM DHA NF	80				
FOLIVANE-F	60				
FOLIVANE-OB	80				

FREESTYLE SIDEKICK II VALUEPACK.....	68	GLUCAGON EMERGENCY KIT.....	19	GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM.....	68
FREESTYLE SYSTEM KIT.....	68	GLUCO PERFECT 3 BLOOD GLUCOSE METER.....	68	GLUCONAVII BLOOD GLUCOSE TEST STRIPS.....	50
FREESTYLE TEST STRIPS.....	50	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE.....	68	GLUCOPHAGE.....	18
FROVA.....	77	GLUCO PERFECT 3 TEST STRIPS.....	50	GLUCOPHAGE XR.....	18
FULYZAQ.....	20	GLUCOCARD 01 BLOOD GLUCOSE METER.....	68	GLUCOTROL.....	20
FURADANTIN.....	95	GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM.....	68	GLUCOTROL XL.....	20
furosemide 10 mg/ml.....	53	GLUCOCARD 01 SENSOR.....	50	GLUCOVANCE.....	18
furosemide 20 mg, 40 mg, 80 mg.....	53	GLUCOCARD 01 TEST STRIPS.....	50	GLUMETZA.....	18
FUROSEMIDE 8 MG/ML.....	53	GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM.....	68	GLYBURIDE 1.25 MG, 2.5 MG, 5 MG.....	20
FUZEON.....	31	GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING.....	68	glyburide 1.25 mg, 2.5 mg, 5 mg.....	20
FYCOMPA.....	14	GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS.....	50	glyburide micronized.....	20
gabapentin.....	14	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM.....	68	glyburide-metformin.....	18
GABITRIL 12 MG.....	15	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK.....	68	GLYCATE.....	93
GABITRIL 2 MG, 4 MG.....	15	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE.....	68	glycopyrrolate 1 mg, 2 mg.....	93
galantamine hydrobromide 12 mg, 4 mg, 8 mg.....	90	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK.....	68	GLYNASE.....	20
galantamine hydrobromide 16 mg, 24 mg, 8 mg.....	90	GLUCOCARD VITAL TEST STRIPS.....	50	GLYSET.....	18
galantamine hydrobromide 4 mg/ml.....	90	GLUCOCARD X-METER.....	68	GMATE BLOOD GLUCOSE TESTSTRIPS.....	50
GALZIN.....	78	GLUCOCARD X-SENSOR.....	50	GMATE VOICE BLOOD GLUCOSE MONITORING SYSTEM.....	69
GARAMYCIN.....	86	GLUCOCOM BLOOD GLUCOSE MONITOR.....	68	GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM.....	61
GASTRINEX NF.....	93	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM.....	68	GOLYTELY 236GM-22.74GM-5.86GM-2.97GM-6.74GM.....	61
GASTROCROM.....	57	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT.....	68	GRALISE.....	91
gatifloxacin (ophth).....	86	GLUCOCOM TEST STRIPS.....	50	GRALISE STARTER.....	91
GATTEX.....	58	GLUCOLAB BLOOD GLUCOSE MONITORING SYSTEM.....	68	granisetron hcl 1 mg.....	20
GE100 BLOOD GLUCOSE MONITORING SYSTEM.....	68	GLUCOLAB TEST STRIPS.....	50	GRANIX.....	60
GE100 BLOOD GLUCOSE TESTSTRIPS.....	50			GRANULEX.....	46
GELCLAIR.....	78			GRIFULVIN V.....	21
GELNIQUE.....	95			GRIS-PEG.....	21
gemfibrozil.....	22			griseofulvin microsize.....	21
GENERESS FE.....	37			griseofulvin ultramicrosize.....	21
gentamicin sulfate (ophth).....	86			guaifenesin-codeine 100mg/5ml-10mg/5ml.....	39
gentamicin sulfate 0.1 %.....	42			guanfacine hcl.....	24
GEODON.....	29			HALCION.....	61
GESTICARE DHA.....	80			HALFLYTELY BOWEL PREP/FLAVOR PACKS.....	61
GIAZO.....	58			halobetasol propionate.....	45
GILENYA.....	91			halobetasol propionate & ammonium lactate.....	45
GILOTRIF.....	28			HALOG.....	45
GLEEVEC.....	28			haloperidol.....	30
glimepiride.....	20			haloperidol lactate 2 mg/ml.....	30
glipizide.....	20				
glipizide-metformin hcl.....	18				
GLUCAGEN.....	18				
GLUCAGEN HYPOKIT.....	18				



HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG.....	55	hydrocodone-acetaminophen 10mg-300mg, 10mg-500mg, 10mg-650mg, 10mg-660mg, 10mg-750mg, 2.5mg-500mg, 5mg-300mg, 5mg-500mg, 7.5mg-300mg, 7.5mg-500mg, 7.5mg-650mg.....	7	HYZAAR.....	25
HELIDAC.....	94	hydrocodone-acetaminophen 10mg-325mg, 5mg-325mg, 7.5mg-325mg.....	7	ibandronate sodium.....	54
HEMENATAL OB.....	80	hydrocodone-acetaminophen 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml, 7.5mg/15ml-500mg/15ml....	7	IBG STAR BLOOD GLUCOSE MONITORING SYSTEM.....	69
HEMENATAL OB + DHA.....	80	hydrocodone-acetaminophen 5mg-500mg.....	7	ibudone.....	7
HEPSERA.....	32	hydrocodone-acetaminophen 7.5mg-750mg.....	7	ibuprofen 400 mg, 600 mg, 800 mg.....	3
HEXALEN.....	27	hydrocodone-ibuprofen.....	7	ICLUSIG.....	28
HIPREX.....	95	HYDROCODONE/ACETAMIN OPHEN 7.5MG-500MG, 7.5MG-650MG.....	7	ILEVRO.....	88
homatropine hbr.....	85	HYDROCODONE/ACETAMIN OPHEN 7.5MG-750MG.....	7	IMBRUVICA.....	28
HORIZANT 300 MG.....	91	hydrocortisone.....	38	IMDUR.....	10
HORIZANT 600 MG.....	91	hydrocortisone (intrarectal).....	8	imipramine hcl.....	18
HUMALOG.....	19	hydrocortisone (rectal).....	9	imipramine pamoate.....	18
HUMALOG KWIKPEN.....	19	hydrocortisone (topical) 2.5 %.....	45	imiquimod.....	46
HUMALOG MIX 50/50.....	19	hydrocortisone acetate (rectal).....	9	IMITREX 100 MG, 25 MG, 50 MG.....	77
HUMALOG MIX 50/50 KWIKPEN.....	19	hydrocortisone acetate w/ pramoxine.....	8	IMITREX 20 MG/ACT, 5 MG/ACT.....	77
HUMALOG MIX 75/25.....	19	hydrocortisone butyrate.....	45	IMITREX 6 MG/0.5ML.....	77
HUMALOG MIX 75/25 KWIKPEN.....	19	hydrocortisone butyrate hydrophilic lipo base.....	45	IMITREX STATDOSE REFILL 4 MG/0.5ML.....	77
HUMATROPE.....	54	hydrocortisone valerate.....	45	IMITREX STATDOSE REFILL 6 MG/0.5ML.....	77
HUMATROPE COMBO PACK.....	54	hydrocortisone w/acetic acid.....	89	IMITREX STATDOSE SYSTEM 4 MG/0.5ML.....	77
HUMIRA.....	2	hydromorphone hcl 1 mg/ml 5 8 mg.....	5	IMITREX STATDOSE SYSTEM 6 MG/0.5ML.....	77
HUMIRA PEN.....	3	hydromorphone hcl 2 mg, 4 mg, 8 mg.....	5	IMURAN.....	33
HUMIRA PEN-CROHNS DISEASESTARTER.....	3	hydroxychloroquine sulfate 26 hydroxyurea.....	28	inatal advance.....	80
HUMIRA PEN-PSORIASIS STARTER.....	3	hydroxyzine hcl.....	10	inatal gt.....	80
HUMULIN 70/30 KWIKPEN.....	19	HYDROXYZINE PAMOATE 100 MG.....	10	inatal ultra.....	80
HUMULIN N KWIKPEN.....	19	hydroxyzine pamoate 25 mg, 50 mg.....	10	INCIVEK.....	32
HUMULIN R U-500 (CONCENTRATED).....	19	hyoscyamine sulfate.....	93	INCRELEX.....	54
HYCAMTIN 0.25 MG, 1 MG.....	28	HYPERSAL.....	40	indapamide.....	54
HYCAMTIN 4 MG.....	28	HYPERSAL.....	40	INDERAL LA.....	34
HYCET.....	6	HYPODERMIC NEEDLE 30GX1/2".....	73	INDERAL XL.....	34
hydalazine hcl 10 mg, 100 mg, 25 mg, 50 mg.....	26			INDOCIN 25 MG/5ML.....	3
HYDREA.....	28			INDOCIN 50 MG.....	3
HYDRO 35.....	46			indomethacin 25 mg, 50 mg...	3
HYDRO 40 FOAM.....	46			indomethacin 75 mg.....	3
hydrochlorothiazide.....	54			INFANATE BALANCE.....	80
HYDROCODONE BITARTRATE/ACETAMINOPHE N 10MG-750MG.....	6			INFERGEN.....	32
HYDROCODONE BITARTRATE/ACETAMINOPHE N 2.5MG-325MG.....	6			INFINITY BLOOD GLUCOSE MONITORING SYSTEM.....	69
hydrocodone w/ homatropine.....	39			INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT.....	69
				INFINITY BLOOD GLUCOSE TEST STRIPS.....	50
				INLYTA.....	28
				INNOPRAN XL.....	34

INSPIREASE DRUG DELIVERY SYSTEM.....	75	isosorbide dinitrate 40 mg. 10	KERLONE.....	34
INSPIREASE DRUG DELIVERY SYSTEM.....	75	ISOSORBIDE DINITRATE 5	KETEK.....	9
INSPIREASE DRUG DELIVERY SYSTEM.....	75	MG.....	ketoconazole.....	21
INSPIREASE DRUG DELIVERY SYSTEM.....	75	isosorbide mononitrate.....	ketoconazole (topical).....	42
INSPIREASE DRUG DELIVERY SYSTEM.....	75	isotretinoin 10 mg.....	ketoprofen.....	3
INSPIREASE DRUG DELIVERY SYSTEM.....	75	isotretinoin 20 mg.....	KETOPROFEN ER.....	3
INSPIREASE DRUG DELIVERY SYSTEM.....	75	isotretinoin 40 mg.....	ketorolac tromethamine (ophth).....	88
INSPIREASE DRUG DELIVERY SYSTEM.....	75	ISRADIPINE.....	ketorolac tromethamine 10 mg.....	3
INSPIREASE DRUG DELIVERY SYSTEM.....	75	ISTALOL.....	KHEDEZLA.....	17
INSPIREASE DRUG DELIVERY SYSTEM.....	75	itraconazole.....	KINERET.....	3
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JAKAFI.....	KLARON.....	41
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JALYN.....	KLONOPIN.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JANUMET.....	KLOR-CON 25.....	78
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JANUMET XR.....	KLOR-CON M15.....	78
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JANUVIA.....	KOMBIGLYZE XR.....	18
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JENTADUETO.....	KORLYM.....	19
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JINTELI.....	KRISTALOSE.....	61
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JUVISYNC 100MG-10MG.....	KROGER BLOOD GLUCOSE MONITORING KIT.....	69
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JUVISYNC 100MG-20MG, 50MG-10MG, 50MG-20MG.....	KROGER BLOOD GLUCOSE TESTSTRIPS.....	50
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JUVISYNC 40MG-100MG, 40MG-50MG.....	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT.....	69
INSPIREASE DRUG DELIVERY SYSTEM.....	75	JUXTAPID.....	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS.....	51
INSPIREASE DRUG DELIVERY SYSTEM.....	75	K-LOR HOSPITAL PACK.....	KROGER TEST STRIPS.....	51
INSPIREASE DRUG DELIVERY SYSTEM.....	75	K-PHOS.....	KUVAN.....	55
INSPIREASE DRUG DELIVERY SYSTEM.....	75	K-PHOS NEUTRAL.....	KYNAMRO.....	22
INSPIREASE DRUG DELIVERY SYSTEM.....	75	K-PHOS NO 2.....	labetalol hcl 100 mg, 200 mg, 300 mg.....	33
INSPIREASE DRUG DELIVERY SYSTEM.....	75	K-TABS.....	LAC-HYDRIN.....	46
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KADIAN 10 MG.....	LAC-HYDRIN TWELVE.....	46
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KADIAN 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG.....	LACRISERT.....	85
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KADIAN 130 MG, 150 MG.....	lactic acid (ammonium lactate).....	46
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KADIAN 200 MG.....	lactulose.....	61
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KADIAN 40 MG, 70 MG.....	lactulose (encephalopathy).....	58
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KALETRA.....	LAMICTAL.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KALYDECO.....	LAMICTAL CHEWABLE DISPERSIBLE.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KAPVAY.....	LAMICTAL ODT.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KAPVAY DOSE PACK.....	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KAYEXALATE.....	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KAZANO.....	LAMICTAL STARTER/TAKING VALPROATE.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KEFLEX.....	LAMICTAL XR.....	14
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KENALOG.....		
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KEPPRA 100 MG/ML.....		
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KEPPRA 1000 MG, 250 MG, 500 MG, 750 MG.....		
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KEPPRA XR.....		
INSPIREASE DRUG DELIVERY SYSTEM.....	75	KERAFOAM.....		

LAMICTAL XR 100 MG, 200 MG, 25 MG, 50 MG	14	levetiracetam 1000 mg, 250 mg, 500 mg, 750 mg	15	LIDODERM	47
LAMICTAL XR 250 MG	14	levetiracetam 500 mg, 750 mg	15	LIDOPROFEN	41
LAMICTAL XR 300 MG	14	levobunolol hcl	85	LIDORX	47
LAMISIL 187.5 MG	21	levocarnitine (metabolic modifiers) 1 gm/10ml	55	LIDOVIR	44
LAMISIL 250 MG	21	levocarnitine (metabolic modifiers) 330 mg	55	lindane	48
lamivudine	31	levocetirizine dihydrochloride 2.5 mg/5ml	22	LINZESS	58
lamivudine-zidovudine	31	levocetirizine dihydrochloride 5 mg	22	liothyronine sodium 25 mcg, 5 mcg, 50 mcg	92
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg	14	levofloxacin (ophth)	86	LIPITOR	23
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg	14	levofloxacin 25 mg/ml	57	LIPOFEN	22
lamotrigine 25 mg, 5 mg	14	levofloxacin 250 mg, 500 mg, 750 mg	57	LIPTRUZET	22
lamotrigine 250 mg	14	levofloxacin 500 mg, 750 mg	57	lisinopril	23
lamotrigine 300 mg	15	levofloxacin 750 mg	57	lisinopril & hydrochlorothiazide	25
LANOXIN 0.0625 MG, 187.5 MCG	35	levonorgestrel & eth estradiol	37	LITEAIRE	75
LANOXIN 0.125 MG, 0.25 MG	35	levonorgestrel (emergency oc)	38	lithium carbonate	29
lansoprazole 15 mg	94	levonorgestrel-eth estradiol (triphasic)	37	LITHIUM CITRATE	29
lansoprazole 30 mg	94	levonorgestrel-ethinyl estradiol (91-day)	37	LITHOBID	29
LANTUS	19	LEVORPHANOL TARTRATE	5	LITHOSTAT	59
LANTUS SOLOSTAR	19	levothyroxine sodium	92	LIVALO	23
LASIX	53	LEXAPRO	17	LO LOESTRIN FE	37
LASTACAPT	88	LEXIVA	31	LO MINASTRIN FE	37
latanoprost	88	LIALDA	58	LO/OVRAL-28	37
LATUDA	30	LIBERTY BLOOD GLUCOSE METER	69	LOCOID	45
leflunomide 10 mg	4	LIBERTY BLOOD GLUCOSE MONITOR	69	LOCOID LIPOCREAM	45
leflunomide 20 mg	4	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR	69	LODOSYN	29
LESCOL	23	LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS	51	LOESTRIN 1.5/30-21	37
LESCOL XL	23	LIBERTY TEST STRIPS	51	LOESTRIN 1/20-21	37
LETAIRIS	36	LIBRAX	93	LOESTRIN 24 FE	37
letrozole	27	lidocaine	47	LOESTRIN FE 1.5/30	37
leucovorin calcium 10 mg, 25 mg, 5 mg	28	lidocaine hcl (mouth-throat)	78	LOESTRIN FE 1/20	37
LEUCOVORIN CALCIUM 15 MG	28	lidocaine hcl 2 %	47	LOFIBRA	22
LEUKERAN	27	lidocaine hcl 4 %	47	LOMEDIA 24 FE	37
LEUKINE	60	lidocaine-hydrocortisone acetate (rectal)	8	LOMOTIL	20
leuprolide acetate	27	lidocaine-prilocaine	47	LOMUSTINE	27
levabuterol hcl	13	LIDOCAINE/PRILOCAINE	47	loperamide hcl	20
LEVAQUIN 25 MG/ML	57			LOPID	23
LEVAQUIN 250 MG	57			LOPRESSOR 100 MG, 50 MG	34
LEVAQUIN 500 MG, 750 MG	57			LOPRESSOR HCT	25
LEVATOL	34			LOPROX	42
LEVEMIR	19			LOPROX SHAMPOO	42
LEVEMIR FLEXPEN	19			lorazepam 0.5 mg, 1 mg, 2 mg	11
levetiracetam 100 mg/ml, 500 mg/5ml	15			lorazepam 2 mg/ml	11
				lorazepam intensol	11
				LORCET 10/650	7
				LORCET PLUS	7

LORTAB.....	7	MAVIK.....	23	MENEST.....	56
LORZONE.....	84	MAXAIR AUTOHALER....	13	MENOSTAR.....	56
losartan potassium.....	24	MAXALT.....	77	meperidine hcl 100 mg, 50 mg5	
losartan potassium &		MAXALT-MLT.....	77	MEPERIDINE HCL 50	
hydrochlorothiazide.....	25	MAXIDEX.....	87	MG/5ML.....	5
LOSEASONIQUE.....	37	MAXIDONE.....	7	MEPHYTON.....	97
LOTEMAX.....	87	MAXIMA BLOOD GLUCOSE		meprobamate.....	10
LOTENSIN.....	23	MONITORING SYSTEM... 69		MEPRON.....	9
LOTENSIN HCT.....	25	MAXIMA BLOOD GLUCOSE		mercaptopurine.....	27
LOTREL.....	25	TESTSTRIPS.....	51	mesalamine.....	58
LOTRISONE.....	42	MAXIMA METER KIT.....	69	MESNEX 400 MG.....	28
LOTRONEX.....	58	MAXIMA STARTER KIT... 69		MESTINON 60 MG.....	26
lovastatin.....	23	MAXITROL.....	87	MESTINON 60 MG/5ML....	26
LOVAZA.....	22	MAXZIDE.....	53	MESTINON TIMESPAN....	26
LOVENOX 100 MG/ML, 120		MAXZIDE-25.....	53	METADATE CD 10 MG, 40 MG,	
MG/0.8ML, 150 MG/ML, 30		meclofenamate sodium....	3	50 MG, 60 MG.....	2
MG/0.3ML, 40 MG/0.4ML, 60		MEDROL 16 MG, 32 MG, 4		METADATE CD 20 MG, 30	
MG/0.6ML, 80 MG/0.8ML....	14	MG, 8 MG.....	38	MG.....	2
LOVENOX 300 MG/3ML....	14	MEDROL 2 MG.....	38	METAPROTERENOL SULFATE	
loxapine succinate.....	30	MEDROL DOSEPAK.....	39	10 MG.....	13
LOXITANE.....	30	medroxyprogesterone		metaproterenol sulfate 10	
LUMIGAN 0.01 %.....	88	acetate.....	90	mg/5ml.....	13
LUMIGAN 0.03 %.....	88	mefenamic acid.....	3	metaxalone.....	84
LUNESTA.....	61	mefloquine hcl.....	26	metformin hcl.....	18
LUPRON DEPOT.....	27	MEGACE ES.....	90	methadone hcl 10 mg, 5 mg..	5
LUPRON DEPOT-PED.....	55	MEGACE ORAL.....	27	methadone hcl 10 mg/5ml, 5	
LURIDE.....	78	megestrol acetate.....	27	mg/5ml.....	5
LUVOX CR.....	17	MEIJER BLOOD GLUCOSE		methadone hcl 10 mg/ml....	5
LUXIQ.....	45	MONITORING KIT.....	69	METHADOSE.....	5
LUZU.....	42	MEIJER BLOOD GLUCOSE		METHADOSE SUGAR-FREE 5	
LYRICA 100 MG, 200 MG, 25		TESTSTRIPS.....	51	methamphetamine hcl.....	1
MG, 50 MG, 75 MG.....	15	MEIJER PREMIUM BLOOD		methazolamide.....	53
LYRICA 150 MG, 225 MG, 300		GLUCOSE MONITORING		methenamine hippurate....	95
MG.....	15	KIT.....	69	METHENAMINE MANDELATE	
LYRICA 20 MG/ML.....	15	MEIJER PREMIUM BLOOD		0.5 GM.....	95
LYSODREN.....	27	GLUCOSE TEST STRIPS 51		methenamine mandelate 1	
LYSTEDA.....	60	MEIJER TRUE2GO BLOOD		gm.....	95
MACNATAL CN DHA.....	80	GLUCOSE MONITORING		methenamine-hyosc-methylene	
MACROBID.....	95	SYSTEM.....	69	blue-benzoic acid-phenyl sal.95	
MACRODANTIN 100 MG, 50		MEIJER TRUERESULT		methenamine-hyosc-methylene	
MG.....	95	BLOOD GLUCOSE		blue-sod phos-phenyl sal....	95
MACRODANTIN 25 MG.....	95	MONITORING SYSTEM... 69		METHERGINE 0.2 MG.....	89
MALARONE 250MG-100MG 26		MEIJER TRUETEST BLOOD		methimazole.....	92
MALARONE 62.5MG-25MG 26		GLUCOSE TEST STRIPS 51		METHITEST.....	8
malathion.....	48	MEIJER TRUETRACK BLOOD		methocarbamol.....	84
maprotiline hcl.....	16	GLUCOSE MONITORING		methotrexate sodium 1 gm/40ml,	
MARINOL.....	21	KIT.....	69	100 mg/4ml, 200 mg/8ml, 25	
MARPLAN.....	16	MEIJER TRUETRACK BLOOD		mg/ml, 250 mg/10ml, 50	
MATULANE.....	28	GLUCOSE TEST STRIPS 51		mg/2ml.....	27
		MEKINIST.....	28	methotrexate sodium 2.5 mg 27	
		meloxicam 15 mg.....	3	methscopolamine bromide... 93	
		meloxicam 7.5 mg.....	3		
		MELOXICAM 7.5 MG/5ML..	3		

METHYCLOTHIAZIDE.....	54	MIACALCIN 200		moderiba.....	32
methyl dopa.....	24	UNIT/ACT.....	54	MODERIBA 400 MG, 600	
methyl dopa/hydrochlorothiazide		MIACALCIN 200 UNIT/ML	54	MG.....	32
.....	25	MICARDIS.....	24	MODICON.....	37
methyl ergonovine maleate 0.2		MICARDIS HCT.....	25	moexipril hcl.....	23
mg.....	89	MICONAZOLE 3.....	96	moexipril-hydrochlorothiazide	
METHYLIN 10 MG, 2.5 MG.....	2	MICRO-K.....	78	.....	25
METHYLIN 10 MG/5ML, 5		MICROCHAMBER.....	75	mometasone furoate.....	45
MG/5ML.....	2	MICRODOT BLOOD		MOMS CHOICE RX.....	80
methylphenidate hcl 10 mg, 20		GLUCOSE MONITORING		MONODOX.....	92
mg, 5 mg.....	2	SYSTEM.....	69	MONOKET.....	10
methylphenidate hcl 10 mg, 40		MICRODOT TEST		montelukast sodium.....	11
mg, 50 mg, 60 mg.....	2	STRIPS.....	51	MONUROL.....	95
methylphenidate hcl 10 mg/5ml, 5		MICROSPACER.....	75	morphine sulfate 10 mg.....	5
mg/5ml.....	2	MICROZIDE.....	54	morphine sulfate 10 mg/5ml, 100	
methylphenidate hcl 18 mg, 20		midazolam hcl 2 mg/ml.....	61	mg/5ml, 20 mg/5ml, 20 mg/ml.....	6
mg, 27 mg, 54 mg.....	2	midodrine hcl.....	97	morphine sulfate 100 mg, 15 mg,	
methylphenidate hcl 18 mg, 27		MIGERGOT.....	77	200 mg, 30 mg, 60 mg.....	6
mg, 54 mg.....	2	MIGRANAL.....	77	morphine sulfate 100 mg, 20 mg,	
methylphenidate hcl 20 mg, 30		MILLIPRED 10 MG/5ML.....	39	30 mg, 50 mg, 60 mg, 80 mg.....	6
mg.....	2	MILLIPRED 5 MG.....	39	morphine sulfate 15 mg, 30	
methylphenidate hcl 20 mg, 30		MILLIPRED DP.....	39	mg.....	6
mg, 40 mg.....	2	MINASTRIN 24 FE.....	37	morphine sulfate 20 mg.....	6
methylphenidate hcl 36 mg.....	2	MINIPRESS.....	24	morphine sulfate beads.....	5
methylphenidate hcl er.....	2	MINIVELLE 0.0375		MOVIPREP.....	61
methylprednisolone.....	39	MG/24HR.....	56	MOXATAG.....	89
methyltestosterone.....	8	MINIVELLE 0.05		MOXEZA.....	86
metipranolol.....	85	MG/24HR.....	56	moxifloxacin hcl.....	57
metoclopramide hcl 10 mg, 5		MINIVELLE 0.075 MG/24HR,		MS CONTIN.....	6
mg.....	57	0.1 MG/24HR.....	56	MULTAQ.....	11
metoclopramide hcl 10 mg/10ml,		MINOCIN.....	92	MULTI-VIT/IRON/FLUORIDE	
5 mg/5ml.....	57	minocycline hcl 100 mg, 50		.....	79
metolazone.....	54	mg.....	92	MULTI-	
METOPIRONE.....	48	minocycline hcl 100 mg, 50 mg,		VITAMIN/FLUORIDE/IRON.....	79
metoprolol &		75 mg.....	92	mupirocin.....	42
hydrochlorothiazide.....	25	minocycline hcl 135 mg, 45 mg,		mupirocin calcium (topical).....	42
metoprolol succinate.....	34	90 mg.....	92	MYAMBUTOL.....	26
metoprolol tartrate 100 mg, 25		minoxidil.....	26	MYCOBUTIN.....	26
mg, 50 mg.....	34	MIRALAX.....	61	mycophenolate mofetil.....	33
metoprolol/hydrochlorothiazide		MIRAPEX.....	29	mycophenolate sodium.....	33
.....	25	MIRAPEX ER.....	29	MYDFRIN.....	86
METZOZOLV ODT.....	57	MIRCETTE.....	37	MYDRIACYL.....	85
METROCREAM.....	47	mirtazapine.....	16	MYFORTIC.....	33
METROGEL.....	47	MIRVASO.....	47	MYGLUCOHEALTH BLOOD	
METROGEL-VAGINAL.....	96	misoprostol.....	94	GLUCOSE MONITORING	
METROLOTION.....	47	MOBIC 15 MG.....	3	SYSTEM.....	69
metronidazole.....	9	MOBIC 7.5 MG.....	4	MYGLUCOHEALTH BLOOD	
metronidazole (topical) 0.75		MOBIC 7.5 MG/5ML.....	3	GLUCOSE TEST.....	51
%.....	47	modafinil.....	2	MYLERAN.....	27
metronidazole (topical) 1 %.....	47	MODERIBA.....	32	MYNATAL ADVANCE.....	80
metronidazole vaginal.....	96			MYNATAL ULTRACAPLET.....	80
MEVACOR.....	23				
mexiletine hcl.....	11				



MYRBETRIQ.....	95	neomycin-bacitracin zn- polymyxin.....	86	nicardipine hcl 20 mg, 30 mg	35
MYSOLINE.....	15	neomycin-polymy- dexameth.....	87	NICOTROL INHALER.....	91
nabumetone 500 mg.....	4	neomycin-polymy-gramicid	86	NICOTROL NS.....	91
nabumetone 750 mg.....	4	neomycin-polymyxin-hc (otic).....	89	nifedipine 10 mg, 20 mg.....	35
nadolol.....	34	neomycin/polymyxin/hydrocorti sone.....	87	nifedipine 30 mg, 60 mg.....	35
nadolol & bendroflumethiazide.....	25	NEORAL.....	33	nifedipine 30 mg, 60 mg, 90 mg.....	35
NAFTIN.....	42	NEOSPORIN.....	86	NILANDRON.....	27
NALFON 200 MG.....	4	NEPTAZANE.....	53	nimodipine.....	35
NALFON 400 MG.....	4	NESINA.....	19	NIRAVAM.....	11
naltrexone hcl.....	20	NESSI SPACER/LARGE MASK.....	75	NIRON KOMPLETE.....	60
NAMENDA.....	90	NESSI SPACER/MOUTHPIECE.....	75	nisoldipine.....	35
NAMENDA TITRATION PAK	90	NESSI SPACER/SMALL/MED MASK.....	75	nisoldipine er.....	35
NAMENDA XR.....	90	NESTABS.....	80	NITRO-BID.....	10
NAMENDA XR TITRATION PACK.....	90	NESTABS ABC.....	80	NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR.....	10
NAPHAZOLINE HCL.....	86	NESTABS DHA.....	81	NITRO-DUR 0.3 MG/HR.....	10
NAPRELAN.....	4	NEULASTA.....	60	nitrofurantoin.....	95
NAPROSYN.....	4	NEUMEGA.....	60	nitrofurantoin macrocrystal.....	95
naproxen 125 mg/5ml.....	4	NEUPOGEN.....	60	nitrofurantoin monohyd macro.....	95
naproxen 250 mg, 375 mg, 500 mg.....	4	NEUPRO 1 MG/24HR, 3 MG/24HR, 8 MG/24HR.....	29	nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr.....	10
naproxen 500 mg.....	4	NEUPRO 2 MG/24HR.....	29	nitroglycerin 0.4 mg/spray.....	10
naproxen sodium.....	4	NEUPRO 4 MG/24HR, 6 MG/24HR.....	29	nitroglycerin 2.5 mg, 9 mg.....	10
naratriptan hcl.....	77	NEURONTIN.....	15	NITROGLYCERIN LINGUAL	10
NARDIL.....	16	NEUTEK 2TEK TEST STRIPS.....	51	NITROLINGUAL PUMPSPRAY.....	10
NASACORT AQ.....	84	NEVANAC.....	88	NITROMIST.....	10
NASONEX.....	84	nevirapine.....	31	NITROSTAT.....	10
NATA KOMPLETE.....	80	NEXA PLUS.....	81	nizatidine.....	93
NATACHEW.....	80	NEXA SELECT 325MG- 160MG-55MG-29MG-800UNIT- 1.25MG-30UNIT-25MG-28MG .....	81	NIZORAL.....	42
NATACYN.....	86	NEXA SELECT 337.5MG- 750MG-160MG-55MG-29MG- 800UNIT-1.25MG-30UNIT- 28MG-28MG.....	81	NOR-QD.....	38
NATALVIRT 90 DHA.....	80	NEXAVAR.....	28	NORCO.....	7
NATALVIRT CA.....	80	NEXGEN METER KIT.....	69	NORDETTE-28.....	37
NATAZIA.....	37	NEXGEN TEST STRIPS.....	51	NORDITROPIN FLEXPRO.....	54
nateglinide.....	19	NEXIUM 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG.....	94	NORDITROPIN NORDIFLEX PEN.....	54
NATELLE ONE.....	80	NEXIUM 20 MG, 40 MG.....	94	norethin acet & estrad-fe.....	37
NATROBA.....	48	niacin (antihyperlipidemic).	23	norethindrone & eth estradiol	37
NATURE-THROID 113.75 MG, 16.25 MG, 48.75 MG, 81.25 MG, 97.5 MG.....	92	NIASPAN.....	23	norethindrone & ethinyl estradiol- fe.....	37
NATURE-THROID 130 MG, 195 MG, 32.5 MG, 65 MG.....	92			norethindrone & mestranol.....	37
NEBUSAL.....	40			norethindrone (contraceptive).....	38
NECON 10/11-28.....	37			norethindrone acet & eth estra.....	37
NEEVO DHA.....	80			norethindrone acetate.....	90
NEFAZODONE HCL 100 MG, 150 MG, 200 MG, 50 MG.....	16			norethindrone acetate-ethinyl estradiol.....	56
nefazodone hcl 250 mg.....	16				
neomycin sulfate.....	2				

norethindrone acetate-ethinyl estradiol-fe.....	37	nystatin-triamcinolone.....	42	ONETOUCH BASIC SYSTEM.....	70
norethindrone-eth estradiol (triphasic).....	37	nystatin/triamcinolone.....	42	ONETOUCH BASIC/PROFILE TEST STRIPS.....	51
norgestimate-ethinyl estradiol.....	37	OB COMPLETE.....	81	ONETOUCH PROFILE SYSTEM.....	70
norgestimate-ethinyl estradiol (triphasic).....	37	OB COMPLETE ONE.....	81	ONETOUCH ULTRA 2.....	70
norgestrel & ethinyl estradiol.....	37	OB COMPLETE PETITE..	81	ONETOUCH ULTRA BLUE..	51
NORINYL 1+35.....	37	OB COMPLETE/DHA.....	81	ONETOUCH ULTRA MINI...70	
NORINYL 1+50.....	37	OB-NATAL ONE.....	81	ONETOUCH ULTRA SYSTEM KIT.....	70
NORITATE.....	47	octreotide acetate.....	55	ONETOUCH ULTRALINK SYSTEM (DEC).....	70
NOROXIN.....	57	OCUFEN.....	88	ONETOUCH ULTRALINK SYSTEM (HEX).....	70
NORPACE.....	11	OCUFLOX.....	86	ONETOUCH ULTRASMART.....	70
NORPACE CR 100 MG.....	11	ofloxacin (ophth).....	86	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	70
NORPACE CR 150 MG.....	11	ofloxacin (otic).....	88	ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM.....	70
NORPRAMIN.....	18	ofloxacin 200 mg.....	57	ONETOUCH VERIO TEST STRIPS.....	51
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg.....	18	ofloxacin 300 mg, 400 mg.....	57	ONFI.....	14
NORTRIPTYLINE HCL 10 MG/5ML.....	18	ogestrel.....	37	ONGLYZA.....	19
NORVASC.....	35	olanzapine.....	30	ONMEL.....	21
NORVIR.....	31	olanzapine-fluoxetine hcl..	90	OPANA 10 MG, 5 MG.....	6
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM.....	69	OLEPTRO.....	16	OPANA ER (CRUSH RESISTANT) 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG.....	6
NOVA MAX GLUCOSE TEST STRIPS.....	51	OLUX.....	45	OPANA ER (CRUSH RESISTANT) 7.5 MG.....	6
NOVACORT.....	45	OLUX-E.....	45	OPIUM TINCTURE (PAREGORIC).....	20
NOVOLOG.....	19	OLYSIO.....	32	OPSUMIT.....	36
NOVOLOG FLEXPEN.....	19	OMECLAMOX-PAK.....	94	OPTICHAMBER ADVANTAGE.....	75
NOVOLOG MIX 70/30.....	19	OMEPRAZOLE + SYRSPEND SFALKA.....	94	OPTICHAMBER ADVANTAGE/LARGE MASK.....	75
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	19	omeprazole 10 mg.....	94	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	76
NOVOLOG PENFILL.....	19	omeprazole 20 mg, 40 mg.....	94	OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	76
NOXAFIL.....	21	omeprazole-sodium bicarbonate 40mg-1100mg.....	94	OPTICHAMBER DIAMOND.....	76
NUCYNTA.....	6	OMNARIS.....	84	OPTICHAMBER DIAMOND/LARGEFACE MASK.....	76
NUCYNTA ER.....	6	OMNIPRED.....	87	OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	76
NUEDEXTA.....	91	OMNITROPE.....	54		
NULYTELY/FLAVOR PACKS.....	61	ON CALL PLUS BLOOD GLUCOSE METER.....	69		
NUTRI-TAB OB.....	81	ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM.....	69		
NUTRI-TAB OB + DHA.....	81	ON CALL PLUS BLOOD GLUCOSE TEST.....	51		
NUVARING.....	38	ON CALL VIVID BLOOD GLUCOSE METER.....	69		
NUVIGIL 150 MG, 200 MG, 250 MG.....	2	ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM.....	70		
NUVIGIL 50 MG.....	2	ON CALL VIVID BLOOD GLUCOSE TEST.....	51		
NYMALIZE.....	35	ON CALL VIVID PAL BLOOD GLUCOSE METER.....	70		
nystatin.....	21	ondansetron.....	20		
nystatin (mouth-throat).....	78	ondansetron hcl 4 mg, 8 mg.....	20		
nystatin (topical).....	42	ondansetron hcl 4 mg/5ml.....	20		
NYSTATIN VAGINAL.....	96				

OPTICHAMBER	ORTHO DIAPHRAGM FLAT	OXYCONTIN . . . . .	6
DIAMOND/SMALLFACE	SPRING KIT 55 . . . . .	oxymorphone hcl 10 mg, 15 mg,	
MASK . . . . .	63	20 mg, 30 mg, 40 mg, 5 mg, 7.5	
OPTICHAMBER FACE	ORTHO DIAPHRAGM FLAT	mg . . . . .	6
MASK/LARGE . . . . .	SPRING KIT 60 . . . . .	oxymorphone hcl 10 mg, 5 mg	6
OPTICHAMBER FACE	63	OXYTROL . . . . .	95
MASK/MEDIUM . . . . .	ORTHO DIAPHRAGM FLAT	OXYTROL FOR WOMEN . . . . .	95
OPTICHAMBER FACE	SPRING KIT 65 . . . . .	PAIRE OB . . . . .	81
MASK/SMALL . . . . .	63	PALGIC . . . . .	21
OPTIHALER . . . . .	ORTHO DIAPHRAGM FLAT	PAMELOR . . . . .	18
OPTIHALER MDI DRUG	SPRING KIT 70 . . . . .	PAMINE . . . . .	93
DELIVERY SYSTEM . . . . .	63	PAMINE FORTE . . . . .	93
OPTIONS GYNOL II	ORTHO DIAPHRAGM FLAT	PANCREAZE . . . . .	52
VAGINALCONTRACEPTIVE	SPRING KIT 75 . . . . .	pancrelipase (lipase-protease-	
. . . . .	63	amylase) . . . . .	52
OPTIPRANOLOL . . . . .	ORTHO DIAPHRAGM FLAT	PANDEL . . . . .	45
85	SPRING KIT 80 . . . . .	PANRETIN . . . . .	43
OPTIUM BLOOD GLUCOSE	63	pantoprazole sodium 20 mg, 40	
MONITORING SYSTEM . . . . .	ORTHO DIAPHRAGM FLAT	mg . . . . .	94
70	SPRING KIT 85 . . . . .	PARADIGM LINK BLOOD	
OPTIUM TEST STRIPS . . . . .	63	GLUCOSE MONITOR . . . . .	70
51	ORTHO DIAPHRAGM FLAT	PARAFON FORTE DSC . . . . .	84
OPTIUMEZ TEST STRIPS . . . . .	SPRING KIT 90 . . . . .	PARCOPA . . . . .	29
51	63	paricalcitol . . . . .	55
OPTIVAR . . . . .	ORTHO DIAPHRAGM FLAT	PARLODEL . . . . .	29
88	SPRING KIT 95 . . . . .	PARNATE . . . . .	16
OPTUMRX BLOOD GLUCOSE	63	paromomycin sulfate . . . . .	2
METER . . . . .	ORTHO EVRA . . . . .	paroxetine hcl . . . . .	17
70	38	PATADAY . . . . .	88
OPTUMRX BLOOD GLUCOSE	ORTHO MICRONOR . . . . .	PATANASE . . . . .	84
MONITORING SYSTEM . . . . .	38	PATANOL . . . . .	88
70	ORTHO TRI-CYCLEN . . . . .	PAXIL . . . . .	17
OPTUMRX BLOOD GLUCOSE	37	PAXIL CR . . . . .	17
TEST . . . . .	ORTHO TRI-CYCLEN LO . . . . .	pediapred . . . . .	39
51	37	pediatric multivitamins w/fl . . . . .	79
ORACEA . . . . .	ORTHO-CEPT . . . . .	pediatric vitamins acid w/	
48	37	fluoride . . . . .	79
ORAFATE . . . . .	ORTHO-CYCLEN . . . . .	peg 3350-kcl-sod bicarb-sod	
79	38	chloride-sod sulfate . . . . .	61
ORAP . . . . .	ORTHO-NOVUM 1/35 . . . . .	peg 3350-potassium chloride-sod	
91	38	bicarbonate-sod chloride . . . . .	61
ORAPRED . . . . .	ORTHO-NOVUM 7/7/7 . . . . .	PEG-INTRON . . . . .	32
39	38	PEG-INTRON REDIPEN . . . . .	32
ORAPRED ODT . . . . .	OSENI . . . . .	PEG-INTRON REDIPEN PAK	
39	18	4 . . . . .	32
ORAVIG . . . . .	OSMOPREP . . . . .	PEGANONE . . . . .	15
78	62	PEGASYS . . . . .	32
ORBIVAN CF . . . . .	OSPHENA . . . . .	PEGASYS PROCLICK . . . . .	32
4	54	penicillin v potassium . . . . .	89
ORENCIA . . . . .	OTICIN HC NR . . . . .	PENLAC NAIL LACQUER . . . . .	42
4	89		
ORFADIN . . . . .	OTREXUP . . . . .		
55	3		
orphenadrine citrate 100 mg . . . . .	OVACE PLUS WASH . . . . .		
84	43		
orphenadrine compound ds . . . . .	OVACE WASH . . . . .		
84	43		
orphenadrine w/ aspirin &	OVCON-35 . . . . .		
caff . . . . .	38		
84	OVCON-50 28 . . . . .		
ORTHO DIAPHRAGM ALL-	38		
FLEX/65MM . . . . .	OVIDE . . . . .		
62	48		
ORTHO DIAPHRAGM ALL-	OXANDRIN . . . . .		
FLEX/70MM . . . . .	8		
63	oxandrolone . . . . .		
ORTHO DIAPHRAGM ALL-	8		
FLEX/75MM . . . . .	oxaprozin . . . . .		
63	4		
ORTHO DIAPHRAGM ALL-	oxazepam . . . . .		
FLEX/80MM . . . . .	11		
63	oxcarbazepine . . . . .		
ORTHO DIAPHRAGM COIL	15		
SPRING KIT 100 . . . . .	OXECTA . . . . .		
63	6		
ORTHO DIAPHRAGM COIL	OXISTAT . . . . .		
SPRING KIT 105 . . . . .	42		
63	OXSORALEN ULTRA . . . . .		
ORTHO DIAPHRAGM COIL	43		
SPRING KIT 50 . . . . .	OXTELLAR XR . . . . .		
63	15		
	oxybutynin chloride . . . . .		
	95		
	oxycodone hcl . . . . .		
	6		
	oxycodone w/		
	acetaminophen . . . . .		
	7		
	oxycodone-ibuprofen . . . . .		
	7		

PENNSAID 1.5 %.....	42	pioglitazone hcl-metformin hcl.....	18	potassium chloride microencapsulated crystals cr.....	78
PENNSAID 2 %.....	42	piroxicam.....	4	potassium citrate (alkalinizer).....	58
PENTASA.....	58	PLAN B ONE-STEP.....	38	POTASSIUM CITRATE ER.....	58
pentazocine w/ naloxone.....	8	PLAQUENIL.....	26	potassium citrate-citric acid.....	58
pentazocine-acetaminophen.....	7	PLAVIX.....	60	POTIGA 200 MG, 300 MG, 50 MG.....	15
PENTAZOCINE/NALOXONE HCL.....	8	PLETAL.....	60	POTIGA 400 MG.....	15
pentoxifylline.....	59	PNV FERROUS FUMARATE/DOCUSATE/FOLI C ACID.....	81	PR NATAL 400 EC.....	81
PEPCID 40 MG.....	93	PNV OB+DHA.....	81	PR NATAL 430.....	81
PEPCID 40 MG/5ML.....	93	PNV-DHA.....	81	PR NATAL 430 EC.....	81
PERCOCET.....	7	PNV-DHA+DOCUSATE.....	81	PRADAXA.....	14
PERFOROMIST.....	13	PNV-FIRST.....	81	pramipexole dihydrochloride.....	29
perindopril erbumine.....	24	PNV-OMEGA.....	81	PRAMOSONE 1%-1%.....	45
permethrin.....	48	PNV-SELECT.....	81	PRAMOSONE 1%-1%, 1%- 2.5%.....	45
perphenazine.....	30	POCKET CHAMBER.....	76	PRAMOSONE 1%-2.5%.....	45
PERPHENAZINE/AMITRIPTYLIN E.....	90	POCKET SPACER.....	76	PRAMOSONE E.....	45
PERSANTINE.....	59	POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM.....	70	pramoxine-hc.....	45
PERTZYE.....	52	POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS.....	51	pramoxine-hc-chloroxylenol.....	89
PEXEVA.....	17	PODOCON 25 IN BENZOIN TINCTURE.....	47	pramoxine-hc-chloroxylenol aqueous.....	89
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM.....	70	podofilox.....	47	PRANDIMET.....	18
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS.....	51	POLY HUB NEEDLE/30G X 1/2".....	73	PRANDIN.....	19
phenazopyridine hcl.....	59	POLY-VI-FLOR 200MCG- 0.25MG-15UNIT-400UNIT, 200MCG-0.5MG-15UNIT- 400UNIT, 200MCG-1MG- 15UNIT-400UNIT.....	79	PRAVACHOL 20 MG, 80 MG.....	23
phenelzine sulfate.....	16	POLY-VI-FLOR 200MCG/ML- 0.25MG/ML.....	79	PRAVACHOL 40 MG.....	23
PHENOBARBITAL 100 MG, 15 MG, 30 MG, 60 MG.....	60	POLY-VI-FLOR/IRON.....	79	pravastatin sodium 10 mg, 20 mg, 80 mg.....	23
phenobarbital 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg.....	60	polyethylene glycol 3350.....	62	pravastatin sodium 40 mg.....	23
phenobarbital 20 mg/5ml.....	60	polymyxin b-trimethoprim.....	86	prazosin hcl.....	24
phenyleph-promethazine w/ cod.....	39	POLYTRIM.....	86	PRECISION LINK.....	70
phenylephrine hcl (ophth).....	87	POMALYST.....	28	PRECISION PCX.....	51
PHENYTEK.....	15	PONSTEL.....	4	PRECISION PCX PLUS TEST STRIPS.....	51
phenytoin.....	15	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	78	PRECISION POINT OF CARE TEST STRIPS.....	51
phenytoin sodium extended.....	15	potassium bicarb & chloride.....	78	PRECISION QID MONITOR.....	70
PHISOHEX.....	30	potassium chloride 10 meq, 8 meq.....	78	PRECISION QID TEST STRIPS.....	51
PHOSLO.....	58	potassium chloride 20 %.....	78	PRECISION SOF-TACT MONITOR.....	71
PHOSLYRA.....	58	potassium chloride 20 meq.....	78	PRECISION SOF-TACT TEST STRIPS.....	51
PHOSPHOLINE IODIDE.....	85	POTASSIUM CHLORIDE ER.....	78	PRECISION XTRA.....	71
PHRENILIN FORTE.....	4			PRECISION XTRA BLOOD GLUCOSE TEST STRIPS.....	51
PICATO.....	43			PRECISION XTRA MONITOR.....	71
pilocarpine hcl.....	86			PRECOSE.....	18
pilocarpine hcl (oral).....	79				
pindolol.....	34				
pioglitazone hcl.....	19				
pioglitazone hcl-glimepiride.....	18				

PRED FORTE.....	87	PRENATAL 19 1000UNIT-30UNIT-20MG-25MG-3MG-200MG-29MG-15MG-3MG-7MG-12MCG-400UNIT-20MG-1MG-100MG, 30UNIT-1000UNIT-20MG-25MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG.....	82	PRIMAQUINE PHOSPHATE 26
PRED MILD.....	87	PRENATAL 19 1000UNIT-400UNIT-20MG-25MG-3MG-200MG-29MG-7MG-6MG-3MG-12MCG-1MG-30UNIT-20MG-100MG.....	81	primidone.....
PRED-G.....	87	PRENATAL 19 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG.....	82	PRIMSOL.....
PRED-G S.O.P.....	87	PRENATAL MV & MIN/FE-FA-DHA.....	82	PRINIVIL.....
prednicarbate.....	45	prenatal vit w/ docusate-iron carbonyl-folic acid.....	82	PRINZIDE.....
prednisolone.....	39	PRENATAL-U.....	82	PRISTIQ.....
prednisolone acetate (ophth).....	87	PRENATE.....	82	PRO-RED AC 1MG/5ML-5MG/5ML-9MG/5ML.....
PREDNISOLONE SODIUM PHOSPHATE 1 %.....	87	PRENATE AM.....	82	PROAIR HFA.....
prednisolone sodium phosphate 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml.....	39	PRENATE DHA.....	82	probenecid.....
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML.....	39	PRENATE ELITE.....	82	PROCARDIA.....
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg.....	39	PRENATE ENHANCE.....	82	PROCARDIA XL.....
PREDNISONE 10 MG.....	39	PRENATE ESSENTIAL.....	82	PROCENTRA.....
PREDNISONE 5 MG.....	39	PRENATE MINI.....	82	prochlorperazine.....
prednisone 5 mg/5ml.....	39	PRENATE RESTORE.....	82	prochlorperazine maleate.....
PREDNISONE INTENSOL.....	39	PRENEXA.....	82	PROCORT.....
PREFERA OB.....	81	PRENTIF CAVITY-RIM CERVICAL CAP.....	63	PROCRIT.....
PREFERA OB + DHA.....	81	PREPOPIK.....	61	PROCTOCORT.....
PREFEST.....	56	PREQUE 10.....	82	PROCTOFOAM HC.....
PRELONE.....	39	PRESTIGE SMART SYSTEM CO-BRAND TEST STRIPS.....	51	PROCYSBI.....
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG.....	56	PRESTIGE TEST STRIPS.....	51	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM.....
PREMARIN 0.625 MG/GM.....	96	PREVACID 15 MG.....	94	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING.....
PREMPHASE.....	56	PREVACID 30 MG.....	94	PRODIGY AUTOCODE BLOOD GLUCOSE TEST STRIPS.....
PREMPRO 0.3MG-1.5MG.....	56	PREVACID SOLUTAB.....	94	PRODIGY AUTOCODE PRO BLOOD GLUCOSE MONITORING SYSTEM.....
PREMPRO 0.45MG-1.5MG, 0.625MG-2.5MG, 0.625MG-5MG.....	56	PREVPAC.....	94	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS.....
PRENA1 CHEW/QUATREFOLIC.....	81	PREZISTA 100 MG/ML.....	31	PRODIGY POCKET BLOOD GLUCOSE METER KIT.....
PRENA1 PEARL.....	81	PREZISTA 150 MG, 600 MG, 800 MG.....	31	PRODIGY POCKET PRO BLOODGLUCOSE MONITORING SYSTEM.....
PRENA1 PLUS/QUATREFOLIC.....	81	PREZISTA 400 MG, 75 MG.....	31	PRODIGY PREFERRED BLOOD GLUCOSE METER KIT.....
PRENA1/QUATREFOLIC.....	81	PRIFTIN.....	26	PRODIGY PREFERRED BLOOD GLUCOSE MONITORING SYSTEM.....
PRENAISSANCE.....	81	PRILOSEC 10 MG.....	94	PRODRIN 130MG-500MG-20MG.....
PRENAISSANCE 90 DHA.....	81	PRILOSEC 20 MG, 40 MG.....	94	progesterone.....
PRENAISSANCE BALANCE.....	81			
PRENAISSANCE DHA.....	81			
PRENAISSANCE HARMONY DHA.....	81			
PRENAISSANCE NEXT.....	81			
PRENAISSANCE NEXT-B.....	81			
PRENAISSANCE PLUS.....	81			
PRENAISSANCE PROMISE.....	81			
PRENATA.....	81			

progesterone micronized	90	PROZAC WEEKLY	17	QUINTET BLOOD GLUCOSE	
PROGLYCEM	19	PRUDOXIN	43	TEST STRIPS	51
PROGRAF 0.5 MG, 1 MG, 5		pseudoephed-bromphen-dm		QVAR 40 MCG/ACT	12
MG	33	2mg/5ml-30mg/5ml-		QVAR 80 MCG/ACT	12
PROLENSA	88	10mg/5ml	39	R-NATAL OB	82
PROMACTA 25 MG, 50 MG	60	pseudoephed-cpm w/		RA BLOOD GLUCOSE	
PROMACTA 75 MG	60	hydrocod	39	MONITOR	71
promethazine &		pseudoephedrine w/ codeine-		RA TRUE2GO BLOOD	
phenylephrine	39	gg	40	GLUCOSEMONITORING	
promethazine hcl 12.5 mg, 25		PTS PANELS GLUCOSE		SYSTEM	71
mg	22	TEST	51	RA TRUERESULT BLOOD	
promethazine hcl 12.5 mg, 25		PULMICORT 0.25		GLUCOSE MONITOR	71
mg, 50 mg	22	MG/2ML	12	RA TRUETEST STRIPS	52
promethazine hcl 6.25		PULMICORT 0.5 MG/2ML	12	rabeprazole sodium	94
mg/5ml	22	PULMICORT 1 MG/2ML	12	ramipril	24
promethazine vc plain	39	PULMICORT FLEXHALER	180	RANEXA 1000 MG	10
promethazine vc/codeine	39	MCG/ACT	12	RANEXA 500 MG	10
promethazine w/codeine	39	PULMICORT FLEXHALER	90	ranitidine hcl 15 mg/ml, 150	
promethazine-dm	39	MCG/ACT	12	mg/10ml, 75 mg/5ml	93
PROMETHEGAN	22	PULMOZYME	91	ranitidine hcl 150 mg	93
PROMETRIUM	90	PURINETHOL	27	ranitidine hcl 150 mg, 300	
propafenone hcl 150 mg	11	PYLERA	94	mg	93
propafenone hcl 225 mg, 300		pyrazinamide	26	ranitidine hcl 300 mg	94
mg	11	PYRIDIDIUM	59	RAPAFLO	59
propafenone hcl 225 mg, 325 mg,		pyridostigmine bromide	26	RAPAMUNE 0.5 MG	33
425 mg	11	QNASL	85	RAPAMUNE 1 MG, 2 MG	33
propantheline bromide	93	QSYMIA	1	RAPAMUNE 1 MG/ML	33
proparacaine hcl	87	QUALAQUIN	26	RAVICTI	55
propranolol hcl 10 mg, 20 mg, 40		QUARTETTE	38	RAYOS	39
mg, 60 mg, 80 mg	34	QUAZEPAM	61	RAZADYNE	90
propranolol hcl 120 mg, 160 mg,		QUESTRAN	22	RAZADYNE ER	90
60 mg, 80 mg	34	QUESTRAN LIGHT	22	REAPHIRM	82
propranolol hcl 20 mg/5ml	34	quetiapine fumarate	30	REBETOL	32
PROPRANOLOL HCL 40		QUFLORA PEDIATRIC	79	REBIF	91
MG/5ML	34	QUICKTEK	71	REBIF REBIDOSE	91
propranolol/hydrochlorothiazide		QUICKTEK TEST STRIPS	51	REBIF REBIDOSE	
	25	QUILLIVANT XR	2	TITRATIONPACK	91
propylthiouracil	92	quinapril hcl	24	REBIF TITRATION PACK	91
PROSCAR	59	quinapril-hydrochlorothiazide		RECTIV	9
PROSED/DS	95		25	REFUAH PLUS BLOOD	
PROTHELIAL	79	quinidine gluconate 324		GLUCOSEMONITORING	
PROTID	39	mg	11	SYSTEM	71
PROTONIX 20 MG, 40 MG	94	quinidine sulfate	11	REFUAH PLUS BLOOD	
PROTONIX 40 MG	94	quinidine sulfate er	11	GLUCOSETEST STRIPS	52
PROTOPIC	46	quinine sulfate	26	REGIMEX	1
protriptyline hcl	18	QUINTET AC BLOOD		REGLAN	58
PROVENTIL HFA	13	GLUCOSEMONITORING		REGRANEX	48
PROVERA	90	SYSTEM	71	RELENZA DISKHALER	32
PROVIDA OB	82	QUINTET AC BLOOD		RELION BLOOD GLUCOSE	
PROVIGIL	2	GLUCOSETEST STRIPS	51	TESTSTRIPS	52
PROZAC	17	QUINTET BLOOD GLUCOSE			
		MONITORING SYSTEM	71		



RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM.....	71	REYATAZ 150 MG, 200 MG, 300 MG.....	31	ROCALTROL.....	55
RELION CONFIRM/MICRO TEST STRIPS.....	52	REZIRA.....	40	ropinirole hydrochloride.....	29
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM.....	71	REZYST SB.....	20	ROXICET.....	7
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM.....	71	RHEUMATREX.....	3	ROXICODONE.....	6
RELION PRIME BLOOD GLUCOSE TEST STRIPS.....	52	RHINOCORT AQUA.....	85	ROZEREM.....	61
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS.....	52	RIAX.....	41	RYBIX ODT.....	6
RELION ULTIMA TEST STRIPS.....	52	RIBAPAK.....	32	RYTHMOL 150 MG.....	11
RELISTOR.....	58	ribapak.....	32	RYTHMOL 225 MG.....	11
RELPAK.....	77	ribatab.....	32	RYTHMOL SR.....	11
REMERON.....	16	ribavirin (hepatitis c).....	32	RYZOLT.....	6
REMERON SOLTAB.....	16	RIDAURA.....	3	SABRIL.....	15
RENAGEL.....	58	RIFADIN 150 MG, 300 MG.....	27	SAFYRAL.....	38
REVELA.....	58	RIFAMATE.....	26	SALAGEN.....	79
repaglinide.....	19	rifampin 150 mg, 300 mg.....	27	SALEX.....	47
REPREXAIN.....	7	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM.....	72	SALEX LOTION.....	47
REQUIP.....	29	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM.....	72	SALICYLIC ACID 26 %.....	47
REQUIP XL.....	29	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM.....	72	salicylic acid 27.5 %.....	47
RESCRIPTOR.....	31	RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS.....	52	salicylic acid 6 %.....	47
RESCULA.....	88	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS.....	52	salicylic acid in ammonium lactate vehicle.....	47
reserpine.....	24	RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS.....	52	salicylic acid w/ cleanser.....	47
RESTASIS.....	87	RIGHTSOURCE BLOOD GLUCOSE METER.....	72	SALKERA.....	47
RESTORIL.....	61	RILUTEK.....	85	SALVAX.....	47
RETIN-A.....	41	riluzole.....	85	SAMSCA.....	55
RETIN-A MICRO.....	41	rimantadine hydrochloride.....	32	SANCTURA.....	95
RETIN-A MICRO PUMP.....	41	RIOMET.....	18	SANCTURA XR.....	95
RETROVIR.....	31	RISPERDAL.....	30	SANCUSO.....	20
REVATIO 10 MG/12.5ML.....	36	RISPERDAL M-TAB.....	30	SANDIMMUNE 100 MG, 25 MG.....	33
REVATIO 20 MG.....	36	risperidone.....	30	SANDOSTATIN.....	55
REVEAL BLOOD GLUCOSE MONITOR.....	72	RITALIN.....	2	SANTYL.....	46
REVEAL BLOOD GLUCOSE TEST.....	52	RITALIN LA 10 MG.....	2	SAPHRIS.....	30
REVIAM.....	20	RITALIN LA 20 MG, 30 MG, 40 MG.....	2	SARAFEM.....	91
REVLIMID 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG.....	33	RITALIN SR.....	2	SAVELLA.....	90
REVLIMID 20 MG.....	33	RITEFLO.....	76	SAVELLA TITRATION PACK.....	90
REXALL BLOOD GLUCOSE MONITORING SYSTEM.....	72	rivastigmine tartrate.....	90	SE-NATAL 19 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG.....	82
REXALL BLOOD GLUCOSE TEST STRIPS.....	52	rizatriptan benzoate.....	77	SE-NATAL 19 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG.....	82
REYATAZ 100 MG.....	31	ROBAXIN 500 MG.....	84	SEASONALE.....	38
		ROBAXIN-750.....	84	SEASONIQUE.....	38
		ROBINUL 1 MG.....	93	SECTRAL.....	34
		ROBINUL FORTE.....	93		

SEDAPAP	4	SMART SENSE PREMIUM BLOODGLUCOSE STRIPS	52	SOMNOTE	61
SELECT-OB+DHA	82	SMART SENSE VALUE BLOOD GLUCOSE STRIPS	52	SONATA	61
selegiline hcl	29	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM	72	SORIATANE 10 MG	43
SELENIUM SULFIDE 2.25%	43	SMARTEST BLOOD GLUCOSE TEST STRIPS	52	SORIATANE 17.5 MG	43
selenium sulfide 2.5 %	43	SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM	72	SORIATANE 25 MG	43
selenium sulfide-pyrithione zinc in urea vehicle	43	SMARTEST EJECT STARTER KIT	72	SORILUX	43
SELRX	43	SMARTEST PERSONA STARTERKIT	72	sotalol hcl	34
SELSUN SHAMPOO	43	SMARTEST PRONTO STARTERKIT	72	sotalol hcl (afib/af)	34
SELZENTRY	31	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM	72	SOVALDI	32
SEMPREX-D	40	SMARTEST PROTEGE STARTERKIT	72	SPINOSAD	48
SENSIPAR	55	sodium chloride (inhalant)	40	SPIRIVA HANDIHALER	11
SEREVENT DISKUS	13	sodium citrate & citric acid	58	spironolactone	53
SEROQUEL	30	sodium fluoride 0.125 mg/drop, 0.5 mg/ml	78	spironolactone & hydrochlorothiazide	53
SEROQUEL XR	30	sodium fluoride 0.25 mg, 0.5 mg, 0.55 mg, 1 mg, 1.1 mg, 2.2 mg	78	SPORANOX 10 MG/ML	21
SEROSTIM	54	sodium fluoride 1 mg	78	SPORANOX 100 MG	21
sertraline hcl	17	sodium phenylbutyrate	55	SPORANOX PULSEPAK	21
SETON ET-EC	82	sodium polystyrene sulfonate	33	SPRIX	4
SETONET	82	SODIUM SULFACETAMIDE WASH	43	SPRYCEL	28
SFROWASA	58	SODIUM SULFACETAMIDE/SULFUR	41	sps	33
SHOHL'S SOLUTION MODIFIED	58	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	41	SSKI	78
SHUR-SEAL	96	SODIUM SULFACETAMIDE/SULFUR IN UREA	41	ST JOSEPH ADULT	5
SIGNIFOR	55	SOLARAZE	43	ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE	5
sildenafil citrate (pulmonary hypertension)	36	SOLODYN	92	STALEVO 100	29
SILENOR	61	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM	72	STALEVO 125	29
SILVADENE	44	SOLUS V2 AUDIBLE BLOOD GLUCOSE TEST	52	STALEVO 150	29
silver sulfadiazine	44	SOMA 250 MG	84	STALEVO 200	29
SIMBRINZA	86	SOMA 350 MG	84	STALEVO 50	29
SIMCOR	23	SOMAVERT	54	STALEVO 75	29
SIMPONI	3			STARLIX	19
simvastatin	23			stavudine	31
SINEMET	29			STAVZOR	16
SINEMET CR	29			STIMATE	55
SINGULAIR	12			STIVARGA	28
sirolimus	33			STRATTERA 10 MG, 18 MG, 25 MG, 40 MG	1
SIRTURO	27			STRATTERA 100 MG, 60 MG, 80 MG	1
SKELAXIN	84			STRIANT	8
SKLICE	48			STRIBILD	31
SMART DIABETES XPRES BLOOD GLUCOSE MONITORING SYSTEM	72			STROMECTOL	9
SMART DIABETES XPRES BLOOD GLUCOSE TEST STRIPS	52			SUBOXONE 12MG-3MG, 2MG-0.5MG, 4MG-1MG, 8MG-2MG	8
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM	72			SUBOXONE 2MG-0.5MG	8
				SUBOXONE 8MG-2MG	8
				SUBSYS 200 MCG, 400 MCG, 800 MCG	6

SUBSYS 600 MCG .....	6	SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS .....	52	TEGRETOL .....	15
SUCLEAR .....	61	SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER .....	72	TEGRETOL-XR 100 MG .....	15
SUCRAID .....	53	SURECHEK BLOOD GLUCOSE MONITORING SYSTEM .....	72	TEGRETOL-XR 200 MG, 400 MG .....	15
sucralfate .....	94	SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT .....	72	TEKAMLO .....	25
SULAR .....	35	SURECHEK BLOOD GLUCOSE TEST STRIPS .....	52	TEKURNA .....	26
sulfacetamide sod-prednisolone .....	87	SURESTEP PRO TEST STRIPS .....	52	TEKURNA HCT .....	25
sulfacetamide sodium .....	43	SURESTEP TEST STRIPS .....	52	TELCARE BLOOD GLUCOSE MONITORING SYSTEM .....	72
SULFACETAMIDE SODIUM .....	86	SUSTIVA .....	31	TELCARE BLOOD GLUCOSE TEST STRIPS .....	52
sulfacetamide sodium (acne) .....	41	SUTENT .....	28	telmisartan .....	24
sulfacetamide sodium (ophth) .....	86	SYLATRON .....	28	telmisartan-amlodipine .....	25
sulfacetamide sodium w/ sulfur 1%-10%, 5%-10% .....	41	SYMBICORT .....	13	telmisartan-hydrochlorothiazide .....	25
sulfacetamide sodium w/ sulfur 2%-10%, 4%-9%, 4.5%-9% .....	41	SYMBYAX .....	90	temazepam .....	61
sulfacetamide sodium w/ sulfur 2%-10%, 5%-10% .....	41	SYNALAR .....	45	TEMODAR 100 MG .....	27
sulfacetamide sodium w/ sulfur 4%-8% .....	41	SYNTHROID .....	92	TEMODAR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG .....	27
sulfacetamide sodium w/ sulfur 5%-10% .....	41	SYPRINE .....	33	TEMOVATE .....	45
sulfacetamide sodium-sulfur in urea vehicle .....	41	TABLOID .....	27	TEMOVATE E .....	45
SULFADIAZINE .....	91	TACLONEX .....	45	temozolomide .....	27
sulfamethoxazole-trimethoprim .....	9	tacrolimus .....	33	TENCON .....	5
SULFAMYLON .....	44	TAFINLAR .....	28	TENEX .....	24
sulfasalazine .....	58	TAMBOCOR .....	11	TENORETIC 100 .....	25
sulindac .....	4	TAMIFLU 30 MG, 45 MG .....	32	TENORETIC 50 .....	25
SUMADAN WASH .....	41	TAMIFLU 6 MG/ML .....	32	TENORMIN .....	34
SUMATRIPTAN .....	77	TAMIFLU 75 MG .....	32	TERAZOL 3 .....	96
sumatriptan succinate 100 mg, 25 mg, 50 mg .....	77	tamoxifen citrate .....	27	TERAZOL 7 .....	96
sumatriptan succinate 4 mg/0.5ml .....	77	tamsulosin hcl .....	59	terazosin hcl .....	24
sumatriptan succinate 6 mg/0.5ml .....	77	TAPAZOLE .....	92	terbinafine hcl .....	21
SUMAXIN TS .....	41	TARCEVA .....	28	terbutaline sulfate 2.5 mg, 5 mg .....	13
SUMAXIN WASH .....	41	TARGRETIN .....	28	terconazole vaginal .....	96
SUPRAX 100 MG, 200 MG .....	36	TARKA .....	25	TERSIFOAM .....	43
SUPRAX 100 MG/5ML, 200 MG/5ML .....	36	TARON-BC .....	82	TERUMO SURGUARD2 SAFETY NEEDLE/30G X 1/2" .....	73
SUPRAX 400 MG .....	36	TARON-C DHA .....	82	TESSALON .....	39
SUPRAX 500 MG/5ML .....	36	TARON-DUO EC .....	82	TESSALON PERLES .....	39
SUPREME TEST STRIPS .....	52	TARON-PREX .....	82	TESTIM .....	8
SUPREP BOWEL PREP .....	61	TASIGNA .....	28	TESTRED .....	8
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM .....	72	TASMAR .....	29	tetracaine hcl (ophth) .....	87
SURE EDGE BLOOD GLUCOSE TEST STRIPS .....	52	TAZORAC .....	43	tetracycline hcl .....	92
		TECFIDERA .....	91	TEVETEN .....	24
		TECFIDERA STARTER PACK .....	91	TEVETEN HCT .....	25
				TEXACORT .....	45
				TGT BLOOD GLUCOSE MONITORING SYSTEM .....	72

TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM	72	tobramycin	2	TRI-NORINYL 28	38
TGT BLOOD GLUCOSE TEST STRIPS	52	tobramycin sulfate (ophth)	86	TRI-TABS DHA	82
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM	52	thalitone	54	TRI-VI-FLOR	79
THALITONE	54	thalamid	33	TRI-VI-FLORO	79
THALOMID	33	theo-24	13	tri-vit/fluoride/iron	79
THEO-24	13	theophylline 100 mg, 200 mg, 300 mg, 450 mg	13	triadvance	82
theophylline 100 mg, 200 mg, 300 mg, 450 mg	13	theophylline 400 mg, 600 mg	13	triamcinolone acetonide	46
theophylline 400 mg, 600 mg	13	theophylline 80 mg/15ml	13	triamcinolone acetonide (mouth)	78
theophylline 80 mg/15ml	13	thiola	59	triamcinolone acetonide (nasal)	85
THIOLA	59	thioridazine hcl	30	triamcinolone acetonide (topical)	46
thioridazine hcl	30	thiothixene	30	triamterene & hydrochlorothiazide	53
thiothixene	30	thyroid	92	TRIAMTERENE/HYDROCHLOROTHIAZIDE	53
thyroid	92	thyrolar-3	92	trianex	46
THYROLAR-3	92	tiagabine hcl	15	triazolam	61
tiagabine hcl	15	tiazac	35	TRIBENZOR	25
TIAZAC	35	ticlopidine hcl	60	TRICARE PRENATAL COMPLEAT	82
ticlopidine hcl	60	TIGAN	20	TRICITRATES	58
TIGAN	20	TIKOSYN	11	TRICOR	23
TIKOSYN	11	timolol maleate	34	trifluoperazine hcl	30
timolol maleate	34	timolol maleate (ophth)	85	trifluridine	86
timolol maleate (ophth)	85	TIMOPTIC	85	TRIGLIDE 160 MG	23
TIMOPTIC	85	TIMOPTIC-XE	85	TRIGLIDE 50 MG	23
TIMOPTIC-XE	85	TINDAMAX 250 MG	9	trihexyphenidyl hcl	29
TINDAMAX 250 MG	9	TINDAMAX 500 MG	9	TRILEPTAL	15
TINDAMAX 500 MG	9	tinidazole 250 mg	9	TRILIPIX	23
tinidazole 250 mg	9	TINIDAZOLE 250 MG	9	trimethobenzamide hcl	20
TINIDAZOLE 250 MG	9	tinidazole 500 mg	9	trimethoprim	9
tinidazole 500 mg	9	TINIDAZOLE 500 MG	9	TRINATAL GT	83
TINIDAZOLE 500 MG	9	TIROSINT	92	TRINATAL ULTRA	83
TIROSINT	92	TIVICAY	31	TRIVEEN-U	83
TIVICAY	31	tizanidine hcl	84	TRIZIVIR	31
tizanidine hcl	84	TL-ASSURE ONE	82	TROKENDI XR	15
TL-ASSURE ONE	82	TL-ASSURE+DHA	82	tropicamide	85
TL-ASSURE+DHA	82	TL-CERMIDE	47	trospium chloride	95
TL-CERMIDE	47	TL-SELECT	82	TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM	73
TL-SELECT	82	TL-SELECT DHA	82	TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM	73
TL-SELECT DHA	82	TOBI	2	TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING	73
TOBI	2	TOBI PODHALER	2	TRUETEST BLOOD GLUCOSE TEST	52
TOBI PODHALER	2	TOBRADEX	87		
TOBRADEX	87	TOBRADEX ST	87		
TOBRADEX ST	87	tobramycin	2		
tobramycin	2	tobramycin sulfate (ophth)	86		
tobramycin sulfate (ophth)	86				

TRUETEST BLOOD GLUCOSE TEST STRIPS.....	52	ULTRAVATE.....	46	VANDETANIB.....	28
TRUETEST STRIPS.....	52	ULTRAVATE PAC.....	46	VANOS.....	46
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM.....	73	ULTRESA.....	53	VANOXIDE-HC.....	41
TRUETRACK BLOOD GLUCOSE TEST.....	52	UMECTA.....	46	VASCEPA.....	22
TRUETRACK SMART SYSTEM.....	73	UMECTA NAIL FILM.....	46	VASERETIC.....	26
TRUETRACK TEST.....	52	UNIRETIC.....	25	VASOTEC.....	24
TRUSOPT.....	88	UNISTRIP1 GENERIC.....	52	VCF VAGINAL CONTRACEPTIVE FILM.....	96
TRUVADA.....	31	UNIVASC.....	24	VCF VAGINAL CONTRACEPTIVE FOAM.....	96
trypsin w/ castor oil & peruvian balsam.....	46	URAMAXIN.....	46	VECTICAL.....	43
TUDORZA PRESSAIR.....	11	URAMAXIN GT.....	46	VELTIN.....	41
TUSSICAPS.....	40	urea.....	46	VEMAVITE-PRX 2.....	83
TWINJECT.....	97	urea in lactic acid vehicle.....	46	VENA-BAL DHA.....	83
TWYNSTA.....	25	urea in zinc undecylenate-lactic acid vehicle.....	46	VENATAL COMPLETE DHA.....	83
TYKERB.....	28	urea-hc acetate.....	46	venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg.....	17
TYLENOL/CODEINE #3.....	7	URECHOLINE.....	96	venlafaxine hcl 150 mg.....	17
TYLENOL/CODEINE #4.....	7	URELLE.....	95	venlafaxine hcl 150 mg, 37.5 mg, 75 mg.....	17
TYLOX.....	7	UREX.....	95	venlafaxine hcl 37.5 mg.....	17
TYVASO.....	35	URIBEL.....	95	venlafaxine hcl 37.5 mg, 75 mg.....	17
TYVASO REFILL.....	35	UROCIT-K 10.....	58	VENLAFAXINE HCL ER 150 MG, 37.5 MG, 75 MG.....	17
TYVASO STARTER.....	35	UROCIT-K 15.....	58	venlafaxine hcl er 225 mg.....	17
TYZEKA.....	32	UROCIT-K 5.....	59	VENTAVIS.....	36
UCERIS.....	39	UROQID #2.....	95	VENTOLIN HFA.....	13
ULESFIA.....	48	UROXATRAL.....	59	VERAMYST.....	85
ULORIC.....	59	URSO 250.....	57	verapamil hcl 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg.....	35
ULTIMA.....	73	URSO FORTE.....	57	verapamil hcl 120 mg, 180 mg, 240 mg.....	35
ULTIMA TEST STRIPS.....	52	ursodiol.....	57	verapamil hcl 120 mg, 80 mg.....	35
ULTIMATE OB DHA.....	83	UTOPIC.....	46	VERAPAMIL HCL 40 MG.....	35
ULTIMATECARE ONE.....	83	V-NATAL.....	83	VERDESO.....	46
ULTIMATECARE ONE NF.....	83	V-NATAL DHA.....	83	VEREGEN.....	41
ultra tabs.....	83	VAGIFEM.....	96	VERELAN.....	35
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM.....	73	valacyclovir hcl.....	32	VERELAN PM.....	35
ULTRACET.....	7	VALCHLOR.....	43	VERIPRED 20.....	39
ULTRAM.....	6	VALCYTE 450 MG.....	32	VERSACLOZ.....	30
ULTRAM ER.....	6	VALCYTE 50 MG/ML.....	32	VESICARE.....	95
ULTRATRAK ACTIVE.....	73	VALIUM.....	11	VEXOL.....	87
ULTRATRAK PRO.....	73	valproate sodium 250 mg/5ml.....	16	VFEND 200 MG, 50 MG.....	21
ULTRATRAK PRO TEST STRIPS.....	52	valproic acid.....	16	VFEND 40 MG/ML.....	21
ULTRATRAK ULTIMATE MONITOR.....	73	valsartan-hydrochlorothiazide.....	25	VIBRAMYCIN 100 MG.....	92
ULTRATRAK ULTIMATE TEST STRIPS.....	52	VALTRESX.....	32	VIBRAMYCIN 25 MG/5ML.....	92
		VALTURNA.....	25	VIBRAMYCIN 50 MG/5ML.....	92
		VALVED HOLDING CHAMBER.....	76	VICODIN.....	7
		VANCOCIN HCL.....	9		
		vancomycin hcl 125 mg, 250 mg.....	9		

VICODIN ES.....	7	VITAMIN D2.....	97	WAVESENSE KEYNOTE PRO	
VICOPROFEN.....	7	VITAMIN D3.....	97	METER.....	73
VICTORY AGM-4000 TEST		VITAMIN D3 400.....	97	WAVESENSE PRESTO TEST	
STRIPS.....	52	VITAPEARL.....	83	STRIPS.....	52
VICTORY BLOOD GLUCOSE		VITUZ.....	40	WELCHOL.....	22
MONITORING SYSTEM.....	73	VIVA CT PRENATAL.....	83	WELLBUTRIN.....	16
VICTOZA.....	19	VIVACTIL.....	18	WELLBUTRIN SR.....	16
VICTRELIS.....	32	VIVELLE-DOT 0.025		WELLBUTRIN XL.....	16
VIDEX EC.....	31	MG/24HR.....	56	WELLESSE VITAMIN D3.....	97
VIGAMOX.....	86	VIVELLE-DOT 0.0375		WESTCORT.....	46
VIIBRYD.....	16	MG/24HR.....	56	WESTHROID 113.75 MG, 16.25	
VIIBRYD 10 MG, 20 MG, 40		VIVELLE-DOT 0.05		MG, 48.75 MG, 81.25 MG, 97.5	
MG.....	16	MG/24HR.....	56	MG.....	93
VIMOVO.....	4	VIVELLE-DOT 0.075		WESTHROID 130 MG, 195 MG,	
VIMPAT 10 MG/ML.....	15	MG/24HR, 0.1 MG/24HR..	57	32.5 MG, 65 MG.....	93
VIMPAT 100 MG, 150 MG, 200		VIVOTIF BERNA.....	96	WESTHROID-P 130 MG... ..	93
MG, 50 MG.....	15	VOCAL POINT BLOOD		WESTHROID-P 16.25 MG, 48.75	
VINACAL.....	83	GLUCOSE MONITORING		MG, 97.5 MG.....	93
VINACAL B.....	83	SYSTEM.....	73	WESTHROID-P 32.5 MG, 65	
VINATE CALCIUM.....	83	VOCAL POINT BLOOD		MG.....	93
VINATE DHA.....	83	GLUCOSE TEST STRIPS.....	52	WP THYROID 130 MG, 32.5 MG,	
VINATE DHA RF.....	83	VOLTAREN 0.1 %.....	88	65 MG.....	93
VINATE GT.....	83	VOLTAREN 1 %.....	42	WP THYROID 16.25 MG, 48.75	
VINATE ULTRA.....	83	VOLTAREN-XR.....	4	MG, 97.5 MG.....	93
VIOKACE.....	53	VOPAC KT.....	42	XALATAN.....	88
VIRACEPT.....	31	voriconazole 200 mg, 50		XALKORI.....	28
VIRAMUNE.....	31	mg.....	21	XANAX.....	11
VIRAMUNE XR 100 MG.....	31	voriconazole 40 mg/ml.....	21	XANAX XR.....	11
VIRAMUNE XR 400 MG.....	31	VORTEX VALVED HOLDING		XARELTO 10 MG.....	13
VIRASAL.....	47	CHAMBER.....	76	XARELTO 15 MG, 20 MG... ..	13
VIREAD 150 MG, 300 MG... ..	31	VOSOL HC.....	89	XELJANZ.....	3
VIREAD 200 MG, 250 MG... ..	31	VOSPIRE ER.....	13	XELODA.....	27
VIROPTIC.....	86	VOTRIENT.....	28	XENADERM.....	46
VIRT-BAL DHA PLUS.....	83	VP-CH PLUS.....	83	XENAZINE.....	90
VIRT-PN.....	83	VP-CH-PNV.....	83	XERAC AC.....	47
VIRT-PN DHA.....	83	VP-GGR-B6 PRENATAL..	83	XERESE.....	44
VIRT-PN PLUS.....	83	VP-HEME OB.....	83	XIFAXAN.....	9
VIRT-SELECT.....	83	VP-HEME OB + DHA.....	83	XODOL.....	7
VISTARIL.....	10	VP-PNV-DHA.....	83	XOLEGEL.....	43
VITAFOL-NANO.....	83	VUSION.....	42	XOPENEX.....	13
VITAFOL-ONE.....	83	VYTORIN.....	42	XOPENEX CONCENTRATE	13
VITAFOL-PLUS.....	83	VYTORIN 10MG-10MG... ..	22	XOPENEX HFA.....	13
VITAMEDMD ONE		VYTORIN 10MG-20MG, 40MG-		XTANDI.....	27
RX/QUATREFOLIC.....	83	10MG.....	22	XYLOCAINE 4 %.....	47
VITAMEDMD PLUS		VYTORIN 80MG-10MG... ..	22	XYREM.....	90
RX/QUATREFOLIC.....	83	VYVANSE.....	1	XYZAL 2.5 MG/5ML.....	22
VITAMEDMD REDICHEW		warfarin sodium.....	13	XYZAL 5 MG.....	22
RX/QUATREFOLIC.....	83	WATCHHALER.....	76	YASMIN 28.....	38
VITAMIN D.....	97	WAVESENSE AMP.....	73	YAZ.....	38
		WAVESENSE KEYNOTE.....	73	YODOXIN.....	2



zafirlukast.....	12	ZITHRANOL-RR.....	43	ZYPREXA.....	30
zaleplon.....	61	ZITHROMAX 1 GM.....	62	ZYPREXA ZYDIS.....	30
ZANAFLEX.....	84	ZITHROMAX 100 MG/5ML, 200 MG/5ML.....	62	ZYTIGA.....	28
ZANTAC 15 MG/ML.....	94	ZITHROMAX 250 MG.....	62	ZYVOX 100 MG/5ML.....	10
ZANTAC 150 MAXIMUM STRENGTH.....	94	ZITHROMAX 500 MG.....	62	ZYVOX 600 MG.....	10
ZANTAC 150 MG.....	94	ZITHROMAX 600 MG.....	62		
ZANTAC 25 MG.....	94	ZITHROMAX TRI-PAK.....	62		
ZANTAC 300 MG.....	94	ZITHROMAX Z-PAK.....	62		
ZARONTIN.....	16	ZMAX.....	62		
ZAROXOLYN.....	54	ZOCOR.....	23		
ZATEAN-CH.....	83	ZOFRAN 4 MG, 8 MG.....	20		
ZATEAN-PN.....	83	ZOFRAN 4 MG/5ML.....	20		
ZATEAN-PN DHA.....	83	ZOFRAN ODT.....	20		
ZATEAN-PN PLUS.....	83	ZOHYDRO ER.....	6		
ZEBETA.....	34	ZOLINZA.....	28		
ZEGERID 20MG-1680MG, 40MG-1680MG.....	95	zolmitriptan.....	77		
ZEGERID 40MG-1100MG.....	95	ZOLOFT.....	17		
ZELAPAR.....	29	zolpidem tartrate.....	61		
ZELBORAF.....	28	ZOLPIMIST.....	61		
ZEMPLAR 1 MCG, 2 MCG, 4 MCG.....	55	ZOMIG 2.5 MG, 5 MG.....	77		
ZENPEP 10000UNIT-3000UNIT- 16000UNIT, 34000UNIT- 10000UNIT-55000UNIT, 51000UNIT-15000UNIT- 82000UNIT, 68000UNIT- 20000UNIT-109000UNIT, 85000UNIT-25000UNIT- 136000UNIT.....	53	ZOMIG NASAL SPRAY... ..	77		
ZENPEP 17000UNIT-5000UNIT- 27000UNIT.....	53	ZOMIG ZMT.....	77		
ZENZEDI.....	1	ZONALON.....	43		
ZERIT.....	31	ZONEGRAN.....	15		
ZESTORETIC.....	26	zonisamide.....	15		
ZESTRIL.....	24	ZORTRESS.....	33		
ZETIA.....	23	ZORVOLEX.....	4		
ZETONNA.....	85	zovia 1/50e.....	38		
ZIAC.....	26	ZOVIRAX 200 MG.....	32		
ZIAGEN.....	31	ZOVIRAX 200 MG/5ML.....	32		
ZIANA.....	41	ZOVIRAX 400 MG, 800 MG.....	32		
zidovudine.....	32	ZOVIRAX 5 %.....	44		
zinc sulfate 220 mg.....	78	ZUBSOLV.....	8		
ZINGIBER.....	83	ZUPLENZ.....	20		
ZIOPTAN.....	88	ZUTRIPRO.....	40		
ziprasidone hcl.....	30	ZYBAN.....	91		
ZIPSOR.....	4	ZYCLARA.....	46		
ZIRGAN.....	86	ZYCLARA PUMP 2.5 %... ..	46		
		ZYCLARA PUMP 3.75 %.. ..	46		
		ZYDONE.....	7		
		ZYFLO.....	12		
		ZYFLO CR.....	12		
		ZYLET.....	87		
		ZYLOPRIM.....	59		
		ZYMAXID.....	86		