

California

Essential Rx Drug List

The Essential Rx 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 or call us at the toll-free telephone number on your Health Net ID card.



Health Net®
PHARMACEUTICAL SERVICES

Welcome to Health Net

What is the Essential Rx Drug List?

The Essential Rx 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 levels are defined in the table below. If you do not know your copayment or coinsurance for each tier, please refer to your Summary of Benefits or other plan documents.

<i>CommunityCare, WholeCare, Salud HMO products</i>	<i>PPO Products</i>	<i>Description</i>
1	1	Generic drugs
2	2	Preferred brand drugs
3	3	Non-preferred brand drugs, covered drugs not on the drug list and covered brand drugs that are approved as medically necessary by Health Net.
SP	Not Applicable	Non-injectable Specialty drugs will be covered at Tier 3. Injectable drugs are a medical benefit. You may need to get these drugs from a Specialty pharmacy or your Medical Group. Prior authorization may be required. Refer to your plan documents for your copayment/coinsurance.
Not Applicable	SP	Specialty and covered injectable drugs that you may need to get from a Specialty pharmacy. Prior authorization may be required. Refer to your plan documents for your copayment/coinsurance.
SC	SC	Drugs prescribed for smoking cessation are covered if you are enrolled in a comprehensive smoking cessation behavioral modification support program. Refer to your plan documents for limitations and restrictions.
GP	GP	Generic drugs are preferred. To get a brand drug that has a generic available, your doctor must request prior authorization to show medical necessity. If we approve the request, your Tier 3 copayment or coinsurance applies.
PV	PV	Preventive benefit drugs. These drugs are covered at no cost to members under the Affordable Care Act. A deductible does not apply. To get a brand drug that has a generic available, your doctor must request prior authorization to show medical necessity.

NF	NF	Drugs not covered on the formulary. If Health Net approves an exception request for a non-formulary drug, the non-preferred brand tier (Tier 3) or Specialty copayment applies.
ED	ED	Drugs for the treatment of erectile dysfunction – refer to your plan documents for coverage and copayment/coinsurance.
WL	Not Applicable	Appetite suppressant drugs prescribed for the treatment of obesity are not covered, except when medically necessary for the treatment of morbid obesity.
Not Applicable	WL	Appetite suppressant drugs prescribed for the treatment of obesity are not covered, except when medically necessary for the treatment of morbid obesity. If approved, the non-preferred brand tier (Tier 3) applies.

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 the telephone number on your Health Net ID card 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 (Generic Specialty drugs are available on the Specialty tier). If you request a brand name drug that has an available generic version, you may pay 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	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan

	(OTC)	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 1-800-314-6223.

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 or call us at the telephone number on your Health Net ID card.

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. Unless it is an emergency your out-of-network prescription drug may not be covered.

Some injectable and high cost drugs may be considered “specialty drugs”. Unless otherwise noted, these drugs must be obtained from 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 that you take daily and are needed for a long term condition. Drugs eligible for mail order are marked as MO in the Limits column on the drug list.

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 or you may call us at the telephone number on your Health Net ID card 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL 1.25MG-1.25MG-1.25MG-1.25MG, 2.5MG-2.5MG-2.5MG-2.5MG, 3.125MG-3.125MG-3.125MG-3.125MG, 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG (Use Amphetamine-Dextroamphetamine)	GP	MO
ADDERALL 1.875MG-1.875MG-1.875MG-1.875MG, 3.75MG-3.75MG-3.75MG-3.75MG	2	MO
ADDERALL XR (Use Amphetamine-Dextroamphetamine)	GP	QL(1 ea daily,90 ea per fill retail,3 copay(s) per fill retail); 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(1 ea daily,90 ea per fill retail,3 copay(s) per fill retail); 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

Drug Name	Drug Tier	Requirements/Limits
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
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	
Analeptics		
CAFCIT (Use Caffeine Citrate)	GP	MO
caffeine citrate	1	MO
Anorexiant Non-Amphetamine		
QSYMIA	WL	PA
REGIMEX	WL	PA
Attention-Deficit/Hyperactivity Disorder		
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
Stimulants - Misc.		

Please refer to pages ii - iv for a complete description of abbreviations.

AL=Age Limit ED=Erectile Dysfunction GP=Generic Preferred MO=Available at Mail Order

NF=Non Formulary PA=Prior Authorization PV=\$0 Co-pay QL=Quantity Limit

SC=Smoking Cessation SP= Specialty drug ST=Step Therapy WL=Weight Loss

Last Updated: January 1, 2014

Drug Name	Drug Tier	Requirements/Limits
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	QL(1 ea daily); MO
dexamethylphenidate hcl cp24 15 mg, 30 mg, 40 mg	1	QL(1 ea daily); MO
dexamethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg	1	QL(2 ea daily); MO
FOCALIN (Use Dexamethylphenidate HCl)	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 Dexamethylphenidate HCl)	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 Methylphenidate HCl)	GP	MO
METADATE CD 20 MG, 30 MG (Use Methylphenidate HCl)	GP	QL(2 ea daily); MO
METHYLIN CHEW 10 MG, 2.5 MG	3	MO
METHYLIN SOLN 10 MG/5ML, 5 MG/5ML (Use Methylphenidate HCl)	GP	MO
methylphenidate hcl cp24 20 mg, 30 mg, 40 mg	1	QL(1 ea daily); MO
methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg	1	MO
methylphenidate hcl cpcr 20 mg, 30 mg	1	QL(2 ea daily); MO
methylphenidate hcl er	1	QL(1 ea daily); MO
methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml	1	MO
methylphenidate hcl tabs 10 mg, 20 mg, 5 mg	1	MO
methylphenidate hcl tbc 18 mg, 20 mg, 27 mg, 54 mg	1	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tbc 18 mg, 27 mg	1	QL(1 ea daily,90 day(s) limit,3 copay(s) per fill retail,2 copay(s) per fill mail); MO
methylphenidate hcl tbc 27 mg, 54 mg	1	QL(1 ea daily,90 day(s) limit); MO
methylphenidate hcl tbc 36 mg	1	QL(2 ea daily,90 day(s) limit)
methylphenidate hcl tbc 36 mg	1	QL(2 ea daily,90 day(s) limit); MO
methylphenidate hcl tbc 36 mg	1	QL(2 ea daily); MO
methylphenidate hcl tbc 54 mg	1	QL(1 ea daily,90 day(s) limit)
modafinil	1	PA; QL(1 ea daily); MO
NUVIGIL 150 MG, 250 MG	3	PA; MO
NUVIGIL 50 MG	3	ST; MO
PROVIGIL (Use Modafinil)	GP	PA; QL(1 ea daily); MO
QUILLIVANT XR	3	QL(12 ml daily); MO
RITALIN (Use Methylphenidate HCl)	GP	MO
RITALIN LA 10 MG	3	QL(1 ea daily); MO
RITALIN LA 20 MG, 30 MG, 40 MG (Use Methylphenidate HCl)	GP	QL(1 ea daily); MO
RITALIN SR	2	QL(1 ea daily); MO
AMEBICIDES - Drugs to Treat Amoebzoa Infections		
Amebicides		
YODOXIN	2	MO
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		

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Drug Name	Drug Tier	Requirements/ Limits
Aminoglycosides		
BETHKIS	SP	
KANAMYCIN SULFATE	SP	PA
<i>neomycin sulfate</i>	1	MO
<i>paromomycin sulfate</i>	1	MO
STREPTOMYCIN SULFATE	SP	PA
TOBI (Use Tobramycin)	GP	
TOBI PODHALER	SP	
<i>tobramycin</i>	1	
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	SP	PA
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SP	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA	SP	PA
HUMIRA PEN	SP	PA
HUMIRA PEN-CROHNS DISEASESTARTER	SP	PA
HUMIRA PEN-PSORIASIS STARTER	SP	PA
SIMPONI	SP	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ	SP	PA
Antirheumatic Antimetabolites		
RHEUMATREX	2	MO
Gold Compounds		
RIDAURA	2	MO

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1 Blockers		
ARCALYST	SP	PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET	SP	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA	SP	PA
Nonsteroidal Anti-inflammatory Agents		
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
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium</i>	1	MO
<i>diclofenac w/ misoprostol</i>	1	MO
DUEXIS	3	MO
EC-NAPROSYN 500 MG (Use Naproxen)	GP	MO
<i>etodolac caps 200 mg, 300 mg</i>	1	MO
<i>etodolac tabs 400 mg, 500 mg</i>	1	MO
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	1	QL(2 ea daily); MO
FELDENE (Use Piroxicam)	GP	MO
<i>fenoprofen calcium</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen</i>	1	MO
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	MO
INDOCIN SUPP RE 50 MG	3	MO
INDOCIN SUSP OR 25 MG/5ML	2	MO
<i>indomethacin caps or 25 mg, 50 mg</i>	1	MO
<i>indomethacin cpcr or 75 mg</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	1	MO
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.67 ea daily); MO
<i>meclofenamate sodium</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam susp 7.5 mg/5ml</i>	1	MO
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily); MO
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily); MO
MOBIC SUSP 7.5 MG/5ML (Use Meloxicam)	GP	MO
MOBIC TABS 15 MG (Use Meloxicam)	GP	QL(1 ea daily); MO
MOBIC TABS 7.5 MG (Use Meloxicam)	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 (Use Naproxen)	GP	MO
<i>naproxen sodium</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Mefenamic Acid)	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 (Use Diclofenac Sodium)	GP	MO
ZIPSOR	3	ST; QL(4 ea daily, 7 day(s) limit); MO
ZORVOLEX	3	MO
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG (Use Leflunomide)	GP	QL(2 ea daily); MO
ARAVA 20 MG (Use Leflunomide)	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
Selective Costimulation Modulators		
ORENCIA SOLN SC 125 MG/ML	SP	PA
Soluble Tumor Necrosis Factor Receptor		
ENBREL	SP	PA
ENBREL SURECLICK	SP	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		

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Drug Name	Drug Tier	Requirements/ Limits
Analgesic Combinations		
BUPAP 300MG-50MG	3	MO
BUPAP 650MG-50MG	3	
<i>butalbital-acetaminophen 325mg-50mg</i>	1	MO
<i>butalbital-acetaminophen 650mg-50mg</i>	1	
<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 (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	GP	MO
ESGIC-PLUS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	GP	MO
FIORICET (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	GP	MO
FIORINAL (Use <i>Butalbital-Aspirin-Caffeine</i>)	GP	MO
ORBIVAN CF	3	MO
PHRENILIN FORTE	2	MO
SEDAPAP (Use <i>Butalbital-Acetaminophen</i>)	GP	
TENCON	3	
Salicylates		
<i>aspirin chew 81 mg</i>	PV	MO; PV
<i>aspirin chew 81 mg</i>	PV	PV
<i>aspirin tabs 325 mg</i>	PV	MO; PV
<i>aspirin tabs 81 mg</i>	PV	PV
<i>aspirin tbec 324 mg, 325 mg, 81 mg</i>	PV	MO; PV
BAYER CHEWABLE LOW DOSE (Use <i>Aspirin</i>)	1	MO; PV

Drug Name	Drug Tier	Requirements/ Limits
<i>diflunisal</i>	1	MO
ECOTRIN REGULAR STRENGTH (Use <i>Aspirin</i>)	GP	MO; PV
ST JOSEPH ADULT (Use <i>Aspirin</i>)	GP	PV
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE (Use <i>Aspirin</i>)	GP	PV
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ (Use <i>Fentanyl Citrate</i>)	GP	PA
AVINZA	2	QL(1 ea daily)
CODEINE SULFATE SOLN 30 MG/5ML	3	
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	MO
CONZIP	3	MO
DEMEROL TABS OR 100 MG, 50 MG (Use <i>Meperidine HCl</i>)	GP	
DILAUDID (Use <i>Hydromorphone HCl</i>)	GP	MO
DOLOPHINE (Use <i>Methadone HCl</i>)	GP	QL(12 ea daily)
DOLOPHINE HCL (Use <i>Methadone HCl</i>)	GP	QL(12 ea daily)
DURAGESIC (Use <i>Fentanyl</i>)	GP	QL(0.5 ea daily)
EXALGO 12 MG, 16 MG, 8 MG	3	QL(4 ea daily)
EXALGO 32 MG	3	QL(2 ea daily)
<i>fentanyl</i>	1	QL(0.5 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA
FENTORA	3	PA; QL(3 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	MO

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<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	MO
KADIAN 10 MG, 200 MG, 40 MG, 70 MG	3	QL(2 ea daily); 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	QL(2 ea daily)
LEVORPHANOL TARTRATE	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	MO
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	1	
<i>methadone hcl conc or 10 mg/ml</i>	1	MO
<i>methadone hcl soln or 10 mg/5ml, 5 mg/5ml</i>	1	MO
<i>methadone hcl tabs or 10 mg, 5 mg</i>	1	QL(12 ea daily)
METHADOSE (Use Methadone HCl)	1	MO
METHADOSE SUGAR-FREE (Use Methadone HCl)	1	MO
<i>morphine sulfate cp24 or 10 mg</i>	1	QL(2 ea daily)
<i>morphine sulfate cp24 or 10 mg, 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 tbc 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)
NUCYNTA ER	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OPANA ER	3	QL(2 ea daily); MO
OPANA ER (CRUSH RESISTANT)	2	QL(2 ea daily)
OPANA TABS OR 10 MG, 5 MG (Use Oxymorphone HCl)	GP	MO
ORAMORPH SR	2	QL(3 ea daily); MO
<i>oxycodone hcl caps 5 mg</i>	1	MO
<i>oxycodone hcl conc 20 mg/ml</i>	1	MO
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	MO
<i>oxycodone hcl tabs 10 mg, 20 mg</i>	1	MO
<i>oxycodone hcl tabs 15 mg, 30 mg, 5 mg</i>	1	
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 60 MG, 80 MG	3	QL(3 ea daily); MO
OXYCONTIN 40 MG	3	QL(3 ea daily)
<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	
RYBIX ODT	3	
RYZOLT (Use Tramadol HCl)	GP	MO
SUBSYS 200 MCG, 400 MCG, 800 MCG	3	PA; MO
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

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Drug Name	Drug Tier	Requirements/ Limits
ULTRAM (Use Tramadol HCl)	GP	QL(8 ea daily); MO
ULTRAM ER (Use Tramadol HCl)	GP	MO
Opioid Combinations		
acetaminophen w/ codeine	1	MO
butalbital-acetaminophen-caffeine w/ codeine 300mg-50mg-40mg-30mg	1	PA; MO
butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg	1	MO
butalbital-aspirin-caffeine w/cod	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	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	3	
hydrocodone-acetaminophen caps 5mg-500mg	1	MO
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml-6.7%, 5mg/10ml-217mg/10ml-6.7%, 7.5mg/15ml-325mg/15ml-6.7%, 7.5mg/15ml-325mg/15ml-7%, 7.5mg/15ml-325mg/15ml-8.6%	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen soln 7.5mg/15ml-500mg/15ml, 7.5mg/15ml-500mg/15ml-7%	1	MO
hydrocodone-acetaminophen tabs 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, 7.5mg-750mg	1	MO
hydrocodone-acetaminophen tabs 10mg-325mg, 5mg-325mg, 7.5mg-325mg	1	QL(240 ea per fill retail)
hydrocodone-ibuprofen	1	MO
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
NORCO (Use Hydrocodone-Acetaminophen)	GP	QL(240 ea per fill retail)
oxycodone w/acetaminophen	1	
oxycodone-ibuprofen	1	QL(4 ea daily); MO
pentazocine-acetaminophen	1	MO
PERCOCET (Use Oxycodone w/ Acetaminophen)	GP	

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Drug Name	Drug Tier	Requirements/Limits
REPRESXAIN (Use Hydrocodone-Ibuprofen)	GP	MO
ROXICET	2	MO
tramadol-acetaminophen	1	MO
trezix	1	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	
ULTRACET (Use Tramadol-Acetaminophen)	GP	MO
VICODIN (Use Hydrocodone-Acetaminophen)	GP	MO
VICODIN ES (Use Hydrocodone-Acetaminophen)	GP	MO
VICOPROFEN (Use Hydrocodone-Ibuprofen)	GP	MO
XODOL (Use Hydrocodone-Acetaminophen)	GP	MO
ZYDONE	3	MO
Opioid Partial Agonists		
buprenorphine hcl subl sl 2 mg	1	PA; QL(3 ea daily); MO
buprenorphine hcl subl sl 8 mg	1	PA; QL(4 ea daily); MO
buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg	1	PA; QL(3 ea daily); MO
buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg	1	PA; QL(4 ea daily); MO
butorphanol tartrate na 10 mg/ml	1	QL(0.25 ml daily); MO
BUTRANS 10 MCG/HR, 20 MCG/HR, 5 MCG/HR	3	QL(0.15 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
BUTRANS 15 MCG/HR	3	QL(4 ea per 28 days retail)
pentazocine w/ naloxone	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 Buprenorphine HCl-Naloxone HCl Dihydrate)	GP	PA; QL(3 ea daily); MO
SUBOXONE SUBL 8MG-2MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	GP	PA; QL(4 ea daily); MO
SUBUTEX 2 MG (Use Buprenorphine HCl)	GP	PA; QL(3 ea daily); MO
SUBUTEX 8 MG (Use Buprenorphine HCl)	GP	PA; QL(4 ea daily); MO
ZUBSOLV	3	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
OXANDRIN (Use Oxandrolone)	GP	MO
oxandrolone	1	MO
Androgens		
ANDRODERM 2 MG/24HR, 4 MG/24HR, 5 MG/24HR	3	QL(1 ea daily); MO
ANDRODERM 2.5 MG/24HR	3	QL(1 ea daily)
ANDROGEL	2	QL(10 gm daily); MO
ANDROGEL PUMP	2	QL(10 gm daily); MO
ANDROXY	2	MO
AXIRON	3	ST; QL(6 ml daily); MO
danazol	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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

ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching

Intrarectal Steroids

CORTENEMA (Use <i>Hydrocortisone (Intrarectal)</i>)	GP	MO
CORTIFOAM	2	MO
<i>hydrocortisone (intrarectal)</i>	1	MO

Rectal Combinations

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

Rectal Steroids

ANUSOL-HC (Use <i>Hydrocortisone (Rectal)</i>)	GP	MO
ANUSOL-HC (Use <i>Hydrocortisone Acetate (Rectal)</i>)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal)</i>	1	MO
<i>hydrocortisone acetate (rectal)</i>	1	MO
PROCTOCORT (Use <i>Hydrocortisone Acetate (Rectal)</i>)	GP	MO

Vasodilating Agents

RECTIV	3	MO
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ANTHELMINTICS - Drugs to Treat Worm Infections

Anthelmintics

ALBENZA	3	MO
BILTRICIDE	2	MO
STROMEKTOL	3	MO

ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections

Anti-infective Agents - Misc.

AZACTAM (Use <i>Aztreonam</i>)	SP	PA
AZACTAMIN ISO-OSMOTIC DEXTROSE	SP	PA
<i>aztreonam</i>	SP	PA
CAYSTON	SP	PA
FLAGYL CAPS 375 MG	3	MO
FLAGYL ER	3	MO
FLAGYL TABS 250 MG, 500 MG (Use <i>Metronidazole</i>)	GP	MO
<i>metronidazole</i>	1	MO
PRIMSOL	3	MO
TINDAMAX (Use <i>Tinidazole</i>)	GP	MO
<i>tinidazole 250 mg</i>	1	PA; MO
<i>tinidazole 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i>	1	MO
VANCOGIN HCL (<i>Use Vancomycin HCl</i>)	GP	PA; MO
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	PA; MO
XIFAXAN 200 MG	3	QL(9 ea per fill retail)
XIFAXAN 550 MG	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM (<i>Use Sulfamethoxazole-Trimethoprim</i>)	GP	MO
BACTRIM DS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	GP	MO
<i>erythromycin-sulfisoxazole</i>	1	MO
SEPTRA DS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	GP	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
Antiprotozoal Agents		
ALINIA	3	MO
MEPRON	2	MO
Carbapenems		
DORIBAX	SP	PA
<i>imipenem-cilastatin</i>	SP	PA
INVANZ	SP	PA
<i>meropenem 500 mg</i>	SP	PA
MERREM 500 MG (<i>Use Meropenem</i>)	SP	PA
PRIMAXIN IV (<i>Use Imipenem-Cilastatin</i>)	SP	PA
PRIMAXIN IV ADD-VANTAGE (<i>Use Imipenem-Cilastatin</i>)	SP	PA
Ketolides		

Drug Name	Drug Tier	Requirements/Limits
KETEK	3	MO
Leprostatics		
<i>dapsone</i>	1	MO
Lincosamides		
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
<i>clindamycin hcl</i>	1	MO
<i>clindamycin palmitate hydrochloride</i>	1	MO
Oxazolidinones		
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)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA 1000 MG	3	MO
RANEXA 500 MG	3	QL(4 ea daily); MO
Nitrates		
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, 5 mg</i>	1	
<i>isosorbide dinitrate tabs or 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ISOSORBIDE DINITRATE TABS OR 30 MG	2	MO
<i>isosorbide dinitrate tbc</i> or 40 mg	1	MO
<i>isosorbide mononitrate</i>	1	MO
MONOKET (Use <i>Isosorbide Mononitrate</i>)	GP	MO
NITRO-BID	2	MO
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use <i>Nitroglycerin</i>)	GP	QL(1 ea daily); MO
NITRO-DUR 0.3 MG/HR	2	QL(1 ea daily); MO
<i>nitroglycerin aers tl 400 mcg/spray</i>	1	MO
<i>nitroglycerin cpcr</i> or 2.5 mg, 9 mg	1	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 (Use <i>Nitroglycerin</i>)	GP	MO
NITROMIST	3	MO
NITROSTAT	2	MO
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl</i>	1	MO
HYDROXYZINE HCL SOLN IM 25 MG/ML	SP	PA
<i>hydroxyzine hcl soln im 50 mg/ml</i>	SP	PA
<i>hydroxyzine hcl soln</i> or 10 mg/5ml	1	MO
<i>hydroxyzine hcl syrp</i> or 10 mg/5ml	1	MO
<i>hydroxyzine hcl tabs</i> or 10 mg, 25 mg, 50 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i>	1	MO
<i>meprobamate</i>	1	MO
VISTARIL (Use <i>Hydroxyzine Pamoate</i>)	GP	MO
Benzodiazepines		
<i>alprazolam</i>	1	MO
ALPRAZOLAM INTENSOL	3	MO
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use <i>Lorazepam</i>)	GP	MO
<i>chlordiazepoxide hcl</i>	1	MO
<i>clorazepate dipotassium</i>	1	MO
DIAZEPAM INTENSOL	2	MO
<i>diazepam soln</i> or 1 mg/ml	1	MO
<i>diazepam tabs</i> or 10 mg, 2 mg, 5 mg	1	MO
<i>lorazepam conc</i> or 2 mg/ml	1	MO
<i>lorazepam intensol</i>	1	MO
<i>lorazepam tabs</i> or 0.5 mg, 1 mg, 2 mg	1	MO
NIRAVAM (Use <i>Alprazolam</i>)	GP	MO
<i>oxazepam</i>	1	MO
TRANXENE T (Use <i>Clorazepate Dipotassium</i>)	GP	MO
VALIUM (Use <i>Diazepam</i>)	GP	MO
XANAX (Use <i>Alprazolam</i>)	GP	MO
XANAX XR (Use <i>Alprazolam</i>)	GP	MO
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NORPACE (Use Disopyramide Phosphate)	GP	MO
NORPACE CR 100 MG	2	MO
NORPACE CR 150 MG	3	MO
quinidine gluconate tbcr or 324 mg	1	MO
quinidine sulfate	1	MO
quinidine sulfate er	1	MO
Antiarrhythmics Type I-B		
mexiletine hcl	1	MO
Antiarrhythmics Type I-C		
flecainide acetate	1	MO
propafenone hcl cp12 225 mg, 325 mg, 425 mg	1	MO
propafenone hcl tabs 150 mg	1	QL(6 ea daily); MO
propafenone hcl tabs 225 mg, 300 mg	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
Antiarrhythmics Type III		
amiodarone hcl	1	MO
CORDARONE (Use Amiodarone HCl)	GP	MO
MULTAQ	2	MO
TIKOSYN	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium	1	MO

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.86 gm daily); MO
ipratropium bromide	1	MO
SPIRIVA HANDIHALER	2	QL(1 ea daily); MO
TUDORZA PRESSAIR	2	QL(0.04 ea daily); MO
Leukotriene Modulators		
ACCOLATE (Use Zafirlukast)	GP	MO
montelukast sodium	1	QL(1 ea daily); MO
SINGULAIR (Use Montelukast Sodium)	GP	QL(1 ea daily); MO
zafirlukast	1	MO
ZYFLO	3	MO
ZYFLO CR	3	MO
Selective Phosphodiesterase 4 (PDE4)		
DALIRESP	3	MO
Steroid Inhalants		
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
budesonide (inhalation) 0.25 mg/2ml	1	QL(8 ml daily); MO
budesonide (inhalation) 0.5 mg/2ml	1	QL(4 ml daily); MO
FLOVENT DISKUS 100 MCG/BLIST	2	QL(20 ea daily); MO

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Drug Name	Drug Tier	Requirements/Limits
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 (Use Budesonide (Inhalation))	GP	QL(8 ml daily); MO
PULMICORT 0.5 MG/2ML (Use Budesonide (Inhalation))	GP	QL(4 ml daily); MO
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
Sympathomimetics		
ACCUNEB (Use Albuterol Sulfate)	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 syrp 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
ARCAPTA NEOHALER	3	QL(1 ea daily); MO
BREO ELLIPTA	2	QL(2 ea daily)
BROVANA	3	MO

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT	3	MO
COMBIVENT RESPIMAT	3	MO
DULERA	2	QL(0.45 gm daily); MO
DUONEB (Use Ipratropium-Albuterol)	GP	MO
FORADIL AEROLIZER	3	MO
<i>ipratropium-albuterol</i>	1	MO
<i>levalbuterol hcl</i>	1	MO
MAXAIR AUTOHALER	2	QL(0.94 gm daily); MO
<i>metaproterenol sulfate</i>	1	MO
PERFOROMIST	3	MO
PROAIR HFA	3	QL(0.47 gm daily); MO
PROAIR HFA	3	QL(0.57 gm daily); MO
PROVENTIL HFA	2	QL(0.47 gm daily); MO
SEREVENT DISKUS	2	QL(2 ea daily); MO
SYMBICORT	2	QL(0.34 gm daily); 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

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Drug Name	Drug Tier	Requirements/Limits
Xanthines		
<i>aminophylline tabs or 200 mg</i>	1	
ELIXOPHYLLIN	3	MO
THEO-24	2	MO
<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
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
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
Direct Factor Xa Inhibitors		
ELIQUIS	3	MO
XARELTO 10 MG	2	QL(1 ea daily); MO
XARELTO 15 MG, 20 MG	2	MO
Heparins And Heparinoid-Like Agents		
ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (Use Fondaparinux Sodium)	SP	PA
ARIXTRA 2.5 MG/0.5ML (Use Fondaparinux Sodium)	SP	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>enoxaparin sodium ij 300 mg/3ml</i>	SP	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>	SP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	SP	PA
<i>fondaparinux sodium 2.5 mg/0.5ml</i>	SP	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
FRAGMIN	SP	PA
<i>heparin sodium (porcine) 10000 unit/ml</i>	SP	PA
LOVENOX IJ 300 MG/3ML (Use Enoxaparin Sodium)	SP	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)	SP	PA
Thrombin Inhibitors		
PRADAXA	2	MO
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA	3	PA; MO
Anticonvulsants - Benzodiazepines		
<i>clonazepam</i>	1	MO
DIASTAT ACUDIAL (Use Diazepam (Anticonvulsant))	GP	QL(0.14 ea daily); MO
DIASTAT PEDIATRIC (Use Diazepam (Anticonvulsant))	GP	QL(0.14 ea daily); MO
<i>diazepam (anticonvulsant)</i>	1	QL(0.14 ea daily); MO
KLONOPIN (Use Clonazepam)	GP	MO
ONFI	3	MO
Anticonvulsants - Misc.		
BANZEL	3	MO
<i>carbamazepine</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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; MO
MYSOLINE (Use Primidone)	3	MO
NEURONTIN (Use Gabapentin)	3	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)	3	MO
TEGRETOL-XR (Use Carbamazepine)	3	MO
TOPAMAX (Use Topiramate)	3	MO
TOPAMAX SPRINKLE (Use Topiramate)	3	MO
<i>topiramate</i>	1	MO
TRILEPTAL (Use Oxcarbazepine)	3	MO
TROKENDI XR	3	PA; MO

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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)	3	MO
zonisamide	1	MO
Carbamates		
felbamate	1	MO
FELBATOL (Use Felbamate)	3	MO
GABA Modulators		
GABITRIL (Use Tiagabine HCl)	3	MO
SABRIL	3	
tiagabine hcl	1	MO
Hydantoins		
DILANTIN (Use Phenytoin Sodium Extended)	3	MO
DILANTIN (Use Phenytoin)	3	MO
DILANTIN INFATABS (Use Phenytoin)	3	MO
PEGANONE	3	MO
PHENYTEK (Use Phenytoin Sodium Extended)	3	MO
phenytoin	1	MO
phenytoin sodium extended	1	MO
Succinimides		
CELONTIN	3	MO
ethosuximide	1	MO
ZARONTIN (Use Ethosuximide)	3	MO
Valproic Acid		

Drug Name	Drug Tier	Requirements/Limits
DEPAKENE (Use Valproate Sodium)	3	MO
DEPAKENE (Use Valproic Acid)	3	MO
DEPAKOTE (Use Divalproex Sodium)	3	MO
DEPAKOTE ER (Use Divalproex Sodium)	3	MO
DEPAKOTE SPRINKLES (Use Divalproex Sodium)	3	MO
divalproex sodium	1	MO
STAVZOR	3	MO
valproate sodium soln or 250 mg/5ml	1	MO
valproate sodium syrp or 250 mg/5ml	1	MO
valproic acid	1	MO
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine	1	MO
REMERON (Use Mirtazapine)	GP	MO
REMERON SOLTAB (Use Mirtazapine)	GP	MO
Antidepressants - Misc.		
APLENZIN	3	ST; QL(1 ea daily); MO
bupropion hcl tabs 100 mg, 75 mg	1	MO
bupropion hcl tb12 100 mg, 150 mg, 200 mg	1	MO
bupropion hcl tb24 150 mg, 300 mg	1	QL(1 ea daily); MO
FORFIVO XL	3	ST; QL(1 ea daily); MO
maprotiline hcl	1	MO
WELLBUTRIN (Use Bupropion HCl)	GP	MO
WELLBUTRIN SR (Use Bupropion HCl)	GP	MO

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Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN XL (Use Bupropion HCl)	GP	QL(1 ea daily); MO
Modified Cyclics		
BRINTELLIX	3	
nefazodone hcl	1	MO
OLEPTRO	3	MO
trazodone hcl	1	MO
VIIBRYD KIT	3	PA; MO
VIIBRYD TABS 10 MG, 20 MG, 40 MG	3	ST
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily); MO
MARPLAN	3	MO
NARDIL (Use Phenelzine Sulfate)	GP	MO
PARNATE (Use Tranylcypromine Sulfate)	GP	MO
phenelzine sulfate	1	MO
tranylcypromine sulfate	1	MO
Selective Serotonin Reuptake Inhibitors		
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
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily); MO
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily); MO
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily); MO
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily); MO
escitalopram oxalate	1	MO

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl caps 10 mg, 20 mg, 40 mg	1	MO
fluoxetine hcl cpdr 90 mg	1	MO
fluoxetine hcl soln 20 mg/5ml	1	MO
fluoxetine hcl tabs 10 mg, 20 mg	1	MO
FLUOXETINE HCL TABS 60 MG	3	ST; QL(1 ea daily); MO
fluvoxamine maleate	1	MO
LEXAPRO (Use Escitalopram Oxalate)	GP	MO
LUVOX CR (Use Fluvoxamine Maleate)	GP	MO
paroxetine hcl	1	MO
PAXIL CR (Use Paroxetine HCl)	GP	MO
PAXIL SUSP 10 MG/5ML	3	MO
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	GP	MO
PEXEVA	3	MO
PROZAC (Use Fluoxetine HCl)	GP	MO
PROZAC WEEKLY (Use Fluoxetine HCl)	GP	MO
sertraline hcl	1	MO
ZOLOFT (Use Sertraline HCl)	GP	MO
Serotonin-Norepinephrine Reuptake Inhibitors		
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
duloxetine hcl	1	QL(2 ea daily); MO
EFFEXOR XR 150 MG (Use Venlafaxine HCl)	GP	QL(2 ea daily); MO

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EFFEXOR XR 37.5 MG, 75 MG (Use Venlafaxine HCl)	GP	QL(1 ea daily); MO
FETZIMA	3	PA; QL(1 ea daily); MO
FETZIMA TITRATION PACK	3	PA; MO
KHEDEZLA	3	ST; QL(1 ea daily); MO
PRISTIQ	2	ST; QL(1 ea daily); MO
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily); MO
venlafaxine hcl cp24 37.5 mg, 75 mg	1	QL(1 ea daily); MO
VENLAFAXINE HCL ER (Use Venlafaxine HCl)	GP	MO
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
venlafaxine hcl tb24 150 mg, 225 mg, 37.5 mg, 75 mg	1	MO
Tricyclic Agents		
amitriptyline hcl	1	MO
AMOXAPINE	2	MO
ANAFRANIL (Use Clomipramine HCl)	GP	MO
clomipramine hcl	1	MO
desipramine hcl	1	MO
doxepin hcl	1	MO
imipramine hcl	1	MO
imipramine pamoate	1	MO
NORPRAMIN (Use Desipramine HCl)	GP	MO
nortriptyline hcl	1	MO
PAMELOR (Use Nortriptyline HCl)	GP	MO
protriptyline hcl	1	MO

Drug Name	Drug Tier	Requirements/Limits
TOFRANIL (Use Imipramine HCl)	GP	MO
TOFRANIL-PM (Use Imipramine Pamoate)	GP	MO
VIVACTIL (Use Protriptyline HCl)	GP	MO
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	MO
GLYSET	3	MO
PRECOSE (Use Acarbose)	GP	MO
Antidiabetic - Amylin Analogs		
SYMLIN	SP	PA
Antidiabetic Combinations		
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
glipizide-metformin hcl	1	MO
GLUCOVANCE (Use Glyburide-Metformin)	GP	MO
glyburide-metformin	1	MO
JANUMET	2	MO
JANUMET XR	2	MO
JENTADUETO	2	MO
JUVISYNC 100MG-10MG, 100MG-20MG, 40MG-100MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
JUVISYNC 40MG-50MG, 50MG-10MG, 50MG-20MG	2	
KAZANO	3	PA; MO
KOMBIGLYZE XR	3	MO
METAGLIP (Use Glipizide-Metformin HCl)	GP	MO
OSENI	3	PA; MO
pioglitazone hcl-glimepiride	1	MO
pioglitazone hcl-metformin hcl	1	MO
PRANDIMET	3	MO
Biguanides		
FORTAMET (Use Metformin HCl)	GP	MO
GLUCOPHAGE (Use Metformin HCl)	GP	MO
GLUCOPHAGE XR (Use Metformin HCl)	GP	MO
GLUMETZA	3	MO
metformin hcl	1	MO
RIOMET	3	MO
Diabetic Other		
GLUCAGEN	SP	PA
GLUCAGEN HYPOKIT	SP	PA
GLUCAGON EMERGENCY KIT	SP	PA; QL(0.04 ea daily)
KORLYM	SP	PA
PROGLYCEM	3	MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	2	MO
NESINA	3	PA; MO
ONGLYZA	3	MO

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	2	MO
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	3	MO
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON	SP	PA
BYETTA	SP	PA
VICTOZA	SP	PA
Insulin Sensitizing Agents		
ACTOS (Use Pioglitazone HCl)	GP	MO
AVANDIA	2	
pioglitazone hcl	1	MO
Insulin		
APIDRA	3	PA; QL(1.5 ml daily); MO
APIDRA SOLOSTAR	3	PA; QL(1.5 ml daily); 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	QL(1.5 ml daily); MO
HUMALOG MIX 75/25 KWIKPEN	2	QL(1.5 ml daily); 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

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Drug Name	Drug Tier	Requirements/Limits
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
Meglitinide Analogues		
<i>nateglinide</i>	1	MO
PRANDIN (<i>Use Repaglinide</i>)	GP	MO
<i>repaglinide</i>	1	MO
STARLIX (<i>Use Nateglinide</i>)	GP	MO
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA	3	MO
Sulfonylureas		
AMARYL (<i>Use Glimepiride</i>)	GP	MO
<i>chlorpropamide</i>	1	MO
DIABETA (<i>Use Glyburide</i>)	GP	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
GLUCOTROL (<i>Use Glipizide</i>)	GP	MO
GLUCOTROL XL (<i>Use Glipizide</i>)	GP	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
GLYNASE (<i>Use Glyburide Micronized</i>)	GP	MO
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ	3	PA; QL(2 ea daily)
Antidiarrheal Agents - Misc.		
REZYST SB	3	MO
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i>	1	MO
<i>diphenoxylate/atropine</i>	1	MO
LOMOTIL (<i>Use Diphenoxylate w/ Atropine</i>)	GP	MO
<i>loperamide hcl caps</i>	1	RX/OTC; MO
<i>paregoric</i>	1	MO
ANTIDOTES - Drugs to Treat Overdose or Toxicity		
Antidotes - Chelating Agents		
CHEMET	3	MO
EXJADE	SP	PA
FERRIPROX	SP	PA
Opioid Antagonists		
<i>naltrexone hcl</i>	1	MO
REVIA (<i>Use Naltrexone HCl</i>)	GP	MO
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
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

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Drug Name	Drug Tier	Requirements/Limits
<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
Antiemetics - Anticholinergic		
TIGAN (Use Trimethobenzamide HCl)	GP	MO
TRANSDERM-SCOP	3	MO
<i>trimethobenzamide hcl</i>	1	MO
Antiemetics - Miscellaneous		
CESAMET	3	PA; QL(2 ea daily); MO
DICLEGIS	3	QL(4 ea daily)
<i>dronabinol</i>	1	PA; MO
MARINOL (Use Dronabinol)	GP	PA; MO
Substance P/Neurokinin 1 (NK1) Receptor		
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
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON 250 MG (Use Flucytosine)	GP	
ANCOBON 500 MG (Use Flucytosine)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine 250 mg</i>	1	
<i>flucytosine 500 mg</i>	1	MO
GRIFULVIN V (Use Griseofulvin Microsize)	GP	MO
GRIS-PEG (Use Griseofulvin Ultramicrosize)	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 Terbinafine HCl)	GP	PA; MO
<i>nystatin</i>	1	MO
<i>terbinafine hcl</i>	1	PA; MO
Imidazole-Related Antifungals		
DIFLUCAN (Use Fluconazole)	GP	MO
<i>fluconazole</i>	1	MO
<i>itraconazole</i>	1	PA; MO
<i>ketokonazole</i>	1	MO
NOXAFIL	3	
ONMEL	3	PA; MO
SPORANOX CAPS 100 MG (Use Itraconazole)	GP	PA; MO
SPORANOX PULSEPAK (Use Itraconazole)	GP	PA; MO
SPORANOX SOLN 10 MG/ML	2	PA; MO
VFEND SUSR 40 MG/ML	2	MO
VFEND TABS 200 MG, 50 MG (Use Voriconazole)	GP	QL(2 ea daily)
<i>voriconazole susr or 40 mg/ml</i>	1	MO
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate</i>	1	MO
<i>clemastine fumarate</i>	1	MO
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	SP	PA
PALGIC (Use Carbinoxamine Maleate)	GP	MO
Antihistamines - Non-Sedating		
CLARINEX REDITABS 2.5 MG (Use Desloratadine)	GP	PA; MO
CLARINEX REDITABS 5 MG (Use Desloratadine)	GP	MO
CLARINEX SYRP 0.5 MG/ML	3	PA; MO
CLARINEX TABS 5 MG (Use Desloratadine)	GP	PA; QL(1 ea daily); MO
<i>desloratadine tabs 5 mg</i>	1	PA; QL(1 ea daily); MO
<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
Antihistamines - Phenothiazines		
PHENERGAN (Use Promethazine HCl)	SP	PA
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	SP	PA
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>promethegan</i>	1	MO
Antihistamines - Piperidines		
<i>cyproheptadine hcl</i>	1	MO
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
LIPTRUZET	2	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
Antihyperlipidemics - Misc.		
LOVAZA	3	MO
VASCEPA	3	MO
Bile Acid Sequestrants		
<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
Fibric Acid Derivatives		
ANTARA 130 MG, 43 MG (Use Fenofibrate Micronized)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTARA 30 MG, 90 MG	3	MO
<i>choline fenofibrate</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibric acid</i>	1	MO
FENOGLIDE	3	MO
FIBRICOR (<i>Use Fenofibric Acid</i>)	GP	MO
<i>gemfibrozil</i>	1	MO
LIPOFEN	3	MO
LOFIBRA (<i>Use Fenofibrate Micronized</i>)	GP	MO
LOFIBRA (<i>Use Fenofibrate</i>)	GP	MO
LOPID (<i>Use Gemfibrozil</i>)	GP	MO
TRICOR (<i>Use Fenofibrate</i>)	GP	MO
TRIGLIDE 160 MG	3	MO
TRIGLIDE 50 MG	3	
TRILIPIX (<i>Use Choline Fenofibrate</i>)	GP	MO
HMG CoA Reductase Inhibitors		
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

Drug Name	Drug Tier	Requirements/Limits
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
<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
Intestinal Cholesterol Absorption Inhibitors		
ZETIA	2	MO
Microsomal Triglyceride Transfer Protein		
JUXTAPID	SP	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic)</i>	1	MO
NIASPAN	2	MO
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>Use Quinapril HCl</i>)	GP	MO
ACEON (<i>Use Perindopril Erbumine</i>)	GP	MO

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Drug Name	Drug Tier	Requirements/ Limits
ALTACE (Use Ramipril)	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
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN (Use Benazepril HCl)	GP	MO
MAVIK (Use Trandolapril)	GP	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
PRINIVIL (Use Lisinopril)	GP	MO
<i>quinapril hcl</i>	1	MO
<i>ramipril</i>	1	QL(2 ea daily); MO
<i>trandolapril</i>	1	MO
UNIVASC (Use Moexipril HCl)	GP	MO
VASOTEC (Use Enalapril Maleate)	GP	QL(2 ea daily); MO
ZESTRIL (Use Lisinopril)	GP	MO
Agents for Pheochromocytoma		
DIBENZYLINE	2	MO
Angiotensin II Receptor Antagonists		
ATACAND (Use Candesartan Cilexetil)	GP	ST; MO
AVAPRO (Use Irbesartan)	GP	MO
BENICAR	2	MO
<i>candesartan cilexetil</i>	1	ST; MO
COZAAR (Use Losartan Potassium)	GP	MO

Drug Name	Drug Tier	Requirements/ Limits
DIOVAN	2	MO
EDARBI	3	MO
<i>eprosartan mesylate</i>	1	MO
<i>irbesartan</i>	1	MO
<i>losartan potassium</i>	1	MO
MICARDIS	3	ST; MO
TEVETEN (Use Eprosartan Mesylate)	GP	MO
Antiadrenergic Antihypertensives		
CARDURA (Use Doxazosin Mesylate)	GP	MO
CATAPRES (Use Clonidine HCl)	GP	MO
CATAPRES-TTS-1 (Use Clonidine HCl)	GP	MO
CATAPRES-TTS-2 (Use Clonidine HCl)	GP	MO
CATAPRES-TTS-3 (Use Clonidine HCl)	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 (Use Prazosin HCl)	GP	MO
<i>prazosin hcl</i>	1	MO
<i>reserpine</i>	1	MO
TENEX (Use Guanfacine HCl)	GP	MO
<i>terazosin hcl</i>	1	MO
Antihypertensive Combinations		
ACCURETIC (Use Quinapril-Hydrochlorothiazide)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl</i>	1	MO
AMTURNIDE	2	ST; MO
ATACAND HCT (Use Candesartan Cilexetil-Hydrochlorothiazide)	GP	MO
<i>atenolol & chlorthalidone</i>	1	MO
AVALIDE (Use Irbesartan-Hydrochlorothiazide)	GP	MO
AZOR	2	MO
<i>benazepril & hydrochlorothiazide</i>	1	MO
BENICAR HCT	2	MO
<i>bisoprolol & hydrochlorothiazide</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>clorpres</i>	1	MO
CORZIDE (Use Nadolol & Bendroflumethiazide)	GP	MO
DIOVAN HCT (Use Valsartan-Hydrochlorothiazide)	GP	MO
DUTOPROL	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate & hydrochlorothiazide</i>	1	MO
EXFORGE	2	MO
EXFORGE HCT	2	ST; MO
<i>fosinopril sodium & hydrochlorothiazide</i>	1	MO
HYZAAR (Use Losartan Potassium & Hydrochlorothiazide)	GP	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT (Use Metoprolol & Hydrochlorothiazide)	GP	MO
<i>losartan potassium & hydrochlorothiazide</i>	1	MO
LOTENSIN HCT (Use Benazepril & Hydrochlorothiazide)	GP	MO
LOTREL (Use Amlodipine Besylate-Benazepril HCl)	GP	MO
<i>methyldopa/hydrochlorothiazide</i>	1	MO
<i>metoprolol & hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
MICARDIS HCT	3	ST; MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol & 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
TENORETIC 100 (Use Atenolol & Chlorthalidone)	GP	MO
TENORETIC 50 (Use Atenolol & Chlorthalidone)	GP	MO
TEVETEN HCT	3	ST; MO
TRIBENZOR	2	ST; MO
TWYNSTA	3	ST; MO

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UNIRETIC (Use Moexipril-Hydrochlorothiazide)	GP	MO
valsartan-hydrochlorothiazide	1	MO
VALTURNA	2	ST
VASERETIC (Use Enalapril Maleate & Hydrochlorothiazide)	GP	MO
ZESTORETIC (Use Lisinopril & Hydrochlorothiazide)	GP	MO
ZIAC (Use Bisoprolol & Hydrochlorothiazide)	GP	MO
Direct Renin Inhibitors		
TEKTURNA	2	ST; MO
Selective Aldosterone Receptor Antagonists		
eplerenone	1	MO
INSPRA (Use Eplerenone)	GP	MO
Vasodilators		
hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	1	MO
minoxidil	1	MO
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	MO
COARTEM	2	QL(0.8 ea daily); MO
MALARONE (Use Atovaquone-Proguanil HCl)	GP	MO
Antimalarials		
ARALEN (Use Chloroquine Phosphate)	GP	MO
chloroquine phosphate	1	MO
DARAPRIM	3	MO
hydroxychloroquine sulfate	1	MO

Drug Name	Drug Tier	Requirements/Limits
mefloquine hcl	1	QL(6 ea per fill retail, 6 ea per fill mail); MO
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
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SYRP 60 MG/5ML	2	MO
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	GP	MO
MESTINON TIMESPAN	2	MO
pyridostigmine bromide	1	MO
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
isoniazid & rifampin	1	MO
RIFAMATE	2	MO
Antimycobacterial Agents		
CYCLOSERINE	3	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide</i>	1	MO
RIFADIN CAPS OR 150 MG, 300 MG (Use <i>Rifampin</i>)	GP	MO
<i>rifampin caps or 150 mg, 300 mg</i>	1	MO
SIRTURO	SP	
TRECATOR	2	MO
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (Use <i>Melphalan HCl</i>)	SP	PA
ALKERAN TABS OR 2 MG	2	MO
BUSULFEX	SP	PA
CEENU 10 MG (Use <i>Lomustine</i>)	GP	MO
CEENU 100 MG, 40 MG (Use <i>Lomustine</i>)	GP	
<i>cyclophosphamide tabs or 25 mg, 50 mg</i>	1	MO
HEXALEN	2	MO
LEUKERAN	2	MO
<i>lomustine 10 mg</i>	1	MO
<i>lomustine 100 mg, 40 mg</i>	1	
<i>melphalan hcl</i>	SP	PA
MYLERAN	2	MO
TEMODAR 100 MG, 140 MG, 180 MG, 250 MG (Use <i>Temozolomide</i>)	SP	MO
TEMODAR 20 MG, 5 MG (Use <i>Temozolomide</i>)	SP	
<i>temozolomide 100 mg, 140 mg, 180 mg, 250 mg</i>	SP	MO
<i>temozolomide 20 mg, 5 mg</i>	SP	

Drug Name	Drug Tier	Requirements/Limits
Antimetabolites		
FLUDARA (Use <i>Fludarabine Phosphate</i>)	SP	PA
<i>fludarabine phosphate solr 50 mg</i>	SP	PA
<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>	SP	PA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	MO
PURINETHOL (Use <i>Mercaptopurine</i>)	GP	MO
TABLOID	2	MO
TREXALL	3	MO
XELODA	SP	PA
Antineoplastic - Antibodies		
RITUXAN	SP	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	SP	PA
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole</i>	1	MO
ARIMIDEX (Use <i>Anastrozole</i>)	GP	MO
AROMASIN (Use <i>Exemestane</i>)	GP	MO
<i>bicalutamide</i>	1	MO
CASODEX (Use <i>Bicalutamide</i>)	GP	MO
ELIGARD	SP	PA
EMCYT	2	MO
<i>exemestane</i>	1	MO
FARESTON	2	MO

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FEMARA (Use Letrozole)	GP	MO
<i>flutamide</i>	1	MO
<i>letrozole</i>	1	MO
<i>leuprolide acetate</i>	SP	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	SP	PA
ZYTIGA	SP	PA
Antineoplastic - Immunomodulators		
POMALYST	SP	PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl</i>	SP	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR	SP	PA
AFINITOR DISPERZ	SP	PA
BOSULIF	SP	PA; LA
CAPRELSA	SP	PA
COMETRIQ	SP	PA
GILOTRIF	SP	PA
GLEEVEC	SP	PA
ICLUSIG	SP	PA
IMBRUVICA	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
INLYTA	SP	PA
ISTODAX	SP	PA
JAKAFI	SP	PA
NEXAVAR	SP	PA
SPRYCEL	SP	PA
STIVARGA	SP	PA; LA
SUTENT	SP	PA
TAFINLAR	SP	PA
TARCEVA	SP	PA
TASIGNA	SP	PA
TORISEL	SP	PA
TYKERB	SP	PA
VANDETANIB	SP	PA
VELCADE	SP	PA
VOTRIENT	SP	PA
XALKORI	SP	PA
ZELBORAF	SP	PA
ZOLINZA	SP	PA
Antineoplastics Misc.		
ACTIMMUNE	SP	PA
HYDREA (Use Hydroxyurea)	GP	MO
<i>hydroxyurea</i>	1	MO
INTRON-A	SP	PA
INTRON-A W/DILUENT	SP	PA
MATULANE	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
TARGRETIN	SP	PA
<i>tretinoin (chemotherapy)</i>	1	MO
Chemotherapy Rescue/Antidote Agents		
<i>amifostine crystalline</i>	SP	PA
ETHYOL (<i>Use Amifostine Crystalline</i>)	SP	PA
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg</i>	SP	PA
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
MESNEX TABS OR 400 MG	3	MO
Mitotic Inhibitors		
ETOPOPHOS	SP	PA
<i>etoposide caps or 50 mg</i>	1	MO
<i>etoposide soln iv 1 gm/50ml, 20 mg/ml, 500 mg/25ml</i>	SP	PA
Topoisomerase I Inhibitors		
HYCAMTIN (<i>Use Topotecan HCl</i>)	SP	PA
<i>topotecan hcl</i>	SP	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
LODOSYN	3	MO
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	SP	PA
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO
COGENTIN (<i>Use Benztropine Mesylate</i>)	SP	PA
<i>trihexyphenidyl hcl</i>	1	MO
Antiparkinson COMT Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
COMTAN (<i>Use Entacapone</i>)	GP	MO
<i>entacapone</i>	1	MO
TASMAR	3	MO
Antiparkinson Dopaminergics		
<i>amantadine hcl</i>	1	MO
APOKYN	SP	PA
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	2	MO
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG (<i>Use Pramipexole Dihydrochloride</i>)	GP	MO
MIRAPEX 0.75 MG	2	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 (<i>Use Carbidopa-Levodopa</i>)	GP	MO
PARLODEL CAPS 5 MG	2	MO
PARLODEL TABS 2.5 MG (<i>Use Bromocriptine Mesylate</i>)	GP	MO
<i>pramipexole dihydrochloride</i>	1	MO
REQUIP (<i>Use Ropinirole Hydrochloride</i>)	GP	MO
REQUIP XL (<i>Use Ropinirole Hydrochloride</i>)	GP	MO
<i>ropinirole hydrochloride</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
LATUDA 120 MG, 20 MG, 40 MG, 80 MG	3	MO
LATUDA 60 MG	3	
ziprasidone hcl	1	MO
Benzisoxazoles		
FANAPT	3	PA; MO
INVEGA	3	MO
RISPERDAL (Use Risperidone)	GP	MO
RISPERDAL M-TAB (Use Risperidone)	GP	MO
risperidone	1	MO
Butyrophenones		
haloperidol	1	MO
haloperidol lactate conc or 2 mg/ml	1	MO
Dibenzapines		
clozapine	1	
CLOZARIL (Use Clozapine)	GP	
loxapine succinate	1	MO
LOXITANE (Use Loxapine Succinate)	GP	MO
olanzapine	1	MO
quetiapine fumarate	1	MO
SAPHRIS	2	MO
SEROQUEL (Use Quetiapine Fumarate)	GP	MO
SEROQUEL XR	3	MO
ZYPREXA (Use Olanzapine)	GP	MO
ZYPREXA ZYDIS (Use Olanzapine)	GP	MO
Phenothiazines		

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	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
Quinolone Derivatives		
ABILIFY	2	MO
ABILIFY DISCMELT	3	PA; MO
Thioxanthenes		
<i>thiothixene</i>	1	MO
ANTISEPTICS & DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections		
Antiseptics & Disinfectants		
<i>formaldehyde</i>	1	MO
Chlorine Antiseptics		
PHISOHEX	3	MO
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate</i>	1	MO
APTIVUS	2	MO
ATRIPLA	2	MO
COMBIVIR (Use Lamivudine-Zidovudine)	GP	MO
COMPLERA	2	MO
CRIXIVAN	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine</i>	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
EPIVIR HBV	3	MO
EPIVIR SOLN 10 MG/ML	2	MO
EPIVIR TABS 150 MG, 300 MG (Use Lamivudine)	GP	MO
EPZICOM	2	MO
FUZEON KIT	SP	PA; QL(1 ea daily)
FUZEON SOLR	SP	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
PREZISTA SUSP 100 MG/ML	3	MO
PREZISTA TABS 150 MG, 600 MG, 800 MG	2	MO
PREZISTA TABS 400 MG, 75 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR	2	MO
RETROVIR (Use Zidovudine)	GP	MO
REYATAZ 100 MG	2	
REYATAZ 150 MG, 200 MG, 300 MG	2	MO
SELZENTRY	2	MO
stavudine	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
TIVICAY	2	MO
TRIZIVIR	2	MO
TRUVADA	2	MO
VIDEX EC (Use Didanosine)	GP	MO
VIRACEPT	2	MO
VIRAMUNE (Use Nevirapine)	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 (Use Stavudine)	GP	MO
ZIAGEN (Use Abacavir Sulfate)	GP	MO
zidovudine	1	MO
CMV Agents		
cidofovir	SP	PA
VALCYTE SOLR 50 MG/ML	2	QL(21 ml daily); MO

Drug Name	Drug Tier	Requirements/Limits
VALCYTE TABS 450 MG	2	MO
VISTIDE (Use Cidofovir)	SP	PA
Hepatitis Agents		
adefovir dipivoxil	1	MO
BARACLUDE	2	MO
COPEGUS (Use Ribavirin (Hepatitis C))	GP	PA
HEPSERA	2	MO
INCIVEK	SP	PA
INFERGEN	SP	PA
OLYSIO	SP	PA
PEG-INTRON	SP	PA
PEG-INTRON REDIPEN	SP	PA
PEG-INTRON REDIPEN PAK 4	SP	PA
PEGASYS	SP	PA
PEGASYS PROCLICK	SP	PA
REBETOL (Use Ribavirin (Hepatitis C))	GP	PA
RIBAPAK	3	PA
RIBATAB	3	PA
ribavirin (hepatitis c)	1	PA
TYZEKA	3	ST; MO
VICTRELIS	SP	PA
Herpes Agents		
acyclovir	1	MO
famciclovir	1	MO
FAMVIR (Use Famciclovir)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
Influenza Agents		
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 12 MG/ML	3	QL(75 ml per fill retail, 75 ml per fill mail); AL; MO
TAMIFLU SUSR 6 MG/ML	3	QL(75 ml daily, 5 day(s) limit); AL; MO
ASSORTED CLASSES - Miscellaneous Drugs		
Chelating Agents		
CUPRIMINE	2	MO
DEPEN TITRATABS	2	MO
SYPRINE	SP	PA
Immunomodulators		
REVLIMID	SP	PA
THALOMID	SP	PA
Immunosuppressive Agents		

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL 0.5 MG, 1 MG	3	ST; MO
ASTAGRAF XL 5 MG	3	ST
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
MYFORTIC	3	MO
NEORAL (Use Cyclosporine Modified (For Microemulsion))	GP	MO
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	GP	MO
RAPAMUNE	3	MO
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use Cyclosporine)	GP	MO
<i>tacrolimus</i>	1	MO
THYMOGLOBULIN	SP	PA
ZORTRESS	2	MO
Potassium Removing Resins		

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Drug Name	Drug Tier	Requirements/Limits
KAYEXALATE (Use Sodium Polystyrene Sulfonate)	GP	MO
sodium polystyrene sulfonate	1	MO
sps	1	MO
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 12.5 mg, 25 mg, 6.25 mg	1	MO
carvedilol 3.125 mg	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
labetalol hcl tabs or 100 mg, 200 mg, 300 mg	1	MO
TRANDATE (Use Labetalol HCl)	GP	MO
Beta Blockers Cardio-Selective		
acebutolol hcl	1	MO
atenolol	1	MO
betaxolol hcl	1	MO
bisoprolol fumarate	1	QL(1 ea daily); MO
BYSTOLIC	3	MO
KERLONE (Use Betaxolol HCl)	GP	MO
LOPRESSOR TABS OR 100 MG, 50 MG (Use Metoprolol Tartrate)	GP	MO
metoprolol succinate	1	MO
metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg	1	MO
SECTRAL (Use Acebutolol HCl)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
TENORMIN (Use Atenolol)	GP	MO
TOPROL XL (Use Metoprolol Succinate)	GP	MO
ZEBETA (Use Bisoprolol Fumarate)	GP	QL(1 ea daily); MO
Beta Blockers Non-Selective		
BETAPACE (Use Sotalol HCl)	GP	MO
BETAPACE AF (Use Sotalol HCl (AFIB/AFL))	GP	MO
CORGARD (Use Nadolol)	GP	MO
INDERAL LA (Use Propranolol HCl)	GP	MO
INNOPRAN XL	3	MO
LEVATOL	3	MO
nadolol	1	MO
pindolol	1	MO
propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	1	MO
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
sotalol hcl	1	MO
sotalol hcl (afib/afI)	1	MO
timolol maleate	1	QL(2 ea daily); MO
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC 30 MG, 60 MG (Use Nifedipine)	GP	MO
ADALAT CC 90 MG (Use Nifedipine)	GP	QL(1 ea daily); MO
amlodipine besylate	1	QL(2 ea daily); MO

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Drug Name	Drug Tier	Requirements/Limits
CALAN (Use Verapamil HCl)	GP	MO
CALAN SR (Use Verapamil HCl)	GP	MO
CARDIZEM (Use Diltiazem HCl)	GP	MO
CARDIZEM CD (Use Diltiazem HCl Coated Beads)	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 Diltiazem HCl Coated Beads)	GP	MO
COVERA-HS	3	
DILACOR XR (Use Diltiazem HCl)	GP	MO
diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	QL(1 ea daily); MO
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	MO
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	1	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

Drug Name	Drug Tier	Requirements/Limits
nimodipine	1	MO
nisoldipine	1	MO
nisoldipine er	1	MO
NORVASC (Use Amlodipine Besylate)	GP	QL(2 ea daily); MO
NYMALIZE	3	MO
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, 40 mg, 80 mg	1	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
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln or 0.05 mg/ml	1	MO
digoxin tabs or 0.125 mg, 0.25 mg	1	MO
LANOXIN TABS OR 0.125 MG, 0.25 MG (Use Digoxin)	3	MO
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium</i>	1	PA; MO
BIDIL	3	MO
CADUET (<i>Use Amlodipine Besylate-Atorvastatin Calcium</i>)	GP	MO
Impotence Agents		
STAXYN	ED	QL(0.27 ea daily); AL
Prostaglandin Vasodilators		
VENTAVIS	SP	PA
Pulmonary Hypertension - Endothelin		
LETAIRIS	SP	PA; QL(1 ea daily)
OPSUMIT	SP	PA
TRACLEER	SP	PA; QL(2 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA	SP	PA
REVATIO (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	SP	PA
<i>sildenafil citrate (pulmonary hypertension)</i>	SP	PA
Pulmonary Hypertension - Sol Guanylate		
ADEMPAS	3	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM SOLN IV 1GM-5%	SP	PA
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	SP	PA
CEFAZOLIN SODIUM SOLR IV 1 GM	SP	PA
<i>cephalexin</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
KEFLEX (<i>Use Cephalexin</i>)	GP	MO
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO
CEFACTOR ER	3	MO
<i>cefaclor susr 250 mg/5ml</i>	1	
CEFOTETAN	SP	PA
CEFOXITIN SODIUM	SP	PA
<i>cefoxitin sodium</i>	SP	PA
<i>cefprozil</i>	1	MO
CEFTIN SUSR 125 MG/5ML	2	MO
CEFTIN SUSR 250 MG/5ML	3	MO
CEFTIN TABS 250 MG, 500 MG (<i>Use Cefuroxime Axetil</i>)	GP	MO
<i>cefuroxime axetil</i>	1	MO
Cephalosporins - 3rd Generation		
CEDAX	3	MO
<i>cefdinir</i>	1	MO
<i>cefepodoxime proxetil</i>	1	MO
CEFTIBUTEN	3	MO
CLAFORAN IV 2 GM	SP	PA
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

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
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
desogestrel & ethinyl estradiol	PV	MO; PV
desogestrel-ethinyl estradiol (biphasic)	PV	MO; PV
desogestrel-ethinyl estradiol (triphasic)	PV	MO; PV
drospirenone-ethinyl estradiol	PV	QL(1 ea daily); MO; PV
ESTROSTEP FE (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	GP	MO; PV
ethynodiol diacet & eth estrad	PV	MO; PV
FEMCON FE (Use Norethindrone & Ethinyl Estradiol-Fe)	GP	MO; PV
GENERESS FE	PV	QL(1 ea daily); MO; PV
levonorgestrel & eth estradiol	PV	MO; PV
levonorgestrel-eth estradiol (triphasic)	PV	MO; PV
levonorgestrel-ethinyl estradiol (91-day)	PV	QL(1 ea daily); MO; PV
LO LOESTRIN FE	PV	QL(1 ea daily); MO; PV
LO/OVRAL-28 (Use Norgestrel & Ethinyl Estradiol)	GP	MO; PV

Drug Name	Drug Tier	Requirements/Limits
LOESTRIN 1.5/30-21 (Use Norethindrone Acet & Eth Estra)	GP	MO; PV
LOESTRIN 1/20-21 (Use Norethindrone Acet & Eth Estra)	GP	MO; PV
LOESTRIN 24 FE	PV	MO; PV
LOESTRIN FE 1.5/30 (Use Norethin Acet & Estrad-Fe)	GP	MO; PV
LOESTRIN FE 1/20 (Use Norethin Acet & Estrad-Fe)	GP	MO; PV
LOSEASONIQUE (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily); MO; PV
MINASTRIN 24 FE	PV	PA; MO; PV
MIRCETTE (Use Desogestrel-Ethinyl Estradiol (Biphasic))	GP	MO; PV
MODICON (Use Norethindrone & Eth Estradiol)	GP	MO; PV
NATAZIA	PV	QL(1 ea daily); MO; PV
NECON 10/11-28	PV	MO; PV
NORDETTE-28 (Use Levonorgestrel & Eth Estradiol)	GP	MO; PV
norethin acet & estrad-fe	PV	MO; PV
norethindrone & eth estradiol	PV	MO; PV
norethindrone & ethinyl estradiol-fe	PV	MO; PV
norethindrone & mestranol	PV	MO; PV
norethindrone acet & eth estra	PV	MO; PV
norethindrone acetate-ethinyl estradiol-fe	PV	MO; PV
norethindrone-eth estradiol (triphasic)	PV	MO; PV
norethindrone-eth estradiol (triphasic)	PV	QL(1 ea daily); MO; PV

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Drug Name	Drug Tier	Requirements/Limits
<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 & ethinyl estradiol</i>	PV	MO; PV
NORINYL 1+35 (Use Norethindrone & Eth Estradiol)	GP	MO; PV
NORINYL 1+50 (Use Norethindrone & Mestranol)	GP	MO; PV
<i>ogestrel</i>	PV	PV
ORTHO TRI-CYCLEN (Use Norgestimate-Ethinyl Estradiol (Triphasic))	GP	QL(1 ea daily); MO; PV
ORTHO TRI-CYCLEN LO	PV	MO; PV
ORTHO-CEPT (Use Desogestrel & Ethinyl Estradiol)	GP	MO; PV
ORTHO-CYCLEN (Use Norgestimate-Ethinyl Estradiol)	GP	QL(1 ea daily); MO; PV
ORTHO-NOVUM 1/35 (Use Norethindrone & Eth Estradiol)	GP	MO; PV
ORTHO-NOVUM 7/7/7 (Use Norethindrone-Eth Estradiol (Triphasic))	GP	QL(1 ea daily); MO; PV
OVCON-35 (Use Norethindrone & Eth Estradiol)	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 (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily); MO; PV

Drug Name	Drug Tier	Requirements/Limits
SEASONIQUE (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily); MO; PV
TRI-NORINYL 28 (Use Norethindrone-Eth Estradiol (Triphasic))	GP	MO; PV
YASMIN 28 (Use Drospirenone-Ethinyl Estradiol)	GP	QL(1 ea daily); MO; PV
YAZ (Use Drospirenone-Ethinyl Estradiol)	GP	QL(1 ea daily); MO; PV
<i>zovia 1/50e</i>	PV	MO; PV
Combination Contraceptives - Transdermal		
ORTHO EVRA	PV	MO; PV
Combination Contraceptives - Vaginal		
NUVARING	PV	QL(0.04 ea daily); MO; PV
Emergency Contraceptives		
ELLA	PV	PV
<i>levonorgestrel (emergency oc)</i>	PV	RX/OTC; PV
PLAN B ONE-STEP	PV	RX/OTC; PV
PLAN B ONE-STEP (Use Levonorgestrel (Emergency OC))	GP	RX/OTC; PV
Progestin Contraceptives - Oral		
NOR-QD (Use Norethindrone (Contraceptive))	GP	QL(1 ea daily); MO; PV
<i>norethindrone (contraceptive)</i>	PV	QL(1 ea daily); MO; PV
ORTHO MICRONOR (Use Norethindrone (Contraceptive))	GP	QL(1 ea daily); MO; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide</i>	1	MO
CORTEF (Use Hydrocortisone)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cortisone acetate</i>	1	MO
<i>dexamethasone</i>	1	MO
DEXAMETHASONE INTENSOL	2	MO
DEXTAK 10 DAY	3	MO
DEXTAK 13 DAY	3	MO
DEXTAK 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
MEDROL DOSEPAK (<i>Use Methylprednisolone</i>)	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 (<i>Use Prednisolone Sodium Phosphate</i>)	GP	MO
ORAPRED ODT	3	MO
PEDIAPRED (<i>Use Prednisolone Sodium Phosphate</i>)	GP	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	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i>	1	MO
PREDNISONE INTENSOL	2	MO
PRELONE (<i>Use Prednisolone</i>)	GP	MO
RAYOS	3	MO
UCERIS	3	PA; MO
VERIPRED 20	3	MO
Mineralocorticoids		
<i>fludrocortisone acetate</i>	1	MO
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate</i>	1	MO
<i>hydrocodone w/ homatropine</i>	1	MO
TESSALON (<i>Use Benzonatate</i>)	GP	MO
TESSALON PERLES (<i>Use Benzonatate</i>)	GP	MO
Cough/Cold/Allergy Combinations		
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 syrup 100mg/5ml-3.5%-10mg/5ml, 100mg/5ml-3.8%-10mg/5ml</i>	1	RX/OTC; MO
<i>phenyleph-promethazine w/ cod</i>	1	MO
<i>promethazine & phenylephrine</i>	1	MO
<i>promethazine vc plain</i>	1	

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<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 syrps 2mg/5ml-30mg/5ml-10mg/5ml, 2mg/5ml-30mg/5ml-10mg/5ml-0.95%</i>	1	RX/OTC; MO
<i>pseudoephedrine w/codeine-gg soln 30mg/5ml-100mg/5ml-1.7%-10mg/5ml, 30mg/5ml-100mg/5ml-1.9%-10mg/5ml, 30mg/5ml-100mg/5ml-2.1%-10mg/5ml</i>	1	MO
REZIRA	3	MO
SEMPREX-D	3	MO
TUSSICAPS	3	MO
VITUZ	3	
ZUTRIPRO	3	MO
Misc. Respiratory Inhalants		
<i>HYPER-SAL (Use Sodium Chloride (Inhalant))</i>	GP	MO
<i>HYPERSAL (Use Sodium Chloride (Inhalant))</i>	GP	MO
NEBUSAL	3	MO
<i>sodium chloride (inhalant)</i>	1	MO
Mucolytics		
<i>acetylcysteine</i>	1	MO
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA	3	PA

Drug Name	Drug Tier	Requirements/Limits
ACANYA	3	MO
ACZONE	3	MO
<i>adapalene</i>	1	QL(1.5 gm daily); MO
AKNE-MYCIN	2	MO
ATRALIN	3	MO
AVAR	3	
AVAR LS	3	
AVAR LS CLEANSER	3	MO
AVAR-E LS	3	MO
AZELEX	3	MO
BENZAACLIN (<i>Use Clindamycin Phosphate-Benzoyl Peroxide</i>)	GP	MO
BENZAACLIN WITH PUMP (<i>Use Clindamycin Phosphate-Benzoyl Peroxide</i>)	GP	MO
<i>claravis</i>	1	
CLARIFOAM EF (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	GP	MO
CLEOCIN-T (<i>Use Clindamycin Phosphate (Topical)</i>)	GP	MO
CLINDAGEL	3	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 % (<i>Use Adapalene</i>)	GP	QL(1.5 gm daily); MO
DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>)	GP	QL(1.5 gm daily); MO

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Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL 0.3 %	2	MO
DIFFERIN LOTN 0.1 %	3	MO
DUAC (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	GP	MO
EPIDUO	3	MO
erythromycin	1	MO
erythromycin (acne aid)	1	MO
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)
isotretinoin 20 mg	1	QL(5 ea daily, 150 day(s) limit)
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
PLEXION CLEANSER (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
PLEXION SCT (Use Sulfacetamide Sodium w/ Sulfur)	GP	MO
RETIN-A (Use Tretinoin)	GP	MO
RETIN-A MICRO (Use Tretinoin Microsphere)	GP	MO
RETIN-A MICRO PUMP (Use Tretinoin Microsphere)	GP	MO
RIAX	3	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFUR	3	MO
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	3	MO
sodium sulfacetamide/sulfur in urea	1	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
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 %, 0.075 %	3	MO
tretinoin	1	MO
tretinoin microsphere 0.04 %	1	QL(1.7 gm daily); MO
tretinoin microsphere 0.04 %	1	QL(0.67 gm daily); MO
tretinoin microsphere 0.04 %, 0.1 %	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
VANOXIDE-HC	3	MO
VELTIN	3	MO
ZIANA	3	MO
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(0.5 gm daily); MO
Anti-inflammatory Agents - Topical		
FLECTOR	3	MO
LIDOPROFEN	3	PA
PENNSAID	3	QL(5 ml daily); MO
VOLTAREN GEL TD 1 %	3	MO
Antibiotics - Topical		
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 sulfata (topical)	1	MO
gentamicin sulfata crea ex 0.1 %	1	MO
gentamicin sulfata oint ex 0.1 %	1	MO
mupirocin	1	MO
mupirocin calcium (topical)	1	MO
Antifungals - Topical		

Drug Name	Drug Tier	Requirements/ Limits
ALCORTIN A	3	MO
ALOQUIN	3	MO
CICLODAN SOLUTION KIT (Use Ciclopirox)	GP	MO
ciclopirox	1	MO
ciclopirox olamine	1	MO
clotrimazole w/ betamethasone crea	1	QL(1.5 gm daily); MO
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
HYDRO-IODOQUINOL 2-1	3	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
NAFTIN CREA 1 %, 2 %	3	MO
NAFTIN GEL 1 %	3	MO
NAFTIN GEL 2 %	3	

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Drug Name	Drug Tier	Requirements/Limits
NIZORAL (Use Ketoconazole (Topical))	GP	MO
<i>nystatin (topical)</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystatin/triamcinolone</i>	1	MO
OXISTAT	3	MO
PENLAC NAIL LACQUER (Use Ciclopirox)	GP	MO
VUSION	3	MO
VYTONE	3	
XOLEGEL	3	MO
Antineoplastic or Premalignant Lesion Agents		
CARAC	2	MO
<i>diclofenac sodium (actinic keratoses)</i>	1	MO
EFUDEX (Use Fluorouracil (Topical))	GP	MO
FLUOROPLEX	2	MO
<i>fluorouracil (topical)</i>	1	MO
PANRETIN	3	PA; MO
PICATO	3	MO
SOLARAZE (Use Diclofenac Sodium (Actinic Keratoses))	GP	MO
TARGRETIN	SP	PA
VALCHLOR	SP	PA; LA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	1	MO
ZONALON (Use Doxepin HCl (Antipruritic))	GP	MO
Antipsoriatics		

Drug Name	Drug Tier	Requirements/Limits
<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
DOVONEX (Use Calcipotriene)	GP	QL(5 gm daily); MO
DOVONEX SCALP (Use Calcipotriene)	GP	MO
OXSORALEN ULTRA	2	MO
SORIATANE 10 MG (Use Acitretin)	GP	QL(1 ea daily); MO
SORIATANE 17.5 MG (Use Acitretin)	GP	MO
SORIATANE 25 MG (Use Acitretin)	GP	QL(2 ea daily); MO
SORILUX	3	PA; MO
TAZORAC	2	MO
VECTICAL (Use Calcitriol (Topical))	GP	QL(3.4 gm daily); MO
ZITHRANOL-RR	3	MO
Antiseborrheic Products		
OVACE PLUS WASH (Use Sulfacetamide Sodium)	GP	MO
OVACE WASH (Use Sulfacetamide Sodium)	GP	MO
<i>selenium sulfide lotn 2.5 %</i>	1	MO
SELENIUM SULFIDE SHAM 2.25%	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
SELRX	3	
SELSUN SHAMPOO (Use Selenium Sulfide)	GP	MO
SODIUM SULFACETAMIDE WASH	3	
<i>sulfacetamide sodium</i>	1	MO
TERSI FOAM	3	MO
Antivirals - Topical		
<i>acyclovir topical</i>	1	QL(1 gm daily); MO
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
Burn Products		
SILVADENE (Use Silver Sulfadiazine)	GP	MO
<i>silver sulfadiazine</i>	1	MO
SULFAMYLON	3	MO
Corticosteroids - Topical		
ACLOVATE (Use Alclometasone Dipropionate)	GP	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide</i>	1	MO
APEXICON E	2	MO
<i>betamethasone dipropionate (topical)</i>	1	MO
<i>betamethasone dipropionate augmented</i>	1	MO
<i>betamethasone valerate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
CAPEX	2	MO
CARMOL-HC (Use Urea-HC Acetate)	GP	MO
<i>clobetasol propionate</i>	1	MO
<i>clobetasol propionate emollient base</i>	1	MO
<i>clobetasol propionate emulsion</i>	1	MO
CLOBEX LIQD	3	MO
CLOBEX LOTN (Use Clobetasol Propionate)	GP	MO
CLOBEX SHAM (Use Clobetasol Propionate)	GP	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
<i>desonide</i>	1	MO
DESOWEN (Use Desonide)	GP	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
DIPROLENE (Use Betamethasone Dipropionate Augmented)	GP	MO
DIPROLENE AF (Use Betamethasone Dipropionate Augmented)	GP	MO
ELOCON (Use Mometasone Furoate)	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 & 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 Hydrocortisone Butyrate)	GP	MO
LOCOID LIPOCREAM (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	3	MO

Drug Name	Drug Tier	Requirements/ Limits
LOCOID LIPOCREAM (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	GP	MO
LOCOID LOTN	3	MO
LOCOID OINT (Use Hydrocortisone Butyrate)	GP	MO
LOCOID SOLN (Use Hydrocortisone Butyrate)	GP	MO
LUXIQ (Use Betamethasone Valerate)	GP	MO
<i>mometasone furoate</i>	1	MO
NOVACORT	3	MO
OLUX (Use Clobetasol Propionate)	GP	MO
OLUX-E (Use Clobetasol Propionate Emulsion)	GP	MO
PANDEL	3	MO
PRAMOSONE CREA 1%-1%, 1%-2.5% (Use Pramoxine-HC)	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 Fluocinolone Acetonide)	GP	MO
TACLONEX OINT	3	ST; MO
TACLONEX SUSP	3	MO
TEMOVATE (Use Clobetasol Propionate)	GP	MO
TEMOVATE E (Use Clobetasol Propionate Emollient Base)	GP	MO
TEXACORT	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.05 %, 0.25 % (Use Desoximetasone)	GP	MO
TOPICORT GEL 0.05 % (Use Desoximetasone)	GP	MO
TOPICORT LIQD 0.25 %	3	ST; MO
TOPICORT OINT 0.05 %, 0.25 % (Use Desoximetasone)	GP	MO
<i>triamcinolone acetonide</i>	1	MO
<i>triamcinolone acetonide (topical)</i>	1	MO
TRIANEX	3	MO
ULTRAVATE (Use Halobetasol Propionate)	GP	MO
ULTRAVATE PAC (Use Halobetasol Propionate & Ammonium Lactate)	GP	MO
<i>urea-hc acetate</i>	1	MO
VANOS	3	MO
VERDESO	3	MO
WESTCORT (Use Hydrocortisone Valerate)	GP	MO
Emollient/Keratolytic Agents		
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	
Emollients		
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
Enzymes - Topical		
GRANULEX (Use Trypsin w/ Castor Oil & Peruvian Balsam)	GP	MO
SANTYL	3	MO
<i>trypsin w/ castor oil & peruvian balsam</i>	1	MO
XENADERM (Use Trypsin w/ Castor Oil & Peruvian Balsam)	GP	MO
Immunomodulating Agents - Topical		
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
Immunosuppressive Agents - Topical		
ELIDEL	3	QL(2 gm daily); MO
PROTOPIC	2	PA; QL(2 gm daily); AL; MO
Keratolytic/Antimitotic Agents		

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Drug Name	Drug Tier	Requirements/ Limits
CONDYLOX GEL	2	MO
CONDYLOX SOLN (Use Podofilox)	GP	MO
PODOCON 25 IN BENZOIN TINCTURE	3	
<i>podofilox</i>	1	MO
SALEX (Use Salicylic Acid)	GP	MO
SALEX LOTION (Use Salicylic Acid w/ Cleanser)	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 (Use Salicylic Acid in Ammonium Lactate Vehicle)	GP	MO
SALVAX (Use Salicylic Acid)	GP	MO
VIRASAL (Use Salicylic Acid)	GP	MO
Local Anesthetics - Topical		
<i>butamben-tetracaine-benzocaine</i>	1	
EMLA (Use Lidocaine-Prilocaine)	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
<i>lidocaine/prilocaine</i>	1	
LIDODERM (Use Lidocaine)	GP	QL(3 ea daily); MO
LIDORX	3	MO
XYLOCAINE EX 4 % (Use Lidocaine HCl)	GP	MO
XYLOCAINE JELLY (Use Lidocaine HCl)	GP	RX/OTC; MO
Misc. Dermatological Products		
EMULSION SB	3	MO
EPICERAM	3	MO
TL-CERMIDE	3	MO
Misc. Topical		
<i>aluminum chloride</i>	1	MO
DRYSOL (Use Aluminum Chloride)	GP	MO
XERAC AC	3	MO
Rosacea Agents		
FINACEA	2	MO
METROCREAM (Use Metronidazole (Topical))	GP	MO
METROGEL (Use Metronidazole (Topical))	GP	MO
METROLOTION (Use Metronidazole (Topical))	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
NORITATE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ORACEA	3	PA; MO
Scabicides & Pediculicides		
ELIMITE (Use Permethrin)	GP	QL(2 gm daily); MO
EURAX	2	MO
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
NATROBA (Use Spinosad)	GP	AL; MO
OVIDE (Use Malathion)	GP	MO
<i>permethrin</i>	1	QL(2 gm daily); MO
SKLICE	3	MO
<i>spinosad</i>	1	AL; MO
ULESFIA	3	MO
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily); MO
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
ACCUTREND GLUCOSE	3	PA; QL(6.7 ea daily); MO
ASCENSIA AUTODISC TEST STRIPS	3	PA; QL(6.7 ea daily); MO
BAYER BREEZE 2 TEST DISC	3	PA; QL(6.7 ea daily); MO
CARESENS N BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily)
ELEMENT COMPACT TEST STRIPS	3	PA; QL(6.67 ea daily); MO
OPTUMRX BLOOD GLUCOSE TEST	3	PA; QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS	3	PA; QL(6.67 ea daily)
SMART SENSE VALUE BLOOD GLUCOSE STRIPS	3	PA; QL(6.67 ea daily)
TGT BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.7 ea daily)
TRUETEST BLOOD GLUCOSE TEST STRIPS	3	PA; QL(6.67 ea daily); MO
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON	2	MO
PANCREAZE	3	MO
<i>pancrelipase (lipase-protease-amylase)</i>	1	MO
PERTZYE	3	MO
SUCRAID	SP	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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	1	MO
DIAMOX (Use Acetazolamide)	GP	MO
<i>methazolamide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NEPTAZANE (Use Methazolamide)	GP	MO
Diuretic Combinations		
ALDACTAZIDE 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	GP	MO
ALDACTAZIDE 50MG-50MG	2	MO
amiloride & hydrochlorothiazide	1	MO
DYAZIDE (Use Triamterene & Hydrochlorothiazide)	GP	MO
MAXZIDE (Use Triamterene & Hydrochlorothiazide)	GP	MO
MAXZIDE-25 (Use Triamterene & Hydrochlorothiazide)	GP	MO
spironolactone & hydrochlorothiazide	1	MO
triamterene & hydrochlorothiazide	1	MO
TRIAMTERENE/HYDROCHLOROTHIAZIDE	2	
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	MO
DEMADEX (Use Torsemide)	GP	MO
EDECIN	3	MO
furosemide soln or 10 mg/ml	1	MO
FUROSEMIDE SOLN OR 8 MG/ML	3	MO
furosemide tabs or 20 mg, 40 mg, 80 mg	1	MO
LASIX (Use Furosemide)	GP	MO
torsemide	1	MO
Potassium Sparing Diuretics		
ALDACTONE (Use Spironolactone)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
amiloride hcl	1	MO
DYRENIUM	3	MO
MIDAMOR (Use Amiloride HCl)	GP	MO
spironolactone	1	MO
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE 250 MG	3	MO
chlorothiazide 250 mg, 500 mg	1	MO
chlorthalidone	1	MO
DIURIL	3	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
methyclothiazide	1	MO
metolazone	1	MO
MICROZIDE (Use Hydrochlorothiazide)	GP	MO
THALITONE	2	
ZAROXOLYN (Use Metolazone)	GP	MO
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
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	1	MO
alendronate sodium tabs 10 mg, 5 mg	1	QL(1 ea daily); MO
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.14 ea daily); MO
alendronate sodium tabs 40 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
AELVIA	3	ST; QL(0.15 ea daily); MO
BINOSTO	SP	PA; QL(0.15 ea daily)
BONIVA (Use Ibandronate Sodium)	GP	QL(0.04 ea daily); MO
calcitonin (salmon)	1	MO
DIDRONEL (Use Etidronate Disodium)	GP	MO
etidronate disodium	1	MO
FORTEO	SP	PA
FORTICAL	3	MO
FOSAMAX (Use Alendronate Sodium)	GP	QL(0.14 ea daily); MO
FOSAMAX PLUS D	3	PA; QL(0.15 ea daily); MO
ibandronate sodium	1	QL(0.04 ea daily); MO
MIACALCIN IJ 200 UNIT/ML	SP	PA
MIACALCIN NA 200 UNIT/ACT (Use Calcitonin (Salmon))	GP	MO
Growth Hormone Receptor Antagonists		
SOMAVERT	SP	PA
Growth Hormones		
HUMATROPE	SP	PA
HUMATROPE COMBO PACK	SP	PA
NORDITROPIN FLEXPOR	SP	PA
NORDITROPIN NORDIFLEX PEN	SP	PA
OMNITROPE	SP	PA
SEROSTIM	SP	PA
Hormone Receptor Modulators		
EVISTA	2	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
OSPHENA	3	PA; MO
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	SP	PA
Metabolic Modifiers		
BUPHENYL (Use Sodium Phenylbutyrate)	SP	PA
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
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG	3	MO
KUVAN	SP	PA
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	1	MO
levocarnitine (metabolic modifiers) tabs or 330 mg	1	MO
ORFADIN	SP	PA
paricalcitol	1	MO
RAVICTI	3	
ROCALTROL (Use Calcitriol)	GP	MO
SENSIPAR	3	
sodium phenylbutyrate	SP	PA
ZEMPLAR CAPS OR 1 MCG, 2 MCG, 4 MCG	3	MO
Posterior Pituitary Hormones		

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Drug Name	Drug Tier	Requirements/Limits
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	
Prolactin Inhibitors		
cabergoline	1	QL(8 ea per fill retail, 8 ea per 23 days retail); MO
Somatostatic Agents		
octreotide acetate	SP	PA
SANDOSTATIN (Use Octreotide Acetate)	SP	PA
Vasopressin Receptor Antagonists		
SAMSCA	SP	PA; QL(1 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA (Use Estradiol & Norethindrone Acetate)	GP	MO
ANGELIQ	3	MO
CLIMARA PRO	2	MO
COMBIPATCH	3	MO
esterified estrogens & methyltestosterone	1	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
estradiol & norethindrone acetate	1	MO
FEMHRT 1/5 (Use Norethindrone Acetate-Ethinyl Estradiol)	GP	MO; PV
FEMHRT LOW DOSE	3	MO
jinteli	1	MO
norethindrone acetate-ethinyl estradiol	PV	MO; PV
PREFEST	3	MO
PREMPHASE	2	MO
PREMPRO	2	MO
Estrogens		
ALORA 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL(0.27 ea daily); MO
ALORA 0.05 MG/24HR	2	QL(0.27 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 (Use Estradiol)	GP	QL(0.14 ea daily); MO
DIVIGEL	3	MO
ELESTRIN	3	MO
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 (Use Estradiol)	GP	MO
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	1	QL(0.14 ea daily); MO

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Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	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	3	QL(0.27 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, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.27 ea daily); MO
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK	2	MO
AVELOX TABS OR 400 MG	2	MO
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	MO
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
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, 750 MG (Use Levofloxacin)	GP	QL(14 ea per fill retail, 00 ea per fill mail); MO
LEVAQUIN TABS 500 MG (Use Levofloxacin)	GP	QL(14 ea per fill retail)
<i>levofloxacin soln or 25 mg/ml</i>	1	
<i>levofloxacin soln or 25 mg/ml</i>	1	MO
<i>levofloxacin tabs or 250 mg, 750 mg</i>	1	QL(14 ea per fill retail, 00 ea per fill mail); MO
<i>levofloxacin tabs or 250 mg, 750 mg</i>	1	QL(14 ea per fill retail); MO
<i>levofloxacin tabs or 500 mg</i>	1	QL(14 ea per fill retail)
NOROXIN	3	MO
<i>ofloxacin 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 300 mg, 400 mg</i>	1	QL(28 ea per 90 days retail,28 ea per 90 days mail); MO
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Gallstone Solubilizing Agents		
ACTIGALL (<i>Use Ursodiol</i>)	GP	MO
URSO 250 (<i>Use Ursodiol</i>)	GP	MO
URSO FORTE (<i>Use Ursodiol</i>)	GP	MO
<i>ursodiol</i>	1	MO
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	1	MO
GASTROCROM (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	GP	MO
Gastrointestinal Chloride Channel Activators		
AMITIZA	2	MO
Gastrointestinal Stimulants		
<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
METOZOLV ODT	3	MO
REGLAN (<i>Use Metoclopramide HCl</i>)	GP	MO
Inflammatory Bowel Agents		
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

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium</i>	1	QL(9.4 ea daily); MO
CANASA	2	MO
CIMZIA	SP	PA
COLAZAL (<i>Use Balsalazide Disodium</i>)	GP	QL(9.4 ea daily); MO
DELZICOL	2	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
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	MO
Irritable Bowel Syndrome (IBS) Agents		
LINZESS	3	MO
LOTRONEX	3	MO
Peripheral Opioid Receptor Antagonists		
RELISTOR	SP	PA
Phosphate Binder Agents		
<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

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Drug Name	Drug Tier	Requirements/ Limits
REVELA	3	MO
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS MF	2	
K-PHOS NO 2	2	MO
Alkalinizers		
<i>cytra-3</i>	1	MO
<i>cytra-k</i>	1	MO
<i>potassium citrate (alkalinizer)</i>	1	MO
<i>potassium citrate-citric acid</i>	1	MO
SHOHL'S SOLUTION MODIFIED (Use Sodium Citrate & Citric Acid)	GP	MO
<i>sodium citrate & citric acid</i>	1	MO
<i>tricitrates</i>	1	
UROCI-K 10 (Use Potassium Citrate (Alkalinizer))	GP	MO
UROCI-K 15	2	MO
UROCI-K 5 (Use Potassium Citrate (Alkalinizer))	GP	MO
Cystinosis Agents		
CYSTAGON	3	
PROCYSBI	3	
Interstitial Cystitis Agents		
ELMIRON	3	MO
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
AVODART	3	ST; MO
CARDURA XL	3	MO
<i>finasteride</i>	1	QL(1 ea daily); AL; MO
FLOMAX (Use Tamsulosin HCl)	GP	QL(2 ea daily); MO
JALYN	3	ST; MO
PROSCAR (Use Finasteride)	GP	QL(1 ea daily); AL; MO
RAPAFLO	3	MO
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MO
UROXATRAL (Use Alfuzosin HCl)	GP	QL(1 ea daily); MO
Urinary Analgesics		
<i>phenazopyridine hcl</i>	1	MO
PYRIDIUM (Use Phenazopyridine HCl)	GP	MO
Urinary Stone Agents		
LITHOSTAT	3	MO
THIOLA	3	MO
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MO
Gout Agents		
<i>allopurinol</i>	1	MO
COLCRYS	2	MO
ULORIC	2	MO
ZYLOPRIM (Use Allopurinol)	GP	MO
Uricosurics		
<i>probenecid</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ALPHANINE SD	SP	PA
HEMOFIL M	SP	PA; LA
Bradykinin B2 Receptor Antagonists		
FIRAZYR	SP	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MO
TRENTAL (<i>Use Pentoxifylline</i>)	GP	MO
Platelet Aggregation Inhibitors		
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
PLAVIX (<i>Use Clopidogrel Bisulfate</i>)	GP	QL(2 ea daily); MO
PLETAL (<i>Use Cilostazol</i>)	GP	QL(2 ea daily); MO
<i>ticlopidine hcl</i>	1	MO
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Anemia		
DROXIA	3	MO

Drug Name	Drug Tier	Requirements/Limits
Folic Acid/Folates		
<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
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE	SP	PA
EPOGEN	SP	PA
LEUKINE	SP	PA
NEULASTA	SP	PA
NEUMEGA	SP	PA
NEUPOGEN	SP	PA
PROCRIT	SP	PA
PROMACTA 25 MG, 50 MG	SP	PA
PROMACTA 75 MG	SP	PA; QL(1 ea daily)
Hematopoietic Mixtures		
FOLIVANE-F	2	MO
INTEGRA F	2	MO
NIRON KOMPLETE	3	
Iron		
FER-IN-SOL (<i>Use Ferrous Sulfate</i>)	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
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR (<i>Use Aminocaproic Acid</i>)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid syrp or 25 %</i>	1	MO
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	MO
CYKLOKAPRON (Use <i>Tranexamic Acid</i>)	SP	PA
LYSTEDA (Use <i>Tranexamic Acid</i>)	GP	QL(6 ea daily,5 day(s) limit); MO
<i>tranexamic acid soln iv 100 mg/ml</i>	SP	PA
<i>tranexamic acid tabs or 650 mg</i>	1	QL(6 ea daily,5 day(s) limit); MO
HYPNOTICS - Drugs to Help Sleep		
Barbiturate Hypnotics		
BUTISOL SODIUM	3	MO
<i>phenobarbital elix 20 mg/5ml</i>	1	MO
<i>phenobarbital soln 20 mg/5ml</i>	1	MO
<i>phenobarbital tabs 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	MO
PHENOBARBITAL TABS 100 MG, 15 MG, 30 MG, 60 MG	2	MO
Hypnotics - Tricyclic Agents		
SILENOR	3	ST; QL(1 ea daily); MO
Non-Barbiturate Hypnotics		
AMBIEN (Use <i>Zolpidem Tartrate</i>)	GP	QL(1 ea daily); MO
AMBIEN CR (Use <i>Zolpidem Tartrate</i>)	GP	QL(1 ea daily); MO
<i>chloral hydrate</i>	1	
DORAL	3	
EDLUAR	3	ST; QL(1 ea daily); MO
<i>estazolam</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl</i>	1	MO
HALCION (Use <i>Triazolam</i>)	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
<i>quazepam</i>	1	MO
RESTORIL (Use <i>Temazepam</i>)	GP	MO
SOMNOTE	2	
SONATA (Use <i>Zaleplon</i>)	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
Selective Melatonin Receptor Agonists		
ROZEREM	3	ST; QL(1 ea daily); MO
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
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 <i>PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	GP	QL(4000 ml per fill retail,4000 ml per fill mail)
GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	2	QL(4000 ea per fill retail,4000 ea per fill mail); MO

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Drug Name	Drug Tier	Requirements/Limits
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
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 236gm-22.74gm-5.86gm-2.97gm-6.74gm	1	QL(4000 ml per fill retail,4000 ml per fill mail); MO
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 240gm-22.72gm-5.84gm-2.98gm-6.72gm	1	QL(4000 ml per fill retail,4000 ml per fill mail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	MO
PREPOPIK	3	
SUCLEAR	3	
SUPREP BOWEL PREP	3	
Laxatives - Miscellaneous		
KRISTALOSE	3	MO
<i>lactulose</i>	1	MO
MIRALAX POWD (Use Polyethylene Glycol 3350)	GP	QL(17.6 gm daily); RX/OTC; MO
<i>polyethylene glycol 3350 powd</i>	1	QL(17.6 gm daily); RX/OTC; MO
Saline Laxatives		
OSMOPREP	3	
VISICOL	3	MO

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	MO
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail); 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,10 ea per fill mail); MO
ZITHROMAX PACK OR 1 GM (Use Azithromycin)	GP	MO
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	GP	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	GP	QL(6 ea per fill retail,6 ea per fill mail); 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,10 ea per fill mail); MO
ZITHROMAX TRI-PAK (Use Azithromycin)	GP	QL(3 ea daily); MO
ZITHROMAX Z-PAK (Use Azithromycin)	GP	QL(6 ea per fill retail,6 ea per fill mail); MO
ZMAX	2	QL(2 ea daily); MO
Clarithromycin		
BIAXIN (Use Clarithromycin)	GP	
BIAXIN XL (Use Clarithromycin)	GP	QL(14 ea per fill retail,14 ea per fill mail)
BIAXIN XL PAC (Use Clarithromycin)	GP	QL(14 ea per fill retail,14 ea per fill mail)

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail, 14 ea per fill mail)
Erythromycins		
<i>e.e.s. 400</i>	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB	2	
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
Fidaxomicin		
DIFICID	3	
MEDICAL DEVICES		
Contraceptives		
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); PV
ORTHO DIAPHRAGM ALL-FLEX/70MM	PV	QL(1 ea per 360 days retail); PV
ORTHO DIAPHRAGM ALL-FLEX/75MM	PV	QL(1 ea per 360 days retail); PV

Drug Name	Drug Tier	Requirements/Limits
ORTHO DIAPHRAGM ALL-FLEX/80MM	PV	QL(1 ea per 360 days retail); 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
Diabetic Supplies		
CARESENS CONTROL A SOLUTION	3	PA; MO
OPTUMRX GLUCOSE CONTROL LEVEL 1/2	3	PA; MO
Parenteral Therapy Supplies		

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Drug Name	Drug Tier	Requirements/Limits
BD ECLIPSE NEEDLE 30G X1/2"	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
Respiratory Therapy Supplies		
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
AEROCHAMBER PLUS FLOW-VU/LARGE MASK	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

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	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
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
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	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
AEROCHAMBER Z-STAT PLUS/MEDIUM 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
AEROCHAMBER/FLOWSI GNAL	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

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BREATHERITE	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
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK	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
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK	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
BREATHERITE COLLAPSIBLEINFANT SPACER W/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
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK	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
BREATHERITE COLLAPSIBLESPACER W/ NEONATE 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
BREATHERITE RIGID SPACERW/MASK	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
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

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Drug Name	Drug Tier	Requirements/ Limits
MICROCHAMBER	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
NESSI SPACER/LARGE MASK	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
NESSI SPACER/SMALL/MED MASK	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
OPTICHAMBER ADVANTAGE/LARGE MASK	2	QL(1 ea per 365 days retail, 1 ea per 365 days mail); RX/OTC; MO
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
<i>acetaminophen-isometheptene-caffeine</i>	1	MO
<i>acetaminophen-isometheptene-dichloralphenazone</i>	1	MO
CAFERGOT	3	MO
MIGERGOT	2	MO
PRODRIN (Use Acetaminophen-Isometheptene-Caffeine)	GP	MO
TREXIMET	3	PA; QL(0.3 ea daily); MO
Migraine Products - NSAIDs		

Drug Name	Drug Tier	Requirements/Limits
CAMBIA	3	QL(0.3 ea daily); MO
Migraine Products		
DIHYDROERGOTAMINE MESYLATE NA 4 MG/ML	SP	PA; QL(1 ml per fill retail)
ERGOMAR	2	
MIGRANAL	SP	PA; QL(1 ml per fill retail)
Serotonin Agonists		
ALSUMA	SP	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 (Use Sumatriptan)	GP	QL(0.2 ea daily); MO
IMITREX SOLN SC 6 MG/0.5ML (Use Sumatriptan Succinate)	SP	PA; QL(0.07 ml daily)
IMITREX STATDOSE REFILL 4 MG/0.5ML (Use Sumatriptan Succinate)	SP	PA
IMITREX STATDOSE REFILL 6 MG/0.5ML (Use Sumatriptan Succinate)	SP	PA; QL(0.07 ml daily)
IMITREX STATDOSE SYSTEM 4 MG/0.5ML (Use Sumatriptan Succinate)	SP	PA
IMITREX STATDOSE SYSTEM 6 MG/0.5ML (Use Sumatriptan Succinate)	SP	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

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Drug Name	Drug Tier	Requirements/Limits
RELPAX	3	QL(0.2 ea daily); MO
<i>rizatriptan benzoate</i>	1	QL(0.4 ea daily); MO
<i>sumatriptan</i>	1	QL(0.2 ea daily); MO
<i>sumatriptan succinate soln sc 4 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	SP	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(0.2 ea daily); MO
ZOMIG SOLN NA 2.5 MG, 5 MG	3	QL(0.2 ea daily); 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

Chloride

AMMONIUM CHLORIDE	SP	PA
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Fluoride

FLUORABON	PV	MO; PV
<i>flura-drops</i>	PV	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	

Iodine Products

SSKI	2	MO
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Magnesium

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate 50 %</i>	SP	PA
Phosphate		
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 & monobasic</i>	1	MO
Potassium		
EFFER-K	3	MO
K-LOR HOSPITAL PACK (Use Potassium Chloride)	GP	MO
K-TABS (Use Potassium Chloride)	GP	MO
KLOR-CON 25	3	MO
KLOR-CON M15	3	MO
MICRO-K (Use Potassium Chloride)	GP	MO
<i>potassium bicarb & chloride</i>	1	MO
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	MO
<i>potassium chloride liqd or 10 %, 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 soln iv 20 meq/100ml</i>	SP	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (Use Potassium Chloride)	SP	PA
<i>potassium chloride soln or 10 %</i>	1	MO
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	1	MO
Sodium		

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride ij 2.5 meq/ml</i>	SP	PA
<i>sodium chloride iv 0.45 %, 0.9 %, 3 %, 5 %</i>	SP	PA
Zinc		
GALZIN	3	MO
<i>zinc sulfate caps or 220 mg</i>	1	RX/OTC; MO
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM	3	MO
<i>lidocaine hcl (mouth-throat)</i>	1	MO
Anti-infectives - Throat		
<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
Antiallergy Agents - Mouth/Throat		
APHTHASOL	3	MO
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	MO
PERIDEX (Use Chlorhexidine Gluconate (Mouth-Throat))	GP	MO
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth)</i>	1	MO
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	MO
EVOXAC (Use Cevimeline HCl)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
GELCLAIR	3	
ORAFATE	3	
<i>pilocarpine hcl (oral)</i>	1	MO
PROTHELIAL	3	
SALAGEN (Use Pilocarpine HCl (Oral))	GP	MO
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl</i>	1	AL; MO
<i>pediatric vitamins acd w/ fluoride</i>	1	AL; MO
<i>poly-vi-flor chew 200mcg-0.25mg-15unit-400unit, 200mcg-0.5mg-15unit-400unit, 200mcg-1mg-15unit-400unit</i>	1	AL; MO
POLY-VI-FLOR SUSP 200MCG/ML-0.25MG/ML	3	MO
TRI-VI-FLOR	3	MO
TRI-VI-FLORO	3	MO
Ped Multi Vitamins w/Fl & FE		
<i>escavite lq</i>	1	MO
<i>multi-vit/iron/fluoride</i>	1	MO
<i>multi-vitamin/fluoride/iron</i>	1	MO
<i>ped multivitamins w/fl & iron</i>	1	MO
<i>pediatric vitamins acd fluoride & iron</i>	1	AL; MO
POLY-VI-FLOR/IRON	3	MO
<i>tri-vit/fluoride/iron</i>	1	AL; MO
Prenatal Vitamins		
ACTIVE OB	2	
B-NEXA	3	MO

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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	3	MO
CITRANATAL B-CALM	3	MO
CITRANATAL DHA	2	MO
CITRANATAL HARMONY	3	MO
CITRANATAL RX	3	MO
COMPLETE-RF PRENATAL	3	
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
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	

Drug Name	Drug Tier	Requirements/ Limits
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-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 BALANCED 430MG-3MG-220MCG-27MG-2850UNIT-295MG-2MG-25MG-25MG-1.8MG-219MG-20MG-4MG-12MCG-840UNIT-1MG-50MG-120MG	2	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	
EXTRA-VIRT PLUS DHA	3	MO
FOCALGIN-B	3	MO
FOLCAL DHA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
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	
NESTABS DHA	2	MO
NEXA PLUS	3	MO

Drug Name	Drug Tier	Requirements/Limits
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 OB+DHA	2	MO
<i>pnv-dha</i>	1	MO
PNV-DHA+DOCUSATE	3	MO
PNV-FIRST	3	MO
PNV-OMEGA	3	MO
PR NATAL 400 EC	3	MO
PR NATAL 430	3	MO
PR NATAL 430 EC	3	MO
PREFERA OB	3	MO
PREFERA OB + DHA	2	MO
PRENA1 CHEW/QUATREFOLIC	3	MO
PRENA1 PLUS/QUATREFOLIC	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
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	MO
PRENAISSANCE PLUS	3	MO
PRENAISSANCE PROMISE	3	MO
PRENATA	2	MO
<i>prenatal 19 chew 1000unit-400unit-20mg-25mg-3mg-200mg-29mg-7mg-6mg-3mg-12mcg-1mg-30unit-20mg-100mg</i>	1	MO
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG	2	GL; MO
<i>prenatal 19 tabs 1000unit-30unit-20mg-25mg-3mg-200mg-29mg-15mg-3mg-7mg-12mcg-400unit-20mg-1mg-100mg</i>	1	MO
PRENATAL 19 TABS 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

Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal vit w/ ferrous fumarate-1 methylfolate-folic acid</i>	1	MO
PRENATAL-U	2	MO
PRENATE	3	MO
PRENATE DHA	2	QL(1 ea daily); MO
PRENATE ELITE 600MCG-10UNIT-150MCG-2600UNIT-1.5MG-15MG-15MG-25MG-3MG-100MG-26MG-6MG-21MG-3.5MG-13MCG-450UNIT-400MCG-330MCG-21MG-75MG, 600MCG-10UNIT-150MCG-2600UNIT-1.5MG-15MG-25MG-3MG-100MG-26MG-6MG-21MG-3.5MG-13MCG-450UNIT-400MCG-330MCG-21MG-75MG	2	MO
PRENATE ELITE 600MCG-2500UNIT-10UNIT-150MCG-2MG-15MG-30MG-3MG-120MG-27MG-6MG-20MG-3.4MG-12MCG-400UNIT-400MCG-300MCG-20MG-80MG	3	MO
PRENATE ENHANCE	3	
PRENATE ESSENTIAL 340MG-600MCG-40MG-150MCG-300MG-10UNIT-45MG-140MG-28MG-12MCG-200UNIT-25MG-400MCG-250MCG-85MG	3	MO
PRENATE ESSENTIAL 600MCG-40MG-10UNIT-150MCG-300MG-50MG-145MG-29MG-13MCG-220UNIT-400MCG-280MCG-90MG	2	MO
PRENATE MINI	3	MO
PRENATE RESTORE	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENEXA	3	MO
PREQUE 10	3	MO
R-NATAL OB	2	
REAPHIRM	3	MO
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	3	MO
SETONET	3	MO
TARON-BC	3	MO
TARON-C DHA	2	MO
TARON-DUO EC	3	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	3	MO
<i>triadvance</i>	1	MO
TRICARE PRENATAL COMPLEAT	3	
TRINATAL GT	2	MO

Drug Name	Drug Tier	Requirements/ Limits
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	3	MO
VINACAL B	3	MO
VINATE CALCIUM	2	
VINATE DHA	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
VITAFOL-ONE	3	MO
VITAFOL-PLUS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	MO

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VITAMEDMD PLUS RX/QUATREFOLIC	3	MO
VITAMEDMD REDICHEW RX/QUATREFOLIC	3	MO
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	
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
<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
GABLOFEN	SP	PA

Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL	SP	PA
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 (Use <i>Carisoprodol</i>)	GP	MO
<i>tizanidine hcl</i>	1	MO
ZANAFLEX (Use <i>Tizanidine HCl</i>)	GP	MO
Direct Muscle Relaxants		
DANTRIUM (Use <i>Dantrolene Sodium</i>)	GP	MO
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	MO
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin</i>	1	MO
<i>carisoprodol w/ aspirin & codeine</i>	1	MO
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine w/ aspirin & caff</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA	3	QL(0.77 gm daily); MO
Nasal Anti-infectives		
BACTROBAN NASAL	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
Nasal Antiallergy		
ASTELIN (<i>Use 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
Nasal Anticholinergics		
ATROVENT (<i>Use Ipratropium Bromide (Nasal)</i>)	GP	MO
<i>ipratropium bromide (nasal)</i>	1	MO
Nasal Steroids		
BECONASE AQ	3	QL(1.67 gm daily); MO
FLONASE (<i>Use Fluticasone Propionate (Nasal)</i>)	GP	QL(1.2 gm daily); MO
<i>flunisolide (nasal)</i>	1	MO
<i>flunisolide 0.025 %</i>	1	MO
<i>flunisolide 29 mcg/act</i>	1	
<i>fluticasone propionate (nasal)</i>	1	QL(1.2 gm daily); MO
NASACORT AQ (<i>Use Triamcinolone Acetonide (Nasal)</i>)	GP	QL(1.2 gm daily); MO
NASONEX	2	QL(1.2 gm daily); MO
OMNARIS	3	QL(0.42 gm daily); MO
QNASL	3	QL(0.29 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

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetic Decongestants		
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK (<i>Use Riluzole</i>)	GP	MO
<i>riluzole</i>	1	MO
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	3	MO
Beta-blockers - Ophthalmic		
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
<i>metipranolol</i>	1	MO
OPTIPRANOLOL (<i>Use Metipranolol</i>)	GP	MO
<i>timolol maleate (ophth)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC (Use Timolol Maleate (Ophth))	GP	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE (Use Timolol Maleate (Ophth))	GP	MO
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic)	1	MO
ATROPINE SULFATE OINT OP 1 %	3	MO
CYCLOGYL 0.5 %	2	MO
CYCLOGYL 1 %, 2 % (Use Cyclopentolate HCl)	GP	MO
CYCLOMYDRIL	3	MO
cyclopentolate hcl	1	MO
homatropine hbr	1	
ISOPTO ATROPINE (Use Atropine Sulfate (Ophthalmic))	GP	MO
ISOPTO HOMATROPINE 2 %	2	
ISOPTO HOMATROPINE 5 % (Use Homatropine HBr)	GP	
ISOPTO HYOSCINE	2	
MYDRIACYL (Use Tropicamide)	GP	MO
tropicamide	1	MO
Miotics		
ISOPTO CARPINE (Use Pilocarpine HCl)	GP	MO
PHOSPHOLINE IODIDE	2	
pilocarpine hcl	1	MO
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.1 %	2	MO
ALPHAGAN P 0.15 % (Use Brimonidine Tartrate)	GP	MO

Drug Name	Drug Tier	Requirements/Limits
apraclonidine hcl	1	MO
brimonidine tartrate	1	MO
IOPIDINE 0.5 % (Use Apraclonidine HCl)	GP	MO
IOPIDINE 1 %	3	MO
SIMBRINZA	3	MO
Ophthalmic Anti-infectives		
AZASITE	3	QL(0.17 ml daily); MO
BACITRACIN	2	MO
bacitracin (ophthalmic)	1	MO
bacitracin-polymyxin b (ophth)	1	MO
BESIVANCE	3	MO
BLEPH-10 (Use Sulfacetamide Sodium (Ophth))	GP	MO
CILOXAN OINT	2	MO
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	GP	MO
ciprofloxacin hcl (ophth)	1	MO
erythromycin (ophth)	1	MO
GARAMYCIN (Use Gentamicin Sulfate (Ophth))	GP	MO
gatifloxacin (ophth)	1	MO
gentamicin sulfate (ophth)	1	MO
levofloxacin (ophth)	1	MO
MOXEZA	2	MO
NATACYN	2	MO
neomycin-bacitracin zn-polymyxin	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-gramicid</i>	1	MO
NEOSPORIN (Use Neomycin-Polymy-Gramicid)	GP	MO
OCUFLOX (Use Ofloxacin (Ophth))	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 (Use Polymyxin B-Trimethoprim)	GP	MO
<i>sulfacetamide sodium</i>	1	MO
<i>sulfacetamide sodium (ophth)</i>	1	MO
<i>tobramycin sulfate (ophth)</i>	1	MO
TOBREX OINT	2	MO
TOBREX SOLN (Use Tobramycin Sulfate (Ophth))	GP	MO
<i>trifluridine</i>	1	MO
VIGAMOX	2	MO
VIROPTIC (Use Trifluridine)	GP	MO
ZIRGAN	3	MO
ZYMAXID (Use Gatifloxacin (Ophth))	GP	MO
Ophthalmic Decongestants		
MYDFRIN (Use Phenylephrine HCl (Ophth))	GP	MO
<i>naphazoline hcl</i>	1	MO
<i>phenylephrine hcl (ophth)</i>	1	MO
Ophthalmic Immunomodulators		
RESTASIS	3	QL(2.14 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Local Anesthetics		
ALCAINE (Use Proparacaine HCl)	GP	MO
<i>proparacaine hcl</i>	1	MO
<i>tetracaine hcl (ophth)</i>	1	MO
Ophthalmic Steroids		
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 (Use Fluorometholone (Ophth))	GP	MO
LOTEMAX	3	MO
MAXIDEX	2	MO
MAXITROL (Use Neomycin-Polymy-Dexameth)	GP	MO
<i>neomycin-polymy-dexameth</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO
OMNIPRED (Use Prednisolone Acetate (Ophth))	GP	MO
PRED FORTE (Use Prednisolone Acetate (Ophth))	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
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 %	3	MO
<i>sulfacetamide sod-prednisolone</i>	1	MO
TOBRADEX OINT 0.3%-0.1%	3	MO
TOBRADEX ST	3	MO
TOBRADEX SUSP 0.3%-0.01%-0.1% (Use Tobramycin-Dexamethasone)	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
Ophthalmics - Misc.		
ACULAR (Use Ketorolac Tromethamine (Ophth))	GP	MO
ACULAR LS (Use Ketorolac Tromethamine (Ophth))	GP	MO
ACUVAIL	3	MO
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	

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac</i>	1	MO
<i>cromolyn sodium (ophth)</i>	1	MO
CYSTARAN	SP	
<i>diclofenac sodium (ophth)</i>	1	MO
<i>dorzolamide hcl</i>	1	QL(0.34 ml daily); MO
ELESTAT (Use Epinastine HCl (Ophth))	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
LASTACFT	2	MO
NEVANAC	3	MO
OCUFEN (Use Flurbiprofen Sodium)	GP	MO
OPTIVAR (Use Azelastine HCl (Ophth))	GP	MO
PATADAY	2	MO
PATANOL	3	QL(0.34 ml daily); MO
PROLENSA	3	MO
TRUSOPT (Use Dorzolamide HCl)	GP	QL(0.34 ml daily); MO
VOLTAREN SOLN OP 0.1 % (Use Diclofenac Sodium (Ophth))	GP	MO
Prostaglandins - Ophthalmic		
<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)

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z	2	QL(0.09 ml daily); MO
XALATAN (Use Latanoprost)	GP	QL(0.09 ml daily); MO
ZIOPTAN	3	MO
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	MO
acetic acid/aluminum acetate	1	MO
CRESYLATE	3	MO
Otic Anti-infectives		
CETRAXAL (Use Ciprofloxacin HCl (Otic))	GP	MO
ciprofloxacin hcl (otic)	1	MO
ofloxacin (otic)	1	MO
Otic Combinations		
CIPRO HC	3	MO
CIPRODEX	2	MO
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 0.1%-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

Drug Name	Drug Tier	Requirements/Limits
pramoxine-hc-chloroxylenol	1	MO
pramoxine-hc-chloroxylenol aqueous	1	MO
Otic Steroids		
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
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
METHERGINE TABS OR 0.2 MG (Use Methylergonovine Maleate)	GP	MO
methylergonovine maleate tabs or 0.2 mg	1	MO
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CARIMUNE NANOFILTERED 3 GM	SP	PA
FLEBOGAMMA DIF	SP	PA
GAMASTAN S/D	SP	PA
GAMMAGARD LIQUID	SP	PA
GAMMAKED	SP	PA
GAMMAPLEX	SP	PA
GAMUNEX-C	SP	PA
OCTAGAM	SP	PA
PRIVIGEN	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin</i>	1	MO
<i>ampicillin caps 250 mg, 500 mg</i>	1	MO
<i>ampicillin sodium ij 1 gm, 125 mg</i>	SP	PA
AMPICILLIN SODIUM IJ 125 MG	SP	PA
<i>ampicillin sodium iv 10 gm</i>	SP	PA
<i>ampicillin susr 125 mg/5ml</i>	1	
<i>ampicillin susr 250 mg/5ml</i>	1	MO
MOXATAG	3	PA; QL(1 ea daily, 10 ea per fill retail, 10 ea per fill mail); MO
Natural Penicillins		
BICILLIN L-A	SP	PA
<i>penicillin g potassium</i>	SP	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SP	PA
PENICILLIN G PROCAINE	SP	PA
PENICILLIN G SODIUM	SP	PA
<i>penicillin v potassium</i>	1	MO
PFIZERPEN-G (Use <i>Penicillin G Potassium</i>)	SP	PA
Penicillin Combinations		
<i>amoxicillin & pot clavulanate</i>	1	MO
<i>ampicillin & sulbactam sodium ij 1gm-2gm, 5gm-10gm</i>	SP	PA
<i>ampicillin & sulbactam sodium iv 0.5gm-1gm, 5gm-10gm</i>	SP	PA

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 (Use <i>Amoxicillin & Pot Clavulanate</i>)	GP	MO
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	MO
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use <i>Amoxicillin & Pot Clavulanate</i>)	GP	MO
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use <i>Amoxicillin & Pot Clavulanate</i>)	GP	MO
AUGMENTIN XR (Use <i>Amoxicillin & Pot Clavulanate</i>)	GP	MO
BICILLIN C-R	SP	PA
<i>piperacillin sodium-tazobactam sodium 0.25gm-2gm, 0.375gm-3gm</i>	SP	PA
UNASYN ADD-VANTAGE (Use <i>Ampicillin & Sulbactam Sodium</i>)	SP	PA
UNASYN BULK PACK (Use <i>Ampicillin & Sulbactam Sodium</i>)	SP	PA
UNASYN IJ 1GM-2GM (Use <i>Ampicillin & Sulbactam Sodium</i>)	SP	PA
UNASYN IV 0.5GM-1GM (Use <i>Ampicillin & Sulbactam Sodium</i>)	SP	PA
ZOSYN SOLR 0.25GM-2GM-0.5MG, 0.375GM-3GM-0.75MG (Use <i>Piperacillin Sodium-Tazobactam Sodium</i>)	SP	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	MO
<i>nafcillin sodium ij 1 gm, 10 gm</i>	SP	PA
NAFCILLIN SODIUM IV 2 GM	SP	PA
NALLPEN/DEXTROSE	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium 1 gm, 10 gm</i>	SP	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	PA; MO
ANTABUSE (<i>Use Disulfiram</i>)	GP	MO
CAMPRAL (<i>Use Acamprosate Calcium</i>)	GP	MO
<i>disulfiram</i>	1	MO
Anti-Cataplectic Agents		
XYREM	SP	PA
Antidementia Agents		
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

Drug Name	Drug Tier	Requirements/Limits
EXELON CAPS OR 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>Use Rivastigmine Tartrate</i>)	GP	MO
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
Combination Psychotherapeutics		
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>olanzapine-fluoxetine hcl</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	MO
SYMBYAX (<i>Use Olanzapine-Fluoxetine HCl</i>)	GP	MO
Fibromyalgia Agents		
SAVELLA	3	PA; QL(2 ea daily); MO
SAVELLA TITRATION PACK	3	PA; QL(2 ea daily); MO
Movement Disorder Drug Therapy		

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Drug Name	Drug Tier	Requirements/ Limits
XENAZINE	SP	PA
Multiple Sclerosis Agents		
AMPYRA	SP	PA
AUBAGIO	SP	PA
AVONEX	SP	PA
AVONEX PEN	SP	PA
COPAXONE	SP	PA
GILENYA	SP	PA
REBIF	SP	PA
REBIF REBIDOSE	SP	PA
REBIF REBIDOSE TITRATIONPACK	SP	PA
REBIF TITRATION PACK	SP	PA
TECFIDERA	SP	PA
TECFIDERA STARTER PACK	SP	PA
TYSABRI	SP	PA
Postherpetic Neuralgia (PHN) Agents		
GRALISE	3	PA; MO
GRALISE STARTER	3	PA; MO
Premenstrual Dysphoric Disorder (PMDD)		
<i>fluoxetine hcl (pmdd)</i>	1	MO
SARAFEM	3	MO
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	2	MO
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates</i>	1	MO
ORAP	3	MO

Drug Name	Drug Tier	Requirements/ Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT	3	QL(1 ea daily); MO
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	SC	PA; MO
CHANTIX	SC	PA; MO
CHANTIX CONTINUING MONTHPAK	SC	PA; MO
CHANTIX STARTING MONTH PAK	SC	PA; MO
NICOTROL INHALER	SC	PA; MO
NICOTROL NS	SC	PA; MO
ZYBAN (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	SC	PA; MO
Vasomotor Symptom Agents		
BRISDELLE	3	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
GLASSIA	SP	PA
Cystic Fibrosis Agents		
KALYDECO	SP	PA
PULMOZYME	SP	PA; QL(2.5 ml daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE	3	MO
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA (<i>Use Doxycycline (Monohydrate)</i>)	GP	ST
ADOXA PAK 1/100 (<i>Use Doxycycline (Monohydrate)</i>)	GP	ST

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Drug Name	Drug Tier	Requirements/Limits
ADOXA PAK 1/150 (Use Doxycycline (Monohydrate))	GP	ST
ADOXA PAK 2/100 (Use Doxycycline (Monohydrate))	GP	ST
demeclocycline hcl	1	MO
DORYX 150 MG (Use Doxycycline Hyclate)	GP	ST; MO
DORYX 200 MG	3	ST; MO
doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg	1	MO
doxycycline (monohydrate) caps 150 mg	1	ST
doxycycline (monohydrate) susr 25 mg/5ml	1	MO
doxycycline (monohydrate) tabs 100 mg, 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate caps or 100 mg, 50 mg	1	MO
doxycycline hyclate tabs or 100 mg, 20 mg	1	MO
doxycycline hyclate tbec or 100 mg, 150 mg, 75 mg	1	ST; MO
DYNACIN (Use Minocycline HCl)	GP	MO
MINOCIN (Use Minocycline HCl)	GP	MO
minocycline hcl caps 100 mg, 50 mg, 75 mg	1	MO
minocycline hcl tabs 100 mg, 50 mg	1	MO
minocycline hcl tb24 135 mg, 45 mg, 90 mg	1	ST; MO
MONODOX (Use Doxycycline (Monohydrate))	GP	MO
SOLODYN	3	ST; MO
tetracycline hcl 250 mg, 500 mg	1	
tetracycline hcl 250 mg, 500 mg	1	MO

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

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WESTHROID 130 MG, 195 MG, 32.5 MG, 65 MG	3	MO
WESTHROID-P 16.25 MG, 48.75 MG, 97.5 MG	2	MO
WESTHROID-P 32.5 MG, 65 MG	3	MO
WP THYROID 130 MG, 32.5 MG, 65 MG	3	MO
WP THYROID 16.25 MG, 48.75 MG, 97.5 MG	2	MO

ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions

Antispasmodics

ANASPAZ (Use Hyoscyamine Sulfate)	GP	MO
BELLADONNA & OPIUM	3	MO
belladonna alkaloids-phenobarbital	1	MO
BENTYL (Use Dicyclomine HCl)	GP	MO
clidinium & chlordiazepoxide	1	MO
CUVPOSA	2	MO
dicyclomine hcl	1	MO
DIGEX NF (Use Hyoscyamine-Phenyltoloxamine)	GP	MO
DONNATAL	3	MO
DONNATAL EXTENTABS	3	MO
GASTRINEX NF	3	MO
GLYCATE	3	MO
glycopyrrolate tabs or 1 mg, 2 mg	1	MO
hyoscyamine sulfate	1	MO
LIBRAX (Use Clidinium & Chlordiazepoxide)	GP	MO
methscopolamine bromide	1	MO

Drug Name	Drug Tier	Requirements/Limits
PAMINE (Use Methscopolamine Bromide)	GP	MO
PAMINE FORTE (Use Methscopolamine Bromide)	GP	MO
propantheline bromide	1	MO
ROBINUL FORTE (Use Glycopyrrolate)	GP	MO
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	GP	MO
H-2 Antagonists		
AXID (Use Nizatidine)	GP	MO
cimetidine 300 mg, 400 mg, 800 mg	1	MO
cimetidine hcl	1	MO
famotidine susr or 40 mg/5ml	1	MO
famotidine tabs or 40 mg	1	QL(2 ea daily); MO
nizatidine	1	MO
PEPCID SUSR 40 MG/5ML (Use Famotidine)	GP	MO
PEPCID TABS 40 MG (Use Famotidine)	GP	QL(2 ea daily); MO
ranitidine hcl caps 150 mg, 300 mg	1	MO
ranitidine hcl syrp 15 mg/ml, 150 mg/10ml, 75 mg/5ml	1	MO
ranitidine hcl tabs 150 mg	1	RX/OTC; MO
ranitidine hcl tabs 300 mg	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

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Drug Name	Drug Tier	Requirements/Limits
ZANTAC TBEF OR 25 MG	3	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	MO
CARAFATE TABS 1 GM (Use Sucralfate)	GP	MO
<i>sucralfate</i>	1	MO
Proton Pump Inhibitors		
ACIPHEX (Use <i>Rabeprazole Sodium</i>)	GP	PA; QL(2 ea daily); MO
ACIPHEX SPRINKLE	3	PA; MO
DEXILANT	3	ST; QL(1 ea daily); MO
ESOMEPRAZOLE STRONTIUM	3	PA
FIRST-LANSOPRAZOLE	3	MO
FIRST-OMEPRAZOLE	3	MO
<i>lansoprazole 15 mg</i>	1	QL(1 ea daily); 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
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 (Use <i>Lansoprazole</i>)	GP	QL(1 ea daily); MO
PREVACID SOLUTAB	3	PA; QL(1 ea daily); AL; MO
PRILOSEC CPDR 10 MG (Use <i>Omeprazole</i>)	GP	MO
PRILOSEC CPDR 20 MG, 40 MG (Use <i>Omeprazole</i>)	GP	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC PACK 10 MG	3	PA; MO
PROTONIX PACK OR 40 MG	3	MO
PROTONIX TBEF OR 20 MG, 40 MG (Use <i>Pantoprazole Sodium</i>)	GP	QL(1 ea daily); MO
<i>rabeprazole sodium</i>	1	PA; QL(2 ea daily); MO
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use <i>Misoprostol</i>)	GP	MO
<i>misoprostol</i>	1	MO
Ulcer Therapy Combinations		
<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 <i>Amoxicillin-Clarithromycin w/ Lansoprazole</i>)	GP	MO
PYLERA	3	MO
ZEGERID CAPS 40MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>)	GP	PA; MO
ZEGERID PACK 20MG-1680MG, 40MG-1680MG	3	MO
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
<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 <i>Methenamine-Hyosc-Methylene Blue-Benzoic Acid-Phenyl Sal</i>)	GP	MO

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Drug Name	Drug Tier	Requirements/Limits
URELLE	3	MO
URIBEL	3	MO
UROQID #2	3	MO
Urinary Anti-infectives		
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
<i>methenamine mandelate</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd macro</i>	1	MO
UREX (Use Methenamine Hippurate)	GP	MO
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL (Use Tolterodine Tartrate)	GP	QL(2 ea daily); MO
DETROL LA	2	QL(1 ea daily); MO
DITROPAN XL (Use Oxybutynin Chloride)	GP	MO
ENABLEX	3	MO
GELNIQUE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i>	1	MO
OXYTROL	3	RX/OTC
OXYTROL FOR WOMEN	3	RX/OTC
SANCTURA (Use Trospium Chloride)	GP	MO
SANCTURA XR (Use Trospium Chloride)	GP	MO
<i>tolterodine tartrate</i>	1	QL(2 ea daily); MO
TOVIAZ	2	QL(1 ea daily); MO
<i>trospium chloride</i>	1	MO
VESICARE	3	MO
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ	3	QL(1 ea daily); MO
Urinary Antispasmodics - Cholinergic		
<i>bethanechol chloride</i>	1	MO
URECHOLINE (Use Bethanechol Chloride)	GP	MO
Urinary Antispasmodics - Direct Muscle		
<i>flavoxate hcl</i>	1	MO
VACCINES		
Bacterial Vaccines		
VIVOTIF BERNA	3	QL(4 ea per fill retail)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
OPTIONS GYNOL II VAGINALCONTRACEPTIVE	PV	MO; PV
SHUR-SEAL	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
Vaginal Anti-infectives		
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
<i>miconazole 3</i>	1	MO
NYSTATIN VAGINAL	2	
TERAZOL 3 (Use <i>Terconazole Vaginal</i>)	GP	MO
TERAZOL 7 (Use <i>Terconazole Vaginal</i>)	GP	MO
<i>terconazole vaginal</i>	1	MO
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	2	MO
ESTRING	3	MO
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
Vaginal Progestins		
CRINONE 8 %	3	PA; MO
ENDOMETRIN	3	PA; MO
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

Drug Name	Drug Tier	Requirements/Limits
ADRENACLICK	SP	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
AUVI-Q	SP	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
EPINEPHRINE	SP	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
EPIPEN 2-PAK	SP	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
EPIPEN-JR 2-PAK	SP	PA; QL(0.14 ea daily, 2 ea per fill retail, 2 ea per fill mail)
TWINJECT	SP	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
Vasopressors		
<i>midodrine hcl</i>	1	MO
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS (Use <i>Cholecalciferol</i>)	GP	AL; PV
<i>cholecalciferol chew 400 unit</i>	PV	AL; PV
<i>cholecalciferol liqd 400 unit/ml</i>	PV	MO; PV
<i>cholecalciferol liqd 400 unt/0.03ml</i>	PV	AL; PV
<i>cholecalciferol tabs 400 unit</i>	PV	MO; PV
CVS VITAMIN D3	PV	AL; PV
D-VI-SOL (Use <i>Cholecalciferol</i>)	GP	MO; PV
D3	PV	AL; PV

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Drug Name	Drug Tier	Requirements/ Limits
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 400	PV	AL; PV
VITAMIN D3 CAPS 400 UNIT	PV	AL; PV
VITAMIN D3 LIQD 1200 UNIT/15ML	PV	AL
WELLESSE VITAMIN D3	PV	AL

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ACTEMRA.....	3	AEROCHAMBER PLUS PLUS VALVED HOLDING CHAMBER W/FLOW VU.....	59	allopurinol.....	54
ACTIGALL.....	53	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL.....	59	ALOCRIAL.....	73
ACTIMMUNE.....	28	AEROCHAMBER Z-STAT PLUS/LARGE MASK.....	59	ALOMIDE.....	73
ACTIQ.....	5	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK.....	59	ALOQUIN.....	42
ACTIVE OB.....	64	AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	59	ALORA 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR.....	51
ACTIVELLA.....	51	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL.....	59	ALORA 0.05 MG/24HR.....	51
ACTONEL 150 MG.....	49	AEROCHAMBER Z-STAT PLUS/LARGE MASK.....	59	ALPHAGAN P 0.1 %.....	71
ACTONEL 30 MG, 35 MG, 5 MG.....	49	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK.....	59	ALPHAGAN P 0.15 %.....	71
ACTOPLUS MET.....	18	AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	59	ALPHANINE SD.....	55
ACTOPLUS MET XR.....	18			alprazolam.....	11
ACTOS.....	19			ALPRAZOLAM INTENSOL.....	11
ACULAR.....	73			ALREX.....	72
ACULAR LS.....	73			ALSUMA.....	62
ACUVAIL.....	73			ALTABAX.....	42
acyclovir.....	32			ALTACE.....	24
acyclovir topical.....	44			ALTOPREV.....	23
ACZONE.....	40				

aluminum chloride	47	ampicillin & sulbactam sodium 0.5gm-1gm, 5gm-10gm	75	ARANESP ALBUMIN FREE	55
ALUVEA	46	ampicillin & sulbactam sodium 1gm-2gm, 5gm-10gm	75	ARAVA 10 MG	4
ALVESCO	12	ampicillin 125 mg/5ml	75	ARAVA 20 MG	4
amantadine hcl	29	ampicillin 250 mg, 500 mg	75	ARCALYST	3
AMARYL	20	ampicillin 250 mg/5ml	75	ARCAPTA NEOHALER	13
AMBIEN	56	ampicillin sodium 1 gm, 125 mg	75	ARIAL CHAMBER	59
AMBIEN CR	56	ampicillin sodium 10 gm	75	ARICEPT	76
amcinonide	44	AMPICILLIN SODIUM 125 MG	75	ARICEPT ODT	76
AMERGE	62	AMPYRA	77	ARIMIDEX	27
AMETHYST	37	AMRIX	69	ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	14
AMICAR	55	AMTURNIDE	25	ARIXTRA 2.5 MG/0.5ML	14
amifostine crystalline	29	ANAFRANIL	18	ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 300 MG	78
amiloride & hydrochlorothiazide	49	anagrelide hcl	55	ARMOUR THYROID 30 MG, 60 MG, 90 MG	78
amiloride hcl	49	ANALPRAM-HC 1%-1%, 1%- 2.5%	9	AROMASIN	27
aminocaproic acid 1000 mg, 500 mg	56	ANALPRAM-HC 1%-2.5%	9	ARTHROTEC 50	3
aminocaproic acid 25 %	56	ANALPRAM-HC SINGLES	9	ARTHROTEC 75	3
aminophylline 200 mg	14	ANAPROX	3	ASACOL	53
amiodarone hcl	12	ANAPROX DS	3	ASACOL HD	53
AMITIZA	53	ANASPAZ	79	ASCENSIA AUTODISC TEST STRIPS	48
amitriptyline hcl	18	anastrozole	27	ASMANEX 120 METERED DOSES	12
amlodipine besylate	34	ANCOBON 250 MG	21	ASMANEX 14 METERED DOSES	12
amlodipine besylate-benazepril hcl	25	ANCOBON 500 MG	21	ASMANEX 30 METERED DOSES	12
amlodipine besylate/atorvastatin calcium	36	ANDRODERM 2 MG/24HR, 4 MG/24HR, 5 MG/24HR	8	ASMANEX 60 METERED DOSES	12
AMMONIUM CHLORIDE	63	ANDRODERM 2.5 MG/24HR	8	ASMANEX 7 METERED DOSES	12
AMOXAPINE	18	ANDROGEL	8	aspirin 324 mg, 325 mg, 81 mg	5
amoxicillin	75	ANDROGEL PUMP	8	aspirin 325 mg	5
amoxicillin & pot clavulanate	75	ANDROXY	8	aspirin 81 mg	5
amoxicillin-clarithromycin w/ lansoprazole	80	ANGELIQ	51	ASTAGRAF XL 0.5 MG, 1 MG	33
amphetamine- dextroamphetamine 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	ANTABUSE	76	ASTAGRAF XL 5 MG	33
amphetamine- dextroamphetamine 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	ANTARA 130 MG, 43 MG	22	ASTELIN	70
		ANTARA 30 MG, 90 MG	23	ASTEPRO	70
		ANUSOL-HC	9	ATACAND	24
		ANZEMET 100 MG	20	ATACAND HCT	25
		APEXICON E	44	ATELVIA	50
		APHTHASOL	64	atenolol	34
		APIDRA	19	atenolol & chlorthalidone	25
		APIDRA SOLOSTAR	19	ATIVAN 0.5 MG, 1 MG, 2 MG	11
		APLENZIN	16	atorvastatin calcium	23
		APOKYN	29	atovaquone-proguanil hcl	26
		apraclonidine hcl	71	ATRALIN	40
		APRISO	53		
		APTIVUS	31		
		ARALEN	26		

ATRIPLA.....	31	azithromycin 250 mg.....	57	BEPREVE.....	73
atropine sulfate (ophthalmic).....	71	azithromycin 500 mg.....	57	BESIVANCE.....	71
ATROPINE SULFATE 1 %.....	71	azithromycin 600 mg.....	57	BETAGAN.....	70
ATROVENT.....	70	AZOPT.....	73	betamethasone dipropionate (topical).....	44
ATROVENT HFA.....	12	AZOR.....	25	betamethasone dipropionate augmented.....	44
AUBAGIO.....	77	aztreonam.....	9	betamethasone valerate.....	44
AUGMENTIN 125MG/5ML- 31.25MG/5ML.....	75	AZULFIDINE.....	53	BETAPACE.....	34
AUGMENTIN 250MG/5ML- 62.5MG/5ML.....	75	AZULFIDINE EN-TABS.....	53	BETAPACE AF.....	34
AUGMENTIN 500MG-125MG, 875MG-125MG.....	75	B-NEXA.....	64	betaxolol hcl.....	34
AUGMENTIN ES-600.....	75	BABY DDROPS.....	82	betaxolol hcl (ophth).....	70
AUGMENTIN XR.....	75	BACITRACIN.....	71	bethanechol chloride.....	81
AUVI-Q.....	82	bacitracin (ophthalmic).....	71	BETHKIS.....	3
AVALIDE.....	25	bacitracin-poly-neomycin-hc.....	72	BETIMOL.....	70
AVANDAMET.....	18	bacitracin-polymyxin b (ophth).....	71	BETOPTIC-S.....	70
AVANDARYL.....	18	baclofen.....	69	BEYAZ.....	37
AVANDIA.....	19	BACTRIM.....	10	BIAXIN.....	57
AVAPRO.....	24	BACTRIM DS.....	10	BIAXIN XL.....	57
AVAR.....	40	BACTROBAN.....	42	BIAXIN XL PAC.....	57
AVAR LS.....	40	BACTROBAN NASAL.....	69	bicalutamide.....	27
AVAR LS CLEANSER.....	40	BAL-CARE DHA.....	65	BICILLIN C-R.....	75
AVAR-E LS.....	40	BAL-CARE DHA ESSENTIAL.....	65	BICILLIN L-A.....	75
AVC.....	82	balsalazide disodium.....	53	BIDIL.....	36
AVELOX 400 MG.....	52	BANZEL.....	14	BILTRICIDE.....	9
AVELOX ABC PACK.....	52	BARACLUDGE.....	32	BINOSTO.....	50
AVINZA.....	5	BAYER BREEZE 2 TEST DISC.....	48	bisoprolol & hydrochlorothiazide.....	25
AVODART.....	54	BAYER CHEWABLE LOW DOSE.....	5	bisoprolol fumarate.....	34
AVONEX.....	77	BD ECLIPSE NEEDLE 30G X1/2".....	59	BLEPH-10.....	71
AVONEX PEN.....	77	BD NEEDLE/30G X 1/2".....	59	BLEPHAMIDE.....	72
AXERT.....	62	BECONASE AQ.....	70	BLEPHAMIDE S.O.P.....	72
AXID.....	79	BELLADONNA & OPIUM.....	79	BONIVA.....	50
AXIRON.....	8	belladonna alkaloids- phenobarbital.....	79	BOSULIF.....	28
AYGESTIN.....	76	benazepril & hydrochlorothiazide.....	25	BREATHERITE.....	60
AZACTAM.....	9	benazepril hcl.....	24	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	60
AZACTAMIN ISO-OSMOTIC DEXTROSE.....	9	BENICAR.....	24	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	60
AZASAN.....	33	BENICAR HCT.....	25	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	60
AZASITE.....	71	BENTYL.....	79	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	60
azathioprine.....	33	BENZAFLIN.....	40	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK.....	60
azelastine hcl.....	70	BENZAFLIN WITH PUMP.....	40		
azelastine hcl (ophth).....	73	benzonatate.....	39		
AZELEX.....	40	benztropine mesylate 0.5 mg, 1 mg, 2 mg.....	29		
AZILECT.....	30	benztropine mesylate 1 mg/ml.....	29		
azithromycin 1 gm.....	57				
azithromycin 100 mg/5ml, 200 mg/5ml.....	57				

BREATHERITE RIGID SPACERW/MASK	60	butalbital-aspirin-caffeine	5	carbinoxamine maleate	22
BREATHERITE W/LARGE MASK	60	butalbital-aspirin-caffeine w/cod	7	CARDIZEM	35
BREATHERITE W/MEDIUM MASK	60	butalbital/aspirin/caffeine	5	CARDIZEM CD	35
BREATHERITE W/SMALL MASK	60	butamben-tetracaine- benzocaine	47	CARDIZEM LA 120 MG	35
BREO ELLIPTA	13	BUTISOL SODIUM	56	CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	35
BREVICON-28	37	butorphanol tartrate 10 mg/ml	8	CARDURA	24
BRILINTA	55	BUTRANS 10 MCG/HR, 20 MCG/HR, 5 MCG/HR	8	CARDURA XL	54
brimonidine tartrate	71	BUTRANS 15 MCG/HR	8	CARESENS CONTROL A SOLUTION	58
BRINTELLIX	17	BYDUREON	19	CARESENS N BLOOD GLUCOSETEST STRIPS	48
BRISDELLE	77	BYETTA	19	CARIMUNE NANOFILTERED 3 GM	74
BROMDAY	73	BYSTOLIC	34	carisoprodol	69
bromfenac	73	cabergoline	51	carisoprodol w/ aspirin	69
bromocriptine mesylate	29	CADUET	36	carisoprodol w/ aspirin & codeine	69
BROVANA	13	CAFICIT	1	CARMOL-HC	44
budesonide	38	CAFERGOT	62	CARNITOR 1 GM/10ML	50
budesonide (inhalation) 0.25 mg/2ml	12	caffeine citrate	1	CARNITOR 330 MG	50
budesonide (inhalation) 0.5 mg/2ml	12	CALAN	35	CARNITOR SF	50
bumetanide 0.5 mg, 1 mg, 2 mg	49	CALAN SR	35	carteolol hcl (ophth)	70
BUPAP 300MG-50MG	5	calcipotriene	43	carvedilol 12.5 mg, 25 mg, 6.25 mg	34
BUPAP 650MG-50MG	5	calcitonin (salmon)	50	carvedilol 3.125 mg	34
BUPHENYL	50	calcitrene	43	CASODEX	27
buprenorphine hcl 2 mg	8	calcitriol (topical)	43	CATAFLAM	3
buprenorphine hcl 8 mg	8	calcitriol 0.25 mcg, 0.5 mcg	50	CATAPRES	24
buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg	8	calcitriol 1 mcg/ml	50	CATAPRES-TTS-1	24
buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg	8	calcium acetate (phosphate binder)	53	CATAPRES-TTS-2	24
bupropion hcl (smoking deterrent)	77	CAMBIA	62	CATAPRES-TTS-3	24
bupropion hcl 100 mg, 150 mg, 200 mg	16	CAMPRAL	76	CAVAN ONE OMEGA	65
bupropion hcl 100 mg, 75 mg	16	CANASA	53	CAVAN-ALPHA KIT	65
bupropion hcl 150 mg, 300 mg	16	candesartan cilexetil	24	CAVAN-EC SOD DHA	65
buspirone hcl	11	candesartan cilexetil- hydrochlorothiazide	25	CAYSTON	9
BUSULFEX	27	CAPEX	44	CEDAX	36
butalbital-acetaminophen 325mg- 50mg	5	CAPRELSA	28	CEENU 10 MG	27
butalbital-acetaminophen 650mg- 50mg	5	captopril	24	CEENU 100 MG, 40 MG	27
butalbital-acetaminophen- caffeine	5	captopril/hydrochlorothiazide	25	cefaclor 250 mg, 500 mg	36
butalbital-acetaminophen- caffeine w/ codeine 300mg- 50mg-40mg-30mg	7	CARAC	43	cefaclor 250 mg/5ml	36
butalbital-acetaminophen- caffeine w/ codeine 325mg- 50mg-40mg-30mg	7	CARAFATE 1 GM	80	CEFACLOR ER	36
		CARAFATE 1 GM/10ML	80	cefadroxil	36
		carbamazepine	14	CEFAZOLIN SODIUM 1 GM	36
		CARBATROL	15	cefazolin sodium 1 gm, 10 gm, 500 mg	36
		carbidopa-levodopa	29	CEFAZOLIN SODIUM 1GM- 5%	36
		carbidopa-levodopa- entacapone	29	cefdinir	36
		CARBIDOPA/LEVODOPA/ENT ACAPONE	29	CEFOTETAN	36

CEFOXITIN SODIUM.....	36	cholecalciferol 400 unit/ml.....	82	CLARINEX REDITABS 5 MG ..	22
cefoxitin sodium.....	36	cholecalciferol 400		CLARINEX-D 12 HOUR.....	39
cefepodoxime proxetil.....	36	unt/0.03ml.....	82	CLARINEX-D 24 HOUR.....	39
cefprozil.....	36	cholestyramine.....	22	clarithromycin 125 mg/5ml, 250	
CEFTIBUTEN.....	36	cholestyramine light.....	22	mg/5ml.....	58
CEFTIN 125 MG/5ML.....	36	choline fenofibrate.....	23	clarithromycin 250 mg, 500 mg	58
CEFTIN 250 MG, 500 MG.....	36	CICLODAN SOLUTION KIT.....	42	clarithromycin 500 mg.....	58
CEFTIN 250 MG/5ML.....	36	ciclopirox.....	42	clemastine fumarate.....	22
cefuroxime axetil.....	36	ciclopirox olamine.....	42	CLEOCIN 100 MG.....	82
CELEBREX.....	3	cidofovir.....	32	CLEOCIN 150 MG, 300 MG, 75	
CELEXA 10 MG.....	17	cilostazol.....	55	MG.....	10
CELEXA 20 MG.....	17	CILOXAN.....	71	CLEOCIN 2 %.....	82
CELEXA 40 MG.....	17	cimetidine 300 mg, 400 mg,		CLEOCIN PEDIATRIC	
CELLCEPT 200 MG/ML.....	33	800 mg.....	79	GRANULES.....	10
CELLCEPT 250 MG.....	33	cimetidine hcl.....	79	CLEOCIN-T.....	40
CELLCEPT 500 MG.....	33	CIMZIA.....	53	clidinium & chlordiazepoxide ..	79
CELONTIN.....	16	CIPRO 250 MG, 500 MG.....	52	CLIMARA.....	51
CEM-UREA.....	46	CIPRO 5 GM/100ML, 500		CLIMARA PRO.....	51
CENESTIN 0.3 MG, 0.625 MG,		MG/5ML.....	52	CLINDAGEL.....	40
0.9 MG, 1.25 MG.....	51	CIPRO HC.....	74	clindamycin hcl.....	10
CENESTIN 0.45 MG.....	51	CIPRO XR 1000MG.....	52	clindamycin palmitate	
CENTANY.....	42	CIPRO XR 500MG.....	52	hydrochloride.....	10
CENTANY AT.....	42	CIPRODEX.....	74	clindamycin phosphate	
cephalexin.....	36	ciprofloxacin hcl.....	52	(topical).....	40
CESAMET.....	21	ciprofloxacin hcl (ophth).....	71	clindamycin phosphate vaginal	82
CETRAXAL.....	74	ciprofloxacin hcl (otic).....	74	clindamycin phosphate-benzoyl	
cevimeline hcl.....	64	ciprofloxacin hcl (opht).....	71	peroxide.....	40
CHANTIX.....	77	ciprofloxacin hcl (otc).....	74	clindamycin phosphate-benzoyl	
CHANTIX CONTINUING		ciprofloxacin-ciprofloxacin hcl		peroxide (refrigerate).....	40
MONTHPAK.....	77	1000mg.....	52	CLINORIL.....	3
CHANTIX STARTING MONTH		ciprofloxacin-ciprofloxacin hcl		clobetasol propionate.....	44
PAK.....	77	500mg.....	52	clobetasol propionate emollient	
CHEMET.....	20	citalopram hydrobromide 10		base.....	44
chloral hydrate.....	56	mg.....	17	clobetasol propionate emulsion	44
chlordiazepoxide hcl.....	11	citalopram hydrobromide 10		CLOBEX.....	44
chlordiazepoxide/amitriptyline	76	mg/5ml.....	17	CLODERM.....	44
chlorhexidine gluconate (mouth-		citalopram hydrobromide 20		CLODERM PUMP.....	44
throat).....	64	mg.....	17	clomipramine hcl.....	18
chloroquine phosphate.....	26	citalopram hydrobromide 40		clonazepam.....	14
CHLOROTHIAZIDE 250 MG ..	49	mg.....	17	clonidine hcl.....	24
chlorothiazide 250 mg, 500 mg	49	CITRANATAL 90 DHA.....	65	clonidine hcl (adhd).....	1
chlorpromazine hcl 10 mg, 100		CITRANATAL ASSURE.....	65	clopidogrel bisulfate.....	55
mg, 200 mg, 25 mg, 50 mg.....	31	CITRANATAL B-CALM.....	65	clorazepate dipotassium.....	11
chlorpropamide.....	20	CITRANATAL DHA.....	65	clorpres.....	25
chlorthalidone.....	49	CITRANATAL HARMONY.....	65	clotrimazole.....	64
chlorzoxazone.....	69	CITRANATAL RX.....	65	clotrimazole w/ betamethasone	42
CHOICE-OB+DHA.....	65	CLAFORAN 2 GM.....	36	clozapine.....	30
cholecalciferol 400 unit.....	82	claravis.....	40	CLOZARIL.....	30
		CLARIFOAM EF.....	40	COARTEM.....	26
		CLARINEX 0.5 MG/ML.....	22		
		CLARINEX 5 MG.....	22		
		CLARINEX REDITABS 2.5			
		MG.....	22		

codeine sulfate 15 mg, 30 mg, 60 mg	5	CORTENEMA	9	CYMBALTA 60 MG	17
CODEINE SULFATE 30 MG/5ML	5	CORTIFOAM	9	cyproheptadine hcl	22
COGENTIN	29	cortisone acetate	39	CYSTAGON	54
COLAZAL	53	CORTISPORIN 0.1%-10000UNIT/ML-3.5MG/ML-1%	74	CYSTARAN	73
colchicine w/ probenecid	54	CORTISPORIN 10000UNIT/GM-0.5%-0.5%	42	CYTOMEL	78
COLCRYS	54	CORTISPORIN 400UNIT/GM-5000UNIT/GM-0.5%-1%	42	CYTOTEC	80
COLESTID	22	CORTISPORIN-TC	74	cytra-3	54
COLESTID FLAVORED	22	CORZIDE	25	cytra-k	54
colestipol hcl	22	COSOPT	70	D-VI-SOL	82
COLY-MYCIN S	74	COSOPT PF	70	D3	82
COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	56	COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	14	DALIRESP	12
COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM-2.98GM-6.72GM	56	COVERA-HS	35	danazol	8
COMBIGAN	70	COZAAR	24	DANTRIUM	69
COMBIPATCH	51	CREON	48	dantrolene sodium 100 mg, 25 mg, 50 mg	69
COMBIVENT	13	CRESTOR 10 MG, 20 MG, 40 MG	23	dapsone	10
COMBIVENT RESPIMAT	13	CRESTOR 5 MG	23	DARAPRIM	26
COMBIVIR	31	CRESYLATE	74	DAYPRO	3
COMETRIQ	28	CRINONE 8 %	82	DAYTRANA	2
COMPLERA	31	CRIXIVAN	31	DDAVP 0.01 %	51
COMPLETE-RF PRENATAL	65	cromolyn sodium	12	DDAVP 0.1 MG, 0.2 MG	51
COMPLETENATE	65	cromolyn sodium (mastocytosis)	53	DELZICOL	53
COMTAN	29	cromolyn sodium (ophth)	73	DEMADEX	49
CONCEPT DHA	65	CUPRIMINE	33	demeclocycline hcl	78
CONCEPT OB	65	CUTIVATE	44	DEMEROL 100 MG, 50 MG	5
CONCERTA 18 MG, 27 MG, 54 MG	2	CUVPOSA	79	DENAVIR	44
CONCERTA 36 MG	2	CVS VITAMIN D3	82	DEPAKENE	16
CONDYLOX	47	CYCLESSA	37	DEPAKOTE	16
CONZIP	5	cyclobenzaprine hcl	69	DEPAKOTE ER	16
COPAXONE	77	CYCLOGYL 0.5 %	71	DEPAKOTE SPRINKLES	16
COPEGUS	32	CYCLOGYL 1 %, 2 %	71	DEPEN TITRATABS	33
CORDARONE	12	CYCLOMYDRIL	71	DERMA-SMOOTH/FS BODY OIL	44
CORDRAN	44	cyclopentolate hcl	71	DERMA-SMOOTH/FS SCALP	44
CORDRAN SP	44	cyclophosphamide 25 mg, 50 mg	27	DERMA-SMOOTH/FS SCALP OIL	44
CORDRAN TAPE	44	CYCLOSERINE	26	DERMATOP	44
COREG 12.5 MG, 25 MG, 6.25 MG	34	CYCLOSET	19	DERMOTIC	74
COREG 3.125 MG	34	cyclosporine 100 mg, 25 mg	33	desipramine hcl	18
COREG CR	34	cyclosporine modified	33	desloratadine 2.5 mg, 5 mg	22
CORGARD	34	cyclosporine modified (for microemulsion)	33	desloratadine 5 mg	22
CORTANE-B AQUEOUS	74	CYKLOKAPRON	56	desmopressin acetate 0.1 mg, 0.2 mg	51
CORTANE-B-OTIC	74	CYMBALTA 20 MG, 30 MG, 60 MG	17	desmopressin acetate refrigerated	51
CORTEF	38			desmopressin acetate spray	51

desmopressin acetate spray refrigerated	51	diclofenac sodium	3	DITROPAN XL	81
DESOGEN	37	diclofenac sodium (actinic keratoses)	43	DIURIL	49
desogestrel & ethinyl estradiol	37	diclofenac sodium (ophth)	73	divalproex sodium	16
desogestrel-ethinyl estradiol (biphasic)	37	diclofenac w/ misoprostol	3	DIVIGEL	51
desogestrel-ethinyl estradiol (triphasic)	37	dicloxacillin sodium	75	DOLGIC PLUS	5
DESONATE	44	dicyclomine hcl	79	DOLOPHINE	5
desonide	44	didanosine	31	DOLOPHINE HCL	5
DESOWEN	44	DIDRONEL	50	donepezil hydrochloride	76
desoximetasone	45	DIFFERIN 0.1 %	40	DONNATAL	79
DESOXYN	1	DIFFERIN 0.3 %	41	DONNATAL EXTENTABS	79
DESVENLAFAXINE ER	17	DIFICID	58	DORAL	56
DETROL	81	diflorasone diacetate	45	DORIBAX	10
DETROL LA	81	DIFLUCAN	21	DORYX 150 MG	78
dexamethasone	39	diflunisal	5	DORYX 200 MG	78
DEXAMETHASONE INTENSOL	39	DIGEX NF	79	dorzolamide hcl	73
dexamethasone sodium phosphate (ophth)	72	digoxin 0.05 mg/ml	35	dorzolamide hcl-timolol maleate	70
DEXEDRINE	1	digoxin 0.125 mg, 0.25 mg	35	DOVONEX	43
DEXILANT	80	DIHYDROERGOTAMINE MESYLATE 4 MG/ML	62	DOVONEX SCALP	43
dexmethylphenidate hcl 10 mg, 2.5 mg, 5 mg	2	DILACOR XR	35	doxazosin mesylate	24
dexmethylphenidate hcl 15 mg, 30 mg, 40 mg	2	DILANTIN	16	doxepin hcl	18
DEXPAK 10 DAY	39	DILANTIN INFATABS	16	doxepin hcl (antipruritic)	43
DEXPAK 13 DAY	39	DILATRATE SR	10	doxycycline (monohydrate) 100 mg, 150 mg, 50 mg, 75 mg	78
DEXPAK 6 DAY	39	DILAUDID	5	doxycycline (monohydrate) 100 mg, 50 mg, 75 mg	78
dextroamphetamine sulfate 10 mg	1	diltiazem hcl 120 mg, 180 mg, 240 mg	35	doxycycline (monohydrate) 150 mg	78
dextroamphetamine sulfate 10 mg, 15 mg, 5 mg	1	diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg	35	doxycycline (monohydrate) 25 mg/5ml	78
dextroamphetamine sulfate 5 mg	1	diltiazem hcl 120 mg, 60 mg, 90 mg	35	doxycycline hyclate 100 mg, 150 mg, 75 mg	78
dextroamphetamine sulfate 5 mg/5ml	1	diltiazem hcl coated beads 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	35	doxycycline hyclate 100 mg, 20 mg	78
DIABETA	20	diltiazem hcl coated beads 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	35	doxycycline hyclate 100 mg, 50 mg	78
DIAMOX	48	diltiazem hcl extended release beads	35	DRISDOL	83
DIASTAT ACUDIAL	14	DIOVAN	24	dronabinol	21
DIASTAT PEDIATRIC	14	DIOVAN HCT	25	drospirenone-ethinyl estradiol	37
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS	48	DIPENTUM	53	DROXIA	55
diazepam (anticonvulsant)	14	diphenhydramine hcl 50 mg/ml	22	DRYSOL	47
diazepam 1 mg/ml	11	diphenoxylate w/ atropine	20	DUAC	41
diazepam 10 mg, 2 mg, 5 mg	11	diphenoxylate/atropine	20	DUET DHA	65
DIAZEPAM INTENSOL	11	DIPROLENE	45	DUET DHA 400	65
DIBENZYLINE	24	DIPROLENE AF	45	DUET DHA 400EC	65
DICLEGIS	21	dipyridamole	55	DUET DHA 430	65
diclofenac potassium	3	disopyramide phosphate	11	DUET DHA 430EC	65
		disulfiram	76		

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.....	65	EASIVENT/MASK-LARGE... 60	ENJUVIA 0.3 MG, 0.45 MG, 1.25 MG.....	51
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.....	65	EASIVENT/MASK-MEDIUM. 60	ENJUVIA 0.625 MG.....	51
DUET DHA BALANCED 430MG- 3MG-220MCG-27MG-2850UNIT- 295MG-2MG-25MG-25MG- 1.8MG-219MG-20MG-4MG- 12MCG-840UNIT-1MG-50MG- 120MG.....	65	EASIVENT/MASK-SMALL... 60	ENJUVIA 0.9 MG.....	51
DUET DHA EC 400MG- 2825UNIT-3MG-220MCG-25MG- 2MG-25MG-25MG-1.8MG- 200MG-20MG-4MG-12MCG- 800UNIT-1MG-45MG-120MG.....	65	EC-NAPROSYN 500 MG.....	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.....	14
DUET DHA EC 430MG- 2825UNIT-3MG-220MCG-25MG- 2MG-25MG-25MG-1.8MG- 200MG-20MG-4MG-12MCG- 800UNIT-1MG-45MG-120MG.....	65	econazole nitrate.....	enoxaparin sodium 300 mg/3ml.....	14
DUETACT.....	18	ECOTRIN REGULAR STRENGTH.....	entacapone.....	29
DUEXIS.....	3	EDARBI.....	ENTOCORT EC.....	39
DULERA.....	13	EDARBYCLOR.....	EPICERAM.....	47
duloxetine hcl.....	17	EDECRIIN.....	EPIDUO.....	41
DUONEB.....	13	EDLUAR.....	EPIFOAM.....	45
DURAGESIC.....	5	EDURANT.....	epinastine hcl (ophth).....	73
DUREZOL.....	72	EFFER-K.....	EPINEPHRINE.....	82
DUTOPROL.....	25	EFFEXOR XR 150 MG.....	EPIPEN 2-PAK.....	82
DYAZIDE.....	49	EFFEXOR XR 37.5 MG, 75 MG.....	EPIPEN-JR 2-PAK.....	82
DYMISTA.....	69	EFFIENT.....	EPIVIR 10 MG/ML.....	31
DYNACIN.....	78	EFUDEX.....	EPIVIR 150 MG, 300 MG.....	31
DYRENIUM.....	49	ELDEPRYL.....	EPIVIR HBV.....	31
E-Z SPACER.....	60	ELEMENT COMPACT TEST STRIPS.....	eplerenone.....	26
E-Z SPACER THE BODY GUARDS PACK.....	60	ELESTAT.....	EPOGEN.....	55
e.e.s. 400.....	58	ELESTRIN.....	eprosartan mesylate.....	24
E.E.S. GRANULES.....	58	ELIDEL.....	EPZICOM.....	31
EASIVENT.....	60	ELIGARD.....	EQUETRO.....	30
		ELIMITE.....	ergocalciferol.....	83
		ELIQUIS.....	ergoloid mesylates.....	77
		ELIXOPHYLLIN.....	ERGOMAR.....	62
		ELLA.....	ERIVEDGE.....	27
		ELMIRON.....	ERTACZO.....	42
		ELOCON.....	ERY-TAB.....	58
		EMADINE.....	ERYPED 200.....	58
		EMCYT.....	ERYPED 400.....	58
		EMEND.....	erythrocin stearate.....	58
		EMEND 125 MG, 80 MG.....	erythromycin.....	41
		EMEND 40 MG.....	erythromycin (acne aid).....	41
		EMLA.....	erythromycin (ophth).....	71
		EMSAM.....	erythromycin base.....	58
		EMTRIVA.....	erythromycin ethylsuccinate.....	58
		EMULSION SB.....	erythromycin-sulfisoxazole.....	10
		ENABLEX.....	escavite lq.....	64
		enalapril maleate.....	escitalopram oxalate.....	17
		enalapril maleate & hydrochlorothiazide.....	ESGIC.....	5
		ENBREL.....	ESGIC-PLUS.....	5
		ENBREL SURECLICK.....	ESOMEPRAZOLE	
		ENDOMETRIN.....	STRONTIUM.....	80

estazolam	56	FABIOR	41	FIORINAL	5
esterified estrogens & methyltestosterone	51	FACTIVE	52	FIORINAL/CODEINE #3	7
ESTRACE 0.1 MG/GM	82	famciclovir	32	FIRAZYR	55
ESTRACE 0.5 MG, 1 MG, 2 MG	51	famotidine 40 mg	79	FIRST-BXN MOUTHWASH	64
estradiol & norethindrone acetate	51	famotidine 40 mg/5ml	79	FIRST-DUKES MOUTHWASH	64
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	51	FAMVIR	32	FIRST-LANSOPRAZOLE	80
estradiol 0.5 mg, 1 mg, 2 mg	52	FANAPT	30	FIRST-MARYS MOUTHWASH	64
ESTRASORB	52	FARESTON	27	FIRST-MOUTHWASH BLM	64
ESTRING	82	FC FEMALE CONDOM	58	FIRST-OMEPRAZOLE	80
ESTROGEL	52	FC2 FEMALE CONDOM	58	FLAGYL 250 MG, 500 MG	9
estropipate	52	felbamate	16	FLAGYL 375 MG	9
ESTROSTEP FE	37	FELBATOL	16	FLAGYL ER	9
ethambutol hcl	26	FELDENE	3	FLAREX	72
ethosuximide	16	felodipine	35	flavoxate hcl	81
ethynodiol diacet & eth estrad	37	FEMARA	28	FLEBOGAMMA DIF	74
ETHYOL	29	FEMCAP	58	flecainide acetate	12
etidronate disodium	50	FEMCON FE	37	FLECTOR	42
etodolac 200 mg, 300 mg	3	FEMHRT 1/5	51	FLEXERIL	69
etodolac 400 mg, 500 mg	3	FEMHRT LOW DOSE	51	FLO-PRED	39
etodolac 400 mg, 500 mg, 600 mg	3	FEMRING	82	FLOMAX	54
ETOPOPHOS	29	FEMTRACE	52	FLONASE	70
etoposide 1 gm/50ml, 20 mg/ml, 500 mg/25ml	29	fenofibrate	23	FLOVENT DISKUS 100 MCG/BLIST	12
etoposide 50 mg	29	fenofibrate micronized	23	FLOVENT DISKUS 250 MCG/BLIST	13
EURAX	48	fenofibric acid	23	FLOVENT DISKUS 50 MCG/BLIST	13
EVAMIST	52	FENOGLIDE	23	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	13
EVISTA	50	fenoprofen calcium	3	FLOVENT HFA 44 MCG/ACT	13
EVOCLIN	41	fentanyl	5	fluconazole	21
EVOXAC	64	fentanyl citrate 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	5	flucytosine 250 mg	21
EXALGO 12 MG, 16 MG, 8 MG	5	FENTORA	5	flucytosine 500 mg	21
EXALGO 32 MG	5	FER-IN-SOL	55	FLUDARA	27
EXELDERM	42	FERRIPROX	20	fludarabine phosphate 50 mg	27
EXELON 1.5 MG, 3 MG, 4.5 MG, 6 MG	76	ferrous sulfate 15 mg/ml	55	fludrocortisone acetate	39
EXELON 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	76	ferrous sulfate 220 mg/5ml	55	FLUMADINE	33
EXELON 2 MG/ML	76	FERROUS SULFATE 300 MG/5ML	55	flunisolide (nasal)	70
exemestane	27	FETZIMA	18	flunisolide 0.025 %	70
EXFORGE	25	FETZIMA TITRATION PACK	18	flunisolide 29 mcg/act	70
EXFORGE HCT	25	FEXMID	69	fluocinolone acetonide	45
EXJADE	20	FIBRICOR	23	fluocinolone acetonide (otic)	74
EXTINA	42	FINACEA	47	fluocinonide	45
EXTRA-VIRT PLUS DHA	65	finasteride	54	fluocinonide emulsified base	45
		FIORICET	5	FLUORABON	63
		FIORICET/CODEINE 300MG-50MG-40MG-30MG	7	fluorometholone (ophth)	72
		FIORICET/CODEINE 325MG-50MG-40MG-30MG	7	FLUOROPLEX	43
				fluorouracil (topical)	43

fluoxetine hcl (pmdd).....	77	FOSAMAX PLUS D.....	50	glimepiride.....	20
fluoxetine hcl 10 mg, 20 mg....	17	fosinopril sodium.....	24	glipizide.....	20
fluoxetine hcl 10 mg, 20 mg, 40		fosinopril sodium &		glipizide-metformin hcl.....	18
mg.....	17	hydrochlorothiazide.....	25	GLUCAGEN.....	19
fluoxetine hcl 20 mg/5ml.....	17	FOSRENOL.....	53	GLUCAGEN HYPOKIT.....	19
FLUOXETINE HCL 60 MG.....	17	FRAGMIN.....	14	GLUCAGON EMERGENCY	
fluoxetine hcl 90 mg.....	17	FROVA.....	62	KIT.....	19
fluphenazine hcl 1 mg, 10 mg,		FULYZAQ.....	20	GLUCOPHAGE.....	19
2.5 mg, 5 mg.....	31	FURADANTIN.....	81	GLUCOPHAGE XR.....	19
flura-drops.....	63	furosemide 10 mg/ml.....	49	GLUCOTROL.....	20
flurazepam hcl.....	56	furosemide 20 mg, 40 mg, 80		GLUCOTROL XL.....	20
flurbiprofen.....	4	mg.....	49	GLUCOVANCE.....	18
flurbiprofen sodium.....	73	FUROSEMIDE 8 MG/ML.....	49	GLUMETZA.....	19
flutamide.....	28	FUZEON.....	31	glyburide.....	20
fluticasone propionate.....	45	FYCOMPA.....	14	glyburide micronized.....	20
fluticasone propionate (nasal) ..	70	gabapentin.....	15	glyburide-metformin.....	18
fluvastatin sodium.....	23	GABITRIL.....	16	GLYCATE.....	79
fluvoxamine maleate.....	17	GABLOFEN.....	69	glycopyrrolate 1 mg, 2 mg.....	79
FML.....	72	galantamine hydrobromide 12		GLYNASE.....	20
FML FORTE.....	72	mg, 4 mg, 8 mg.....	76	GLYSET.....	18
FML LIQUIFILM.....	72	galantamine hydrobromide 16		GOLYTELY 227.1GM-21.5GM-	
FOCALGIN-B.....	65	mg, 24 mg, 8 mg.....	76	5.53GM-2.82GM-6.36GM.....	56
FOCALIN.....	2	galantamine hydrobromide 4		GOLYTELY 236GM-22.74GM-	
FOCALIN XR 10 MG, 20 MG, 5		mg/ml.....	76	5.86GM-2.97GM-6.74GM.....	57
MG.....	2	GALZIN.....	64	GRALISE.....	77
FOCALIN XR 15 MG, 30 MG, 40		GAMASTAN S/D.....	74	GRALISE STARTER.....	77
MG.....	2	GAMMAGARD LIQUID.....	74	granisetron hcl 1 mg.....	20
FOCALIN XR 25 MG, 35 MG.....	2	GAMMAKED.....	74	GRANULEX.....	46
FOLCAL DHA.....	65	GAMMAPLEX.....	74	GRIFULVIN V.....	21
FOLCAPS OMEGA 3.....	66	GAMUNEX-C.....	74	GRIS-PEG.....	21
folic acid 1 mg.....	55	GARAMYCIN.....	71	griseofulvin microsize.....	21
folic acid 400 mcg, 800 mcg....	55	GASTRINEX NF.....	79	griseofulvin ultramicrosize.....	21
FOLIVANE-EC CALCIUM DHA		GASTROCROM.....	53	guaifenesin-codeine 100mg/5ml-	
NF.....	66	gatifloxacin (ophth).....	71	10mg/5ml.....	39
FOLIVANE-F.....	55	GELCLAIR.....	64	guaifenesin-codeine 100mg/5ml-	
FOLIVANE-OB.....	66	GELNIQUE.....	81	3.5%-10mg/5ml, 100mg/5ml-	
fondaparinux sodium 10		gemfibrozil.....	23	3.8%-10mg/5ml.....	39
mg/0.8ml, 5 mg/0.4ml, 7.5		GENERESS FE.....	37	guanfacine hcl.....	24
mg/0.6ml.....	14	gentamicin sulfate (ophth)....	71	HALCION.....	56
fondaparinux sodium 2.5		gentamicin sulfate (topical) ..	42	HALFLYTELY BOWEL	
mg/0.5ml.....	14	gentamicin sulfate 0.1 %.....	42	PREP/FLAVOR PACKS.....	57
FORADIL AEROLIZER.....	13	GEODON.....	30	halobetasol propionate.....	45
FORFIVO XL.....	16	GESTICARE DHA.....	66	halobetasol propionate &	
formaldehyde.....	31	GIAZO.....	53	ammonium lactate.....	45
FORTAMET.....	19	GILENYA.....	77	HALOG.....	45
FORTEO.....	50	GILOTRIF.....	28	haloperidol.....	30
FORTESTA.....	9	GLASSIA.....	77	haloperidol lactate 2 mg/ml....	30
FORTICAL.....	50	GLEEVEC.....	28	HECTOROL 0.5 MCG, 1 MCG,	
FOSAMAX.....	50			2.5 MCG.....	50
				HELIDAC.....	80

HEMENATAL OB.....	66	hydrocodone-acetaminophen	10
HEMENATAL OB + DHA.....	66	2.5mg/5ml-108mg/5ml-6.7%,	18
HEMOFIL M.....	55	5mg/10ml-217mg/10ml-6.7%,	18
heparin sodium (porcine) 10000		7.5mg/15ml-325mg/15ml-6.7%,	46
unit/ml.....	14	7.5mg/15ml-325mg/15ml-7%,	62
HEPSERA.....	32	7.5mg/15ml-325mg/15ml-	62
HEXALEN.....	27	8.6%.....	62
HIPREX.....	81	hydrocodone-acetaminophen	62
homatropine hbr.....	71	5mg-500mg.....	62
HORIZANT.....	77	hydrocodone-acetaminophen	62
HUMALOG.....	19	7.5mg/15ml-500mg/15ml,	62
HUMALOG KWIKPEN.....	19	7.5mg/15ml-500mg/15ml-7%..	62
HUMALOG MIX 50/50.....	19	hydrocodone-ibuprofen.....	62
HUMALOG MIX 50/50		hydrocortisone.....	62
KWIKPEN.....	19	hydrocortisone (intrarectal)....	62
HUMALOG MIX 75/25.....	19	hydrocortisone (rectal).....	62
HUMALOG MIX 75/25		hydrocortisone (topical) 2.5	62
KWIKPEN.....	19	%.....	62
HUMATROPE.....	50	hydrocortisone acetate (rectal)	33
HUMATROPE COMBO PACK.....	50	hydrocortisone acetate w/	66
HUMIRA.....	3	pramoxine.....	66
HUMIRA PEN.....	3	hydrocortisone butyrate.....	66
HUMIRA PEN-CROHNS		hydrocortisone butyrate	32
DISEASESTARTER.....	3	hydrophilic lipo base.....	50
HUMIRA PEN-PSORIASIS		hydrocortisone valerate.....	49
STARTER.....	3	hydrocortisone w/acetic acid.....	34
HUMULIN R U-500		hydromorphone hcl 1 mg/ml... 5	4
(CONCENTRATED).....	19	hydromorphone hcl 2 mg, 4 mg,	4
HYCAMTIN.....	29	8 mg.....	4
HYCET.....	7	hydroxychloroquine sulfate... 26	4
hydralazine hcl 10 mg, 100 mg,		hydroxyurea.....	66
25 mg, 50 mg.....	26	hydroxyzine hcl 10 mg, 25 mg,	32
HYDREA.....	28	50 mg.....	28
HYDRO 35.....	46	hydroxyzine hcl 10 mg/5ml... 11	66
HYDRO 40 FOAM.....	46	HYDROXYZINE HCL 25	32
HYDRO-IODOQUINOL 2-1.....	42	MG/ML.....	28
hydrochlorothiazide.....	49	hydroxyzine hcl 50 mg/ml... 11	66
HYDROCODONE		hydroxyzine pamoate.....	32
BITARTRATE/ACETAMINOPHE		hyoscyamine sulfate.....	28
N.....	7	HYPER-SAL.....	59
hydrocodone w/ homatropine..	39	HYPERSAL.....	31
hydrocodone-acetaminophen		HYPODERMIC NEEDLE	31
10mg-300mg, 10mg-500mg,		30GX1/2".....	31
10mg-650mg, 10mg-660mg,		HYZAAR.....	56
10mg-750mg, 2.5mg-500mg,		ibandronate sodium.....	28
5mg-300mg, 5mg-500mg, 7.5mg-		ibudone.....	28
300mg, 7.5mg-500mg, 7.5mg-		ibuprofen 400 mg, 600 mg, 800	1
650mg, 7.5mg-750mg.....	7	mg.....	10
hydrocodone-acetaminophen		ICLUSIG.....	30
10mg-325mg, 5mg-325mg,		ILEVRO.....	31
7.5mg-325mg.....	7	IMBRUVICA.....	20
		IMDUR.....	42

IOPIDINE 0.5 %	71	K-LOR HOSPITAL PACK	63	LAC-HYDRIN TWELVE	46
IOPIDINE 1 %	71	K-PHOS	63	LACRISERT	70
ipratropium bromide	12	K-PHOS MF	54	lactic acid (ammonium lactate)	46
ipratropium bromide (nasal)	70	K-PHOS NEUTRAL	63	lactulose	57
ipratropium-albuterol	13	K-PHOS NO 2	54	lactulose (encephalopathy)	53
irbesartan	24	K-TABS	63	LAMICTAL	15
irbesartan-hydrochlorothiazide	25	KADIAN 10 MG, 200 MG, 40 MG, 70 MG	6	LAMICTAL CHEWABLE DISPERSIBLE	15
ISENTRESS 100 MG	31	KADIAN 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	6	LAMICTAL ODT	15
ISENTRESS 25 MG	31	KADIAN 130 MG, 150 MG	6	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	15
ISENTRESS 400 MG	31	KALETRA	31	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	15
isoniazid & rifampin	26	KALYDECO	77	LAMICTAL STARTER/TAKING VALPROATE	15
isoniazid 100 mg, 300 mg	26	KANAMYCIN SULFATE	3	LAMICTAL XR	15
isoniazid 50 mg/5ml	26	KAPVAY	1	LAMICTAL XR 100 MG, 200 MG, 25 MG, 50 MG	15
ISOPTIN SR	35	KAPVAY DOSE PACK	1	LAMICTAL XR 250 MG	15
ISOPTO ATROPINE	71	KAYEXALATE	34	LAMICTAL XR 300 MG	15
ISOPTO CARPINE	71	KAZANO	19	LAMISIL 187.5 MG	21
ISOPTO HOMATROPINE 2 %	71	KEFLEX	36	LAMISIL 250 MG	21
ISOPTO HOMATROPINE 5 %	71	KENALOG	45	lamivudine	31
ISOPTO HYOSCINE	71	KEPPRA 100 MG/ML	15	lamivudine-zidovudine	31
ISORDIL TITRADOSE 40 MG	10	KEPPRA 1000 MG, 500 MG, 750 MG	15	lamotrigine 100 mg, 150 mg, 200 mg, 25 mg	15
ISORDIL TITRADOSE 5 MG	10	KEPPRA 250 MG	15	lamotrigine 100 mg, 200 mg, 25 mg, 50 mg	15
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg	10	KEPPRA XR	15	lamotrigine 25 mg, 5 mg	15
isosorbide dinitrate 2.5 mg, 5 mg	10	KERAFOAM	46	lamotrigine 250 mg	15
ISOSORBIDE DINITRATE 30 MG	11	KERLONE	34	lamotrigine 300 mg	15
isosorbide dinitrate 40 mg	11	KETEK	10	LANOXIN 0.125 MG, 0.25 MG	35
isosorbide mononitrate	11	ketoconazole	21	lansoprazole 15 mg	80
isotretinoin 10 mg	41	ketoconazole (topical)	42	lansoprazole 30 mg	80
isotretinoin 20 mg	41	ketoprofen	4	LANTUS	19
isotretinoin 40 mg	41	ketoprofen er	4	LANTUS SOLOSTAR	19
isradipine	35	ketorolac tromethamine (ophth)	73	LASIX	49
ISTALOL	70	ketorolac tromethamine 10 mg	4	LASTACAPT	73
ISTODAX	28	KHEDEZLA	18	latanoprost	73
itraconazole	21	KINERET	3	LATUDA 120 MG, 20 MG, 40 MG, 80 MG	30
JAKAFI	28	KLARON	41	LATUDA 60 MG	30
JALYN	54	KLONOPIN	14	leflunomide 10 mg	4
JANUMET	18	KLOR-CON 25	63	leflunomide 20 mg	4
JANUMET XR	18	KLOR-CON M15	63	LESCOL	23
JANUVIA	19	KOMBIGLYZE XR	19	LESCOL XL	23
JENTADUETO	18	KORLYM	19	LETAIRIS	36
jinteli	51	KRISTALOSE	57	letrozole	28
JUVISYNC 100MG-10MG, 100MG-20MG, 40MG-100MG	18	KUVAN	50		
JUVISYNC 40MG-50MG, 50MG- 10MG, 50MG-20MG	19	labetalol hcl 100 mg, 200 mg, 300 mg	34		
JUXTAPID	23	LAC-HYDRIN	46		

leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg	29	lidocaine/prilocaine	47	LORCET PLUS	7
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg	29	LIDODERM	47	LORTAB	7
LEUKERAN	27	LIDOPROFEN	42	LORZONE	69
LEUKINE	55	LIDORX	47	losartan potassium	24
leuprolide acetate	28	LIDOVIR	44	losartan potassium & hydrochlorothiazide	25
levabuterol hcl	13	lindane	48	LOSEASONIQUE	37
LEVAQUIN 25 MG/ML	52	LINZESS	53	LOTEMAX	72
LEVAQUIN 250 MG, 750 MG	52	LIORESAL INTRATHECAL	69	LOTENSIN	24
LEVAQUIN 500 MG	52	liothyronine sodium 25 mcg, 5 mcg, 50 mcg	78	LOTENSIN HCT	25
LEVATOL	34	LIPITOR	23	LOTREL	25
LEVEMIR	19	LIPOFEN	23	LOTRISONE	42
LEVEMIR FLEXPEN	19	LIPTRUZET	22	LOTRONEX	53
levetiracetam 100 mg/ml, 500 mg/5ml	15	lisinopril	24	lovastatin	23
levetiracetam 1000 mg, 250 mg, 500 mg, 750 mg	15	lisinopril & hydrochlorothiazide	25	LOVAZA	22
levetiracetam 500 mg, 750 mg	15	LITEAIRE	60	LOVENOX 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	14
levobunolol hcl	70	lithium carbonate	30	LOVENOX 300 MG/3ML	14
levocarnitine (metabolic modifiers) 1 gm/10ml	50	LITHIUM CITRATE	30	loxapine succinate	30
levocarnitine (metabolic modifiers) 330 mg	50	LITHOBID	30	LOXITANE	30
levocetirizine dihydrochloride 2.5 mg/5ml	22	LITHOSTAT	54	LUMIGAN 0.01 %	73
levocetirizine dihydrochloride 5 mg	22	LIVALO	23	LUMIGAN 0.03 %	73
levofloxacin (ophth)	71	LO LOESTRIN FE	37	LUNESTA	56
levofloxacin 25 mg/ml	52	LO/OVRAL-28	37	LURIDE	63
levofloxacin 250 mg, 750 mg	52	LOCOID	45	LUVOX CR	17
levofloxacin 500 mg	52	LOCOID LIPOCREAM	45	LUXIQ	45
levonorgestrel & eth estradiol	37	LODOSYN	29	LYRICA 100 MG, 200 MG, 25 MG, 50 MG, 75 MG	15
levonorgestrel (emergency oc)	38	LOESTRIN 1.5/30-21	37	LYRICA 150 MG, 225 MG, 300 MG	15
levonorgestrel-eth estradiol (triphasic)	37	LOESTRIN 1/20-21	37	LYRICA 20 MG/ML	15
levonorgestrel-ethinyl estradiol (91-day)	37	LOESTRIN 24 FE	37	LYSODREN	28
LEVORPHANOL TARTRATE	6	LOESTRIN FE 1.5/30	37	LYSTEDA	56
levothyroxine sodium	78	LOESTRIN FE 1/20	37	MACNATAL CN DHA	66
LEXAPRO	17	LOFIBRA	23	MACROBID	81
LEXIVA	31	LOMOTIL	20	MACRODANTIN 100 MG, 50 MG	81
LIALDA	53	lomustine 10 mg	27	MACRODANTIN 25 MG	81
LIBRAX	79	lomustine 100 mg, 40 mg	27	magnesium sulfate 50 %	63
lidocaine	47	loperamide hcl	20	MALARONE	26
lidocaine hcl (mouth-throat)	64	LOPID	23	malathion	48
lidocaine hcl 2 %	47	LOPRESSOR 100 MG, 50 MG	34	maprotiline hcl	16
lidocaine hcl 4 %	47	LOPRESSOR HCT	25	MARINOL	21
lidocaine-hydrocortisone acetate (rectal)	9	LOPROX	42	MARPLAN	17
lidocaine-prilocaine	47	LOPROX SHAMPOO	42	MATULANE	28
		lorazepam 0.5 mg, 1 mg, 2 mg	11	MAVIK	24
		lorazepam 2 mg/ml	11	MAXAIR AUTOHALER	13
		lorazepam intensol	11		
		LORCET 10/650	7		

MAXALT.....	62	methadone hcl 10 mg/ml.....	6	metoclopramide hcl 10 mg, 5	
MAXALT-MLT.....	62	METHADOSE.....	6	mg.....	53
MAXIDEX.....	72	METHADOSE SUGAR-FREE.....	6	metoclopramide hcl 10 mg/10ml,	
MAXIDONE.....	7	methamphetamine hcl.....	1	5 mg/5ml.....	53
MAXITROL.....	72	methazolamide.....	48	metolazone.....	49
MAXZIDE.....	49	methenamine hippurate.....	81	METOPIRONE.....	48
MAXZIDE-25.....	49	methenamine mandelate.....	81	metoprolol &	
meclofenamate sodium.....	4	methenamine-hyosc-methylene		hydrochlorothiazide.....	25
MEDROL 16 MG, 32 MG, 4 MG,		blue-benzoic acid-phenyl sal.....	80	metoprolol succinate.....	34
8 MG.....	39	methenamine-hyosc-methylene		metoprolol tartrate 100 mg, 25	
MEDROL 2 MG.....	39	blue-sod phos-phenyl sal.....	80	mg, 50 mg.....	34
MEDROL DOSEPAK.....	39	METHERGINE 0.2 MG.....	74	metoprolol/hydrochlorothiazide.....	25
medroxyprogesterone acetate.....	76	methimazole.....	78	METOSOLV ODT.....	53
mefenamic acid.....	4	METHITEST.....	9	METROCREAM.....	47
mefloquine hcl.....	26	methocarbamol.....	69	METROGEL.....	47
MEGACE ES.....	76	methotrexate sodium 1		METROGEL-VAGINAL.....	82
MEGACE ORAL.....	28	gm/40ml, 100 mg/4ml, 200		METROLOTION.....	47
megestrol acetate.....	28	mg/8ml, 25 mg/ml, 250		metronidazole.....	9
meloxicam 15 mg.....	4	mg/10ml, 50 mg/2ml.....	27	metronidazole (topical) 0.75 %.....	47
meloxicam 7.5 mg.....	4	methotrexate sodium 2.5 mg.....	27	metronidazole (topical) 1 %.....	47
meloxicam 7.5 mg/5ml.....	4	methscopolamine bromide.....	79	metronidazole vaginal.....	82
mephalan hcl.....	27	methyclothiazide.....	49	MEVACOR.....	23
MENEST.....	52	methyldopa.....	24	mexiletine hcl.....	12
MENOSTAR.....	52	methyldopa/hydrochlorothiazide		MIACALCIN 200 UNIT/ACT.....	50
meperidine hcl 100 mg, 50 mg.....	6	25		MIACALCIN 200 UNIT/ML.....	50
meperidine hcl 50 mg/5ml.....	6	methylergonovine maleate 0.2		MICARDIS.....	24
MEPHYTON.....	83	mg.....	74	MICARDIS HCT.....	25
meprobamate.....	11	METHYLIN 10 MG, 2.5 MG.....	2	miconazole 3.....	82
MEPRON.....	10	METHYLIN 10 MG/5ML, 5		MICRO-K.....	63
mercaptapurine.....	27	MG/5ML.....	2	MICROCHAMBER.....	61
meropenem 500 mg.....	10	methylphenidate hcl 10 mg, 20		MICROSPACER.....	61
MERREM 500 MG.....	10	mg, 5 mg.....	2	MICROZIDE.....	49
mesalamine.....	53	methylphenidate hcl 10 mg, 40		MIDAMOR.....	49
MESNEX 400 MG.....	29	mg, 50 mg, 60 mg.....	2	midazolam hcl 2 mg/ml.....	56
MESTINON 60 MG.....	26	methylphenidate hcl 10 mg/5ml,		midodrine hcl.....	82
MESTINON 60 MG/5ML.....	26	5 mg/5ml.....	2	MIGERGOT.....	62
MESTINON TIMESPAN.....	26	methylphenidate hcl 18 mg, 20		MIGRANAL.....	62
METADATE CD 10 MG, 40 MG,		mg, 27 mg, 54 mg.....	2	MILLIPRED 10 MG/5ML.....	39
50 MG, 60 MG.....	2	methylphenidate hcl 18 mg, 27		MILLIPRED 5 MG.....	39
METADATE CD 20 MG, 30 MG.....	2	mg.....	2	MILLIPRED DP.....	39
METAGLIP.....	19	methylphenidate hcl 20 mg, 30		MINASTRIN 24 FE.....	37
metaproterenol sulfate.....	13	mg.....	2	MINIPRESS.....	24
metaxalone.....	69	methylphenidate hcl 20 mg, 30		MINIVELLE 0.0375 MG/24HR.....	52
metformin hcl.....	19	mg, 40 mg.....	2	MINIVELLE 0.05 MG/24HR.....	52
methadone hcl 10 mg, 5 mg.....	6	methylphenidate hcl 27 mg, 54		MINIVELLE 0.075 MG/24HR, 0.1	
methadone hcl 10 mg/5ml, 5		mg.....	2	MG/24HR.....	52
mg/5ml.....	6	methylphenidate hcl 36 mg.....	2	MINOCIN.....	78
		methylphenidate hcl 54 mg.....	2	minocycline hcl 100 mg, 50 mg 78	
		methylphenidate hcl er.....	2		
		methylprednisolone.....	39		
		methyltestosterone.....	9		
		metipranolol.....	70		

minocycline hcl 100 mg, 50 mg, 75 mg	78	MYDFRIN	72	NATROBA	48
minocycline hcl 135 mg, 45 mg, 90 mg	78	MYDRIACYL	71	NATURE-THROID 113.75 MG, 16.25 MG, 48.75 MG, 81.25 MG, 97.5 MG	78
minoxidil	26	MYFORTIC	33	NATURE-THROID 130 MG, 195 MG, 32.5 MG, 65 MG	78
MIRALAX	57	MYLERAN	27	NEBUSAL	40
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG	29	MYNATAL ADVANCE	66	NECON 10/11-28	37
MIRAPEX 0.75 MG	29	MYNATAL ULTRACAPLET	66	NEEVO DHA	66
MIRAPEX ER	29	MYRBETRIQ	81	nefazodone hcl	17
MIRCETTE	37	MYSOLINE	15	neomycin sulfate	3
mirtazapine	16	nabumetone 500 mg	4	neomycin-bacitracin zn-polymyxin	71
misoprostol	80	nabumetone 750 mg	4	neomycin-polymy-dexameth	72
mitoxantrone hcl	28	nadolol	34	neomycin-polymy-gramicid	72
MOBIC 15 MG	4	nadolol & bendroflumethiazide	25	neomycin-polymyxin-hc (otic)	74
MOBIC 7.5 MG	4	nafcillin sodium 1 gm, 10 gm	75	neomycin/polymyxin/hydrocortisone	72
MOBIC 7.5 MG/5ML	4	NAFCILLIN SODIUM 2 GM	75	NEORAL	33
modafinil	2	NAFTIN 1 %	42	NEOSPORIN	72
MODICON	37	NAFTIN 1 %, 2 %	42	NEPTAZANE	49
moexipril hcl	24	NAFTIN 2 %	42	NESINA	19
moexipril-hydrochlorothiazide	25	NALFON 200 MG	4	NESSI SPACER/LARGE MASK	61
mometasone furoate	45	NALFON 400 MG	4	NESSI SPACER/MOUTHPIECE	61
MOMS CHOICE RX	66	NALLPEN/DEXTROSE	75	NESSI SPACER/SMALL/MED MASK	61
MONODOX	78	naltrexone hcl	20	NESTABS	66
MONOKET	11	NAMENDA	76	NESTABS ABC	66
montelukast sodium	12	NAMENDA TITRATION PAK	76	NESTABS DHA	66
MONUROL	81	NAMENDA XR	76	NEULASTA	55
morphine sulfate 10 mg	6	NAMENDA TITRATION PAK	76	NEUMEGA	55
morphine sulfate 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	6	NAMENDA XR TITRATION PAK	76	NEUPOGEN	55
morphine sulfate 10 mg/5ml, 100 mg/5ml, 20 mg/5ml, 20 mg/ml	6	naphazoline hcl	72	NEUPRO 1 MG/24HR, 3 MG/24HR, 8 MG/24HR	29
morphine sulfate 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	6	NAPRELAN	4	NEUPRO 2 MG/24HR	29
morphine sulfate 15 mg, 30 mg	6	NAPROSYN	4	NEUPRO 4 MG/24HR, 6 MG/24HR	29
morphine sulfate 20 mg	6	naproxen 125 mg/5ml	4	NEURONTIN	15
MOVIPREP	57	naproxen 250 mg, 375 mg, 500 mg	4	NEVANAC	73
MOXATAG	75	naproxen 500 mg	4	nevirapine	31
MOXEZA	71	naproxen sodium	4	NEXA PLUS	66
MS CONTIN	6	naratriptan hcl	62	NEXA SELECT 325MG-160MG-55MG-29MG-800UNIT-1.25MG-30UNIT-25MG-28MG	66
MULTAQ	12	NARDIL	17	NEXA SELECT 337.5MG-750MG-160MG-55MG-29MG-800UNIT-1.25MG-30UNIT-28MG-28MG	66
multi-vit/iron/fluoride	64	NASACORT AQ	70	NEXAVAR	28
multi-vitamin/fluoride/iron	64	NASONEX	70		
mupirocin	42	NATA KOMLETE	66		
mupirocin calcium (topical)	42	NATACHEW	66		
MYAMBUTOL	26	NATACYN	71		
MYCOBUTIN	26	NATALVIRT 90 DHA	66		
mycophenolate mofetil	33	NATALVIRT CA	66		
		NATAZIA	37		
		nateglinide	20		
		NATELLE ONE	66		

NEXIUM 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	80	norethindrone acet & eth estra	37	OB COMPLETE	66
NEXIUM 20 MG, 40 MG	80	norethindrone acetate	76	OB COMPLETE ONE	66
niacin (antihyperlipidemic)	23	norethindrone acetate-ethinyl estradiol	51	OB COMPLETE PETITE	66
NIASPAN	23	norethindrone acetate-ethinyl estradiol-fe	37	OB COMPLETE/DHA	66
nicardipine hcl 20 mg, 30 mg	35	norethindrone-eth estradiol (triphasic)	37	OB-NATAL ONE	66
NICOTROL INHALER	77	norgestimate-ethinyl estradiol	38	OCTAGAM	74
NICOTROL NS	77	norgestimate-ethinyl estradiol (triphasic)	38	octreotide acetate	51
nifedipine 10 mg, 20 mg	35	norgestrel & ethinyl estradiol	38	OCUFEN	73
nifedipine 30 mg, 60 mg	35	NORINYL 1+35	38	OCUFLOX	72
nifedipine 30 mg, 60 mg, 90 mg	35	NORINYL 1+50	38	ofloxacin (ophth)	72
NILANDRON	28	NORITATE	47	ofloxacin (otic)	74
nimodipine	35	NOROXIN	52	ofloxacin 200 mg	52
NIRAVAM	11	NORPACE	12	ofloxacin 300 mg, 400 mg	53
NIRON KOMPLETE	55	NORPACE CR 100 MG	12	ogestrel	38
nisoldipine	35	NORPACE CR 150 MG	12	olanzapine	30
nisoldipine er	35	NORPRAMIN	18	olanzapine-fluoxetine hcl	76
NITRO-BID	11	nortriptyline hcl	18	OLEPTRO	17
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	11	NORVASC	35	OLUX	45
NITRO-DUR 0.3 MG/HR	11	NORVIR	31	OLUX-E	45
nitrofurantoin	81	NOVACORT	45	OLYSIO	32
nitrofurantoin macrocrystal	81	NOVOLOG	20	OMECLAMOX-PAK	80
nitrofurantoin monohyd macro	81	NOVOLOG FLEXPEN	20	OMEPRAZOLE + SYRSPEND SFALKA	80
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	11	NOVOLOG MIX 70/30	20	omeprazole 10 mg	80
nitroglycerin 0.4 mg/spray	11	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	20	omeprazole 20 mg, 40 mg	80
nitroglycerin 2.5 mg, 9 mg	11	NOVOLOG PENFILL	20	omeprazole-sodium bicarbonate 40mg-1100mg	80
nitroglycerin 400 mcg/spray	11	NOXAFIL	21	OMNARIS	70
NITROLINGUAL PUMPSPRAY	11	NUCYNTA	6	OMNIPRED	72
NITROMIST	11	NUCYNTA ER	6	OMNITROPE	50
NITROSTAT	11	NUDEXTA	77	ondansetron	20
nizatidine	79	NULYTELY/FLAVOR PACKS	57	ondansetron hcl 4 mg, 8 mg	21
NIZORAL	43	NUTRI-TAB OB	66	ondansetron hcl 4 mg/5ml	20
NOR-QD	38	NUTRI-TAB OB + DHA	66	ONFI	14
NORCO	7	NUVARING	38	ONGLYZA	19
NORDETTE-28	37	NUVIGIL 150 MG, 250 MG	2	ONMEL	21
NORDITROPIN FLEXPEN	50	NUVIGIL 50 MG	2	OPANA 10 MG, 5 MG	6
NORDITROPIN NORDIFLEX PEN	50	NYMALIZE	35	OPANA ER	6
norethin acet & estrad-fe	37	nystatin	21	OPANA ER (CRUSH RESISTANT)	6
norethindrone & eth estradiol	37	nystatin (mouth-throat)	64	OPSUMIT	36
norethindrone & ethinyl estradiol-fe	37	nystatin (topical)	43	OPTICHAMBER ADVANTAGE	61
norethindrone & mestranol	37	NYSTATIN VAGINAL	82	OPTICHAMBER ADVANTAGE/LARGE MASK	61
norethindrone (contraceptive)	38	nystatin-triamcinolone	43	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK	61
		nystatin/triamcinolone	43		

OPTICHAMBER		ORTHO DIAPHRAGM COIL		oxycodone hcl 5 mg	6
ADVANTAGE/SMALL FACE		SPRING KIT 50	58	oxycodone hcl 5 mg/5ml	6
MASK	61	ORTHO DIAPHRAGM FLAT		oxycodone w/ acetaminophen	7
OPTICHAMBER DIAMOND	61	SPRING KIT 55	58	oxycodone-ibuprofen	7
OPTICHAMBER		ORTHO DIAPHRAGM FLAT		OXYCONTIN 10 MG, 15 MG, 20	
DIAMOND/LARGEFACE		SPRING KIT 60	58	MG, 30 MG, 60 MG, 80 MG	6
MASK	61	ORTHO DIAPHRAGM FLAT		OXYCONTIN 40 MG	6
OPTICHAMBER		SPRING KIT 65	58	oxymorphone hcl 10 mg, 15 mg,	
DIAMOND/MEDIUM FACE		ORTHO DIAPHRAGM FLAT		20 mg, 30 mg, 40 mg, 5 mg, 7.5	
MASK	61	SPRING KIT 70	58	mg	6
OPTICHAMBER		ORTHO DIAPHRAGM FLAT		oxymorphone hcl 10 mg, 5 mg	6
DIAMOND/SMALLFACE		SPRING KIT 75	58	OXYTROL	81
MASK	61	ORTHO DIAPHRAGM FLAT		OXYTROL FOR WOMEN	81
OPTICHAMBER FACE		SPRING KIT 80	58	PAIRE OB	66
MASK/LARGE	61	ORTHO DIAPHRAGM FLAT		PALGIC	22
OPTICHAMBER FACE		SPRING KIT 85	58	PAMELOR	18
MASK/MEDIUM	61	ORTHO DIAPHRAGM FLAT		PAMINE	79
OPTICHAMBER FACE		SPRING KIT 90	58	PAMINE FORTE	79
MASK/SMALL	61	ORTHO DIAPHRAGM FLAT		PANCREAZE	48
OPTIHALER	61	SPRING KIT 95	58	pancrelipase (lipase-protease-	
OPTIHALER MDI DRUG		ORTHO EVRA	38	amylase)	48
DELIVERY SYSTEM	61	ORTHO MICRONOR	38	PANDEL	45
OPTIONS GYNOL II		ORTHO TRI-CYCLEN	38	PANRETIN	43
VAGINALCONTRACEPTIVE	81	ORTHO TRI-CYCLEN LO	38	pantoprazole sodium 20 mg, 40	
OPTIPRANOLOL	70	ORTHO-CEPT	38	mg	80
OPTIVAR	73	ORTHO-CYCLEN	38	PARAFON FORTE DSC	69
OPTUMRX BLOOD GLUCOSE		ORTHO-NOVUM 1/35	38	PARCOPA	29
TEST	48	ORTHO-NOVUM 7/7/7	38	paregoric	20
OPTUMRX GLUCOSE		OSENI	19	paricalcitol	50
CONTROL LEVEL 1/2	58	OSMOPREP	57	PARLODEL 2.5 MG	29
ORACEA	48	OSPHENA	50	PARLODEL 5 MG	29
ORAFATE	64	OTICIN HC NR	74	PARNATE	17
ORAMORPH SR	6	OVACE PLUS WASH	43	paromomycin sulfate	3
ORAP	77	OVACE WASH	43	paroxetine hcl	17
ORAPRED	39	OVCON-35	38	PATADAY	73
ORAPRED ODT	39	OVCON-50 28	38	PATANASE	70
ORAVIG	64	OVIDE	48	PATANOL	73
ORBIVAN CF	5	oxacillin sodium 1 gm, 10 gm	76	PAXIL 10 MG, 20 MG, 30 MG, 40	
ORENCIA 125 MG/ML	4	OXANDRIN	8	MG	17
ORFADIN	50	oxandrolone	8	PAXIL 10 MG/5ML	17
orphenadrine citrate 100 mg	69	oxaprozin	4	PAXIL CR	17
orphenadrine compound ds	69	oxazepam	11	ped multivitamins w/fl & iron	64
orphenadrine w/ aspirin & caff	69	oxcarbazepine	15	PEDIAPRED	39
ORTHO DIAPHRAGM ALL-		OXISTAT	43	pediatric multivitamins w/fl	64
FLEX/65MM	58	OXSORALEN ULTRA	43	pediatric vitamins acd fluoride &	
ORTHO DIAPHRAGM ALL-		OXTELLAR XR	15	iron	64
FLEX/70MM	58	oxybutynin chloride	81	pediatric vitamins acd w/	
ORTHO DIAPHRAGM ALL-		oxycodone hcl 10 mg, 20 mg	6	fluoride	64
FLEX/75MM	58	oxycodone hcl 15 mg, 30 mg, 5	6		
ORTHO DIAPHRAGM ALL-		mg	6		
FLEX/80MM	58	oxycodone hcl 20 mg/ml	6		
ORTHO DIAPHRAGM COIL					
SPRING KIT 100	58				
ORTHO DIAPHRAGM COIL					
SPRING KIT 105	58				

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 236gm-22.74gm-5.86gm-2.97gm-6.74gm.....	57	PHENOBARBITAL 100 MG, 15 MG, 30 MG, 60 MG.....	56	POLY-VI-FLOR/IRON.....	64
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 240gm-22.72gm-5.84gm-2.98gm-6.72gm.....	57	phenobarbital 20 mg/5ml.....	56	polyethylene glycol 3350.....	57
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	57	phenyleph-promethazine w/ cod.....	39	polymyxin b-trimethoprim.....	72
PEG-INTRON.....	32	phenylephrine hcl (ophth).....	72	POLYTRIM.....	72
PEG-INTRON REDIPEN.....	32	PHENYTEK.....	16	POMALYST.....	28
PEG-INTRON REDIPEN PAK 4.....	32	phenytoin.....	16	PONSTEL.....	4
PEGANONE.....	16	phenytoin sodium extended.....	16	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	63
PEGASYS.....	32	PHISOHEX.....	31	potassium bicarb & chloride.....	63
PEGASYS PROCLICK.....	32	PHOSLO.....	53	potassium chloride 10 %.....	63
penicillin g potassium.....	75	PHOSLYRA.....	53	potassium chloride 10 %, 20 %.....	63
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	75	PHOSPHOLINE IODIDE.....	71	potassium chloride 10 meq, 8 meq.....	63
PENICILLIN G PROCAINE.....	75	PHRENILIN FORTE.....	5	potassium chloride 20 meq.....	63
PENICILLIN G SODIUM.....	75	PICATO.....	43	potassium chloride 20 meq/100ml.....	63
penicillin v potassium.....	75	pilocarpine hcl.....	71	POTASSIUM CHLORIDE 20 MEQ/100ML.....	63
PENLAC NAIL LACQUER.....	43	pilocarpine hcl (oral).....	64	potassium chloride microencapsulated crystals cr.....	63
PENNSAID.....	42	pindolol.....	34	potassium citrate (alkalinizer).....	54
PENTASA.....	53	pioglitazone hcl.....	19	potassium citrate-citric acid.....	54
pentazocine w/ naloxone.....	8	pioglitazone hcl-glimepiride.....	19	POTIGA 200 MG, 300 MG, 50 MG.....	15
pentazocine-acetaminophen.....	7	pioglitazone hcl-metformin hcl.....	19	POTIGA 400 MG.....	15
PENTAZOCINE/NALOXONE HCL.....	8	piperacillin sodium-tazobactam sodium 0.25gm-2gm, 0.375gm-3gm.....	75	PR NATAL 400 EC.....	66
pentoxifylline.....	55	piroxicam.....	4	PR NATAL 430.....	66
PEPCID 40 MG.....	79	PLAN B ONE-STEP.....	38	PR NATAL 430 EC.....	66
PEPCID 40 MG/5ML.....	79	PLAQUENIL.....	26	PRADAXA.....	14
PERCOCET.....	7	PLAVIX.....	55	pramipexole dihydrochloride.....	29
PERFOROMIST.....	13	PLETAL.....	55	PRAMOSONE 1%-1%, 1%-2.5%.....	45
PERIDEX.....	64	PLEXION CLEANSER.....	41	PRAMOSONE E.....	45
perindopril erbumine.....	24	PLEXION SCT.....	41	pramoxine-hc.....	45
permethrin.....	48	PNV OB+DHA.....	66	pramoxine-hc-chloroxylenol.....	74
perphenazine.....	31	pnv-dha.....	66	pramoxine-hc-chloroxylenol aqueous.....	74
perphenazine/amitriptyline.....	76	PNV-DHA+DOCUSATE.....	66	PRANDIMET.....	19
PERSANTINE.....	55	PNV-FIRST.....	66	PRANDIN.....	20
PERTZYE.....	48	PNV-OMEGA.....	66	PRAVACHOL 20 MG, 80 MG.....	23
PEXEVA.....	17	POCKET CHAMBER.....	62	PRAVACHOL 40 MG.....	23
PFIZERPEN-G.....	75	POCKET SPACER.....	62	pravastatin sodium 10 mg, 20 mg, 80 mg.....	23
phenazopyridine hcl.....	54	PODOCON 25 IN BENZOIN TINCTURE.....	47	pravastatin sodium 40 mg.....	23
phenelzine sulfate.....	17	podofilox.....	47	prazosin hcl.....	24
PHENERGAN.....	22	POLY HUB NEEDLE/30G X 1/2".....	59	PRECOSE.....	18
phenobarbital 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg.....	56	poly-vi-flor 200mcg-0.25mg-15unit-400unit, 200mcg-0.5mg-15unit-400unit, 200mcg-1mg-15unit-400unit.....	64	PRED FORTE.....	72
		POLY-VI-FLOR 200MCG/ML-0.25MG/ML.....	64	PRED MILD.....	73
				PRED-G.....	73

PRED-G S.O.P.....	73	PRENATAL 19 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG.....	67	PREVPAC.....	80
prednicarbate.....	45	PRENATAL MV & MIN/FE-FA-DHA.....	67	PREZISTA 100 MG/ML.....	31
prednisolone.....	39	prenatal vit w/ docusate-iron carbonyl-folic acid.....	67	PREZISTA 150 MG, 600 MG, 800 MG.....	31
prednisolone acetate (ophth).....	73	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid.....	67	PREZISTA 400 MG, 75 MG.....	31
PREDNISOLONE SODIUM PHOSPHATE 1 %.....	73	PRENATAL-U.....	67	PRIFTIN.....	26
prednisolone sodium phosphate 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml.....	39	PRENATE.....	67	PRILOSEC 10 MG.....	80
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML.....	39	PRENATE DHA.....	67	PRILOSEC 20 MG, 40 MG.....	80
prednisone.....	39	PRENATE ELITE 600MCG-10UNIT-150MCG-2600UNIT-1.5MG-15MG-15MG-25MG-3MG-100MG-26MG-6MG-21MG-3.5MG-13MCG-450UNIT-400MCG-330MCG-21MG-75MG, 600MCG-10UNIT-150MCG-2600UNIT-1.5MG-15MG-25MG-3MG-100MG-26MG-6MG-21MG-3.5MG-13MCG-450UNIT-400MCG-330MCG-21MG-75MG.....	67	PRIMAQUINE PHOSPHATE.....	26
PREDNISON INTENSOL.....	39	PRENATE ELITE 600MCG-2500UNIT-10UNIT-150MCG-2MG-15MG-30MG-3MG-120MG-27MG-6MG-20MG-3.4MG-12MCG-400UNIT-400MCG-300MCG-20MG-80MG.....	67	PRIMAXIN IV.....	10
PREFERA OB.....	66	PRENATE ENHANCE.....	67	PRIMAXIN IV ADD-VANTAGE.....	10
PREFERA OB + DHA.....	66	PRENATE ESSENTIAL 340MG-600MCG-40MG-150MCG-300MG-10UNIT-45MG-140MG-28MG-12MCG-200UNIT-25MG-400MCG-250MCG-85MG.....	67	primidone.....	15
PREFEST.....	51	PRENATE ESSENTIAL 600MCG-40MG-10UNIT-150MCG-300MG-50MG-145MG-29MG-13MCG-220UNIT-400MCG-280MCG-90MG.....	67	PRIMSOL.....	9
PRELONE.....	39	PRENATE MINI.....	67	PRINIVIL.....	24
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG.....	52	PRENATE RESTORE.....	67	PRINZIDE.....	25
PREMARIN 0.625 MG/GM.....	82	PRENEXA.....	68	PRISTIQ.....	18
PREMPHASE.....	51	PRENTIF CAVITY-RIM CERVICAL CAP.....	58	PRIVIGEN.....	74
PREMPRO.....	51	PREPOPIK.....	57	PROAIR HFA.....	13
PRENA1 CHEW/QUATREFOLIC.....	66	PREQUE 10.....	68	probenecid.....	54
PRENA1 PLUS/QUATREFOLIC.....	66	PREVACID.....	80	PROCARDIA.....	35
PRENA1/QUATREFOLIC.....	67	PREVACID SOLUTAB.....	80	PROCARDIA XL.....	35
PRENAISSANCE.....	67			PROCENTRA.....	1
PRENAISSANCE 90 DHA.....	67			prochlorperazine.....	31
PRENAISSANCE BALANCE.....	67			prochlorperazine maleate.....	31
PRENAISSANCE DHA.....	67			PROCORT.....	9
PRENAISSANCE HARMONY DHA.....	67			PROCRIT.....	55
PRENAISSANCE NEXT.....	67			PROCTOCORT.....	9
PRENAISSANCE NEXT-B.....	67			PROCTOFOAM HC.....	9
PRENAISSANCE PLUS.....	67			PROCYSBI.....	54
PRENAISSANCE PROMISE.....	67			PRODRIN.....	62
PRENATA.....	67			progesterone.....	76
prenatal 19 1000unit-30unit-20mg-25mg-3mg-200mg-29mg-15mg-3mg-7mg-12mcg-400unit-20mg-1mg-100mg.....	67			progesterone micronized.....	76
prenatal 19 1000unit-400unit-20mg-25mg-3mg-200mg-29mg-7mg-6mg-3mg-12mcg-1mg-30unit-20mg-100mg.....	67			PROGLYCEM.....	19
PRENATAL 19 30UNIT-1000UNIT-20MG-25MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG.....	67			PROGRAF 0.5 MG, 1 MG, 5 MG.....	33

promethazine w/codeine.....	40	pyrazinamide.....	27	REGRANEX.....	48
promethazine-dm.....	40	PYRIDIDIUM.....	54	RELENZA DISKHALER.....	33
promethegan.....	22	pyridostigmine bromide.....	26	RELISTOR.....	53
PROMETRIUM.....	76	QNASL.....	70	RELPAK.....	63
propafenone hcl 150 mg.....	12	QSYMIA.....	1	REMERON.....	16
propafenone hcl 225 mg, 300		QUALAQUIN.....	26	REMERON SOLTAB.....	16
mg.....	12	QUARTETTE.....	38	RENAGEL.....	53
propafenone hcl 225 mg, 325 mg,		quazepam.....	56	REVELA.....	54
425 mg.....	12	QUESTRAN.....	22	repaglinide.....	20
propantheline bromide.....	79	QUESTRAN LIGHT.....	22	REPREXAIN.....	8
proparacaine hcl.....	72	quetiapine fumarate.....	30	REQUIP.....	29
propranolol hcl 10 mg, 20 mg, 40		QUILLIVANT XR.....	2	REQUIP XL.....	29
mg, 60 mg, 80 mg.....	34	quinapril hcl.....	24	RESCRIPTOR.....	32
propranolol hcl 120 mg, 160 mg,		quinapril-hydrochlorothiazide	25	reserpine.....	24
60 mg, 80 mg.....	34	quinidine gluconate 324 mg.....	12	RESTASIS.....	72
propranolol hcl 20 mg/5ml, 40		quinidine sulfate.....	12	RESTORIL.....	56
mg/5ml.....	34	quinidine sulfate er.....	12	RETIN-A.....	41
propranolol/hydrochlorothiazide	2	quinine sulfate.....	26	RETIN-A MICRO.....	41
5		QVAR 40 MCG/ACT.....	13	RETIN-A MICRO PUMP.....	41
propylthiouracil.....	78	QVAR 80 MCG/ACT.....	13	RETROVIR.....	32
PROSCAR.....	54	R-NATAL OB.....	68	REVATIO.....	36
PROSED/DS.....	80	rabeprazole sodium.....	80	REVIA.....	20
PROTHELIAL.....	64	ramipril.....	24	REVLIMID.....	33
PROTID.....	40	RANEXA 1000 MG.....	10	REYATAZ 100 MG.....	32
PROTONIX 20 MG, 40 MG.....	80	RANEXA 500 MG.....	10	REYATAZ 150 MG, 200 MG, 300	
PROTONIX 40 MG.....	80	ranitidine hcl 15 mg/ml, 150		MG.....	32
PROTOPIC.....	46	mg/10ml, 75 mg/5ml.....	79	REZIRA.....	40
protriptyline hcl.....	18	ranitidine hcl 150 mg.....	79	REZYST SB.....	20
PROVENTIL HFA.....	13	ranitidine hcl 150 mg, 300		RHEUMATREX.....	3
PROVERA.....	76	mg.....	79	RHINOCORT AQUA.....	70
PROVIGIL.....	2	ranitidine hcl 300 mg.....	79	RIAX.....	41
PROZAC.....	17	RAPAFLO.....	54	RIBAPAK.....	32
PROZAC WEEKLY.....	17	RAPAMUNE.....	33	RIBATAB.....	32
pseudoephed-bromphen-dm		RAVICTI.....	50	ribavirin (hepatitis c).....	32
2mg/5ml-30mg/5ml-10mg/5ml,		RAYOS.....	39	RIDAURA.....	3
2mg/5ml-30mg/5ml-10mg/5ml-		RAZADYNE.....	76	RIFADIN 150 MG, 300 MG.....	27
0.95%.....	40	RAZADYNE ER.....	76	RIFAMATE.....	26
pseudoephedrine w/ codeine-gg		REAPHIRM.....	68	rifampin 150 mg, 300 mg.....	27
30mg/5ml-100mg/5ml-1.7%-		REBETOL.....	32	RILUTEK.....	70
10mg/5ml, 30mg/5ml-100mg/5ml-		REBIF.....	77	riluzole.....	70
1.9%-10mg/5ml, 30mg/5ml-		REBIF REBIDOSE.....	77	rimantadine hydrochloride.....	33
100mg/5ml-2.1%-10mg/5ml.....	40	REBIF REBIDOSE		RIOMET.....	19
PULMICORT 0.25 MG/2ML.....	13	TITRATIONPACK.....	77	RISPERDAL.....	30
PULMICORT 0.5 MG/2ML.....	13	REBIF TITRATION PACK.....	77	RISPERDAL M-TAB.....	30
PULMICORT 1 MG/2ML.....	13	RECTIV.....	9	risperidone.....	30
PULMICORT FLEXHALER 180		REGIMEX.....	1	RITALIN.....	2
MCG/ACT.....	13	REGLAN.....	53		
PULMICORT FLEXHALER 90					
MCG/ACT.....	13				
PULMOZYME.....	77				
PURINETHOL.....	27				
PYLERA.....	80				

RITALIN LA 10 MG	2	SE-NATAL 19 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG	68	SKLICE	48
RITALIN LA 20 MG, 30 MG, 40 MG	2	SE-NATAL 19 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG	68	SMART SENSE PREMIUM BLOODGLUCOSE STRIPS	48
RITALIN SR	2	SEASONALE	38	SMART SENSE VALUE BLOOD GLUCOSE STRIPS	48
RITEFLO	62	SEASONIQUE	38	sodium chloride (inhalant)	40
RITUXAN	27	SECTRAL	34	sodium chloride 0.45 %, 0.9 %, 3 %, 5 %	64
rivastigmine tartrate	76	SEDAPAP	5	sodium chloride 2.5 meq/ml	64
rizatriptan benzoate	63	SELECT-OB+DHA	68	sodium citrate & citric acid	54
ROBAXIN 500 MG	69	selegiline hcl	30	sodium fluoride 0.125 mg/drop, 0.5 mg/ml	63
ROBAXIN-750	69	SELENIUM SULFIDE 2.25%	43	sodium fluoride 0.25 mg, 0.5 mg, 0.55 mg, 1 mg, 1.1 mg, 2.2 mg	63
ROBINUL 1 MG	79	selenium sulfide 2.5 %	43	sodium fluoride 1 mg	63
ROBINUL FORTE	79	SELRX	44	sodium phenylbutyrate	50
ROCALTROL	50	SELSUN SHAMPOO	44	sodium polystyrene sulfonate	34
ropinirole hydrochloride	29	SELZENTRY	32	SODIUM SULFACETAMIDE WASH	44
ROXICET	8	SEMPREX-D	40	SODIUM SULFACETAMIDE/SULFUR	41
ROXICODONE	6	SENSIPAR	50	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	41
ROZEREM	56	SEPTRA DS	10	sodium sulfacetamide/sulfur in urea	41
RYBIX ODT	6	SEREVENT DISKUS	13	SOLARAZE	43
RYTHMOL 150 MG	12	SEROQUEL	30	SOLODYN	78
RYTHMOL 225 MG	12	SEROQUEL XR	30	SOMA	69
RYTHMOL SR	12	SEROSTIM	50	SOMAVERT	50
RYZOLT	6	sertraline hcl	17	SOMNOTE	56
SABRIL	16	SETON ET-EC	68	SONATA	56
SAFYRAL	38	SETONET	68	SORIATANE 10 MG	43
SALAGEN	64	SFROWASA	53	SORIATANE 17.5 MG	43
SALEX	47	SHOHL'S SOLUTION MODIFIED	54	SORIATANE 25 MG	43
SALEX LOTION	47	SHUR-SEAL	81	SORILUX	43
SALICYLIC ACID 26 %	47	sildenafil citrate (pulmonary hypertension)	36	sotalol hcl	34
salicylic acid 27.5 %	47	SILENOR	56	sotalol hcl (afib/af)	34
salicylic acid 6 %	47	SILVADENE	44	spinosad	48
salicylic acid in ammonium lactate vehicle	47	silver sulfadiazine	44	SPIRIVA HANDHALER	12
salicylic acid w/ cleanser	47	SIMBRINZA	71	spironolactone	49
SALKERA	47	SIMCOR	23	spironolactone & hydrochlorothiazide	49
SALVAX	47	SIMPONI	3	SPORANOX 10 MG/ML	21
SAMSCA	51	simvastatin	23	SPORANOX 100 MG	21
SANCTURA	81	SINEMET	30	SPORANOX PULSEPAK	21
SANCTURA XR	81	SINEMET CR	30	SPRIX	4
SANCUSO	21	SINGULAIR	12	SPRYCEL	28
SANDIMMUNE 100 MG, 25 MG	33	SIRTURO	27	sps	34
SANDOSTATIN	51	SKELAXIN	69	SSKI	63
SANTYL	46			ST JOSEPH ADULT	5
SAPHRIS	30				
SARAFEM	77				
SAVELLA	76				
SAVELLA TITRATION PACK	76				

ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE	5	sulfacetamide sodium-sulfur in urea vehicle	41	TARON-DUO EC	68
STALEVO 100	30	SULFADIAZINE	77	TARON-PREX	68
STALEVO 125	30	sulfamethoxazole-trimethoprim	10	TASIGNA	28
STALEVO 150	30	SULFAMYLON	44	TASMAR	29
STALEVO 200	30	sulfasalazine	53	TAZORAC	43
STALEVO 50	30	sulindac	4	TECFIDERA	77
STALEVO 75	30	SUMADAN WASH	41	TECFIDERA STARTER PACK	77
STARLIX	20	sumatriptan	63	TEGRETOL	15
stavudine	32	sumatriptan succinate 100 mg, 25 mg, 50 mg	63	TEGRETOL-XR	15
STAVZOR	16	sumatriptan succinate 4 mg/0.5ml	63	TEKAMLO	25
STAXYN	36	sumatriptan succinate 6 mg/0.5ml	63	TEKTURNA	26
STIMATE	51	SUMAXIN TS	41	TEKTURNA HCT	25
STIVARGA	28	SUMAXIN WASH	41	temazepam	56
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG	1	SUPRAX 100 MG, 200 MG	36	TEMODAR 100 MG, 140 MG, 180 MG, 250 MG	27
STRATTERA 100 MG, 60 MG, 80 MG	1	SUPRAX 100 MG/5ML, 200 MG/5ML	36	TEMODAR 20 MG, 5 MG	27
STREPTOMYCIN SULFATE	3	SUPRAX 400 MG	36	TEMOVATE	45
STRIANT	9	SUPRAX 500 MG/5ML	36	TEMOVATE E	45
STRIBILD	32	SUPREP BOWEL PREP	57	temozolomide 100 mg, 140 mg, 180 mg, 250 mg	27
STROMEKTOL	9	SUSTIVA	32	temozolomide 20 mg, 5 mg	27
SUBOXONE 12MG-3MG, 2MG-0.5MG, 4MG-1MG, 8MG-2MG	8	SUTENT	28	TENCON	5
SUBOXONE 2MG-0.5MG	8	SYMBICORT	13	TENEX	24
SUBOXONE 8MG-2MG	8	SYMBYAX	76	TENORETIC 100	25
SUBSYS 200 MCG, 400 MCG, 800 MCG	6	SYMLIN	18	TENORETIC 50	25
SUBSYS 600 MCG	6	SYNALAR	45	TENORMIN	34
SUBUTEX 2 MG	8	SYNTHROID	78	TERAZOL 3	82
SUBUTEX 8 MG	8	SYPRINE	33	TERAZOL 7	82
SUCLEAR	57	TABLOID	27	terazosin hcl	24
SUCRAID	48	TACLONEX	45	terbutaline hcl	21
sucralfate	80	tacrolimus	33	terbutaline sulfate 2.5 mg, 5 mg	13
SULAR	35	TAFINLAR	28	terconazole vaginal	82
sulfacetamide sod-prednisolone	73	TAMBOCOR	12	TERSI FOAM	44
sulfacetamide sodium	44	TAMIFLU 12 MG/ML	33	TERUMO SURGUARD2	
sulfacetamide sodium (acne)	41	TAMIFLU 30 MG, 45 MG	33	SAFETY NEEDLE/30G X 1/2"	59
sulfacetamide sodium (ophth)	72	TAMIFLU 6 MG/ML	33	TESSALON	39
sulfacetamide sodium w/ sulfur 1%-10%, 5%-10%	41	TAMIFLU 75 MG	33	TESSALON PERLES	39
sulfacetamide sodium w/ sulfur 2%-10%, 4%-9%, 4.5%-9%	41	tamoxifen citrate	28	TESTIM	9
sulfacetamide sodium w/ sulfur 2%-10%, 5%-10%	41	tamsulosin hcl	54	TESTRED	9
sulfacetamide sodium w/ sulfur 4%-8%	41	TAPAZOLE	78	tetracaine hcl (ophth)	72
sulfacetamide sodium w/ sulfur 5%-10%	41	TARCEVA	28	tetracycline hcl 250 mg, 500 mg	78
		TARGRETIN	29	TEVETEN	24
		TARKA	25	TEVETEN HCT	25
		TARON-BC	68	TEXACORT	45
		TARON-C DHA	68	TGT BLOOD GLUCOSE TEST STRIPS	48
				THALITONE	49

THALOMID	33	TOFRANIL-PM	18	tri-vit/fluoride/iron	64
THEO-24	14	tolazamide	20	triadvance	68
theophylline 100 mg, 200 mg, 300 mg, 450 mg	14	tolbutamide	20	triamcinolone acetonide	46
theophylline 400 mg, 600 mg	14	tolmetin sodium	4	triamcinolone acetonide (mouth)	64
theophylline 80 mg/15ml	14	tolterodine tartrate	81	triamcinolone acetonide (nasal)	70
THIOLA	54	TOPAMAX	15	triamcinolone acetonide (topical)	46
thioridazine hcl	31	TOPAMAX SPRINKLE	15	triamterene & hydrochlorothiazide	49
thiothixene	31	TOPICORT 0.05 %	46	TRIAMTERENE/HYDROCHLOR OTHIAZIDE	49
THYMOGLOBULIN	33	TOPICORT 0.05 %, 0.25 %	46	TRIANEX	46
thyroid	78	TOPICORT 0.25 %	46	triazolam	56
THYROLAR-3	78	topiramate	15	TRIBENZOR	25
tiagabine hcl	16	topotecan hcl	29	TRICARE PRENATAL COMPLEAT	68
TIAZAC	35	TOPROL XL	34	tricitrates	54
ticlopidine hcl	55	TORISEL	28	TRICOR	23
TIGAN	21	torseamide	49	trifluoperazine hcl	31
TIKOSYN	12	TOVIAZ	81	trifluridine	72
timolol maleate	34	TRACLEER	36	TRIGLIDE 160 MG	23
timolol maleate (ophth)	70	TRADJENTA	19	TRIGLIDE 50 MG	23
TIMOPTIC	71	tramadol hcl 100 mg, 200 mg, 300 mg	6	trihexyphenidyl hcl	29
TIMOPTIC OCUDOSE	71	tramadol hcl 50 mg	6	TRILEPTAL	15
TIMOPTIC-XE	71	TRAMADOL HCL ER	6	TRILIPIX	23
TINDAMAX	9	tramadol-acetaminophen	8	trimethobenzamide hcl	21
tinidazole 250 mg	9	TRANDATE	34	trimethoprim	10
tinidazole 500 mg	9	trandolapril	24	TRINATAL GT	68
TIROSINT	78	tranexamic acid 100 mg/ml	56	TRINATAL ULTRA	68
TIVICAY	32	tranexamic acid 650 mg	56	TRIVEEN-U	68
tizanidine hcl	69	TRANSDERM-SCOP	21	TRIZIVIR	32
TL-ASSURE ONE	68	TRANXENE T	11	TROKENDI XR	15
TL-ASSURE+DHA	68	tranylcypromine sulfate	17	tropicamide	71
TL-CERMIDE	47	TRAVATAN Z	74	trospium chloride	81
TL-SELECT	68	trazodone hcl	17	TRUETEST BLOOD GLUCOSE TEST STRIPS	48
TL-SELECT DHA	68	TRECATOR	27	TRUSOPT	73
TOBI	3	TRENTAL	55	TRUVADA	32
TOBI PODHALER	3	TRETIN-X 0.038 %, 0.075 %	41	trypsin w/ castor oil & peruvian balsam	46
TOBRADEX 0.3%-0.01%-0.1%	73	tretinoin	41	TUDORZA PRESSAIR	12
TOBRADEX 0.3%-0.1%	73	tretinoin (chemotherapy)	29	TUSSICAPS	40
TOBRADEX ST	73	tretinoin microsphere 0.04 %	41	TWINJECT	82
tobramycin	3	tretinoin microsphere 0.04 %, 0.1 %	41	TWYNSTA	25
tobramycin sulfate (ophth)	72	TREXALL	27	TYKERB	28
tobramycin sulfate 10 mg/ml, 40 mg/ml, 80 mg/2ml	3	TREXIMET	62	TYLENOL/CODEINE #3	8
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	3	trexix	8	TYLENOL/CODEINE #4	8
tobramycin-dexamethasone	73	TRI RX	68	TYLOX	8
TOBREX	72	TRI-NORINYL 28	38		
TOFRANIL	18	TRI-VI-FLOR	64		
		TRI-VI-FLORO	64		

TYSABRI.....	77	V-NATAL DHA.....	68	verapamil hcl 120 mg, 40 mg, 80 mg.....	35
TYZEKA.....	32	VAGIFEM.....	82	VERDESO.....	46
TYZINE.....	70	valacyclovir hcl.....	33	VEREGEN.....	42
TYZINE PEDIATRIC NASAL DROPS.....	70	VALCHLOR.....	43	VERELAN.....	35
UCERIS.....	39	VALCYTE 450 MG.....	32	VERELAN PM.....	35
ULESFIA.....	48	VALCYTE 50 MG/ML.....	32	VERIPRED 20.....	39
ULORIC.....	54	VALIUM.....	11	VESICARE.....	81
ULTIMATE OB DHA.....	68	valproate sodium 250 mg/5ml.....	16	VEXOL.....	73
ULTIMATECARE ONE.....	68	valproic acid.....	16	VFEND 200 MG, 50 MG.....	21
ULTIMATECARE ONE NF.....	68	valsartan-hydrochlorothiazide.....	26	VFEND 40 MG/ML.....	21
ultra tabs.....	68	VALTrex.....	33	VIBRAMYCIN 100 MG.....	78
ULTRACET.....	8	VALTURNA.....	26	VIBRAMYCIN 25 MG/5ML.....	78
ULTRAM.....	7	VALVED HOLDING CHAMBER.....	62	VIBRAMYCIN 50 MG/5ML.....	78
ULTRAM ER.....	7	VANCOCIN HCL.....	10	VICODIN.....	8
ULTRAVATE.....	46	vancomycin hcl 125 mg, 250 mg.....	10	VICODIN ES.....	8
ULTRAVATE PAC.....	46	VANDETANIB.....	28	VICOPROFEN.....	8
ULTRESA.....	48	VANOS.....	46	VICTOZA.....	19
UMECTA.....	46	VANOXIDE-HC.....	42	VICTRELIS.....	32
UMECTA NAIL FILM.....	46	VASCEPA.....	22	VIDEX EC.....	32
UNASYN 0.5GM-1GM.....	75	VASERETIC.....	26	VIGAMOX.....	72
UNASYN 1GM-2GM.....	75	VASOTEC.....	24	VIIBRYD.....	17
UNASYN ADD-VANTAGE.....	75	VCF VAGINAL CONTRACEPTIVE FILM.....	81	VIIBRYD 10 MG, 20 MG, 40 MG.....	17
UNASYN BULK PACK.....	75	VCF VAGINAL CONTRACEPTIVE FOAM.....	81	VIMOVO.....	4
UNIRETIC.....	26	VECTICAL.....	43	VIMPAT 10 MG/ML.....	16
UNIVASC.....	24	VELCADE.....	28	VIMPAT 100 MG, 150 MG, 200 MG, 50 MG.....	16
URAMAXIN.....	46	VELTIN.....	42	VINACAL.....	68
URAMAXIN GT.....	46	VEMAVITE-PRX 2.....	68	VINACAL B.....	68
urea.....	46	VENA-BAL DHA.....	68	VINATE CALCIUM.....	68
urea in lactic acid vehicle.....	46	VENATAL COMPLETE DHA.....	68	VINATE DHA.....	68
urea in zinc undecylenate-lactic acid vehicle.....	46	venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg.....	18	VINATE GT.....	68
urea-hc acetate.....	46	venlafaxine hcl 150 mg.....	18	VINATE ULTRA.....	68
URECHOLINE.....	81	venlafaxine hcl 150 mg, 225 mg, 37.5 mg, 75 mg.....	18	VIOKACE.....	48
URELLE.....	81	VENLAFAXINE HCL ER.....	18	VIRACEPT.....	32
UREX.....	81	VENTAVIS.....	36	VIRAMUNE.....	32
URIBEL.....	81	VENTOLIN HFA.....	13	VIRAMUNE XR 100 MG.....	32
UROCIT-K 10.....	54	VERAMYST.....	70	VIRAMUNE XR 400 MG.....	32
UROCIT-K 15.....	54	verapamil hcl 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg.....	35	VIRASAL.....	47
UROCIT-K 5.....	54	verapamil hcl 120 mg, 180 mg, 240 mg.....	35	VIREAD 150 MG, 300 MG.....	32
UROQID #2.....	81			VIREAD 200 MG, 250 MG.....	32
UROXATRAL.....	54			VIROPTIC.....	72
URSO 250.....	53			VIRT-BAL DHA PLUS.....	68
URSO FORTE.....	53			VIRT-PN.....	68
ursodiol.....	53			VIRT-PN DHA.....	68
UTOPIC.....	46			VIRT-PN PLUS.....	68
V-NATAL.....	68				

VIRT-SELECT.....	68	VYVANSE.....	1	YODOXIN.....	2
VISICOL.....	57	warfarin sodium.....	14	zafirlukast.....	12
VISTARIL.....	11	WATCHHALER.....	62	zaleplon.....	56
VISTIDE.....	32	WELCHOL.....	22	ZANAFLEX.....	69
VITAFOL-ONE.....	68	WELLBUTRIN.....	16	ZANTAC 15 MG/ML.....	79
VITAFOL-PLUS.....	68	WELLBUTRIN SR.....	16	ZANTAC 150 MAXIMUM STRENGTH.....	79
VITAMEDMD ONE RX/QUATREFOLIC.....	68	WELLBUTRIN XL.....	17	ZANTAC 150 MG.....	79
VITAMEDMD PLUS RX/QUATREFOLIC.....	69	WELLESSE VITAMIN D3.....	83	ZANTAC 25 MG.....	80
VITAMEDMD REDICHEW RX/QUATREFOLIC.....	69	WESTCORT.....	46	ZANTAC 300 MG.....	79
VITAMIN D.....	83	WESTHROID 113.75 MG, 16.25 MG, 48.75 MG, 81.25 MG, 97.5 MG.....	78	ZARONTIN.....	16
VITAMIN D2.....	83	WESTHROID 130 MG, 195 MG, 32.5 MG, 65 MG.....	79	ZAROXOLYN.....	49
VITAMIN D3 1200 UNIT/15ML.....	83	WESTHROID-P 16.25 MG, 48.75 MG, 97.5 MG.....	79	ZATEAN-CH.....	69
VITAMIN D3 400.....	83	WESTHROID-P 32.5 MG, 65 MG.....	79	ZATEAN-PN.....	69
VITAMIN D3 400 UNIT.....	83	WP THYROID 130 MG, 32.5 MG, 65 MG.....	79	ZATEAN-PN DHA.....	69
VITUZ.....	40	WP THYROID 16.25 MG, 48.75 MG, 97.5 MG.....	79	ZATEAN-PN PLUS.....	69
VIVA CT PRENATAL.....	69	XALATAN.....	74	ZEBETA.....	34
VIVACTIL.....	18	XALKORI.....	28	ZEGERID 20MG-1680MG, 40MG-1680MG.....	80
VIVELLE-DOT 0.025 MG/24HR.....	52	XANAX.....	11	ZEGERID 40MG-1100MG.....	80
VIVELLE-DOT 0.0375 MG/24HR.....	52	XANAX XR.....	11	ZELAPAR.....	30
VIVELLE-DOT 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR.....	52	XARELTO 10 MG.....	14	ZELBORAF.....	28
VIVOTIF BERNA.....	81	XARELTO 15 MG, 20 MG.....	14	ZEMPLAR 1 MCG, 2 MCG, 4 MCG.....	50
VOLTAREN 0.1 %.....	73	XELJANZ.....	3	ZENPEP 10000UNIT-3000UNIT- 16000UNIT, 34000UNIT- 10000UNIT-55000UNIT, 51000UNIT-15000UNIT- 82000UNIT, 68000UNIT- 20000UNIT-109000UNIT, 85000UNIT-25000UNIT- 136000UNIT.....	48
VOLTAREN 1 %.....	42	XELODA.....	27	ZENPEP 17000UNIT-5000UNIT- 27000UNIT.....	48
VOLTAREN-XR.....	4	XENADERM.....	46	ZENZEDI.....	1
voriconazole 200 mg, 50 mg.....	21	XENAZINE.....	77	ZERIT.....	32
voriconazole 40 mg/ml.....	21	XERAC AC.....	47	ZESTORETIC.....	26
VORTEX VALVED HOLDING CHAMBER.....	62	XERESE.....	44	ZESTRIL.....	24
VOSOL HC.....	74	XIFAXAN 200 MG.....	10	ZETIA.....	23
VOSPIRE ER.....	13	XIFAXAN 550 MG.....	10	ZETONNA.....	70
VOTRIENT.....	28	XODOL.....	8	ZIAC.....	26
VP-CH PLUS.....	69	XOLEGEL.....	43	ZIAGEN.....	32
VP-CH-PNV.....	69	XOPENEX.....	13	ZIANA.....	42
VP-GGR-B6 PRENATAL.....	69	XOPENEX CONCENTRATE.....	13	zidovudine.....	32
VP-HEME OB.....	69	XOPENEX HFA.....	13	zinc sulfate 220 mg.....	64
VP-HEME OB + DHA.....	69	XTANDI.....	28	ZINGIBER.....	69
VP-PNV-DHA.....	69	XYLOCAINE 4 %.....	47	ZIOPTAN.....	74
VUSION.....	43	XYLOCAINE JELLY.....	47	ziprasidone hcl.....	30
VYTONE.....	43	XYREM.....	76	ZIPSOR.....	4
VYTORIN 10MG-10MG.....	22	XYZAL 2.5 MG/5ML.....	22		
VYTORIN 10MG-20MG, 40MG- 10MG.....	22	XYZAL 5 MG.....	22		
VYTORIN 80MG-10MG.....	22	YASMIN 28.....	38		
		YAZ.....	38		

ZIRGAN.....	72	ZYMAXID.....	72
ZITHRANOL-RR.....	43	ZYPREXA.....	30
ZITHROMAX 1 GM.....	57	ZYPREXA ZYDIS.....	30
ZITHROMAX 100 MG/5ML, 200 MG/5ML.....	57	ZYTIGA.....	28
ZITHROMAX 250 MG.....	57	ZYVOX 100 MG/5ML.....	10
ZITHROMAX 500 MG.....	57	ZYVOX 600 MG.....	10
ZITHROMAX 600 MG.....	57		
ZITHROMAX TRI-PAK.....	57		
ZITHROMAX Z-PAK.....	57		
ZMAX.....	57		
ZOCOR.....	23		
ZOFRAN 4 MG, 8 MG.....	21		
ZOFRAN 4 MG/5ML.....	21		
ZOFRAN ODT.....	21		
ZOLINZA.....	28		
zolmitriptan.....	63		
ZOLOFT.....	17		
zolpidem tartrate.....	56		
ZOLPIMIST.....	56		
ZOMIG 2.5 MG, 5 MG.....	63		
ZOMIG NASAL SPRAY.....	63		
ZOMIG ZMT.....	63		
ZONALON.....	43		
ZONEGRAN.....	16		
zonisamide.....	16		
ZORTRESS.....	33		
ZORVOLEX.....	4		
ZOSYN 0.25GM-2GM-0.5MG, 0.375GM-3GM-0.75MG.....	75		
zovia 1/50e.....	38		
ZOVIRAX 200 MG.....	33		
ZOVIRAX 200 MG/5ML.....	33		
ZOVIRAX 400 MG, 800 MG.....	33		
ZOVIRAX 5 %.....	44		
ZUBSOLV.....	8		
ZUPLENZ.....	21		
ZUTRIPRO.....	40		
ZYBAN.....	77		
ZYCLARA.....	46		
ZYCLARA PUMP 2.5 %.....	46		
ZYCLARA PUMP 3.75 %.....	46		
ZYDONE.....	8		
ZYFLO.....	12		
ZYFLO CR.....	12		
ZYLET.....	73		
ZYLOPRIM.....	54		