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This Medication Guide was current at time of printing and is subject to change.
Please visit our web site, www.bcbsfl.com, for the most current information.

Introduction

Blue Cross and Blue Shield of Florida and Health Options, Inc. is pleased to present the Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic prescription medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

Current members are encouraged to log on to MyBlueService for plan specific details about their prescription medication coverage. On our member site, MyBlueService, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan. Simply go to www.bcbsfl.com, log in to MyBlueService and select "Drugs & Pharmacy". For questions, please call the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

Note: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

Preface

MEDICATION LIST

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Blue Cross and Blue Shield of Florida, Inc. and Health Options, Inc. and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

Note: This is not a complete listing of all covered prescriptions medications. BCBSF reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

To reduce your out-of-pocket expenses, please take a copy of this Medication Guide with you each time you visit your Physician. Please consider asking your Physician to prescribe Generic medications, or if necessary, one of the Preferred Brand prescription medications listed in the Medication Guide whenever appropriate. Your cost for Generic and Preferred Brand prescription medications on the Medication List are lower than Non Preferred Brand prescription medications.

PHARMACY BENEFIT PROGRAMS

There are three types of pharmacy benefit programs; Generic Only, 2 Tier and 3 Tier. To understand which program you have, please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card for more information.

Generic only benefit

Tier 1: Covered Generic Prescription Medications

2 Tier Benefit

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Brand Prescription Medications

3 Tier Benefit

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

What you need to know about generic medications

Blue Cross and Blue Shield of Florida, Inc. and Health Options, Inc. encourages the use of Generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their Brand Name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved Generic medication may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

CHANGES TO THE FORMULARY

The medications listed in the Medication Guide are subject to change at any time. The Medication List is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. The most up to date information about modifications to the medications listed in this [Medication Guide](#) can be found at www.bcbsfl.com.

- Click on the **Providers** tab
- Click on **Pharmacy Info & Resources**, then click on **Medication Guides**
- Under **Medication Guide for Individuals Under 65 and Group**, click [Medication Guide](#) or [Medication Guide Updates](#)

There are varying reasons why changes are made to the medications listed in the Medication Guide:

- The tier level of a Brand prescription medication included on the Medication List may increase (change from Tier 2 to Tier 3) when an FDA-approved bioequivalent Generic prescription medication becomes available.
- Newly marketed Brand prescription medications are usually introduced on Tier 3 until the opportunity exists to review the medication level, at which time a determination will be made as to which tier will apply based on safety, efficacy and the availability of other products within that class of medications.

What if my medication is not listed on the formulary?

Not every prescription medication is listed in the Medication Guide. The most commonly prescribed prescription medications are included in the medication list. If your medication is not included in this formulary, you can get information about the medication in the “Drugs & Pharmacy” section of MyBlueService. You can also call the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

Additional requirements or limits on coverage

Some covered medications may have additional requirements or limits on coverage. This section refers to our Responsible Rx programs including Prior Authorization, Responsible Quantity and Responsible Steps.

PRIOR AUTHORIZATION

The [Prior Authorization](#) program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization program list of medications, your physician will need to submit a Prior Authorization request in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications on the Medication List that require Prior Authorization for coverage are indicated in the Prior Authorization column following the product name.

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if Prior Authorization requirements apply to your plan. Coverage details are also available to you by logging into [MyBlueService](#) or by calling the customer service number listed on your member ID card.

OBTAINING PRIOR COVERAGE AUTHORIZATION

Information about **Prior Authorization** and steps for how to obtain a Prior Authorization approval can be found on our website, www.bcbsfl.com:

- Click on the **Members** tab
- Under the **Looking for a Form?** section, click **Prescription Drug Forms**
- Under **Prescription Drug Forms**, select [Prior Authorization Form](#)

Note: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a Participating Pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior Authorization approval does not waive your financial responsibility.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Claims Processing and Appeal and Grievance Process section or the administrative remedies section in your current Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how to file an appeal.

RESPONSIBLE QUANTITY PROGRAM

The [Responsible Quantity Program](#) encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

Exception Requests

If for medical reasons, you require a quantity of medication outside the Responsible Quantity Program limits, your physician may submit an exception request.

Information about the [Responsible Quantity Program](#) and steps for how to obtain an exception can be found on our website, www.bcbsfl.com:

- Click on the **Members** tab
- Under the **Looking for a Form?** section, click **Prescription Drug Forms**
- Under **Prescription Drug Forms**, select [Responsible Quantity Limit Authorization Form](#)

RESPONSIBLE STEPS PROGRAM

The [Responsible Steps program](#) promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps program are not covered unless you have tried one or more covered alternative medications first.

If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into [MyBlueService](#) or by calling the customer service number listed on your Member ID card.

Exception Requests

If for medical reasons, you cannot use one of the alternative medications and require the medication listed in the Responsible Steps program, your physician may submit an exception request as described below.

Information about the [Responsible Steps Program](#) and steps for how to obtain an exception can be found on our website, www.bcbsfl.com:

- Click on the **Members** tab
- Under the **Looking for a Form?** section, click **Prescription Drug Forms**
- Under **Prescription Drug Forms**, select [Responsible Steps Authorization Form](#)

COVERED OVER-THE-COUNTER (OTC) MEDICATIONS

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the Medication List with “OTC” in parenthesis following the medication name are eligible for coverage.

THREE MONTH SUPPLY

Some plans allow you to purchase up to a three-month supply of medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan includes this benefit. In addition to being able to obtain up to a three month supply of medication through our mail order pharmacy, you may be able to receive up to a three month supply of your medication through a participating retail pharmacy. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

MAIL ORDER PHARMACY

Obtaining prescription medications through the Mail Order Pharmacy may reduce the cost you pay for your prescription medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through BCBSF can access and print out the [Mail Order Pharmacy Form](#) on our website, www.bcbsfl.com:

- Click on the **Members** tab
- Under the **Looking for a Form?** section, click **Prescription Drug Forms**
- Under **Prescription Drug Forms**, select the [Pharmacy Mail Order Form](#)

Note: If the original prescription was filled at a pharmacy other than the Mail Order Pharmacy, you must submit a new, original three month supply prescription with a quantity of up to a three month supply and not less than a two month supply along with the Registration and Prescription Order Form. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

MEDICATIONS THAT ARE NOT COVERED

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged – a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC

More information on medications that are not covered may be found at [Medications Not Covered](#)

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine the Medication Exclusions that apply to your plan. Coverage details may also be available to you by logging into [MyBlueService](#) or by calling the customer service number listed on your member ID card.

FORMULARY ADDITION REQUEST

Physicians may request the addition of a medication to the Medication List by submitting a written request to Blue Cross and Blue Shield of Florida and Health Options, Inc.

Please mail to:

Blue Cross and Blue Shield of Florida and Health Options, Inc.

Attn: Pharmacy Programs

P.O. Box 1798

Jacksonville, FL 32231-0014

NOTICE

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

SPECIALTY PHARMACY MEDICATIONS

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available to you by logging into MyBlueService or by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- **Self-Administered** – Patients self-administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from an in network specialty pharmacy, out of network cost shares will apply.
- **Provider-Administered** – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any health care provider and out of network cost shares do not apply.

Note: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in BCBSFL's/HOI's networks for Non-Specialty Pharmacy medications.

Caremark Specialty Pharmacy Services

All Products

Phone: 1-866-278-5108

Fax: 1.800.323.2445

www.caremark.com

Caremark Hemophilia Services

Hemophilia Products

Telephone: 1.866.792.2731 (Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

Fax: 1.866.811.7450

Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by BlueCross and BlueShield of Florida obtained outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy provider Caremark Specialty.

If a member resides or is traveling outside the state of Florida and needs to receive a provider administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider administered specialty medication should contact customer service for further assistance.

Self-Administered Specialty Products

Actimmune	Forteo ^{PA}	Monoclate-P ^{PA}	Simponi ^{PA, QL}
Adcirca ^{PA, QL}	Fuzeon	Mononine ^{PA}	Somavert
Advate ^{PA}	Gammagard ^{PA***}	Neulasta ^{PA***}	Sprycel ^{PA, QL}
Afinitor ^{PA, QL}	Ganirelix ^{PA}	Neumega ^{PA}	Sucraid
Alphanate VWF ^{PA}	Gamunex C ^{PA***}	Neupogen ^{***}	Sutent ^{PA, QL}
Alphanine SD ^{PA}	Genotropin ^{PA}	Nexavar ^{PA, QL}	Sylatron ^{PA}
Apokyn ^{***}	Gilenya ^{PA, QL}	Norditropin ^{PA}	Synarel ^{PA}
Aranesp ^{PA ***}	Gleevec ^{PA, QL}	Novoseven ^{PA}	Tarceva ^{PA, QL}
Arcalyst ^{PA}	Gonal-F ^{PA}	NovoSeven RT ^{PA}	Targretin ^{PA}
Avonex ^{PA, QL}	Helixate FS ^{PA}	Nutropin ^{PA}	Tasigna ^{PA, QL}
Bebulin VH ^{PA}	Hemofil M ^{PA}	Nutropin AQ ^{PA}	Temodar ^{PA}
Benefix ^{PA}	Hexalen ^{PA}	Oforta ^{PA}	Tev-Tropin ^{PA}
Betaseron ^{PA, QL}	Hizentra ^{PA}	Omnitrope ^{PA}	Thalomid ^{PA, QL}
Bravelle ^{PA}	Humate-D ^{PA}	Orencia subcutaneous ^{PA, QL}	Tracleer ^{PA, QL}
Caprelsa ^{PA, QL****}	Humatrope ^{PA}	Orfadin ^{PA*}	Tretinoin ^{PA}
Carbaglu	Humira ^{PA, QL}	Ovidrel ^{PA}	Tykerb ^{PA, QL}
Cetrotide ^{PA}	Hycamtin ^{PA}	Pegasys ^{PA}	Tyvaso ^{PA}
chorionic gonadotropin	Incivek ^{PA}	Peg-Intron ^{PA}	Ventavis ^{PA}
(Novarel, Pregnyl) ^{PA}	Increlex ^{PA}	Procrit ^{PA***}	Victralis ^{PA}
Cimzia Pen ^{PA, QL}	Infergen ^{PA}	Profilnine SD ^{PA}	Vivaglobin ^{PA}
Cinryze ^{PA}	Intron A ^{PA***}	Promacta ^{PA}	Votrient ^{PA, QL}
Copaxone ^{PA, QL}	Kineret ^{PA, QL}	Pulmozyme	Wilate ^{PA}
Corifact ^{PA}	Koate DVI ^{PA}	Rebif ^{PA, QL}	Xalkori ^{PA, QL}
Cystadane ^{**}	Kogenate FS ^{PA}	Recombinat ^{PA}	Xeloda ^{PA}
Egriftra ^{PA}	Kuvan ^{PA}	Remodulin ^{PA}	Xenazine ^{PA}
Enbrel ^{PA, QL}	Letairis ^{PA, QL}	Repronex ^{PA}	Xyntha ^{PA}
Epogen ^{PA***}	Leukine ^{***}	Revatio ^{PA, QL}	Xyrem ^{PA, QL}
Exjade	leuprolide ^{PA}	Revlimid ^{PA, QL}	Zavesca ^{PA}
Extavia ^{PA, QL}	Luveris ^{PA}	ribavirin oral ^{PA}	Zelboraf ^{PA, QL}
Feiba VH Immuno ^{PA}	Lysodren ^{PA}	Saizen ^{PA}	Zolinza ^{PA, QL}
Feiba NF ^{PA}	Matulane ^{PA}	Sandostatin (octreotide) ^{PA}	Zorbtive ^{PA}
Follistim AQ ^{PA}	Menopur ^{PA}	Serostim ^{PA}	Zytiga ^{PA, QL}

* Self-Administered Specialty medications may be subject to out-of-network cost shares if not obtained from an in-network specialty pharmacy

** These drugs are available from Accredo Health at 800.955.5909

*** These drugs are covered as Self-Administered or Provider-Administered Specialty Pharmacy drugs: Apokyn, Aranesp, Epogen, Gamunex C, Intron A, Leukine, Neulasta, Neupogen, and Procrit

**** This drug available from Biologics at 800-850-4306

PA – Drug may require that specific clinical criteria are met before the drugs will be covered under your pharmacy and/or medical benefits – See PRIOR AUTHORIZATION

QL – Drug limited to a maximum quantity per one month for one co-payment or coinsurance – see RESPONSIBLE QUANTITY PROGRAM

RS – Drug requires you to try another designated or prerequisite drug first – see RESPONSIBLE STEPS PROGRAM

Provider-Administered Specialty Pharmacy Products

Actemra ^{PA}	Fabrazyme ^{PA}	Neulasta ^{PA***}	Synagis ^{PA}
Adagen ^{**}	Firmagon ^{PA}	Neupogen ^{***}	Thyrogen
Aldurazyme	Flolan (epoprostenol) ^{PA}	N-plate ^{PA}	Trelstar Depot ^{PA}
Alferon N	Gammagard ^{PA***}	Orencia ^{PA}	Trelstar LA ^{PA}
Amevive ^{PA}	Gamunex C ^{PA***}	Procrit ^{PA***}	Tysabri ^{PA}
Apokyn ^{***}	Glassia ^{PA}	Prolastin ^{PA}	Vantas ^{PA}
Aralast NP ^{PA}	Ilaris ^{PA}	Prolastin-C ^{PA}	Viadur ^{PA}
Aranesp ^{PA***}	Immune Globulins ^{PA}	Prolia ^{PA}	Vidaza ^{PA}
Benlysta	Intron A ^{PA***}	Provence ^{PA}	Visudyne ^{PA}
Beriner ^{PA}	Kalbitor ^{PA}	Reclast ^{PA}	Vivitrol ^{PA}
Boniva ^{PA}	Krystexxa	Remicade ^{PA}	Vpriv ^{PA}
Botox ^{PA}	Leukine ^{***}	Revatio (IV) ^{PA}	Xeomin ^{PA}
Ceredase ^{PA}	Lucentis ^{PA}	Riastap	Xgeva ^{PA}
Cerezyme ^{PA}	Lumizyme	Rituxan ^{PA}	Xolair ^{PA}
Cimzia ^{PA}	Lupron Depot ^{PA}	Sandostatin LAR Depot ^{PA}	Yervoy
Dysport ^{PA}	Macugen ^{PA}	Soliris ^{PA}	Zemaira ^{PA}
Elaprase	Myobloc ^{PA}	Somatuline Depot ^{PA}	Zoladex ^{PA}
Eligard ^{PA}	Myozyme	Stelara ^{PA}	Zometa ^{PA}
Epogen ^{PA***}	Naglazyme	Supprelin LA ^{PA}	

** Provider Administered Specialty medications can be obtained from any health care provider and out of network cost shares do not apply.

** These drugs are available from Accredo Health at 800-955-5909

*** These drugs are covered as Self-Administered or Provider-Administered Specialty Pharmacy drugs: Apokyn, Aranesp, Epogen, Gamunex C, Intron A, Leukine, Neulasta, Neupogen, and Procrit

PA – Drug may require that specific clinical criteria are met before the drugs will be covered under your pharmacy and/or medical benefits – See PRIOR AUTHORIZATION

QL – Drug limited to a maximum quantity per one month for one co-payment or coinsurance – see RESPONSIBLE QUANTITY PROGRAM

RS – Drug requires you to try another designated or prerequisite drug first – see RESPONSIBLE STEPS PROGRAM

Using the Medication Guide

The Medication List is organized into broad categories (e.g., Antibacterials).

1	2	3	4		
Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ULCER/GERD					
ACIPHEX	3			•	•
CARAFATE susp	2				
cimetidine	1				
DEXILANT	3			•	•
dicyclomine (Bentyl)	1				
famotidine (Pepcid)	1				

- 1 The first column of the chart lists the medication name. Generic medications are listed in lowercase boldface (e.g., **metformin**)
Brand name medications are capitalized (e.g., CRESTOR)

Separate medication entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

Note: Self-administered injectable medications are designated in the Medication List with inj following the medication name (e.g., Arixtra inj).

- 2 The second column indicates the Tier level:
- 1 (Lowest Cost): Covered Generic Prescription Medications
 - 2 (Higher Cost): Covered Preferred Brand Prescription Medications
 - 3 (Highest Cost): Covered Non-Preferred Brand Prescription Medications
- 3 The third column indicates if the medication is a Self-Administered Specialty medication.
- 4 The remaining columns indicate the Responsible Rx Pharmacy program(s) that apply to the prescription medication (e.g., Prior Authorization, Responsible Quantity, and Responsible Steps). If an indicator is present in the column(s), then the Responsible Rx Program applies.
- 5 An asterisk (*) next to a drug name signifies that this drug may not be covered. Please refer to your individual coverage policy.

ABBREVIATION/ACRONYM KEY

caps	capsules	oint	ointment
chew tabs	chewable tablets	PA	Prior Coverage Authorization required
conc	concentrate	QL	Responsible Quantity Program - quantity limit applies
crm	cream	RS	Responsible Steps Program - prerequisite drug required
ext-release	extended-release	SI	Self-Administered Injectable
inhal	inhalation	SL	sublingual
inj	injection	SP	Self-Administered Specialty Pharmacy
lotn	lotion	soln	solution
NP	non-preferred	supp	suppositories
ODT	orally disintegrating tabs	susp	suspension
OTC	over-the-counter drug	tabs	tablets

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ANTI-INFECTIVE DRUGS					
PENICILLINS					
amoxicillin/potassium clavulanate (Augmentin)	1				
amoxicillin/potassium clavulanate ext-release (Augmentin XR)	1				
amoxicillin, NP = chew tabs, 125 mg	1				
ampicillin caps	1				
AMPICILLIN susp	2				
AUGMENTIN susp, 125 mg/5 mL	2				
dicloxacillin	1				
penicillin v potassium	1				
CEPHALOSPORINS					
cefadroxil	1				
cefdinir	1				
cefepodoxime	1				
cefprozil	1				
cefuroxime (Ceftin)	1				
cephalexin, NP = tabs (Keflex)	1				
MACROLIDES					
azithromycin (Zithromax)	1				
clarithromycin (Biaxin)	1				
clarithromycin ext-release (Biaxin XL)	1				
DIFICID	3			•	
ERY-TAB	2				
ERYTHROMYCIN delayed-release caps	2				
erythromycin ethylsuccinate	1				
ZITHROMAX packets	2				
TETRACYCLINES					
ADOXA/CK/TT*	3				•
ALODOX*	3				•
AVIDOXY/DK*	3				•
demeclocycline	1				
DORYX	3				•
doxycycline hyclate (Periostat, Vibramycin)	1				
DOXYCYCLINE HYCLATE delayed-release tabs, 75 mg	3				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
DYNACIN	3				•
MINOCIN/PAC*	3				•
minocycline (Dynacin, Minocin)	1				
MONODOX	3				•
ORAXYL	3				•
PERIOSTAT	3				•
SOLODYN	3				•
tetracycline 500 mg	1				
VIBRAMYCIN	3				•
FLUOROQUINOLONES					
CIPRO susp	2				
ciprofloxacin (Cipro)	1				
levofloxacin (Levaquin)	1				
AMINOGLYCOSIDES					
neomycin sulfate	1				
paromomycin	1				
TOBI	2				
TUBERCULOSIS					
ethambutol (Myambutol)	1				
ISONIAZID syrup	2				
isoniazid tabs	1				
isoniazid/rifampin (Rifamate)	1				
MYCOBUTIN	2				
pyrazinamide	1				
rifampin (Rifadin)	1				
FUNGAL INFECTIONS					
ANCOBON	2				
fluconazole (Diflucan)	1				
GRIFULVIN V tabs	2				
griseofulvin microsize	1				
itraconazole (Sporanox)	1		•		
ketoconazole tabs	1				
LAMISIL granules	2		•		
LAMISIL tabs	3		•		
NOXAFIL	2		•		
nystatin oral tabs	1				
SPORANOX caps	3		•		

KEY Tier
 1 = Covered Generic Drugs
 2 = Preferred Brand Drugs

3 = Non-preferred Brand Drugs
 • = Responsible Rx Program

X = Self-Administered Specialty Medication
 * = May not be covered

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps	Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
SPORANOX soln	2		•			EPIVIR	2				
terbinafine (Lamisil)	1		•			EPZICOM	2				
VFEND oral susp	2		•			FUZEON	2	X			
VFEND tabs	3		•			INTELENCE	2				
voriconazole (Vfend)	1		•			INVIRASE	2				
VIRAL INFECTIONS						ISENTRESS	2				
Cytomegalovirus						KALETRA	2				
GANCICLOVIR	2					LEXIVA	2				
VALCYTE	2					NORVIR	2				
Hepatitis						PREZISTA	2				
BARACLUDE	2					RESCRIPTOR	2				
COPEGUS	3		•			REYATAZ	2				
EPIVIR-HBV	2					SELZENTRY	2				
HEPSERA	2					stavudine (Zerit)	1				
INCIVEK	2	X	•			SUSTIVA	2				
INFERGEN	3	X	•			TRIZIVIR	2				
PEG-INTRON	3	X	•			TRUVADA	2				
PEGASYS	2	X	•			VIDEX	2				
REBETOL	3		•			VIRACEPT	2				
RIBAPAK	3	X	•			VIRAMUNE	2				
RIBASPHERE 400 mg, 600 mg	3	X	•			VIRAMUNE XR	2				
RIBATAB	2	X	•			VIREAD	2				
ribavirin (Copegus, Rebetol)	1	X	•			ZIAGEN	2				
VICTRELIS	2	X	•			zidovudine (Retrovir)	1				
Herpes						Influenza					
acyclovir (Zovirax)	1					RELENZA	3			•	
famciclovir (Famvir)	1					TAMIFLU	2			•	
valacyclovir (Valtrex)	1					MALARIA					
HIV/AIDS						atovaquone/proguanil 250-100 mg (Malarone)	1				
APTIVUS	2					ATOVAQUONE/PROGUANIL 62.5-25 mg	2				
ATRIPLA	2					chloroquine phosphate (Aralen)	1				
COMBIVIR	2					COARTEM	2				
COMPLERA	2					DARAPRIM	2				
CRIXIVAN	2					hydroxychloroquine (Plaquenil)	1				
didanosine delayed-release (Videx EC)	1					MALARONE 62.5-25 mg	2				
EDURANT	2					mefloquine	1				
EMTRIVA	2										

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PRIMAQUINE PHOSPHATE	2				
QUALAQUIN	3			•	
WORM INFECTIONS					
ALBENZA	2				
BILTRICIDE	2				
STROMEKTOL	2				
OTHER ANTI-INFECTIVES					
ALINIA	2				
CAYSTON	2				
clindamycin (Cleocin, Cleocin Pediatric)	1				
DAPSONE	2				
erythromycin/sulfisoxazole	1				
MEPRON	2				
metronidazole (Flagyl)	1				
NEBUPENT	2				
PRIMSOL	2				
sulfamethoxazole/trimethoprim (Bactrim, Septra DS)	1				
trimethoprim	1				
VANCOCIN	2				
XIFAXAN	2				
YODOXIN	2				
ZYVOX	2		•		
IMMUNIZING AGENTS					
GAMMAGARD	3	X	•		
GAMUNEX-C	3	X	•		
HIZENTRA	3	X	•		
VIVAGLOBIN	3	X	•		
CANCER DRUGS					
ACTIMMUNE	2	X			
AFINITOR	2	X	•	•	
ALKERAN tabs	2				
anastrozole (Arimidex)	1				
bicalutamide (Casodex)	1				
CAPRELSA	2	X	•	•	
CEENU	2				
CYCLOPHOSPHAMIDE tabs	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
EMCYT	2				
ETOPOSIDE caps	2				
exemestane (Aromasin)	1				
FARESTON	2				
FEMARA	3		•		
flutamide	1				
GLEEVEC	2	X	•	•	
HEXALEN	2	X	•		
HYCANTIN caps	2	X	•		
hydroxyurea (Hydrea)	1				
INTRON A	2	X	•		
IRESSA	2				
letrozole (Femara)	1		•		
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	2				
leucovorin calcium tabs, 5 mg, 25 mg	1				
LEUKERAN	2				
leuprolide acetate inj	1	X	•		
LYSODREN	2	X	•		
MATULANE	2	X	•		
megestrol (Megace)	1				
mercaptopurine (Purinethol)	1				
MESNEX tabs	2				
methotrexate tabs	1				
MYLERAN	2				
NEXAVAR	2	X	•	•	
NILANDRON	2				
OFORTA	2	X	•		
PROLEUKIN	2				
SPRYCEL	2	X	•	•	
SUTENT	2	X	•	•	
SYLATRON	2	X	•		
TABLOID	2				
tamoxifen	1				
TARCEVA	2	X	•	•	
TARGETIN caps	2	X	•		
TASIGNA	2	X	•	•	
TEMODAR caps	2	X	•		

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TRETINOIN caps	2	X	•		
TYKERB	2	X	•	•	
VANDETANIB	2	X	•	•	
VOTRIENT	2	X	•	•	
XALKORI	2	X	•	•	
XELODA	2	X	•		
ZELBORAF	2	X	•	•	
ZOLINZA	2	X	•	•	
ZYTIGA	2	X	•	•	
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					
budesonide ext-release (Entocort EC)	1				
CORTISONE ACETATE	2				
dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	1				
DEXAMETHASONE soln; tabs, 1 mg, 2 mg	2				
fludrocortisone	1				
hydrocortisone (Cortef)	1				
methylprednisolone (Medrol)	1				
prednisolone (Prelone)	1				
prednisolone sodium phosphate (Orapred, Pediapred)	1				
PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	2				
prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg	1				
MALE HORMONES					
ANDRODERM	3		•	•	
ANDROGEL	2		•	•	
ANDROID	3		•		
ANDROXY	2		•		
AXIRON	3		•	•	
danazol	1				
FORTESTA	3		•	•	
METHITEST	3		•		
STRIANT	3		•	•	
TESTIM	2		•	•	
TESTRED	3		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ESTROGENS					
ALORA	3			•	
CLIMARA	3			•	
CLIMARA PRO	2			•	
DIVIGEL	2			•	
ELESTRIN	3			•	
ESTRADERM	3			•	
estradiol patches (Climara)	1			•	
estradiol tabs (Estrace)	1				
estradiol/norethindrone acetate (Activella)	1				
ESTRASORB	3			•	
ESTROGEL	3			•	
estropipate	1				
EVAMIST	3			•	
FEMHRT LOW DOSE 0.5 mg-2.5 mcg	2				
MENEST	2				
MENOSTAR	3			•	
norethindrone acetate/ethinyl estradiol (Femhrt 1/5)	1				
PREMARIN	2				
PREMPHASE	2				
PREMPRO	2				
VIVELLE-DOT	2			•	
PROGESTINS					
medroxyprogesterone acetate (Provera)	1				
norethindrone acetate (Aygestin)	1				
PROMETRIUM	2				
BIRTH CONTROL					
ELLA	2				
levonorgestrel (Plan B)	1				
oral contraceptives – all generics	1				
ORAL CONTRACEPTIVES – BRANDS	3				•
INFERTILITY					
BRAVELLE	3	X	•		
CETROTIDE	3	X	•		
clomiphene (Clomid)	1				
FOLLISTIM AQ	3	X	•		

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GANIRELIX	3	X	•		
LUVERIS	3	X	•		
MENOPUR	3	X	•		
OVIDREL	3	X	•		
REPRONEX	3	X	•		
DIABETES					
acarbose (Precose)	1				
ACTOPLUS MET/XR	3				•
ACTOS	3				•
AVANDAMET	3				•
AVANDARYL	3				•
AVANDIA	3				•
BYETTA inj	2			•	•
DUETACT	3				•
glimepiride (Amaryl)	1				
glipizide (Glucotrol)	1				
glipizide ext-release (Glucotrol XL)	1				
GLUCAGON EMERGENCY INJ KIT	2				
glyburide (Micronase)	1				
glyburide micronized (Glynase)	1				
glyburide/metformin (Glucovance)	1				
GLYBURIDE, distributor of Diabeta	2				
GLYSET	2				
JANUMET	2			•	•
JANUVIA	2			•	•
JUVISYNC	3				•
KOMBIGLYZE XR	2			•	•
metformin (Glucophage)	1				
metformin ext-release (Glucophage XR)	1				
nateglinide (Starlix)	1				
ONGLYZA	2			•	•
PRANDIN	2				
PROGLYCEM	2				
SYMLIN inj	2				
TRADJENTA	3			•	•
VICTOZA inj	2			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
Insulins					
Rapid-Acting Insulins					
APIDRA/SOLOSTAR inj	2				
HUMALOG inj	2				
NOVOLOG inj	2				
Short-Acting Insulins					
HUMULIN R inj	2				
NOVOLIN R inj	2				
RELION R inj	2				
Intermediate-Acting Insulins					
HUMALOG MIX 50/50 inj	2				
HUMALOG MIX 75/25 inj	2				
HUMULIN N inj	2				
HUMULIN 70/30 inj	2				
NOVOLIN N inj	2				
NOVOLIN 70/30 inj	2				
NOVOLOG MIX 70/30 inj	2				
RELION N inj	2				
RELION 70/30 inj	2				
Basal Insulins					
LANTUS inj	2				
LEVEMIR inj	2				
THYROID REGULATION					
levothyroxine – includes Levoxyl (Synthroid)	1				
liothyronine (Cytomel)	1				
methimazole (Tapazole)	1				
propylthiouracil	1				
THYROLAR	2				
GROWTH HORMONE					
EGRIFTA	3	X	•		
GENOTROPIN	3	X	•		
HUMATROPE	3	X	•		
INCRELEX	2	X	•		
NORDITROPIN	2	X	•		
NUTROPIN/AQ	3	X	•		
OMNITROPE	3	X	•		

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SAIZEN	3	X	•		
SEROSTIM	3	X	•		
TEV-TROPIN	3	X	•		
ZORBTIVE	3	X	•		
OTHER HORMONES AND RELATED DRUGS					
ACTONEL	2			•	•
alendronate (Fosamax)	1			•	
ATELVIA	3			•	•
BONIVA tabs	3			•	•
cabergoline	1				
calcitonin-salmon nasal soln (Miacalcin)	1				
calcitriol (Rocaltrol)	1				
CARBAGLU	3	X			
CYSTADANE	3	X			
desmopressin inj, nasal, tabs (DDAVP)	1				
etidronate 400 mg (Didronel)	1				
EVISTA	2				
FORTEO	2	X	•		
FOSAMAX/PLUS D	3			•	•
HECTOROL	2				
KUVAN	2	X	•		
levocarnitine (Carnitor)	1				
methylethergonovine (Methergine)	1				
octreotide (Sandostatin)	1	X	•		
ORFADIN	3	X	•		
SAMSCA	3		•	•	
SANDOSTATIN inj	3	X	•		
SENSIPAR	2				
SOMAVERT	2	X			
SYNAREL	2	X	•		
ZEMPLAR caps	2				
HEART AND CIRCULATORY DRUGS					
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS					
ACCUPRIL	3				•
ACCURETIC	3				•
ACEON	3				•
ALTACE	3				•
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS					
benazepril (Lotensin)	1				
benazepril/hydrochlorothiazide (Lotensin HCT)	1				
captopril	1				
CAPTAPRIL/HYDROCHLOROTHIAZIDE 25-15 mg, 50-15 mg	2				
captopril/hydrochlorothiazide 25-25 mg, 50-25 mg	1				
enalapril (Vasotec)	1				
enalapril/hydrochlorothiazide (Vaseretic)	1				
fosinopril	1				
fosinopril/hydrochlorothiazide	1				
lisinopril (Prinivil, Zestril)	1				
lisinopril/hydrochlorothiazide (Prinzide, Zestoretic)	1				
LOTENSIN/HCT	3				•
MAVIK	3				•
moexipril (Univasc)	1				
moexipril/hydrochlorothiazide (Uniretic)	1				
perindopril (Aceon)	1				
PRINIVIL	3				•
PRINZIDE	3				•
quinapril (Accupril)	1				
quinapril/hydrochlorothiazide (Accuretic)	1				
ramipril (Altace)	1				
trandolapril (Mavik)	1				
UNIRETIC	3				•
UNIVASC	3				•
VASERETIC	3				•
VASOTEC	3				•
ZESTORETIC	3				•
ZESTRIL	3				•
ATACAND/HCT					
ATACAND/HCT	3				•
AVALIDE					
AVALIDE	3				•

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AVAPRO	3				•
BENICAR/HCT	3				•
COZAAR	3				•
DIOVAN	2				•
DIOVAN HCT	2				•
EDARBI	3				•
EXFORGE	2				•
EXFORGE HCT	2				•
HYZAAR	3				•
losartan (Cozaar)	1				
losartan/hydrochlorothiazide (Hyzaar)	1				
MICARDIS	2				•
MICARDIS HCT	2				•
TEVETEN/HCT	3				•
TRIBENZOR	3				•
BETA BLOCKERS AND COMBINATIONS					
acebutolol (Sectral)	1				
atenolol (Tenormin)	1				
atenolol/chlorthalidone (Tenoretic)	1				
bisoprolol (Zebeta)	1				
bisoprolol/hydrochlorothiazide (Ziac)	1				
carvedilol (Coreg)	1				
INNOPRAN XL	2				
labetalol (Trandate)	1				
metoprolol succinate ext-release (Toprol XL)	1				
metoprolol tartrate (Lopressor)	1				
nadolol (Corgard)	1				
PINDOLOL	2				
propranolol ext-release (Inderal LA)	1				
PROPRANOLOL soln	2				
propranolol tabs	1				
PROPRANOLOL/HYDROCHLOROTHIAZIDE	2				
TIMOLOL tabs	2				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
amlodipine (Norvasc)	1				
amlodipine/benazepril (Lotrel)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
AZOR	3				•
diltiazem (Cardizem)	1				
diltiazem ext-release – 24 hr (Cardizem CD, Dilacor XR, Tiazac)	1				
felodipine ext-release	1				
ISRADIPINE caps, 2.5 mg	2				
LOTREL	3				•
nifedipine ext-release (Adalat CC, Procardia XL)	1				
NISOLDIPINE ext-release 20 mg, 30 mg, 40 mg	2				
nisoldipine ext-release 8.5 mg, 17 mg, 25.5 mg, 34 mg (Sular)	1				
TARKA	3				•
TWYNSTA	3				•
verapamil (Calan)	1				
verapamil ext-release (Calan SR, Isoptin SR, Verelan, Verelan PM)	1				
CHEST PAIN					
isosorbide dinitrate, NP = SL, 5 mg (Isordil)	1				
isosorbide mononitrate (Monoket)	1				
isosorbide mononitrate ext-release	1				
NITRO-BID	2				
NITRO-DUR	2				
nitroglycerin (Nitro-Dur)	1				
NITROSTAT	2				
CHOLESTEROL LOWERING					
ADVICOR	3				• •
ALTOPREV	3				• •
ANTARA	3				•
atorvastatin (Lipitor)	1				•
cholestyramine (Questran, Questran Light)	1				
colestipol (Colestid)	1				
CRESTOR	2				• •
fenofibrate (Lofibra)	1				
fenofibrate micronized (Lofibra)	1				
FENOFIBRIC ACID	3				•

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FENOGLIDE	3				•
FIBRICOR	3				•
gemfibrozil (Lopid)	1				
LESCOL/XL	3			•	•
LIPITOR	3			•	•
LIPOFEN	3				•
LIVALO	3			•	•
LOFIBRA	3				•
LOPID	3				•
lovastatin (Mevacor)	1			•	
MEVACOR	3			•	•
NIASPAN	2				
PRAVACHOL	3			•	•
pravastatin (Pravachol)	1			•	
SIMCOR	3			•	•
simvastatin (Zocor)	1			•	
TRICOR	3				•
TRIGLIDE	3				•
TRILIPIX	3				•
VYTORIN	3			•	•
WELCHOL	2				
ZETIA	2			•	•
ZOCOR	3			•	•
FLUID RETENTION					
acetazolamide	1				
acetazolamide ext-release (Diamox Sequels)	1				
amiloride (Midamor)	1				
amiloride/hydrochlorothiazide	1				
bumetanide	1				
chlorothiazide	1				
chlorthalidone 25 mg, 50 mg	1				
furosemide, NP = soln, 8 mg/mL (Lasix)	1				
hydrochlorothiazide caps (Microzide)	1				
hydrochlorothiazide tabs, 25 mg, 50 mg	1				
indapamide	1				
methazolamide	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
metolazone (Zaroxolyn)	1				
spironolactone (Aldactone)	1				
spironolactone/hydrochlorothiazide (Aldactazide)	1				
torsemide (Demadex)	1				
triarterene/hydrochlorothiazide (Dyazide, Maxzide, Maxzide-25)	1				
HEART RHYTHM					
amiodarone	1				
disopyramide (Norpace)	1				
flecainide (Tambocor)	1				
MEXILETINE	2				
MULTAQ	2				
propafenone (Rythmol)	1				
propafenone ext-release (Rythmol SR)	1				
quinidine gluconate ext-release	1				
quinidine sulfate	1				
QUINIDINE SULFATE ext-release	2				
sotalol (Betapace)	1				
sotalol AF (Betapace AF)	1				
OTHER HEART RELATED DRUGS					
ADCIRCA	2	X	•	•	
AMTURNIDE	3				•
clonidine (Catapres, Catapres-TTS)	1				
DIGOXIN soln	2				
digoxin tabs (Lanoxin)	1				
doxazosin (Cardura)	1				
eplerenone (Inspra)	1				
guanfacine (Tenex)	1				
hydralazine	1				
LETAIRIS	2	X	•	•	
methyldopa	1				
midodrine (Proamatine)	1				
minoxidil	1				
prazosin (Minipress)	1				
REMODULIN	3	X	•		
RESERPINE	2				

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REVATIO tabs	2	X	•	•	
TEKAMLO	3				•
TEKURNA/HCT	3				•
terazosin	1				
TRACLEER	2	X	•	•	
TYVASO	3	X	•		
VALTURNA	3				•
VENTAVIS	2	X	•		
ALLERGIC REACTION KITS					
EPIPEN inj	2				
EPIPEN-JR inj	2				
RESPIRATORY DRUGS					
ANTI-HISTAMINES					
loratadine (Claritin – OTC)	1				
CLARINEX*	3				•
cyproheptadine	1				
levocetirizine (Xyzal)	1				
promethazine	1				
XYZAL*	3				•
NASAL PRODUCTS					
ASTELIN	3			•	
ASTEPRO	3			•	
ATROVENT	3			•	
azelastine (Astelín)	1			•	
BECONASE AQ*	3			•	•
FLONASE*	3			•	•
FLUNISOLIDE 25 mcg, 29 mcg/spray*	3			•	•
fluticasone (Flonase)	1			•	
ipratropium (Atrovent)	1			•	
NASACORT AQ*	3			•	•
NASONEX	3			•	•
OMNARIS*	3			•	•
PATANASE	3			•	
RHINOCORT AQUA*	3			•	•
triamcinolone (Nasacort AQ)	1			•	
VERAMYST*	3			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
COUGH/COLD/ALLERGY					
loratadine/pseudoephedrine (Claritin-D – OTC)	1				
acetylcysteine	1				
CLARINEX-D*	3				•
codeine/guaifenesin	1				
SEMPREX-D	3				•
ASTHMA/COPD					
ACCOLATE	3				•
ADVAIR DISKUS	2				•
ADVAIR HFA	2				•
albuterol sulfate inhal soln, 0.083%, 0.5%	1				
albuterol sulfate inhal soln, 0.63 mg/3 mL, 1.25 mg/3 mL (Accuneb)	1				
albuterol sulfate syrup, tabs	1				
ALVESCO	3				•
ARCAPTA NEOHALER	3				•
ASMANEX	2				•
ATROVENT HFA	2				•
budesonide (Pulmicort Respules)	1				
COMBIVENT	2				•
cromolyn sodium inhal soln	1				
DALIRESP	3				•
DULERA	2				•
FLOVENT DISKUS	3				•
FLOVENT HFA	2				•
FORADIL AEROLIZER	2				•
ipratropium inhal soln	1				
ipratropium/albuterol sulfate (Duoneb)	1				
MAXAIR AUTOHALER	2				•
PROAIR HFA	2				•
PROVENTIL HFA	3				•
PULMICORT FLEXHALER	3				•
PULMICORT RESPULES 1 mg/2 mL	2				
QVAR	2				•
SEREVENT DISKUS	3				•
SINGULAIR	2				•
SPIRIVA HANDIHALER	2				•

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SYMBICORT	2			•	
terbutaline (Brethine)	1				
theophylline ext-release	1				
VENTOLIN HFA	2			•	
XOPENEX HFA	3			•	
zafirlukast (Accolate)	1			•	
ZYFLO/CR	3			•	
OTHER RESPIRATORY DRUGS					
PULMOZYME	2	X			
GASTROINTESTINAL DRUGS					
LAXATIVES					
lactulose	1				
PEG – electrolytes for soln (Colyte, Golytely, Nulytely)	1				
ANTIDIARRHEALS					
loperamide	1				
ULCER/GERD					
ACIPHEX*	3			•	•
CARAFATE susp	2				
cimetidine	1				
DEXILANT*	3			•	•
dicyclomine (Bentyl)	1				
famotidine (Pepcid)	1				
glycopyrrolate (Robinul)	1				
hyoscyamine (Levsin)	1				
hyoscyamine ext-release (Levbid)	1				
lansoprazole delayed-release (Prevacid)	1			•	
methscopolamine (Pamine, Pamine Forte)	1				
misoprostol (Cytotec)	1				
NEXIUM	2			•	•
omeprazole delayed-release (Prilosec)	1			•	
omeprazole/sodium bicarbonate (Zegerid)	1			•	•
pantoprazole delayed-release (Protonix)	1			•	
PREVACID/SOLUTAB*	3			•	•
PREVPAC	2				
PRILOSEC	3			•	•
PRILOSEC OTC	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
PROPANTHELINE BROMIDE 15 mg	2				
PROTONIX packets, tabs*	3			•	•
PYLERA	2				
ranitidine (Zantac)	1				
sucralfate (Carafate)	1				
ZEGERID*	3			•	•
NAUSEA AND VOMITING					
ANZEMET	3			•	
CESAMET	3			•	
EMEND caps, therapy pack	2			•	
granisetron	1			•	
GRANISOL	3			•	
KYTRIL	3			•	
meclizine (Antivert)	1				
ondansetron (Zofran)	1			•	
ondansetron ODT (Zofran ODT)	1			•	
ondansetron tabs, 24 mg	1			•	
SANCUSO	3			•	
trimethobenzamide (Tigan)	1				
ZOFRAN/ODT	3			•	
ZUPLENZ	3			•	
DIGESTIVE ENZYMES – Pancreatic Enzyme Products					
CREON	2				
SUCRAID	3	X			
ZENPEP	2				
OTHER GASTROINTESTINAL DRUGS					
ASACOL/HD	2				
balsalazide (Colazal)	1				
calcium acetate (Phoslo)	1				
CANASA	2				
CHENODAL	2				
CIMZIA	3	X	•	•	
diphenoxylate/atropine tabs (Lomotil)	1				
lactulose – encephalopathy	1				
LIALDA	2				
mesalamine	1				
metoclopramide (Reglan)	1				

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RELISTOR inj	3		•		
REVELA	2				
sulfasalazine (Azulfidine)	1				
sulfasalazine delayed-release (Azulfidine EN-Tabs)	1				
ursodiol (Actigall)	1				
GENITOURINARY DRUGS					
URINARY TRACT INFECTIONS					
nitrofurantoin (Furadantin)	1				
nitrofurantoin macrocrystalline (Macrochantin)	1				
nitrofurantoin monohydrate/macrocrystalline (Macrobid)	1				
URINARY TRACT SPASMS					
DETROL/LA	3			•	
DITROPAN XL	3			•	
ENABLEX	3			•	
GELNIQUE	3			•	
oxybutynin	1			•	
oxybutynin ext-release (Ditropan XL)	1			•	
OXYTROL	3			•	
SANCTURA/XR	3			•	
TOVIAZ	3			•	
VESICARE	2			•	
VAGINAL PRODUCTS					
ACID JELLY	2				
AVC crm	2				
CLEOCIN supp	2				
clindamycin crm (Cleocin)	1				
ESTRING	3			•	
FEMRING	3			•	
metronidazole (MetroGel-Vaginal)	1				
NYSTATIN vaginal tabs	2				
PREMARIN crm	2				
terconazole (Terazol)	1				
VAGIFEM	2				
OTHER GENITOURINARY DRUGS					
AVODART	2				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
CYSTAGON	2				
ELMIRON	2				
finasteride (Proscar)	1				
JALYN	3				•
K-PHOS MF	2				
K-PHOS NO. 2	2				
potassium citrate ext-release (Urocit-K)	1				
potassium citrate/citric acid (Polycitra-K)	1				
PROSCAR	3				•
sodium citrate/citric acid	1				
tamsulosin (Flomax)	1				
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
alprazolam (Xanax)	1				
buspirone 5 mg, 10 mg, 15 mg, 30 mg	1				
BUSPIRONE 7.5 mg	2				
DIAZEPAM oral soln, 5 mg/5 mL	2				
diazepam tabs (Valium)	1				
hydroxyzine hcl	1				
hydroxyzine pamoate (Vistaril)	1				
lorazepam (Ativan)	1				
lorazepam conc (Lorazepam IntenSol)	1				
DEPRESSION					
amitriptyline	1				
AMOXAPINE	2				
APLENZIN	3			•	•
bupropion (Wellbutrin)	1			•	
bupropion ext-release – 12 hr (Wellbutrin SR)	1			•	
bupropion ext-release – 24 hr (Wellbutrin XL)	1			•	
CELEXA	3			•	•
citalopram (Celexa)	1			•	
clomipramine (Anafranil)	1				
CYMBALTA	3			•	•
desipramine (Norpramin)	1				
doxepin caps, 10 mg, 25 mg, 50 mg, 75 mg, 100 mg; conc	1				

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DOXEPIN caps, 150 mg	2					clozapine (Clozaril)	1				
EFFEXOR XR	3			•	•	FANAPT	3			•	
fluoxetine (Prozac)	1			•		FLUPHENAZINE HCL elixir, soln	2				
fluvoxamine	1			•		fluphenazine hcl tabs	1				
imipramine hcl (Tofranil)	1					GEODON	3			•	
LEXAPRO	2			•	•	haloperidol lactate oral soln	1				
LUVOX CR	3			•	•	haloperidol tabs	1				
MAPROTILINE	3			•	•	INVEGA/ER	3			•	
mirtazapine (Remeron)	1			•		LATUDA	3			•	
mirtazapine ODT (Remeron Soltab)	1			•		lithium carbonate	1				
NARDIL	2					lithium carbonate ext-release 300 mg (Lithobid)	1				
nortriptyline (Pamelor)	1					lithium carbonate ext-release 450 mg	1				
OLEPTRO	3			•	•	LITHIUM CITRATE	2				
paroxetine hcl (Paxil)	1			•		loxapine	1				
paroxetine hcl ext-release (Paxil CR)	1			•		olanzapine (Zyprexa)	1			•	
PAXIL	3			•	•	olanzapine ODT (Zyprexa Zydys)	1			•	
PAXIL CR	3			•	•	perphenazine	1				
PEXEVA	3			•	•	prochlorperazine	1				
phenelzine (Nardil)	1					RISPERDAL/M-TAB	3			•	
PRISTIQ	3			•	•	risperidone (Risperdal)	1			•	
PROZAC	3			•	•	risperidone ODT (Risperdal M-Tab)	1			•	
REMERON/SOLTAB	3			•	•	RISPERIDONE ODT 0.25 mg	2			•	
sertraline (Zoloft)	1			•		SAPHRIS	3			•	
tranylcypromine (Parnate)	1					SEROQUEL	2			•	
trazodone	1					SEROQUEL XR	2			•	
venlafaxine	1			•		thiothixene (Navane)	1				
venlafaxine ext-release caps (Effexor XR)	1			•		trifluoperazine	1				
VENLAFAXINE ext-release tabs, 225 mg	2			•	•	ZYPREXA/RELPREVV/ZYDIS	3			•	
VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg	3			•	•	SLEEP AIDS					
venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg	1			•		AMBIEN/CR	3			•	•
VIIBRYD	3			•	•	EDLUAR	3			•	•
WELLBUTRIN/SR/XL	3			•	•	estazolam	1				
ZOLOFT	3			•	•	LUNESTA	3			•	•
PSYCHOTIC AND BIPOLAR DISORDERS						phenobarbital elixir; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg	1				
ABILIFY/DISCHELT	3			•		PHENOBARBITAL 64.8 mg; NP = 97.2 mg	2				
chlorpromazine	1					ROZEREM	3			•	•

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SILENOR	3			• •	
SONATA	3			• •	
temazepam (Restoril)	1				
zaleplon (Sonata)	1			•	
zolpidem (Ambien)	1			•	
ZOLPIMIST	3			• •	
HYPERACTIVITY/NARCOLEPSY					
ADDERALL/XR	3			•	
amphetamine/dextroamphetamine mixed salts (Adderall)	1			•	
AMPHETAMINE/DEXTROAMPHETAMINE MIXED SALTS ext-release	3			•	
CONCERTA	3			•	
DAYTRANA	3			•	
DESOXYN	3			•	
DEXEDRINE	3			•	
dexmethylphenidate (Focalin)	1			•	
DEXTROAMPHETAMINE 10 mg	3			•	
dextroamphetamine ext-release (Dexedrine Spansule)	1			•	
dextroamphetamine tabs, 5 mg	1			•	
FOCALIN/XR	3			•	
INTUNIV	3			•	
KAPVAY	3			•	
METADATE CD	3			•	
METHYLIN	3			•	
METHYLPHENIDATE ext-release	3			•	
methylphenidate tabs (Ritalin)	1			•	
methylphenidate ext-release tabs, 20 mg – Metadate ER, Methylin ER (Ritalin SR)	1			•	
NUVIGIL	3		•	•	
PROCENTRA	3			•	
PROVIGIL	3		•	•	
RITALIN/LA/SR	3			•	
STRATTERA	2			•	
VYVANSE	2			•	
MULTIPLE SCLEROSIS					
AMPYRA	3		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
AVONEX	3	X	•	•	
BETASERON	2	X	•	•	
COPAXONE	2	X	•	•	
EXTAVIA	3	X	•	•	
GILENYA	3	X	•	•	
REBIF	2	X	•	•	
OTHER CENTRAL NERVOUS SYSTEM DRUGS					
ARICEPT 23 mg	2				
bupropion ext-release (Zyban)	1				
CHANTIX	2				
disulfiram (Antabuse)	1				
donepezil (Aricept)	1				
donepezil ODT (Aricept ODT)	1				
EXELON patches	2				
GRALISE	3				•
HORIZANT	3				•
naltrexone (Revia)	1				
NAMENDA	2				
ORAP	2				
rivastigmine (Exelon)	1				
SAVELLA	3			•	•
SYMBYAX	3			•	
XENAZINE	3	X	•		
XYREM	3	X	•	•	
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
butalbital/acetaminophen (Phrenilin, Sedapap)	1			•	
butalbital/acetaminophen/caffeine (Esgic, Esgic Plus, Fioricet)	1			•	
butalbital/aspirin/caffeine (Fiorinal)	1			•	
DOLGIC PLUS	3			•	
ESGIC/PLUS	3			•	
FIORICET	3			•	
FIORINAL	3			•	
PHRENILIN FORTE	3			•	
salsalate	1				

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NARCOTIC DRUGS						morphine sulfate ext-release (MS Contin)	1			•	
ABSTRAL	3		•	•		MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg; tabs	2				
acetaminophen/caffeine/dihydrocodeine	1			•		MS CONTIN	3			•	
acetaminophen/codeine (Tylenol w/ Codeine)	1			•		NORCO	3			•	
ACTIQ	3		•	•		NUCYNTA	3			•	
AVINZA	3			•		ONSOLIS	3		•	•	
buprenorphine (Subutex)	1			•		OPANA ER	3			•	
butalbital/aspirin/caffeine/codeine (Fiorinal w/Codeine)	1			•		ORAMORPH SR	3			•	
butorphanol nasal	1			•		OXYCODONE soln, 1 mg/mL; tabs, 10 mg, 20 mg	2				
BUTRANS	3			•		oxycodone tabs, 5 mg, 15 mg, 30 mg (Roxicodone)	1				
CAPITAL and CODEINE	3			•		oxycodone/acetaminophen (Percocet, Tylox)	1			•	
CONZIP	3			•		oxycodone/aspirin – Endodan (Percodan)	1			•	
DURAGESIC	3			•		oxycodone/ibuprofen	1			•	
EXALGO	3			•		OXYCONTIN	2			•	
fentanyl citrate lollipops (Actiq)	1		•	•		pentazocine/acetaminophen	1			•	
fentanyl patches (Duragesic)	1			•		PERCOCET	3			•	
FENTORA	3		•	•		PERCODAN	3			•	
FIORICET w/CODEINE	3			•		PRIMLEV	3			•	
FIORINAL w/CODEINE	3			•		REPREXAIN	3			•	
HYCET	3			•		ROXICET soln	2			•	
HYDROCODONE/ACETAMINOPHEN soln, 10-325 mg/15 mL	3			•		ROXICET tabs	3			•	
hydrocodone/acetaminophen – Stagesic; NP = soln, 10-325 mg/15 mL	1			•		RYBIX ODT	3			•	
hydrocodone/ibuprofen (Ibudone, Reprexain, Vicoprofen)	1			•		RYZOLT	3			•	
hydromorphone tabs (Dilaudid)	1					SUBOXONE	2			•	
IBUDONE	3			•		SUBUTEX	3			•	
KADIAN	3			•		tramadol (Ultram)	1			•	
LAZANDA	3		•	•		tramadol ext-release (Ultram ER)	1			•	
LORCET/PLUS	3			•		tramadol/acetaminophen (Ultracet)	1			•	
LORTAB	3			•		TREZIX	3			•	
MAGNACET	3			•		TYLENOL/CODEINE	3			•	
MAXIDONE	3			•		TYLOX	3			•	
methadone conc, soln, tabs	1					ULTRACET	3			•	
morphine sulfate conc, 20 mg/mL	1					ULTRAM/ER	3			•	
						VICODIN/ES/HP	3			•	

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VICOPROFEN	3			•	
XODOL	3			•	
XOLOX	3			•	
ZAMICET	3			•	
ZOLVIT	3			•	
ZYDONE	3			•	
RHEUMATOID AND OSTEOARTHRITIS					
ARCALYST	3	X	•		
CAMBIA*	3			•	•
CELEBREX	3			•	•
diclofenac sodium delayed-release	1				
diclofenac sodium ext-release (Voltaren-XR)	1				
DIFLUNISAL	2				
DUEXIS*	3			•	•
ENBREL	2	X	•	•	
etodolac	1				
HUMIRA	2	X	•	•	
ibuprofen	1				
indomethacin	1				
ketoprofen	1				
ketorolac tabs	1			•	
KINERET	3	X	•	•	
leflunomide (Arava)	1				
meloxicam tabs (Mobic)	1				
nabumetone	1				
naproxen (Naprosyn)	1				
naproxen delayed-release (EC-Naprosyn)	1				
naproxen sodium (Anaprox)	1				
ORENCIA	3	X	•	•	
oxaprozin (Daypro)	1				
piroxicam (Feldene)	1				
RIDAURA	2				
SIMPONI	2	X	•	•	
SPRIX	3			•	
sulindac (Clinoril)	1				
VIMOVO*	3			•	•
ZIPSOR	3			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
MIGRAINE HEADACHES					
acetaminophen/isometheptene/ dichloralphenazone	1				
ALSUMA	3			•	
AMERGE	3			•	
AXERT	3			•	
ERGOMAR	2				
FROVA	3			•	
IMITREX inj, tabs	3			•	
IMITREX nasal	2			•	
MAXALT	2			•	
MAXALT-MLT	2			•	
MIGRANAL	2			•	
naratriptan (Amerge)	1			•	
RELPAK	3			•	
sumatriptan inj, tabs (Imitrex)	1			•	
SUMATRIPTAN nasal	3			•	
SUMAVEL DOSEPRO inj	3			•	
TREXIMET*	3			•	
ZOMIG/ZMT	3			•	
GOUT					
allopurinol	1				
COLCRYS	2				
probenecid	1				
probenecid/colchicine	1				
NEUROMUSCULAR DRUGS					
SEIZURES					
carbamazepine (Tegretol)	1				
carbamazepine ext-release (Carbatrol, Tegretol-XR)	1				
CELONTIN	2				
clonazepam (Klonopin)	1				
DIASTAT	2				
DILANTIN 30 mg	2				
DILANTIN INFATABS	2				
divalproex delayed-release (Depakote Sprinkles, Depakote)	1				
divalproex ext-release (Depakote ER)	1				

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ethosuximide (Zarontin)	1				
FELBATOL susp	2				
gabapentin (Neurontin)	1				
GABITRIL	2				
lamotrigine, NP = kits (Lamictal)	1				
levetiracetam (Keppra)	1				
LYRICA	3			•	•
oxcarbazepine (Trileptal)	1				
PEGANONE	2				
phenytoin sodium ext-release (Dilantin)	1				
phenytoin susp (Dilantin)	1				
primidone (Mysoline)	1				
SABRIL	2				
TEGRETOL-XR 100 mg	2				
topiramate (Topamax Sprinkle, Topamax)	1				
valproic acid (Depakene)	1				
zonisamide (Zonegran)	1				
PARKINSON'S DISEASE					
amantadine caps, syrup	1				
AMANTADINE tabs	2				
APOKYN	3	X			
AZILECT	2				
benztropine	1				
bromocriptine (Parlodel)	1				
carbidopa/levodopa (Sinemet)	1				
carbidopa/levodopa ext-release (Sinemet CR)	1				
carbidopa/levodopa ODT (Parcopa)	1				
COMTAN	2				
pramipexole (Mirapex)	1				
ropinirole (Requip)	1				
selegiline caps (Eldepryl)	1				
selegiline tabs	1				
trihexyphenidyl	1				
MUSCLE RELAXANTS					
baclofen	1				
chlorzoxazone	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
cyclobenzaprine (Flexeril)	1				
dantrolene (Dantrium)	1				
metaxalone (Skelaxin)	1				
methocarbamol (Robaxin)	1				
orphenadrine citrate ext-release	1				
orphenadrine/aspirin/caffeine 25-385-30 mg	1				
ORPHENADRINE/ASPIRIN/CAFFEINE 50-770-60 mg	2				
tizanidine (Zanaflex)	1				
OTHER NEUROMUSCULAR DRUGS					
MESTINON syrup	2				
MESTINON TIMESPAN	2				
MYTELASE	2				
neostigmine inj (Prostigmin)	1				
PROSTIGMIN inj	3				
PROSTIGMIN tabs	2				
pyridostigmine (Mestinon)	1				
RILUTEK	2				
SUPPLEMENTS					
VITAMINS					
ergocalciferol (Drisdol)	1				
MEPHYTON	2				
MULTIVITAMINS					
pediatric multivitamins/fluoride	1				
pediatric multivitamins/fluoride/iron	1				
pediatric vitamins ADC/fluoride	1				
pediatric vitamins ADC/fluoride/iron	1				
POLY-VITAMIN/FLUORIDE/IRON drops, 0.5-10 mg/mL	2				
PRENATAL MULTIVITAMINS/FOLIC ACID	2				
MINERALS AND ELECTROLYTES					
potassium bicarbonate/chloride effervescent tabs, 25 mEq	1				
potassium chloride ext-release caps, 8 mEq, 10 mEq (Micro-K)	1				
potassium chloride ext-release tabs, 10 mEq (K-Tabs)	1				

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potassium chloride ext-release tabs, 8 mEq	1				
potassium chloride microencapsulated ext-release tabs, 10 mEq, 20 mEq	1				
potassium chloride packets, 20 mEq	1				
potassium chloride packets, 25 mEq (Klor-Con 25)	1				
potassium chloride soln, 10%, 20%	1				
potassium phosphate/sodium phosphates (K-Phos Neutral)	1				
sodium fluoride chew tabs; soln, 0.275 mg/drop, 1.1 mg/mL; tabs, 2.2 mg	1				
SODIUM FLUORIDE tabs, 1.1 mg	2				
BLOOD MODIFYING DRUGS					
anagrelide (Agrylin)	1				
ARANESP	2	X	•		
ARIXTRA inj	3			•	
cilostazol (Pletal)	1				
CINRYZE	3	X	•		
cyanocobalamin inj	1				
dipyridamole (Persantine)	1				
DROXIA	2				
enoxaparin inj syringes (Lovenox)	1			•	
EPOGEN	3	X	•		
folic acid tabs, 1 mg	1				
fondaparinux inj (Arixtra)	1			•	
FRAGMIN inj	3			•	
INNOHEP inj	3			•	
IPRIVASK	3			•	
LEUKINE	2	X			
LOVENOX inj syringes	3			•	
LOVENOX inj vials	2			•	
NEULASTA	2	X	•		
NEUMEGA	2	X	•		
NEUPOGEN	2	X			
pentoxifylline ext-release (Trental)	1				
PLAVIX 75 mg	2				
PRADAXA	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
PROCRIT	2	X	•		
PROMACTA	3	X	•		
warfarin (Coumadin)	1				
XARELTO	3			•	
ZAVESCA	2	X	•		
COAGULATION FACTORS					
ADVATE	2	X	•		
ALPHANATE/VWF	2	X	•		
ALPHANINE SD	3	X	•		
BEBULIN/VH	3	X	•		
BENEFIX	2	X	•		
CORIFACT	3	X	•		
FEIBA NF	3	X	•		
FEIBA VH IMMUNO	2	X	•		
HELIXATE FS	2	X	•		
HEMOFIL M	3	X	•		
HUMATE-P	2	X	•		
KOATE-DVI	2	X	•		
KOGENATE FS	2	X	•		
MONOCLATE-P	3	X	•		
MONONINE	3	X	•		
NOVOSEVEN/RT	2	X	•		
PROFILNINE SD	3	X	•		
RECOMBINATE	2	X	•		
WILATE	2	X	•		
XYNTHA	2	X	•		
TOPICAL PRODUCTS					
EYE					
Anti-infectives					
BACITRACIN eye oint	2				
bacitracin/polymyxin B eye oint	1				
CILOXAN oint	2				
ciprofloxacin eye soln (Ciloxan)	1				
erythromycin eye oint	1				
gentamicin eye oint, soln	1				
NATACYN	2				
neomycin/polymyxin B/bacitracin eye oint	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
neomycin/polymyxin B/gramicidin eye soln (Neosporin)	1				
ofloxacin eye soln (Ocuflox)	1				
polymyxin B/trimethoprim eye soln (Polytrim)	1				
sulfacetamide sodium eye soln (Bleph-10)	1				
tobramycin eye soln (Tobrex)	1				
TOBREX oint	2				
trifluridine eye soln (Viroptic)	1				
VIGAMOX	2				
Steroids and Combination Products					
BLEPHAMIDE	2				
BLEPHAMIDE S.O.P.	2				
dexamethasone sodium phosphate eye soln	1				
fluorometholone eye susp, 0.1% (FML Liquifilm)	1				
FML oint	2				
LOTEMAX	2				
neomycin/polymyxin B/bacitracin/hydrocortisone eye oint	1				
neomycin/polymyxin B/dexamethasone eye oint, susp (Maxitrol)	1				
PRED MILD	2				
prednisolone acetate eye susp (Pred Forte)	1				
PREDNISOLONE SODIUM PHOSPHATE eye soln, 1%	2				
sulfacetamide sodium/prednisolone eye soln	1				
TOBRADEX oint	2				
tobramycin/dexamethasone eye susp (Tobradex)	1				
Glaucoma					
ALPHAGAN P 0.1%	2				
BETAXOLOL eye soln, 0.5%	2				
BETIMOL	2				
brimonidine eye soln, 0.15% (Alphagan P)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
brimonidine eye soln, 0.2%	1				
carteolol eye soln	1				
dorzolamide eye soln (Trusopt)	1				
dorzolamide/timolol maleate eye soln (Cosopt)	1				
latanoprost eye soln (Xalatan)	1			•	
levobunolol eye soln, 0.5% (Betagan)	1				
LUMIGAN	3			•	
metipranolol eye soln (Optipranolol)	1				
PHOSPHOLINE IODIDE eye soln	2				
pilocarpine eye soln, 1%, 2%, 4% (Isopto Carpine)	1				
timolol maleate eye soln (Timoptic)	1				
timolol maleate gel-forming eye soln (Timoptic-XE)	1				
TRAVATAN Z	2			•	
XALATAN	3			•	
Other Eye Products					
atropine sulfate eye oint, soln (Isopto Atropine)	1				
azelastine eye soln (Optivar)	1				
cromolyn sodium eye soln	1				
CYCLOGYL 0.5%, 2%	2				
cyclopentolate eye soln (Cyclogyl)	1				
diclofenac eye soln (Voltaren)	1				
flurbiprofen eye soln (Ocufen)	1				
homatropine eye soln (Isopto Homatropine)	1				
ketorolac eye soln (Acular, Acular LS)	1				
tropicamide eye soln (Mydracyl)	1				
EAR					
acetic acid ear soln	1				
benzocaine/antipyrine ear soln	1				
CIPRODEX	2				
hydrocortisone/acetic acid ear soln	1				
neomycin/polymyxin B/hydrocortisone ear soln, susp (Cortisporin)	1				
ofloxacin ear soln	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
MOUTH AND THROAT (LOCAL)					
chlorhexidine oral rinse (Peridex)	1				
clotrimazole troche	1				
lidocaine viscous	1				
nystatin susp	1				
pilocarpine (Salagen)	1				
sodium fluoride crm, gel (Prevident)	1				
triamcinolone paste	1				
ANORECTAL AGENTS					
hydrocortisone acetate supp, 25 mg (Anusol-HC)	1				
hydrocortisone crm, 2.5% (Anusol-HC)	1				
hydrocortisone enema	1				
PROCTOFOAM HC	2				
SKIN CONDITIONS/PRODUCTS					
Acne					
adapalene (Differin)	1				
clindamycin (Cleocin-T)	1				
clindamycin/benzoyl peroxide (Benzaclin)	1				
erythromycin gel, pads, soln	1				
erythromycin/benzoyl peroxide (Benzamycin)	1				
FINACEA, NP = Finacea Plus	2				
isotretinoin caps	1				
METROGEL 1%	2				
metronidazole (Metrocream, Metrogel, Metro lotion)	1				
ORACEA	3				•
sulfacetamide sodium/sulfur cleansing cloth, crm, emulsion (Plexion)	1				
sulfacetamide sodium/sulfur lotn	1				
TAZORAC	2			•	
tretinoin (Retin-A)	1				
Anti-infectives					
BACTROBAN crm	2				
CICLODAN KIT*	3		•		
ciclopirox (Loprox)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ciclopirox soln, 8% (Penlac)	1		•		
econazole	1				
FLECTOR patch	3			•	•
gentamicin	1				
keetoconazole (Nizoral)	1				
keetoconazole crm	1				
mupirocin oint (Bactroban)	1				
nystatin topical crm, oint, powder	1				
PENLAC nail lacquer	3		•		
PENNSAID	3			•	•
silver sulfadiazine (Silvadene)	1				
VOLTAREN GEL	3			•	•
ZOVIRAX	2				
Corticosteroids					
alclometasone (Aclovate)	1				
amcinonide crm	1				
betamethasone dipropionate	1				
betamethasone dipropionate, augmented (Diprolene)	1				
betamethasone valerate	1				
CAPEX	2				
clobetasol (Olux, Temovate)	1				
desonide (Desowen)	1				
desoximetasone (Topicort)	1				
diflorasone oint	1				
FLUOCINOLONE crm, 0.025%; oint, soln	2				
fluocinonide	1				
fluticasone propionate (Cutivate)	1				
halobetasol (Ultravate)	1				
hydrocortisone topical, 2.5%	1				
hydrocortisone valerate (Westcort)	1				
mometasone (Elocon)	1				
PRAMOSONE lotn; oint 1-1%	2				
pramoxine/hydrocortisone (Pramosone)	1				
TACLONEX	3			•	
triamcinolone crm; lotn; oint, 0.025%, 0.1%	1				
TRIAMCINOLONE oint, 0.05%	2				

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Other Skin Products					
calcipotriene (Dovonex)	1			•	
CONDYLOX gel	2				
DOVONEX crm	2			•	
DOVONEX soln	3			•	
DRITHO-CREME HP	3			•	
DRITHO-SCALP	2			•	
ELIDEL	3				•
fluorouracil (Efudex)	1				
imiquimod (Aldara)	1				
lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)	1				
lidocaine/prilocaine crm (Emla)	1				
lindane lotn	1				
malathion (Ovide)	1				
OXSORALEN-ULTRA soft gelatin caps	2				
PANRETIN	2				
permethrin crm, 5%	1				
podofilox (Condylox)	1				
PROTOPIC	3				•
SANTYL	2				
selenium sulfide (Selsun)	1				
SOLARAZE	2				
SORIATANE	2				
TARGRETIN gel	2				
ULESFIA	2				
VECTICAL	3			•	
ZITHRANOL-RR	3			•	
8-MOP	2				
MISCELLANEOUS CATEGORIES					
DIABETIC SUPPLIES					
BAYER AUTODISC, BREEZE 2, CONTOUR test strips	2			•	
BAYER BREEZE 2, CONTOUR, DIDGET blood glucose meters	2				
INSULIN PEN NEEDLES – BD ULTRA-FINE, NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
LANCET DEVICES – VARIOUS MANUFACTURERS	2				
LANCETS – VARIOUS MANUFACTURERS	2				
Non-Preferred blood glucose test strips	3			•	•
ONETOUCH BASIC, PROFILE, FASTTAKE, ULTRA BLUE, SURESTEP test strips	2			•	
ONETOUCH BASIC, ULTRA, ULTRA 2, ULTRA MINI, ULTRALINK, ULTRASMART, SURESTEP, SURESTEP PRO blood glucose meters	2				
SYRINGES/NEEDLES – BD; OTHER VARIOUS MANUFACTURERS – for self-injectable drug administration	2				
MISCELLANEOUS DRUGS					
azathioprine (Imuran)	1				
CELLCEPT oral susp	2				
CHEMET	2				
CUPRIMINE	2				
cyclosporine (Sandimmune)	1				
cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	1				
EXJADE	2	X			
mycophenolate mofetil (Cellcept)	1				
RAPAMUNE	2				
REVLIMID	2	X	•	•	
sodium polystyrene sulfonate	1				
SYPRINE	2				
tacrolimus (Prograf)	1				
THALOMID	2	X	•	•	
ZORTRESS	2				

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EXFORGE.....	18	fluvoxamine	23
EXFORGE HCT.....	18	FML oint	29
EXJADE	31	FOCALIN/XR.....	24
EXTAVIA	24	folic acid tabs, 1 mg	28
F		FOLLISTIM AQ	15
famciclovir (Famvir)	13	fondaparinux inj (Arixtra)	28
famotidine (Pepcid)	21	FORADIL AEROLIZER.....	20
FANAPT	23	FORTEO	17
FARESTON	14	FORTESTA.....	15
FEIBA NF	28	FOSAMAX/PLUS D	17
FEIBA VH IMMUNO	28	fosinopril	17
FELBATOL susp	27	fosinopril/hydrochlorothiazide	17
felodipine ext-release	18	FRAGMIN inj.....	28
FEMARA	14	FROVA	26
FEMHRT LOW DOSE 0.5 mg-2.5 mcg	15	furosemide, NP = soln, 8 mg/mL (Lasix)	19
FEMRING	22	FUZEON.....	13
fenofibrate (Lofibra).....	18	G	
fenofibrate micronized (Lofibra)	18	gabapentin (Neurontin).....	27
FENOFIBRIC ACID	18	GABITRIL.....	27
FENOGLIDE.....	19	GAMMAGARD	14
fentanyl citrate lollipops (Actiq)	25	GAMUNEX-C.....	14
fentanyl patches (Duragesic)	25	GANCICLOVIR.....	13
FENTORA.....	25	GANIRELIX	16
FIBRICOR.....	19	GELNIQUE.....	22
FINACEA, NP = Finacea Plus	30	gemfibrozil (Lopid).....	19
finasteride (Proscar)	22	GENOTROPIN	16
FIORICET.....	24	gentamicin eye oint, soln	28
FIORICET w/CODEINE	25	gentamicin topical	30
FIORINAL.....	24	GEODON	23
FIORINAL w/CODEINE.....	25	GILENYA	24
flecainide (Tambocor)	19	GLEEVEC.....	14
		glimepiride (Amaryl)	16

glipizide ext-release (Glucotrol XL)	16	hydrocortisone valerate (Westcort)	30
glipizide (Glucotrol)	16	hydromorphone tabs (Dilaudid)	25
GLUCAGON EMERGENCY INJ KIT	16	hydroxychloroquine (Plaquenil)	13
GLYBURIDE, distributor of Diabeta	16	hydroxyurea (Hydrea)	14
glyburide/metformin (Glucovance)	16	hydroxyzine hcl	22
glyburide (Micronase)	16	hydroxyzine pamoate (Vistaril)	22
glyburide micronized (Glynase)	16	hyoscyamine ext-release (Levbid)	21
glycopyrrolate (Robinul)	21	hyoscyamine (Levsin)	21
GLYSET	16	HYZAAR	18
GRALISE	24	I	
granisetron	21	IBUDONE	25
GRANISOL	21	ibuprofen	26
GRIFULVIN V tabs	12	imipramine hcl (Tofranil)	23
griseofulvin microsize	12	imiquimod (Aldara)	31
guanfacine (Tenex)	19	IMITREX inj, tabs	26
H		IMITREX nasal	26
halobetasol (Ultravate)	30	INCIVEK	13
haloperidol lactate oral soln	23	INCRELEX	16
haloperidol tabs	23	indapamide	19
HECTOROL	17	indomethacin	26
HELIXATE FS	28	INFERGEN	13
HEMOFIL M	28	INNOHEP inj	28
HEPSERA	13	INNOPRAN XL	18
HEXALEN	14	INSULIN PEN NEEDLES – BD ULTRA-FINE, NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS	31
HIZENTRA	14	INTELENCE	13
homatropine eye soln (Isopto Homatropine)	29	INTRON A	14
HORIZANT	24	INTUNIV	24
HUMALOG inj	16	INVEGA/ER	23
HUMALOG MIX 50/50 inj	16	INVIRASE	13
HUMALOG MIX 75/25 inj	16	ipratropium/albuterol sulfate (Duoneb)	20
HUMATE-P	28	ipratropium inhal soln	20
HUMATROPE	16	ipratropium nasal (Atrovent)	20
HUMIRA	26	IPRIVASK	28
HUMULIN 70/30 inj	16	IRESSA	14
HUMULIN N inj	16	ISENTRESS	13
HUMULIN R inj	16	isoniazid/rifampin (Rifamate)	12
HYCAMTIN caps	14	ISONIAZID syrup	12
HYCET	25	isoniazid tabs	12
hydralazine	19	isosorbide dinitrate, NP = SL, 5 mg (Isordil)	18
hydrochlorothiazide caps (Microzide)	19	isosorbide mononitrate ext-release	18
hydrochlorothiazide tabs, 25 mg, 50 mg	19	isosorbide mononitrate (Monoket)	18
HYDROCODONE/ACETAMINOPHEN soln, 10-325 mg/15 mL	25	isotretinoin caps	30
hydrocodone/acetaminophen – Stagesic; NP = soln, 10-325 mg/15 mL	25	ISRADIPINE caps, 2.5 mg	18
hydrocodone/ibuprofen (Ibudone, Replexain, Vicoprofen)	25	itraconazole (Sporanox)	12
hydrocortisone acetate supp, 25 mg (Anusol-HC)	30	J	
hydrocortisone/acetic acid ear soln	29	JALYN	22
hydrocortisone (Cortef)	15	JANUMET	16
hydrocortisone enema	30	JANUVIA	16
hydrocortisone rectal crm, 2.5% (Anusol-HC)	30	JUVISYNC	16
hydrocortisone topical, 2.5%	30		

K

KADIAN	25
KALETRA	13
KAPVAY	24
ketoconazole crm	30
ketoconazole (Nizoral)	30
ketoconazole tabs	12
ketoprofen	26
ketorolac eye soln (Acular, Acular LS)	29
ketorolac tabs	26
KINERET	26
KOATE-DVI	28
KOGENATE FS	28
KOMBIGLYZE XR	16
K-PHOS MF	22
K-PHOS NO. 2	22
KUVAN	17
KYTRIL	21

L

labetalol (Trandate)	18
lactulose	21
LAMISIL granules	12
LAMISIL tabs	12
lamotrigine, NP = kits (Lamictal)	27
LANCET DEVICES – VARIOUS MANUFACTURERS	31
LANCETS – VARIOUS MANUFACTURERS	31
lansoprazole delayed-release (Prevacid)	21
LANTUS inj	16
latanoprost eye soln (Xalatan)	29
LATUDA	23
LAZANDA	25
leflunomide (Arava)	26
LESCOL/XL	19
LETAIRIS	19
letrozole (Femara)	14
leucovorin calcium tabs, 5 mg, 25 mg	14
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	14
LEUKERAN	14
LEUKINE	28
leuprolide acetate inj	14
LEVEMIR inj	16
levetiracetam (Keppra)	27
levobunolol eye soln, 0.5% (Betagan)	29
levocarnitine (Carnitor)	17
levocetirizine (Xyzal)	20
levofloxacin (Levaquin)	12
levonorgestrel (Plan B)	15
levothyroxine – includes Levoxyl (Synthroid)	16
LEXAPRO	23
LEXIVA	13

LIALDA	21
lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)	31
lidocaine/prilocaine crm (Emla)	31
lidocaine viscous	30
lindane lotn	31
liothyronine (Cytomel)	16
LIPITOR	19
LIPOFEN	19
lisinopril/hydrochlorothiazide (Prinzide, Zestoretic)	17
lisinopril (Prinivil, Zestril)	17
lithium carbonate	23
lithium carbonate ext-release 300 mg (Lithobid)	23
lithium carbonate ext-release 450 mg	23
LITHIUM CITRATE	23
LIVALO	19
LOFIBRA	19
loperamide	21
LOPID	19
loratadine (Claritin – OTC)	20
loratadine/pseudoephedrine (Claritin-D – OTC)	20
lorazepam (Ativan)	22
lorazepam conc (Lorazepam Intenso)	22
LORCET/PLUS	25
LORTAB	25
losartan (Cozaar)	18
losartan/hydrochlorothiazide (Hyzaar)	18
LOTEMAX	29
LOTENSIN/HCT	17
LOTREL	18
lovastatin (Mevacor)	19
LOVENOX inj syringes	28
LOVENOX inj vials	28
loxapine	23
LUMIGAN	29
LUNESTA	23
LUVERIS	16
LUVOX CR	23
LYRICA	27
LYSODREN	14

M

MAGNACET	25
MALARONE 62.5-25 mg	13
malathion (Ovide)	31
MAPROTILINE	23
MATULANE	14
MAVIK	17
MAXAIR AUTOHALER	20
MAXALT	26
MAXALT-MLT	26
MAXIDONE	25

meclizine (Antivert)	21	minocycline (Dynacin, Minocin)	12
medroxyprogesterone acetate (Provera)	15	minoxidil	19
mefloquine	13	mirtazapine ODT (Remeron Soltab)	23
megestrol (Megace)	14	mirtazapine (Remeron)	23
meloxicam tabs (Mobic)	26	misoprostol (Cytotec)	21
MENEST	15	moexipril/hydrochlorothiazide (Uniretic)	17
MENOPUR	16	moexipril (Univasc)	17
MENOSTAR	15	mometasone (Elocon)	30
MEPHYTON	27	MONOCLATE-P	28
MEPRON	14	MONODOX	12
mercaptapurine (Purinethol)	14	MONONINE	28
mesalamine	21	morphine sulfate conc, 20 mg/mL	25
MESNEX tabs	14	morphine sulfate ext-release (MS Contin)	25
MESTINON syrup	27	MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg; tabs	25
MESTINON TIMESPAN	27	MS CONTIN	25
METADATE CD	24	MULTAQ	19
metaxalone (Skelaxin)	27	mupirocin oint (Bactroban)	30
metformin ext-release (Glucophage XR)	16	MYCIBUTIN	12
metformin (Glucophage)	16	mycophenolate mofetil (Cellcept)	31
methadone conc, soln, tabs	25	MYLERAN	14
methazolamide	19	MYTELASE	27
methimazole (Tapazole)	16	N	
METHITEST	15	nabumetone	26
methocarbamol (Robaxin)	27	nadolol (Corgard)	18
methotrexate tabs	14	naltrexone (Revia)	24
methscopolamine (Pamine, Pamine Forte)	21	NAMENDA	24
methyldopa	19	naproxen delayed-release (EC-Naprosyn)	26
methylergonovine (Methergine)	17	naproxen (Naprosyn)	26
METHYLIN	24	naproxen sodium (Anaprox)	26
METHYLPHENIDATE ext-release	24	naratriptan (Amerge)	26
methylphenidate ext-release tabs, 20 mg – Metadate ER, Methylin ER (Ritalin SR)	24	NARDIL	23
methylphenidate tabs (Ritalin)	24	NASACORT AQ	20
methylprednisolone (Medrol)	15	NASONEX	20
metipranolol eye soln (Optipranolol)	29	NATACYN	28
metoclopramide (Reglan)	21	nateglinide (Starlix)	16
metolazone (Zaroxolyn)	19	NEBUPENT	14
metoprolol succinate ext-release (Toprol XL)	18	neomycin/polymyxin B/bacitracin eye oint	28
metoprolol tartrate (Lopressor)	18	neomycin/polymyxin B/bacitracin/hydrocortisone eye oint	29
METROGEL 1% topical	30	neomycin/polymyxin B/dexamethasone eye oint, susp (Maxitrol)	29
metronidazole (Flagyl)	14	neomycin/polymyxin B/gramicidin eye soln (Neosporin)	29
metronidazole (Metrocream, Metrogel, Metro lotion)	30	neomycin/polymyxin B/hydrocortisone ear soln, susp (Cortisporin)	29
metronidazole (MetroGel-Vaginal)	22	neomycin sulfate	12
MEVACOR	19	neostigmine inj (Prostigmin)	27
MEXILETINE	19	NEULASTA	28
MICARDIS	18	NEUMEGA	28
MICARDIS HCT	18	NEUPOGEN	28
midodrine (Proamatine)	19	NEXAVAR	14
MIGRANAL	26	NEXIUM	21
MINOCIN/PAC	12	NIASPAN	19
		nifedipine ext-release (Adalat CC, Procardia XL)	18

NILANDRON	14	ORACEA	30
nisoldipine ext-release 8.5 mg, 17 mg, 25.5 mg, 34 mg (Sular)	18	oral contraceptives – all generics	15
NISOLDIPINE ext-release 20 mg, 30 mg, 40 mg	18	ORAL CONTRACEPTIVES – BRANDS	15
NITRO-BID	18	ORAMORPH SR	25
NITRO-DUR	18	ORAP	24
nitrofurantoin (Furadantin)	22	ORAXYL	12
nitrofurantoin macrocrystalline (Macrochantin)	22	ORENCIA	26
nitrofurantoin monohydrate/macrocrystalline (Macrobid)	22	ORFADIN	17
nitroglycerin (Nitro-Dur)	18	orphenadrine/aspirin/caffeine 25-385-30 mg	27
NITROSTAT	18	ORPHENADRINE/ASPIRIN/CAFFEINE 50-770-60 mg	27
NORCO	25	orphenadrine citrate ext-release	27
NORDITROPIN	16	OVIDREL	16
norethindrone acetate (Aygestin)	15	oxaprozin (Daypro)	26
norethindrone acetate/ethinyl estradiol (Femhrt 1/5)	15	oxcarbazepine (Trileptal)	27
nortriptyline (Pamelor)	23	OXSORALEN-ULTRA soft gelatin caps	31
NORVIR	13	oxybutynin	22
NOVOLIN 70/30 inj	16	oxybutynin ext-release (Ditropan XL)	22
NOVOLIN N inj	16	oxycodone/acetaminophen (Percocet, Tylox)	25
NOVOLIN R inj	16	oxycodone/aspirin – Endodan (Percodan)	25
NOVOLOG inj	16	oxycodone/ibuprofen	25
NOVOLOG MIX 70/30 inj	16	OXYCODONE soln, 1 mg/mL; tabs, 10 mg, 20 mg	25
NOVOSEVEN/RT	28	oxycodone tabs, 5 mg, 15 mg, 30 mg (Roxicodone)	25
NOXAFIL	12	OXYTROL	22
NUCYNTA	25	P	
NUTROPIN/AQ	16	PANRETIN	31
NUVIGIL	24	pantoprazole delayed-release (Protonix)	21
nystatin oral tabs	12	paromomycin	12
nystatin susp.	30	paroxetine hcl ext-release (Paxil CR)	23
nystatin topical crm, oint, powder	30	paroxetine hcl (Paxil)	23
NYSTATIN vaginal tabs	22	PATANASE	20
O		PAXIL	23
octreotide (Sandostatin)	17	PAXIL CR	23
ofloxacin ear soln	29	pediatric multivitamins/fluoride	27
ofloxacin eye soln (Ocuflox)	29	pediatric multivitamins/fluoride/iron	27
OFORTA	14	pediatric vitamins ADC/fluoride	27
olanzapine ODT (Zyprexa Zydis)	23	pediatric vitamins ADC/fluoride/iron	27
olanzapine (Zyprexa)	23	PEGANONE	27
OLEPTRO	23	PEGASYS	13
omeprazole delayed-release (Prilosec)	21	PEG – electrolytes for soln (Colyte, Golytely, Nulytely)	21
omeprazole/sodium bicarbonate (Zegerid)	21	PEG-INTRON	13
OMNARIS	20	penicillin v potassium	12
OMNITROPE	16	PENLAC nail lacquer	30
ondansetron ODT (Zofran ODT)	21	PENNSAID	30
ondansetron tabs, 24 mg	21	pentazocine/acetaminophen	25
ondansetron (Zofran)	21	pentoxifylline ext-release (Trental)	28
ONETOUCH BASIC, PROFILE, FASTTAKE, ULTRA BLUE, SURESTEP	31	PERCOCET	25
ONETOUCH BASIC, ULTRA, ULTRA 2, ULTRA MINI, ULTRALINK, ULTRA SMART, SURESTEP, SURESTEP PRO blood glucose meters	31	PERCODAN	25
ONGLYZA	16	perindopril (Aceon)	17
ONSOLIS	25	PERIOSTAT	12
OPANA ER	25	permethrin crm, 5%	31
		perphenazine	23

PEXEVA	23	PRILOSEC	21
phenelzine (Nardil)	23	PRILOSEC OTC	21
PHENOBARBITAL 64.8 mg; NP = 97.2 mg	23	PRIMAQUINE PHOSPHATE	14
phenobarbital elixir; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg	23	primidone (Mysoline)	27
phenytoin sodium ext-release (Dilantin)	27	PRIMLEV	25
phenytoin susp (Dilantin)	27	PRIMSOL	14
PHOSPHOLINE IODIDE eye soln	29	PRINIVIL	17
PHRENILIN FORTE	24	PRINZIDE	17
pilocarpine eye soln, 1%, 2%, 4% (Isopto Carpine)	29	PRISTIQ	23
pilocarpine (Salagen)	30	PROAIR HFA	20
PINDOLOL	18	probenecid	26
piroxicam (Feldene)	26	probenecid/colchicine	26
PLAVIX 75 mg	28	PROCENTRA	24
podofilox (Condylox)	31	prochlorperazine	23
polymyxin B/trimethoprim eye soln (Polytrim)	29	PROCRIT	28
POLY-VITAMIN/FLUORIDE/IRON drops, 0.5-10 mg/mL	27	PROCTOFOAM HC	30
potassium bicarbonate/chloride effervescent tabs, 25 mEq	27	PROFILNINE SD	28
potassium chloride ext-release caps, 8 mEq, 10 mEq (Micro-K)	27	PROGLYCEM	16
potassium chloride ext-release tabs, 8 mEq	28	PROLEUKIN	14
potassium chloride ext-release tabs, 10 mEq (K-Tabs)	27	PROMACTA	28
potassium chloride microencapsulated ext-release tabs, 10 mEq, 20 mEq	28	promethazine	20
potassium chloride packets, 20 mEq	28	PROMETRIUM	15
potassium chloride packets, 25 mEq (Klor-Con 25)	28	propafenone ext-release (Rythmol SR)	19
potassium chloride soln, 10%, 20%	28	propafenone (Rythmol)	19
potassium citrate/citric acid (Polycitra-K)	22	PROPANTHELIN BROMIDE 15 mg	21
potassium citrate ext-release (Urocit-K)	22	propranolol ext-release (Inderal LA)	18
potassium phosphate/sodium phosphates (K-Phos Neutral)	28	PROPRANOLOL/HYDROCHLOROTHIAZIDE	18
PRADAXA	28	PROPRANOLOL soln	18
pramipexole (Mirapex)	27	propranolol tabs	18
PRAMOSONE lotn; oint 1-1%	30	propylthiouracil	16
pramoxine/hydrocortisone (Pramosone)	30	PROSCAR	22
PRANDIN	16	PROSTIGMIN inj	27
PRAVACHOL	19	PROSTIGMIN tabs	27
pravastatin (Pravachol)	19	PROTONIX packets, tabs	21
prazosin (Minipress)	19	PROTOPIC	31
PRED MILD	29	PROVENTIL HFA	20
prednisolone acetate eye susp (Pred Forte)	29	PROVIGIL	24
prednisolone (Prelone)	15	PROZAC	23
PREDNISOLONE SODIUM PHOSPHATE eye soln, 1%	29	PULMICORT FLEXHALER	20
prednisolone sodium phosphate (Orapred, Pediapred)	15	PULMICORT RESPULES 1 mg/2 mL	20
PREDNISON soln, 5 mg/5 mL; tabs, 50 mg	15	PULMOZYME	21
prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg	15	PYLERA	21
PREMARIN crm	22	pyrazinamide	12
PREMARIN tabs	15	pyridostigmine (Mestinon)	27
PREMPHASE	15	Q	
PREMPRO	15	QUALAQUIN	14
PRENATAL MULTIVITAMINS/FOLIC ACID	27	quinapril (Accupril)	17
PREVACID/SOLUTAB	21	quinapril/hydrochlorothiazide (Accuretic)	17
PREVPAC	21	quinidine gluconate ext-release	19
PREZISTA	13	quinidine sulfate	19
		QUINIDINE SULFATE ext-release	19

QVAR	20	SANCUSO	21
R		SANDOSTATIN inj	17
ramipril (Altace)	17	SANTYL	31
ranitidine (Zantac)	21	SAPHRIS	23
RAPAMUNE	31	SAVELLA	24
REBETOL	13	selegiline caps (Eldepryl)	27
REBIF	24	selegiline tabs	27
RECOMBINATE	28	selenium sulfide (Selsun)	31
RELENZA	13	SELZENTRY	13
RELION 70/30 inj	16	SEMPREX-D	20
RELION N inj	16	SENSIPAR	17
RELION R inj	16	SEREVENT DISKUS	20
RELISTOR inj	22	SEROQUEL	23
RELPAK	26	SEROQUEL XR	23
REMERON/SOLTAB	23	SEROSTIM	17
REMODULIN	19	sertraline (Zoloft)	23
REVELA	22	SILENOR	24
REPREXAIN	25	silver sulfadiazine (Silvadene)	30
REPRONEX	16	SIMCOR	19
RESCRIPTOR	13	SIMPONI	26
RESERPINE	19	simvastatin (Zocor)	19
REVATIO tabs	20	SINGULAIR	20
REVLIMID	31	sodium citrate/citric acid	22
REYATAZ	13	sodium fluoride chew tabs; soln, 0.275 mg/drop, 1.1 mg/mL; tabs, 2.2 mg	28
RHINOCORT AQUA	20	sodium fluoride dental crm, gel (Prevident)	30
RIBAPAK	13	SODIUM FLUORIDE tabs, 1.1 mg	28
RIBASPHERE 400 mg, 600 mg	13	sodium polystyrene sulfonate	31
RIBATAB	13	SOLARAZE	31
ribavirin (Copegus, Rebetol)	13	SOLODYN	12
RIDAURA	26	SOMAVERT	17
rifampin (Rifadin)	12	SONATA	24
RILUTEK	27	SORIATANE	31
RISPERDAL/M-TAB	23	sotalol AF (Betapace AF)	19
RISPERIDONE ODT 0.25 mg	23	sotalol (Betapace)	19
risperidone ODT (Risperdal M-Tab)	23	SPIRIVA HANDIHALER	20
risperidone (Risperdal)	23	spironolactone (Aldactone)	19
RITALIN/LA/SR	24	spironolactone/hydrochlorothiazide (Aldactazide)	19
rivastigmine (Exelon)	24	SPORANOX caps	12
ropinirole (Requip)	27	SPORANOX soln	13
ROXICET soln	25	SPRIX	26
ROXICET tabs	25	SPRYCEL	14
ROZEREM	23	stavudine (Zerit)	13
RYBIX ODT	25	STRATTERA	24
RYZOLT	25	STRIANT	15
S		STROMECTOL	14
SABRIL	27	SUBOXONE	25
SAIZEN	17	SUBUTEX	25
salsalate	24	SUCRAID	21
SAMSCA	17	sucralfate (Carafate)	21
SANCTURA/XR	22	sulfacetamide sodium eye soln (Bleph-10)	29
		sulfacetamide sodium/prednisolone eye soln	29

sulfacetamide sodium/sulfur cleansing cloth, crm, emulsion (Plexion) . . .	30	TIMOLOL tabs	18
sulfacetamide sodium/sulfur lotn	30	tizanidine (Zanaflex)	27
sulfamethoxazole/trimethoprim (Bactrim, Septra DS)	14	TOBI	12
sulfasalazine (Azulfidine)	22	TOBRADEX oint	29
sulfasalazine delayed-release (Azulfidine EN-Tab)	22	tobramycin/dexamethasone eye susp (Tobradex)	29
sulindac (Clinoril)	26	tobramycin eye soln (Tobrex)	29
sumatriptan inj, tabs (Imitrex)	26	TOBEX oint	29
SUMATRIPTAN nasal	26	topiramate (Topamax Sprinkle, Topamax)	27
SUMAVEL DOSEPRO inj	26	torse mide (Demadex)	19
SUSTIVA	13	TOVIAZ	22
SUTENT	14	TRACLEER	20
SYLATRON	14	TRADJENTA	16
SYMBICORT	21	tramadol/acetaminophen (Ultracet)	25
SYMBYAX	24	tramadol ext-release (Ultram ER)	25
SYMLIN inj	16	tramadol (Ultram)	25
SYNAREL	17	trandolapril (Mavik)	17
SYPRINE	31	tranylcypromine (Parnate)	23
SYRINGES/NEEDLES – BD; OTHER VARIOUS MANUFACTURERS – for self-injectable drug administration	31	TRAVATAN Z	29
T		trazodone	23
TABLOID	14	TRETINOIN caps	15
TACLONEX	30	tretinoin (Retin-A)	30
tacrolimus (Prograf)	31	TREXIMET	26
TAMIFLU	13	TREZIX	25
tamoxifen	14	triamcinolone crm; lotn; oint, 0.025%, 0.1%	30
tamsulosin (Flomax)	22	triamcinolone dental paste	30
TARCEVA	14	triamcinolone (Nasacort AQ)	20
TARGRETIN caps	14	TRIAMCINOLONE oint, 0.05%	30
TARGRETIN gel	31	triamterene/hydrochlorothiazide (Dyazide, Maxzide, Maxzide-25)	19
TARKA	18	TRIBENZOR	18
TASIGNA	14	TRICOR	19
TAZORAC	30	trifluoperazine	23
TEGRETOL-XR 100 mg	27	trifluridine eye soln (Viroptic)	29
TEKAMLO	20	TRIGLIDE	19
TEKURNA/HCT	20	trihexyphenidyl	27
temazepam (Restoril)	24	TRILIPIX	19
TEMODAR caps	14	trimethobenzamide (Tigan)	21
terazosin	20	trimethoprim	14
terbinafine (Lamisil)	13	TRIZIVIR	13
terbutaline (Brethine)	21	tropicamide eye soln (Mydracyl)	29
terconazole (Terazol)	22	TRUVADA	13
TESTIM	15	TWYNSTA	18
TESTRED	15	TYKERB	15
tetracycline 500 mg	12	TYLENOL/CODEINE	25
TEVETEN/HCT	18	TYLOX	25
TEV-TROPIN	17	TYVASO	20
THALOMID	31	U	
theophylline ext-release	21	ULESFIA	31
thiothixene (Navane)	23	ULTRACET	25
THYROLAR	16	ULTRAM/ER	25
timolol maleate eye soln (Timoptic)	29	UNIRETIC	17
timolol maleate gel-forming eye soln (Timoptic-XE)	29	UNIVASC	17

ursodiol (Actigall)	22	X	
V		XALATAN	29
VAGIFEM	22	XALKORI	15
valacyclovir (Valtrex)	13	XARELTO	28
VALCYTE	13	XELODA	15
valproic acid (Depakene)	27	XENAZINE	24
VALTURNA	20	XIFAXAN	14
VANCOCCIN	14	XODOL	26
VANDETANIB	15	XOLOX	26
VASERETIC	17	XOPENEX HFA	21
VASOTEC	17	XYNTHA	28
VECTICAL	31	XYREM	24
venlafaxine	23	XYZAL	20
venlafaxine ext-release caps (Effexor XR)	23	Y	
venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg	23	YODOXIN	14
VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg	23	Z	
VENLAFAXINE ext-release tabs, 225 mg	23	zafirlukast (Accolate)	21
VENTAVIS	20	zaleplon (Sonata)	24
VENTOLIN HFA	21	ZAMICET	26
VERAMYST	20	ZAVESCA	28
verapamil (Calan)	18	ZEGERID	21
verapamil ext-release (Calan SR, Isoptin SR, Verelan, Verelan PM)	18	ZELBORAF	15
VESICARE	22	ZEMPLAR caps	17
VFEND oral susp	13	ZENPEP	21
VFEND tabs	13	ZESTORETIC	17
VIBRAMYCIN	12	ZESTRIL	17
VICODIN/ES/HP	25	ZETIA	19
VICOPROFEN	26	ZIAGEN	13
VICTOZA inj	16	zidovudine (Retrovir)	13
VICTRELIS	13	ZIPSOR	26
VIDEX	13	ZITHRANOL-RR	31
VIGAMOX	29	ZITHROMAX packets	12
VIIBRYD	23	ZOCOR	19
VIMOVO	26	ZOFRAN/ODT	21
VIRACEPT	13	ZOLINZA	15
VIRAMUNE	13	ZOLOFT	23
VIRAMUNE XR	13	zolpidem (Ambien)	24
VIREAD	13	ZOLPIMIST	24
VIVAGLOBIN	14	ZOLVIT	26
VIVELLE-DOT	15	ZOMIG/ZMT	26
VOLTAREN GEL	30	zonisamide (Zonegran)	27
voriconazole (Vfend)	13	ZORBITIVE	17
VOTRIENT	15	ZORTRESS	31
VYTORIN	19	ZOVIRAX topical	30
VYVANSE	24	ZUPLENZ	21
W		ZYDONE	26
warfarin (Coumadin)	28	ZYFLO/CR	21
WELCHOL	19	ZYPREXA/RELPREVV/ZYDIS	23
WELLBUTRIN/SR/XL	23	ZYTIGA	15
WILATE	28	ZYVOX	14



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