



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Scott & White Health Plan Formulary

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What is my prescription drug coverage?

As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Evidence of Coverage* or call the SWHP Customer Service department.

What is the Scott & White Health Plan formulary?

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the prescription drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

This SWHP formulary is an open formulary. This means that preferred drugs listed in this document are covered under your prescription benefit. Coverage for drugs not listed are considered Non-Formulary unless excluded by your plan benefit. Non-formulary drugs may require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy therefore; this list is not inclusive and does not guarantee coverage.

The formulary is tiered meaning there are different copayment levels for drugs on different levels.

Tier 1 (T1): preferred generic medications

Tier 2 (T2): preferred brand-name medications

Tier 3 (T3): non-preferred brand-name and generic medications

Non-formulary medications: medications not listed on formulary but are allowed some coverage (unless excluded)

Excluded: medications not listed on formulary and member is responsible for the entire cost of the prescription

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

How was the formulary created and how are new medications reviewed?

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists and nurses. It reviews information and scientific evidence concerning safety, effectiveness and current use in therapy.

Does the formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the SWHP formularies on our website at swhp.org. On the website, formularies are updated quarterly (every 3 months), and the *Formulary Changes* document is updated monthly. The *Formulary Changes* document outlines changes made to the formularies. The *Formulary Changes* document is meant to notify members of changes to the formularies that occur between formulary updates. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 1-800-728-7947.

What are brand-name and generic drugs?

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name

medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand name drug. Generic substitution will automatically occur at SWHP Provider Pharmacies. Prescribers may choose to use a brand name product and not allow generic substitution by indicating on the prescription "brand necessary" or "brand medically necessary." Per state law, these statements must be handwritten by the prescriber.

What is a therapeutic interchange?

A therapeutic interchange involves the dispensing of chemically different drugs that are considered equivalent in safety and effectiveness by the SWHP P&T Committee. For one medication to be dispensed in place of another, the prescribing physician and the member must approve of the interchange. When a therapeutic interchange program is put in place, the program will allow SWHP Pharmacies to substitute and dispense to the plan member, the SWHP-approved clinically equivalent product.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** SWHP requires you or your physician to get prior authorization before filling certain drugs. *Drugs needing prior authorization are noted on the formulary by a "PA" next to the drug name.*
- **Quantity Limits:** For certain drugs, SWHP limits the amount of medication covered. Quantity limits help ensure the appropriate use of medications. Quantity limits are often applied for safety reasons (e.g. limiting products containing acetaminophen to maximum safe limits). *Drugs with quantity limits are noted on the formulary by a "QL" next to the drug name.*

- **Step Therapy:** In some cases, SWHP requires you to first try certain drugs to treat your medical condition before another drug will be covered for that condition. *Drugs with step therapy are noted on the formulary by an “ST” next to the drug name.*
- **Age Restriction:** There are certain medications which may be limited to a certain age group. *Drugs with age restrictions are noted on the formulary by an “AL” next to the drug name.*
- **Drug Exception:** A medication may require a drug exception for a variety of reasons, i.e.; may be limited to certain specialty prescribers, limited to certain pharmacies, may be a medication that is part of the therapeutic interchange program, or various other reasons. Please contact our customer service department for questions regarding these medications. *Drugs with drug exception are noted on the formulary by a “DE” next to the drug name.*
- **Gender Limit:** There are certain medications which may be limited to a certain genders. *Drugs with gender limits are noted on the formulary by a “GL” next to the drug name with an **f** for female and an **m** for male.*

How do I request an exception to the SWHP formulary?

Your physician can ask SWHP to make an exception to the formulary. There are several types of exceptions that can be requested:

- Exception to waive a coverage restriction.
- Exception to waive a limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician must submit a coverage exception form to SWHP. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under SWHP benefit plans.

How much medication does my copayment cover and does my plan cover maintenance medications?

You can get up to a 34-day supply of medication for a single copayment. Some medications may have a quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Maintenance medications (noted on the formulary by a “MN” next to the drug name) are used to treat chronic medical conditions. The prescription for the drug must be written for a three month supply of medication.

Maintenance Medications

The following categories are considered maintenance eligible:

- Anticonvulsants
- Bupropion, bupropion SR, bupropion XL
- Cardiovascular Medications
- Estrogen and Progestin replacement medications
- Generic selective serotonin reuptake inhibitors (SSRIs) medications
- Lithium
- Medications to treat asthma
- Medications to treat diabetes and diabetic supplies
- Medications to treat glaucoma
- Medications to treat gout
- Medications to treat osteoporosis
- Medications to treat Parkinson’s
- Potassium supplements
- Testosterone Cypionate
- Thyroid replacement medications
- Tricyclic antidepressant medications
- Urinary incontinence medications

NOTE: Not all drugs within the category are preferred to be maintenance eligible. Only those listed with an “MN” on formulary are maintenance eligible. Please refer to your *Evidence of Coverage* for complete plan coverage.

How can I save money on prescriptions?

Medications on the SWHP formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

Abbreviations

T1, T2, T3, T4	Copayment tiers
MN	Maintenance medication
PA	Prior authorization required
QL	Quantity limit
AL	Age-limit
ST	Step-therapy required
DE	Drug Exception
GL	Gender Limit (f=female, m=male)

NOTE: When a generic form of the brand drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment. The print formularies may not have the most up-to-date coverage of drugs.

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the formulary to determine which contraceptives are available at a \$0 cost-share. These are noted on the formulary with the following comment: “Eligible for a \$0 copay”
- Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan documents.

Preventative Care Medications & Medications Covered Under Health Care Reform

Preventative care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are noted on

the formulary with the following comment: “Eligible for a \$0 copay”. Please note this list is subject to change.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to two smoking cessation attempts per year, up to 180 days total. Please refer to your drug formulary within this document for specific medications that are eligible.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Diabetic Supplies

The preferred diabetic testing supplies include all Roche Diagnostics (ACCU-CHEK®) Products.

By Category

(4:04.12) Antihistamine Drugs » First Generation Antihistamines » Phenothiazine Derivatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PROMETHAZINE HCL	TABS	12.5MG	T1		
PROMETHAZINE HCL	TABS	50MG	T1		
PROMETHAZINE HCL	SUPP	12.5MG	T1		
PROMETHAZINE HCL	SUPP	25MG	T1		
PROMETHAZINE HCL PLAIN	SYRP	6.25MG/5ML	T1		
PROMETHAZINE/PHENYLEPHRINE	SYRP	5MG/5ML; 6.25MG/5ML	T1		
PROMETHEGAN	SUPP	50MG	T1		
(4:04.92) Antihistamine Drugs » First Generation Antihistamines » Derivatives, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CYPROHEPTADINE HCL	TABS	4MG	T1		
CYPROHEPTADINE HCL	SYRP	2MG/5ML	T1		
(8:08) Anti-infective Agents » Anthelmintics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALBENZA	TABS	200MG	T2		
IVERMECTIN	TABS	3MG	T1		
(8:12.02) Anti-infective Agents » Antibacterials » Aminoglycosides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NEOMYCIN SULFATE	TABS	500MG	T1		
(8:12.06.04) Anti-infective Agents » Antibacterials » Cephalosporins » First Generation Cephalosporins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFADROXIL	CAPS	500MG	T1		
CEFADROXIL	SUSR	500MG/5ML	T1		
CEFADROXIL	SUSR	250MG/5ML	T1		
CEFADROXIL	TABS	1GM	T1		
CEPHALEXIN	SUSR	250MG/5ML	T1		
CEPHALEXIN	TABS	250MG	T1		
CEPHALEXIN	CAPS	500MG	T1		
CEPHALEXIN	SUSR	125MG/5ML	T1		
CEPHALEXIN	TABS	500MG	T1		
CEPHALEXIN	CAPS	250MG	T1		
(8:12.06.08) Anti-infective Agents » Antibacterials » Cephalosporins » Second Generation Cephalosporins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFACLOR	CAPS	500MG	T1		
CEFACLOR	SUSR	125MG/5ML	T1		
CEFACLOR	SUSR	250MG/5ML	T1		
CEFACLOR	CAPS	250MG	T1		
CEFACLOR	SUSR	375MG/5ML	T1		
CEFACLOR ER	TB12	500MG	T1		
CEFPROZIL	TABS	250MG	T1		
CEFPROZIL	SUSR	125MG/5ML	T1		
CEFPROZIL	TABS	500MG	T1		
CEFPROZIL	SUSR	250MG/5ML	T1		
CEFTIN	SUSR	125MG/5ML	T2		
CEFTIN	SUSR	250MG/5ML	T2		
CEFUROXIME AXETIL	TABS	500MG	T1		
CEFUROXIME AXETIL	TABS	250MG	T1		
(8:12.06.12) Anti-infective Agents » Antibacterials » Cephalosporins » Third Generation Cephalosporins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFDINIR	CAPS	300MG	T1		
CEFDINIR	SUSR	250MG/5ML	T1		
CEFDINIR	SUSR	125MG/5ML	T1		
CEFIXIME	SUSR	200MG/5ML	T1		
CEFIXIME	SUSR	100MG/5ML	T1		
CEFPODOXIME PROXETIL	TABS	100MG	T1		
CEFPODOXIME PROXETIL	TABS	200MG	T1		
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	T1		
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	T1		
CEFTIBUTEN	CAPS	400MG	T1		
SUPRAX	SUSR	500MG/5ML	T2		
SUPRAX	CAPS	400MG	T2		
SUPRAX	CHEW	100MG	T2		
SUPRAX	CHEW	200MG	T2		

(8:12.12.04) Anti-infective Agents » Antibacterials » Macrolides » Erythromycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
E.E.S. GRANULES	SUSR	200MG/5ML	T2		
ERY-TAB	TBEC	333MG	T2		
ERY-TAB	TBEC	250MG	T2		
ERY-TAB	TBEC	500MG	T2		
ERYPED 200	SUSR	200MG/5ML	T2		
ERYPED 400	SUSR	400MG/5ML	T2		
ERYTHROCIN STEARATE	TABS	250MG	T1		
ERYTHROMYCIN	CPEP	250MG	T1		
ERYTHROMYCIN BASE	TABS	250MG	T1		
ERYTHROMYCIN BASE	TABS	500MG	T1		
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	T1		

(8:12.12.92) Anti-infective Agents » Antibacterials » Macrolides » Other Macrolides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AZITHROMYCIN	SUSR	200MG/5ML	T1		
AZITHROMYCIN	TABS	600MG	T1		
AZITHROMYCIN	SUSR	100MG/5ML	T1		
AZITHROMYCIN	TABS	250MG	T1		
AZITHROMYCIN	TABS	500MG	T1		
AZITHROMYCIN	SOLR	500MG	T1		
AZITHROMYCIN	SOLR	500MG	T1		
AZITHROMYCIN	PACK	1GM	T1		
CLARITHROMYCIN	TABS	500MG	T1		
CLARITHROMYCIN	SUSR	125MG/5ML	T1		
CLARITHROMYCIN	TABS	250MG	T1		
CLARITHROMYCIN	SUSR	250MG/5ML	T1		
CLARITHROMYCIN ER	TB24	500MG	T1		

(8:12.16.04) Anti-infective Agents » Antibacterials » Penicillins » Natural Penicillins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	T1		
PENICILLIN V POTASSIUM	TABS	250MG	T1		
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	T1		
PENICILLIN V POTASSIUM	TABS	500MG	T1		

(8:12.16.08) Anti-infective Agents » Antibacterials » Penicillins » Aminopenicillins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMOXICILLIN	SUSR	400MG/5ML	T1		
AMOXICILLIN	TABS	875MG	T1		
AMOXICILLIN	CHEW	125MG	T1		
AMOXICILLIN	TABS	500MG	T1		
AMOXICILLIN	CHEW	250MG	T1		
AMOXICILLIN	CAPS	500MG	T1		
AMOXICILLIN	SUSR	125MG/5ML	T1		
AMOXICILLIN	CAPS	250MG	T1		
AMOXICILLIN	SUSR	250MG/5ML	T1		
AMOXICILLIN	SUSR	200MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	875MG; 125MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	250MG/5ML; 62.5MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	500MG; 125MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	200MG/5ML; 28.5MG/5ML	T1		
AMPICILLIN	CAPS	500MG	T1		
AMPICILLIN	CAPS	250MG	T1		
AMPICILLIN	SUSR	125MG/5ML	T1		
AMPICILLIN	SUSR	250MG/5ML	T1		
AUGMENTIN	SUSR	125MG/5ML; 31.25MG/5ML	T2		

(8:12.16.12) Anti-infective Agents » Antibacterials » Penicillins » Penicillinase-resistant Penicillins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DICLOXACILLIN SODIUM	CAPS	250MG	T1		
DICLOXACILLIN SODIUM	CAPS	500MG	T1		

(8:12.18) Anti-infective Agents » Antibacterials » Quinolones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CIPROFLOXACIN	SUSR	250MG/5ML	T1		
CIPROFLOXACIN	SUSR	500MG/5ML	T1		
CIPROFLOXACIN HCL	TABS	750MG	T1		
CIPROFLOXACIN HCL	TABS	250MG	T1		
CIPROFLOXACIN HCL	TABS	500MG	T1		
CIPROFLOXACIN HCL	TABS	100MG	T1		
LEVOFLOXACIN	TABS	750MG	T1		
LEVOFLOXACIN	TABS	250MG	T1		
LEVOFLOXACIN	TABS	500MG	T1		
LEVOFLOXACIN	SOLN	25MG/ML	T1		
MOXIFLOXACIN HCL	TABS	400MG	T3		
(8:12.20) Anti-infective Agents » Antibacterials » Sulfonamides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SULFADIAZINE	TABS	500MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	400MG; 80MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	800MG; 160MG	T1		
SULFASALAZINE	TABS	500MG	T1		
SULFASALAZINE	TBEC	500MG	T1		
(8:12.24) Anti-infective Agents » Antibacterials » Tetracyclines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DEMECLOCYCLINE HCL	TABS	300MG	T3		
DOXYCYCLINE HYCLATE	TABS	100MG	T1		
DOXYCYCLINE HYCLATE	CAPS	50MG	T1		
DOXYCYCLINE HYCLATE	CAPS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	50MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	50MG	T1		
MINOCYCLINE HCL	CAPS	50MG	T1		
MINOCYCLINE HCL	CAPS	100MG	T1		
MINOCYCLINE HCL	CAPS	75MG	T1		
TETRACYCLINE HCL	CAPS	250MG	T1		
TETRACYCLINE HCL	CAPS	500MG	T1		
VIBRAMYCIN	SYRP	50MG/5ML	T2		
(8:12.28.16) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Glycopeptides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
VANCOMYCIN HCL	SOLR	750MG	T3		
VANCOMYCIN HCL	SOLR	1000MG	T3		
VANCOMYCIN HCL	CAPS	250MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	SOLR	750MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	CAPS	125MG	T3		
VANCOMYCIN HCL	SOLR	1000MG	T3		
(8:12.28.20) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Lincomycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CLEOCIN PEDIATRIC GRANULES	SOLR	75MG/5ML	T2		
CLINDAMYCIN HCL	CAPS	75MG	T1		
(8:12.28.30) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Rifamycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
XIFAXAN	TABS	550MG	T3	PA	
XIFAXAN	TABS	200MG	T3	PA	
(8:14.04) Anti-infective Agents » Antifungals » Allylamines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LAMISIL	PACK	125MG	T2		
LAMISIL	PACK	187.5MG	T2		
TERBINAFINE HCL	TABS	250MG	T1		
(8:14.08) Anti-infective Agents » Antifungals » Azoles					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FLUCONAZOLE	TABS	50MG	T1		
FLUCONAZOLE	SUSR	10MG/ML	T1		

FLUCONAZOLE	SUSR	40MG/ML	T1		
FLUCONAZOLE	TABS	100MG	T1		
FLUCONAZOLE	TABS	200MG	T1		
FLUCONAZOLE	TABS	150MG	T1		
ITRACONAZOLE	CAPS	100MG	T1		
KETOCONAZOLE	TABS	200MG	T1		
NOXAFIL	SUSP	40MG/ML	T2	PA	
NOXAFIL	TBEC	100MG	T2	PA	
SPORANOX	SOLN	10MG/ML	T2		

(8:14.28) Anti-infective Agents » Antifungals » Polyenes

Product Name	Form	Strength	Pref	Coverage Details	Comment
NYSTATIN	TABS	500000UNIT	T1		
NYSTATIN	SUSP	100000UNIT/ML	T1		
NYSTATIN	POWD		T1		
NYSTATIN	POWD		T1		
NYSTATIN	POWD		T1		

(8:14.92) Anti-infective Agents » Antifungals » Antifungals, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
GRISEOFULVIN MICROSIZ	SUSP	125MG/5ML	T1		
GRISEOFULVIN MICROSIZ	TABS	500MG	T1		
GRISEOFULVIN ULTRAMICROSIZ	TABS	250MG	T1		
GRISEOFULVIN ULTRAMICROSIZ	TABS	125MG	T1		

(8:16.04) Anti-infective Agents » Antimycobacterials » Antituberculosis Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ETHAMBUTOL HCL	TABS	400MG	T1		
ISONIAZID	TABS	100MG	T1		
ISONIAZID	TABS	300MG	T1		
ISONIAZID	SYRP	50MG/5ML	T1		
PYRAZINAMIDE	TABS	500MG	T1		
RIFABUTIN	CAPS	150MG	T3		
RIFAMPIN	CAPS	300MG	T1		
RIFAMPIN	CAPS	150MG	T1		

(8:16.92) Anti-infective Agents » Antimycobacterials » Antimycobacterials, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
DAPSONE	TABS	100MG	T1		
DAPSONE	TABS	25MG	T1		

(8:18.04) Anti-infective Agents » Antivirals » Adamantanes

Product Name	Form	Strength	Pref	Coverage Details	Comment
RIMANTADINE HCL	TABS	100MG	T1		

(8:18.08.04) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Entry and Fusion Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
SELZENTRY	TABS	300MG	T3		
SELZENTRY	TABS	150MG	T3		

(8:18.08.08) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Protease Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
CRIXIVAN	CAPS	200MG	T2		
CRIXIVAN	CAPS	400MG	T2		
INVIRASE	CAPS	200MG	T2		
INVIRASE	TABS	500MG	T2		
KALETRA	TABS	100MG; 25MG	T2		
KALETRA	SOLN	400MG/5ML; 100MG/5ML	T2		
KALETRA	TABS	200MG; 50MG	T2		
NORVIR	TABS	100MG	T2		
NORVIR	CAPS	100MG	T2		
NORVIR	SOLN	80MG/ML	T2		
REYATAZ	PACK	50MG	T2		
REYATAZ	CAPS	150MG	T2		
REYATAZ	CAPS	200MG	T2		
REYATAZ	CAPS	300MG	T2		
VIRACEPT	TABS	250MG	T2		
VIRACEPT	TABS	625MG	T2		

(8:18.08.16) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Nucleoside Reverse Transcriptase Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
NEVIRAPINE	SUSP	50MG/5ML	T1		

NEVIRAPINE	TABS	200MG	T1		
NEVIRAPINE ER	TB24	400MG	T1		
RESCRIPTOR	TABS	100MG	T2		
RESCRIPTOR	TABS	200MG	T2		
SUSTIVA	CAPS	50MG	T2		
SUSTIVA	CAPS	200MG	T2		
SUSTIVA	TABS	600MG	T2		

(8:18.08.20) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Nucleoside and Nucleotide Reverse Transcriptase Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
ABACAVIR	TABS	300MG	T1		
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	300MG; 150MG; 300MG	T3		
ATRIPLA	TABS	600MG; 200MG; 300MG	T2		
DIDANOSINE	CPDR	200MG	T1		
DIDANOSINE	CPDR	400MG	T1		
DIDANOSINE	CPDR	250MG	T1		
EMTRIVA	CAPS	200MG	T2		
EMTRIVA	SOLN	10MG/ML	T2		
EPIVIR	SOLN	10MG/ML	T2		
EPIVIR HBV	SOLN	5MG/ML	T2		
LAMIVUDINE	TABS	100MG	T1		
LAMIVUDINE	TABS	300MG	T1		
LAMIVUDINE	TABS	150MG	T1		
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	T1		
STAVUDINE	SOLR	1MG/ML	T1		
STAVUDINE	CAPS	20MG	T1		
STAVUDINE	CAPS	40MG	T1		
STAVUDINE	CAPS	15MG	T1		
STAVUDINE	CAPS	30MG	T1		
TRUVADA	TABS	200MG; 300MG	T2		
TRUVADA	TABS	133MG; 200MG	T2		
TRUVADA	TABS	100MG; 150MG	T2		
TRUVADA	TABS	167MG; 250MG	T2		
VIDEX EC	CPDR	125MG	T2		
VIDEX PEDIATRIC	SOLR	4GM	T2		
VIREAD	TABS	300MG	T2		
VIREAD	TABS	200MG	T2		
VIREAD	POWD	40MG/GM	T2		
VIREAD	TABS	150MG	T2		
VIREAD	TABS	250MG	T2		
ZIDOVUDINE	SYRP	50MG/5ML	T1		
ZIDOVUDINE	CAPS	100MG	T1		
ZIDOVUDINE	TABS	300MG	T1		

(8:18.28) Anti-infective Agents » Antivirals » Neuraminidase Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
TAMIFLU	CAPS	75MG	T3		
TAMIFLU	CAPS	45MG	T3	QL (10.00 EA per 30 days)	
TAMIFLU	CAPS	30MG	T3	QL (10.00 EA per 30 days)	

(8:18.32) Anti-infective Agents » Antivirals » Nucleosides and Nucleotides

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACYCLOVIR	CAPS	200MG	T1		
ACYCLOVIR	TABS	800MG	T1		
ACYCLOVIR	TABS	400MG	T1		
ACYCLOVIR	SUSP	200MG/5ML	T1		
FAMCICLOVIR	TABS	250MG	T3		
FAMCICLOVIR	TABS	125MG	T3		
FAMCICLOVIR	TABS	500MG	T3		
MODERIBA	TABS	200MG	T1		
RIBASPHERE	CAPS	200MG	T1		
RIBASPHERE	TABS	200MG	T1		
RIBAVIRIN	CAPS	200MG	T1		
RIBAVIRIN	TABS	200MG	T1		
VALACYCLOVIR HCL	TABS	500MG	T3		
VALACYCLOVIR HCL	TABS	1GM	T3		
VALGANCICLOVIR	TABS	450MG	T1		

(8:30.04) Anti-infective Agents » Antiprotozoals » Amebicides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
YODOXIN	TABS	210MG	T2		
YODOXIN	TABS	650MG	T2		
(8:30.08) Anti-infective Agents » Antiprotozoals » Antimalarials					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ATOVAQUONE/PROGUANIL HCL	TABS	250MG; 100MG	T1		
ATOVAQUONE/PROGUANIL HCL	TABS	62.5MG; 25MG	T1		
CHLOROQUINE PHOSPHATE	TABS	500MG	T1		
CHLOROQUINE PHOSPHATE	TABS	250MG	T1		
DARAPRIM	TABS	25MG	T2		
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	T1		
MEFLOQUINE HCL	TABS	250MG	T1		
PRIMAQUINE PHOSPHATE	TABS	26.3MG	T2		
(8:30.92) Anti-infective Agents » Antiprotozoals » Antiprotozoals, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FLAGYL	CAPS	375MG	T2		
METRONIDAZOLE	TABS	250MG	T1		
METRONIDAZOLE	TABS	500MG	T1		
NEBUPENT	SOLR	300MG	T2		
(8:36) Anti-infective Agents » Urinary Anti-infectives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
METHENAMINE HIPPURATE	TABS	1GM	T1		
METHENAMINE MANDELATE	TABS	1GM	T1		
METHENAMINE MANDELATE	TABS	0.5GM	T1		
MONUROL	PACK	5.631GM	T3		
NITROFURANTOIN	SUSP	25MG/5ML	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	50MG	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	25MG	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	100MG	T1		
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	T1		
TRIMETHOPRIM	TABS	100MG	T1		
(10:00) Antineoplastic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALKERAN	TABS	2MG	T2		
ANASTROZOLE	TABS	1MG	T1		
BICALUTAMIDE	TABS	50MG	T1		
CYCLOPHOSPHAMIDE	CAPS	25MG	T1		
CYCLOPHOSPHAMIDE	TABS	50MG	T1		
CYCLOPHOSPHAMIDE	TABS	25MG	T1		
CYCLOPHOSPHAMIDE	CAPS	50MG	T1		
EXEMESTANE	TABS	25MG	T1		
FARESTON	TABS	60MG	T2		
FLUTAMIDE	CAPS	125MG	T1		
HYDROXYUREA	CAPS	500MG	T1		
LETROZOLE	TABS	2.5MG	T1		
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	T1		
LOMUSTINE	CAPS	40MG	T2		
LOMUSTINE	CAPS	10MG	T2		
LOMUSTINE	CAPS	100MG	T2		
MEGESTROL ACETATE	SUSP	40MG/ML	T1		
MEGESTROL ACETATE	TABS	40MG	T1		
MEGESTROL ACETATE	TABS	20MG	T1		
MERCAPTOPYRINE	TABS	50MG	T1		
METHOTREXATE	TABS	2.5MG	T1		
METHOTREXATE SODIUM	SOLN	50MG/2ML	T1		
RHEUMATREX	TABS	2.5MG	T1		
TAMOXIFEN CITRATE	TABS	10MG	T1		
TAMOXIFEN CITRATE	TABS	20MG	T1		Eligible for a \$0 copay
(12:04) Autonomic Drugs » Parasympathomimetic (Cholinergic) Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BETHANECHOL CHLORIDE	TABS	5MG	T1		
BETHANECHOL CHLORIDE	TABS	10MG	T1		
BETHANECHOL CHLORIDE	TABS	50MG	T1		

BETHANECHOL CHLORIDE	TABS	25MG	T1		
DONEPEZIL HCL	TABS	10MG	T1		
DONEPEZIL HCL	TBDP	10MG	T1		
DONEPEZIL HCL	TABS	5MG	T1		
DONEPEZIL HCL	TBDP	5MG	T1		
MESTINON	SYRP	60MG/5ML	T2		
PILOCARPINE HCL	TABS	7.5MG	T1		
PILOCARPINE HYDROCHLORIDE	TABS	5MG	T1		
PYRIDOSTIGMINE BROMIDE	TABS	60MG	T1		
PYRIDOSTIGMINE BROMIDE ER	TBCR	180MG	T1		
RIVASTIGMINE TARTRATE	CAPS	1.5MG	T1		
RIVASTIGMINE TARTRATE	CAPS	4.5MG	T1		
RIVASTIGMINE TARTRATE	CAPS	6MG	T1		
RIVASTIGMINE TARTRATE	CAPS	3MG	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	4.6MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	9.5MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	13.3MG/24HR	T1		

(12:08.08) Autonomic Drugs » Anticholinergic Agents » Antimuscarinics/Antispasmodics

Product Name	Form	Strength	Pref	Coverage Details	Comment
ATROVENT HFA	AERS	17MCG/ACT	T2	MN	
CLIDINIUM/CHLORDIAZEPOXIDE	CAPS	5MG; 2.5MG	T1		
DICYCLOMINE HCL	SOLN	10MG/5ML	T1		
DICYCLOMINE HCL	TABS	20MG	T1		
DONNATAL	ELIX		T2		
HYOSCYAMINE SULFATE	ELIX	0.125MG/5ML	T1		
HYOSCYAMINE SULFATE	SOLN	0.125MG/ML	T1		
HYOSCYAMINE SULFATE ER	TB12	0.375MG	T1		
IPRATROPIUM BROMIDE	SOLN	0.02%	T1	MN	
IPRATROPIUM BROMIDE	SOLN	0.06%	T1	MN	
IPRATROPIUM BROMIDE	SOLN	0.03%	T1	MN	
PROPANTHELINE BROMIDE	TABS	15MG	T1		
SPIRIVA HANDIHALER	CAPS	18MCG	T2	MN	
SPIRIVA RESPIMAT	AERS	1.25MCG/ACT	T2	MN	
SPIRIVA RESPIMAT	AERS	2.5MCG/ACT	T2	MN	
SYMAX DUOTAB	TBCR	0.375MG	T2		

(12:12.08.12) Autonomic Drugs » Sympathomimetic (Adrenergic) Agents » beta-Adrenergic Agonists » Selective beta-2-Adrenergic Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
ADVAIR DISKUS	AEPB	250MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	500MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	T2	MN	
ALBUTEROL SULFATE	SYRP	2MG/5ML	T1	MN	
ALBUTEROL SULFATE	TABS	2MG	T1	MN	
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.083%	T1	MN	
ALBUTEROL SULFATE	TABS	4MG	T1	MN	
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ALBUTEROL SULFATE ER	TB12	4MG	T1	MN	
ALBUTEROL SULFATE ER	TB12	8MG	T1	MN	
ARCAPTA NEOHALER	CAPS	75MCG	T2	MN	
COMBIVENT RESPIMAT	AERS	100MCG/ACT; 20MCG/ACT	T2	MN	
FORADIL AEROLIZER	CAPS	12MCG	T2	MN	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	2.5MG/3ML; 0.5MG/3ML	T1	MN	
MAXAIR AUTOHALER	AERB	200MCG/INH	T2	MN	
METAPROTERENOL SULFATE	TABS	10MG	T1	MN	
METAPROTERENOL SULFATE	SYRP	10MG/5ML	T1	MN	
METAPROTERENOL SULFATE	TABS	20MG	T1	MN	
PROAIR HFA	AERS	108MCG/ACT	T2		
PROAIR RESPICLICK	AEPB	108MCG/ACT	T2		
PROVENTIL HFA	AERS	108MCG/ACT	T2		

SEREVENT DISKUS	AEPB	50MCG/DOSE	T2	MN	
TERBUTALINE SULFATE	TABS	2.5MG	T1	MN	
TERBUTALINE SULFATE	TABS	5MG	T1	MN	
VENTOLIN HFA	AERS	108MCG/ACT	T1		
(12:12.12) Autonomic Drugs » Sympathomimetic (Adrenergic) Agents » alpha- and beta-Adrenergic Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AUVI-Q	SOAJ	0.3MG/0.3ML	T2	QL (2.00 EA per 180 days)	
AUVI-Q	SOAJ	0.15MG/0.15ML	T2	QL (2.00 EA per 180 days)	
EPINEPHRINE	SOAJ	0.15MG/0.15ML	T1	QL (2.00 EA per 180 days)	
EPINEPHRINE	SOAJ	0.3MG/0.3ML	T1	QL (2.00 EA per 180 days)	
EPIPEN-JR 2-PAK	SOAJ	0.15MG/0.3ML	T2	QL (2.00 EA per 180 days)	
(12:16.04.04) Autonomic Drugs » Sympatholytic (Adrenergic Blocking) Agents » alpha-Adrenergic Blocking Agents » Non-selective alpha-Adrenergic Blocking Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	T1		
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	T1		
DIHYDROERGOTAMINE MESYLATE	SOLN	4MG/ML	T1	QL (8.00 ML per 30 days)	
ERGOLOID MESYLATES	TABS	1MG	T1		
MIGRANAL	SOLN	4MG/ML	T2	QL (8.00 ML per 30 days)	
PHENOXYBENZAMINE HYDROCHLORIDE	CAPS	10MG	T1	MN	
(12:16.04.12) Autonomic Drugs » Sympatholytic (Adrenergic Blocking) Agents » alpha-Adrenergic Blocking Agents » Selective alpha-1-Adrenergic Blocking Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALFUZOSIN HCL ER	TB24	10MG	T1		
(12:20.04) Autonomic Drugs » Skeletal Muscle Relaxants » Centrally Acting Skeletal Muscle Relaxants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CARISOPRODOL	TABS	350MG	T1		
CARISOPRODOL/ASPIRIN	TABS	325MG; 200MG	T1		
CARISOPRODOL/ASPIRIN/CODEINE	TABS	325MG; 200MG; 16MG	T1		
CHLORZOXAZONE	TABS	500MG	T1		
CYCLOBENZAPRINE HCL	TABS	10MG	T1		
CYCLOBENZAPRINE HCL	TABS	5MG	T1		
METAXALONE	TABS	800MG	T1		
METHOCARBAMOL	TABS	750MG	T1		
METHOCARBAMOL	TABS	500MG	T1		
TIZANIDINE HCL	TABS	2MG	T1		
TIZANIDINE HCL	TABS	4MG	T1		
(12:20.08) Autonomic Drugs » Skeletal Muscle Relaxants » Direct-acting Skeletal Muscle Relaxants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DANTROLENE SODIUM	CAPS	100MG	T3		
DANTROLENE SODIUM	CAPS	50MG	T3		
DANTROLENE SODIUM	CAPS	25MG	T3		
(12:20.12) Autonomic Drugs » Skeletal Muscle Relaxants » GABA-derivative Skeletal Muscle Relaxants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BACLOFEN	TABS	20MG	T1		
BACLOFEN	TABS	10MG	T1		
(12:20.92) Autonomic Drugs » Skeletal Muscle Relaxants » Skeletal Muscle Relaxants, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ORPHENADRINE CITRATE ER	TB12	100MG	T1		
(12:92) Autonomic Drugs » Autonomic Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHANTIX	TABS	0.5MG		QL	Eligible for a \$0 copay
CHANTIX	TABS	1MG		QL	Eligible for a \$0 copay
CHANTIX STARTING MONTH PAK	TABS	0		QL	Eligible for a \$0 copay
NICOTINE POLACRILEX	LOZG	4MG		QL	Eligible for a \$0 Copay
NICOTINE POLACRILEX	GUM	2MG		QL	Eligible for a \$0 copay
NICOTINE POLACRILEX	GUM	4MG		QL	Eligible for a \$0 copay
NICOTINE POLACRILEX	LOZG	2MG		QL	Eligible for a \$0 Copay
NICOTINE TRANSDERMAL SYSTEM	PT24	7MG/24HR		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	PT24	14MG/24HR		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	KIT	0		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	PT24	21MG/24HR		QL	Eligible for a \$0 copay
NICOTROL INHALER	INHA	10MG		QL	Eligible for a \$0 copay
NICOTROL NS	SOLN	10MG/ML		QL	Eligible for a \$0 copay
SOBA NICOTINE TRANSDERMALSYSTEM	PT24	11MG/24HR		QL	Eligible for a \$0 copay
(20:04.04) Blood Formation,Coagulation & Thrombosis » Antianemia Drugs » Iron Preparations					

Product Name	Form	Strength	Pref	Coverage Details	Comment
FERRALET 90	TABS		T1		
ICAR PEDIATRIC	SUSP	15MG/1.25ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
INTEGRA F	CAPS		T1		
INTEGRA PLUS	CAPS		T1		
IRON SUPPLEMENT CHILDRENS	SOLN	15MG/ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
MYKIDZ IRON 10	SUSP	15MG/1.5ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
PROFERRIN-FORTE	TABS	1MG; 12MG	T2		

(20:12.04.08) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Coumarin Derivatives

Product Name	Form	Strength	Pref	Coverage Details	Comment
COUMADIN	TABS	7.5MG	T2	MN	
COUMADIN	TABS	6MG	T2	MN	
COUMADIN	TABS	4MG	T2	MN	
COUMADIN	TABS	1MG	T2	MN	
COUMADIN	TABS	2MG	T2	MN	
COUMADIN	TABS	5MG	T2	MN	
COUMADIN	TABS	10MG	T2	MN	
COUMADIN	TABS	2.5MG	T2	MN	
COUMADIN	TABS	3MG	T2	MN	
JANTOVEN	TABS	1MG	T1	MN	
JANTOVEN	TABS	2.5MG	T1	MN	
JANTOVEN	TABS	10MG	T1	MN	
JANTOVEN	TABS	6MG	T1	MN	
JANTOVEN	TABS	2MG	T1	MN	
JANTOVEN	TABS	4MG	T1	MN	
JANTOVEN	TABS	5MG	T1	MN	
JANTOVEN	TABS	7.5MG	T1	MN	
JANTOVEN	TABS	3MG	T1	MN	
WARFARIN SODIUM	TABS	5MG	T1	MN	
WARFARIN SODIUM	TABS	7.5MG	T1	MN	
WARFARIN SODIUM	TABS	1MG	T1	MN	
WARFARIN SODIUM	TABS	3MG	T1	MN	
WARFARIN SODIUM	TABS	2.5MG	T1	MN	
WARFARIN SODIUM	TABS	2MG	T1	MN	
WARFARIN SODIUM	TABS	4MG	T1	MN	
WARFARIN SODIUM	TABS	10MG	T1	MN	

(20:12.04.14) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Direct Factor Xa Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
ELIQUIS	TABS	2.5MG	T2	MN	
ELIQUIS	TABS	5MG	T2	MN	
XARELTO	TABS	15MG	T2	MN	
XARELTO	TABS	20MG	T2	MN	
XARELTO	TABS	10MG	T2		
XARELTO STARTER PACK	TBPK	0	T2		

(20:12.04.16) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Heparins

Product Name	Form	Strength	Pref	Coverage Details	Comment
ENOXAPARIN SODIUM	SOLN	100MG/ML	T1		
ENOXAPARIN SODIUM	SOLN	300MG/3ML	T1		
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	T1		
ENOXAPARIN SODIUM	SOLN	150MG/ML	T1		
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	T1		
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	T1		
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	T1		
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	T1		
HEPARIN LOCK	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	10UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	1UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	2UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	10UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	10UNIT/ML	T1		

HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/0.5ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	2000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	1000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	1000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	2500UNIT/ML	T1		
HEPARIN SODIUM	SOLN	10000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	20000UNIT/ML	T1		
HEPARIN SODIUM LOCK FLUSH	KIT	10UNIT/ML; 0.9%	T1		
HEPARIN SODIUM LOCK FLUSH	KIT	100UNIT/ML; 0.9%	T1		

(20:12.14) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Platelet-reducing Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	T1		

(20:12.18) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Platelet-Aggregation Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
ASPIRIN/DIPYRIDAMOLE	CP12	25MG; 200MG	T1	MN	
BRILINTA	TABS	90MG	T2	MN	
BRILINTA	TABS	60MG	T2	MN	
CILOSTAZOL	TABS	50MG	T1	MN	
CILOSTAZOL	TABS	100MG	T1	MN	
CLOPIDOGREL	TABS	300MG	T1	MN	
EFFIENT	TABS	5MG	T2	MN	
EFFIENT	TABS	10MG	T2	MN	
TICLOPIDINE HCL	TABS	250MG	T1	MN	

(20:24) Blood Formation,Coagulation & Thrombosis » Hemorrhologic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
PENTOXIFYLLINE ER	TBCR	400MG	T1		

(20:28.16) Blood Formation,Coagulation & Thrombosis » Antihemorrhagic Agents » Hemostatics

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMINOCAPROIC ACID	TABS	500MG	T1		
AMINOCAPROIC ACID	SYRP	25%	T1		

(24:04.04.04) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class Ia Antiarrhythmics

Product Name	Form	Strength	Pref	Coverage Details	Comment
DISOPYRAMIDE PHOSPHATE	CAPS	100MG	T1	MN	
DISOPYRAMIDE PHOSPHATE	CAPS	150MG	T1	MN	
NORPACE CR	CP12	100MG	T2	MN	
NORPACE CR	CP12	150MG	T2	MN	
QUINIDINE GLUCONATE CR	TBCR	324MG	T1	MN	
QUINIDINE SULFATE	TABS	300MG	T1	MN	
QUINIDINE SULFATE	TABS	200MG	T1	MN	

(24:04.04.08) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class Ib Antiarrhythmics

Product Name	Form	Strength	Pref	Coverage Details	Comment
MEXILETINE HCL	CAPS	200MG	T1	MN	
MEXILETINE HCL	CAPS	150MG	T1	MN	
MEXILETINE HCL	CAPS	250MG	T1	MN	

(24:04.04.12) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class Ic Antiarrhythmics

Product Name	Form	Strength	Pref	Coverage Details	Comment
FLECAINIDE ACETATE	TABS	150MG	T1	MN	
FLECAINIDE ACETATE	TABS	50MG	T1	MN	
FLECAINIDE ACETATE	TABS	100MG	T1	MN	
PROPAFENONE HCL	TABS	225MG	T1	MN	
PROPAFENONE HCL	TABS	150MG	T1	MN	
PROPAFENONE HCL	TABS	300MG	T1	MN	

(24:04.04.20) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class III Antiarrhythmics

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMIODARONE HCL	TABS	200MG	T1	MN	
AMIODARONE HCL	TABS	400MG	T1	MN	

DOFETILIDE	CAPS	250MCG	T3		
DOFETILIDE	CAPS	125MCG	T3		
DOFETILIDE	CAPS	500MCG	T3		
MULTAQ	TABS	400MG	T2	MN	
PACERONE	TABS	400MG	T1	MN	
PACERONE	TABS	100MG	T1	MN	
PACERONE	TABS	200MG	T1	MN	
(24:04.08) Cardiovascular Drugs » Cardiac Drugs » Cardiotonic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DIGOX	TABS	125MCG	T1	MN	
DIGOXIN	TABS	250MCG	T1	MN	
DIGOXIN	SOLN	0.05MG/ML	T1	MN	
LANOXIN	TABS	250MCG	T2	MN	
LANOXIN	TABS	125MCG	T2	MN	
(24:04.92) Cardiovascular Drugs » Cardiac Drugs » Cardiac Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CORLANOR	TABS	5MG	T3	PA; MN	
CORLANOR	TABS	7.5MG	T3	PA; MN	
RANEXA	TB12	1000MG	T3	MN	
RANEXA	TB12	500MG	T3	MN	
(24:06.04) Cardiovascular Drugs » Antilipemic Agents » Bile Acid Sequestrants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHOLESTYRAMINE	PACK	4GM	T1	MN	
CHOLESTYRAMINE	POWD	4GM/DOSE	T1	MN	
CHOLESTYRAMINE LIGHT	PACK	4GM	T1	MN	
CHOLESTYRAMINE LIGHT	POWD	4GM/DOSE	T1	MN	
COLESTID FLAVORED	PACK	5GM/7.5GM	T2	MN	
COLESTIPOL HCL	TABS	1GM	T1	MN	
COLESTIPOL HCL	PACK	5GM	T1	MN	
COLESTIPOL HCL	GRAN	5GM	T1	MN	
PREVALITE	POWD	4GM/DOSE	T1	MN	
WELCHOL	TABS	625MG	T3	MN	
(24:06.05) Cardiovascular Drugs » Antilipemic Agents » Cholesterol Absorption Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ZETIA	TABS	10MG	T3	MN	
(24:06.06) Cardiovascular Drugs » Antilipemic Agents » Fibric Acid Derivatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LOFIBRA	CAPS	67MG	T1		
LOFIBRA	CAPS	134MG	T1		
LOFIBRA	CAPS	200MG	T1		
LOFIBRA	TABS	54MG	T1		
LOFIBRA	TABS	160MG	T1		
FENOFIBRATE	TABS	54MG	T1	MN	
FENOFIBRATE	TABS	160MG	T1	MN	
FENOFIBRATE	TABS	48MG	T1	MN	
FENOFIBRATE	TABS	145MG	T1	MN	
FENOFIBRATE MICRONIZED	CAPS	200MG	T1	MN	
FENOFIBRATE MICRONIZED	CAPS	67MG	T1	MN	
FENOFIBRATE MICRONIZED	CAPS	134MG	T1	MN	
FENOFIBRIC ACID DR	CPDR	135MG	T1	MN	
FENOFIBRIC ACID DR	CPDR	45MG	T1	MN	
GEMFIBROZIL	TABS	600MG	T1	MN	
(24:06.08) Cardiovascular Drugs » Antilipemic Agents » HMG-CoA Reductase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ADVICOR	TB24	20MG; 500MG	T2	MN	
ADVICOR	TB24	40MG; 1000MG	T2	MN	
ADVICOR	TB24	20MG; 1000MG	T2	MN	
ADVICOR	TB24	20MG; 750MG	T2	MN	
ATORVASTATIN CALCIUM	TABS	80MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	20MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	10MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	40MG	T1	MN	
LOVASTATIN	TABS	20MG	T1	MN	
LOVASTATIN	TABS	10MG	T1	MN	

LOVASTATIN	TABS	40MG	T1	MN	
PRAVASTATIN SODIUM	TABS	20MG	T1	MN	
PRAVASTATIN SODIUM	TABS	10MG	T1	MN	
PRAVASTATIN SODIUM	TABS	80MG	T1	MN	
PRAVASTATIN SODIUM	TABS	40MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	10MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	40MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	5MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	20MG	T1	MN	
SIMCOR	TB24	1000MG; 40MG	T2	MN	
SIMCOR	TB24	500MG; 40MG	T2	MN	
SIMCOR	TB24	1000MG; 20MG	T2	MN	
SIMCOR	TB24	500MG; 20MG	T2	MN	
SIMCOR	TB24	750MG; 20MG	T2	MN	
SIMVASTATIN	TABS	5MG	T1	MN	
SIMVASTATIN	TABS	40MG	T1	MN	
SIMVASTATIN	TABS	10MG	T1	MN	
SIMVASTATIN	TABS	80MG	T1	MN	
SIMVASTATIN	TABS	20MG	T1	MN	

(24:06.92) Cardiovascular Drugs » Antilipemic Agents » Antilipemic Agents, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
NIACIN ER	TBCR	750MG	T1	MN	
NIACIN ER	TBCR	500MG	T1	MN	
NIACIN ER	TBCR	1000MG	T1	MN	
OMEGA-3-ACID ETHYL ESTERS	CAPS	375MG; 465MG; 1GM	T3	MN	
VASCEPA	CAPS	1GM	T3	MN	

(24:08.16) Cardiovascular Drugs » Hypotensive Agents » Central Alpha-Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
CLONIDINE HCL	PTWK	0.1MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.2MG	T1	MN	
CLONIDINE HCL	TABS	0.1MG	T1	MN	
CLONIDINE HCL	PTWK	0.2MG/24HR	T1	MN	
CLONIDINE HCL	PTWK	0.3MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.3MG	T1	MN	
CLONIDINE HCL ER	TB12	0.1MG	T1		
CLORPRES	TABS	15MG; 0.3MG	T1	MN	
CLORPRES	TABS	15MG; 0.1MG	T1	MN	
CLORPRES	TABS	15MG; 0.2MG	T1	MN	
GUANFACINE HCL	TABS	1MG	T1	MN	
GUANFACINE HCL	TABS	2MG	T1	MN	
METHYLDOPA	TABS	250MG	T1	MN	
METHYLDOPA	TABS	500MG	T1	MN	
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	25MG; 250MG	T1	MN	
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	15MG; 250MG	T1	MN	

(24:08.20) Cardiovascular Drugs » Hypotensive Agents » Direct Vasodilators

Product Name	Form	Strength	Pref	Coverage Details	Comment
HYDRALAZINE HCL	TABS	50MG	T1	MN	
HYDRALAZINE HCL	TABS	100MG	T1	MN	
HYDRALAZINE HCL	TABS	25MG	T1	MN	
HYDRALAZINE HCL	TABS	10MG	T1	MN	
MINOXIDIL	TABS	2.5MG	T1	MN	
MINOXIDIL	TABS	10MG	T1	MN	

(24:08.32) Cardiovascular Drugs » Hypotensive Agents » Peripheral Adrenergic Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
RESERPINE	TABS	0.1MG	T1	MN	
RESERPINE	TABS	0.25MG	T1	MN	

(24:08.92) Cardiovascular Drugs » Hypotensive Agents » Hypotensive Agents, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
VECAMEYL	TABS	2.5MG	T3		

(24:12.08) Cardiovascular Drugs » Vasodilating Agents » Nitrates and Nitrites

Product Name	Form	Strength	Pref	Coverage Details	Comment
DILATRATE SR	CPCR	40MG	T2	MN	
ISOSORBIDE DINITRATE	TABS	10MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	5MG	T1	MN	

ISOSORBIDE DINITRATE	TABS	20MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	30MG	T1	MN	
ISOSORBIDE DINITRATE ER	TBCR	40MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	20MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	10MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	60MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	120MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	30MG	T1	MN	
NITRO-BID	OINT	2%	T1	MN	
NITRO-DUR	PT24	0.3MG/HR	T2	MN	
NITRO-DUR	PT24	0.8MG/HR	T2	MN	
NITROGLYCERIN	SUBL	0.3MG	T1	MN	
NITROGLYCERIN	SUBL	0.6MG	T1	MN	
NITROGLYCERIN	SUBL	0.4MG	T1	MN	
NITROGLYCERIN ER	CPCR	6.5MG	T1	MN	
NITROGLYCERIN ER	CPCR	9MG	T1	MN	
NITROGLYCERIN ER	CPCR	2.5MG	T1	MN	
NITROGLYCERIN LINGUAL	SOLN	0.4MG/SPRAY	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.4MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.2MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.6MG/HR	T1	MN	

(24:12.92) Cardiovascular Drugs » Vasodilating Agents » Vasodilating Agents, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
CAVERJECT	SOLR	40MCG	T3		
CAVERJECT	SOLR	20MCG	T3		
CAVERJECT IMPULSE	KIT	10MCG	T3		
CAVERJECT IMPULSE	KIT	20MCG	T3		
DIPYRIDAMOLE	TABS	50MG	T1	MN	
DIPYRIDAMOLE	TABS	25MG	T1	MN	
DIPYRIDAMOLE	TABS	75MG	T1	MN	
EDEX	KIT	20MCG	T3		
EDEX	KIT	40MCG	T3		
EDEX	KIT	10MCG	T3		
MUSE	PLLT	1000MCG	T3		
MUSE	PLLT	500MCG	T3		
MUSE	PLLT	125MCG	T3		
MUSE	PLLT	250MCG	T3		

(24:20) Cardiovascular Drugs » alpha-Adrenergic Blocking Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
DOXAZOSIN MESYLATE	TABS	8MG	T1	MN	
PRAZOSIN HCL	CAPS	1MG	T1	MN	
PRAZOSIN HCL	CAPS	5MG	T1	MN	
PRAZOSIN HCL	CAPS	2MG	T1	MN	
TERAZOSIN HCL	CAPS	10MG	T1	MN	
TERAZOSIN HCL	CAPS	2MG	T1	MN	
TERAZOSIN HCL	CAPS	1MG	T1	MN	
TERAZOSIN HCL	CAPS	5MG	T1	MN	

(24:24) Cardiovascular Drugs » beta-Adrenergic Blocking Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACEBUTOLOL HCL	CAPS	200MG	T1	MN	
ACEBUTOLOL HCL	CAPS	400MG	T1	MN	
ATENOLOL	TABS	50MG	T1	MN	
ATENOLOL	TABS	100MG	T1	MN	
ATENOLOL	TABS	25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	T1	MN	
BETAXOLOL HCL	TABS	10MG	T1	MN	
BETAXOLOL HCL	TABS	20MG	T1	MN	
BISOPROLOL FUMARATE	TABS	10MG	T1	MN	
BISOPROLOL FUMARATE	TABS	5MG	T1	MN	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 6.25MG	T1	MN	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	2.5MG; 6.25MG	T1	MN	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	T1	MN	

BYSTOLIC	TABS	10MG	T3	MN	
BYSTOLIC	TABS	5MG	T3	MN	
BYSTOLIC	TABS	2.5MG	T3	MN	
CARVEDILOL	TABS	6.25MG	T1	MN	
CARVEDILOL	TABS	12.5MG	T1	MN	
CARVEDILOL	TABS	25MG	T1	MN	
CARVEDILOL	TABS	3.125MG	T1	MN	
LABETALOL HCL	TABS	100MG	T1	MN	
LABETALOL HCL	TABS	300MG	T1	MN	
LABETALOL HCL	TABS	200MG	T1	MN	
METOPROLOL TARTRATE	TABS	75MG	T1	MN	
METOPROLOL TARTRATE	TABS	50MG	T1	MN	
METOPROLOL TARTRATE	TABS	100MG	T1	MN	
METOPROLOL TARTRATE	TABS	25MG	T1	MN	
METOPROLOL TARTRATE	TABS	37.5MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 50MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	50MG; 100MG	T1	MN	
NADOLOL	TABS	40MG	T1	MN	
NADOLOL	TABS	20MG	T1	MN	
NADOLOL	TABS	80MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	T1	MN	
PINDOLOL	TABS	10MG	T1	MN	
PINDOLOL	TABS	5MG	T1	MN	
PROPRANOLOL HCL	SOLN	40MG/5ML	T1	MN	
PROPRANOLOL HCL	SOLN	20MG/5ML	T1	MN	
PROPRANOLOL HCL	TABS	20MG	T1	MN	
PROPRANOLOL HCL	TABS	10MG	T1	MN	
PROPRANOLOL HCL	TABS	40MG	T1	MN	
PROPRANOLOL HCL	TABS	80MG	T1	MN	
PROPRANOLOL HCL	TABS	60MG	T1	MN	
PROPRANOLOL HCL ER	CP24	60MG	T1	MN	
PROPRANOLOL HCL ER	CP24	80MG	T1	MN	
PROPRANOLOL HCL ER	CP24	120MG	T1	MN	
PROPRANOLOL HCL ER	CP24	160MG	T1	MN	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 40MG	T1	MN	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	T1	MN	
SOTALOL HCL	TABS	240MG	T1	MN	
SOTALOL HCL	TABS	120MG	T1	MN	
SOTALOL HCL	TABS	80MG	T1	MN	
SOTALOL HCL	TABS	160MG	T1	MN	
TIMOLOL MALEATE	TABS	5MG	T1	MN	
TIMOLOL MALEATE	TABS	20MG	T1	MN	
TIMOLOL MALEATE	TABS	10MG	T1	MN	

(24:28.08) Cardiovascular Drugs » Calcium-Channel Blocking Agents » Dihydropyridines

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMLODIPINE BESYLATE	TABS	5MG	T1	MN	
AMLODIPINE BESYLATE	TABS	2.5MG	T1	MN	
AMLODIPINE BESYLATE	TABS	10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 320MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 320MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 25MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 12.5MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 320MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	

AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 12.5MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
FELODIPINE ER	TB24	2.5MG	T3	MN; DE	
FELODIPINE ER	TB24	5MG	T3	MN; DE	
FELODIPINE ER	TB24	10MG	T3	MN; DE	
NIFEDIPINE	CAPS	10MG	T1	MN	
NIFEDIPINE ER	TB24	60MG	T1	MN	
NIFEDIPINE ER	TB24	30MG	T1	MN	
NIFEDIPINE ER	TB24	90MG	T1	MN	
NIFEDIPINE ER	TB24	30MG	T1	MN	
NIFEDIPINE ER	TB24	60MG	T1	MN	
NIMODIPINE	CAPS	30MG	T1		

(24:28.92) Cardiovascular Drugs » Calcium-Channel Blocking Agents » Calcium-Channel Blocking Agents, Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
DILTIAZEM CD	CP24	120MG	T1	MN	
DILTIAZEM CD	CP24	180MG	T1	MN	
DILTIAZEM CD	CP24	300MG	T1	MN	
DILTIAZEM CD	CP24	240MG	T1	MN	
DILTIAZEM HCL	TABS	120MG	T1	MN	
DILTIAZEM HCL	TABS	30MG	T1	MN	
DILTIAZEM HCL	TABS	60MG	T1	MN	
DILTIAZEM HCL	TABS	90MG	T1	MN	
DILTIAZEM HCL ER	CP24	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	240MG	T1	MN	
DILTIAZEM HCL ER	CP12	90MG	T1	MN	
DILTIAZEM HCL ER	CP24	180MG	T1	MN	
DILTIAZEM HCL ER	CP12	60MG	T1	MN	
DILTIAZEM HCL ER	CP12	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	360MG	T1	MN	
VERAPAMIL HCL	TABS	40MG	T1	MN	
VERAPAMIL HCL	TABS	120MG	T1	MN	
VERAPAMIL HCL	TABS	80MG	T1	MN	
VERAPAMIL HCL ER	TBCR	120MG	T1	MN	
VERAPAMIL HCL ER	TBCR	180MG	T1	MN	
VERAPAMIL HCL ER	CP24	100MG	T1	MN	
VERAPAMIL HCL ER	CP24	200MG	T1	MN	
VERAPAMIL HCL ER	CP24	240MG	T1	MN	
VERAPAMIL HCL ER	CP24	300MG	T1	MN	
VERAPAMIL HCL ER	CP24	120MG	T1	MN	
VERAPAMIL HCL ER	CP24	180MG	T1	MN	
VERAPAMIL HCL SR	CP24	360MG	T1	MN	

(24:32.04) Cardiovascular Drugs » Renin-Angiotensin-Aldosterone Sys Inhib » Angiotensin-Converting Enzyme Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
BENAZEPRIL HCL	TABS	5MG	T1	MN	
BENAZEPRIL HCL	TABS	10MG	T1	MN	
BENAZEPRIL HCL	TABS	20MG	T1	MN	
BENAZEPRIL HCL	TABS	40MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 25MG	T1	MN	
CAPTOPRIL	TABS	50MG	T1	MN	
CAPTOPRIL	TABS	12.5MG	T1	MN	
CAPTOPRIL	TABS	25MG	T1	MN	
CAPTOPRIL	TABS	100MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	T1	MN	
ENALAPRIL MALEATE	TABS	5MG	T1	MN	
ENALAPRIL MALEATE	TABS	10MG	T1	MN	
ENALAPRIL MALEATE	TABS	2.5MG	T1	MN	
ENALAPRIL MALEATE	TABS	20MG	T1	MN	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	T1	MN	
FOSINOPRIL SODIUM	TABS	20MG	T1	MN	
FOSINOPRIL SODIUM	TABS	40MG	T1	MN	

FOSINOPRIL SODIUM	TABS	10MG	T1	MN	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	T1	MN	
LISINOPRIL	TABS	10MG	T1	MN	
LISINOPRIL	TABS	30MG	T1	MN	
LISINOPRIL	TABS	5MG	T1	MN	
LISINOPRIL	TABS	20MG	T1	MN	
LISINOPRIL	TABS	2.5MG	T1	MN	
LISINOPRIL	TABS	40MG	T1	MN	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
QUINAPRIL HCL	TABS	20MG	T1	MN	
QUINAPRIL HCL	TABS	5MG	T1	MN	
QUINAPRIL HCL	TABS	10MG	T1	MN	
QUINAPRIL HCL	TABS	40MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
RAMIPRIL	CAPS	1.25MG	T1	MN	
RAMIPRIL	CAPS	10MG	T1	MN	
RAMIPRIL	CAPS	2.5MG	T1	MN	
RAMIPRIL	CAPS	5MG	T1	MN	

(24:32.08) Cardiovascular Drugs » Renin-Angiotensin-Aldosterone Sys Inhib » Angiotensin II Receptor Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
CANDESARTAN CILEXETIL	TABS	8MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL	TABS	4MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL	TABS	16MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL	TABS	32MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	16MG; 12.5MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 12.5MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 25MG	T1	MN; QL (1.00 EA per 1 days)	
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 150MG	T1	MN	
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 300MG	T1	MN	
LOSARTAN POTASSIUM	TABS	50MG	T1	MN	
LOSARTAN POTASSIUM	TABS	100MG	T1	MN	
LOSARTAN POTASSIUM	TABS	25MG	T1	MN	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG	T1	MN	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	T1	MN	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG	T1	MN	
VALSARTAN	TABS	40MG	T1	MN; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	160MG	T1	MN; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	320MG	T1	MN	
VALSARTAN	TABS	80MG	T1	MN; QL (1.00 EA per 1 days)	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 320MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 320MG	T1	MN	

(24:32.20) Cardiovascular Drugs » Renin-Angiotensin-Aldosterone Sys Inhib » Mineralocorticoid (Aldost) Recept Antag

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALDACTAZIDE	TABS	50MG; 50MG	T2	MN	
SPIRONOLACTONE	TABS	100MG	T1	MN	
SPIRONOLACTONE	TABS	25MG	T1	MN	
SPIRONOLACTONE	TABS	50MG	T1	MN	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	T1	MN	

(24:32.40) Cardiovascular Drugs » Renin-Angiotensin-Aldosterone Sys Inhib » Renin Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
TEKTURNA	TABS	300MG	T3	MN	
TEKTURNA HCT	TABS	150MG; 12.5MG	T3	MN	
TEKTURNA HCT	TABS	300MG; 12.5MG	T3	MN	
TEKTURNA HCT	TABS	300MG; 25MG	T3	MN	
TEKTURNA HCT	TABS	150MG; 25MG	T3	MN	

(24:32.92) Cardiovascular Drugs » Renin-Angiotensin-Aldosterone Sys Inhib » Renin-Angiotensin-Aldosterone System Inhibitors, Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
ENTRESTO	TABS	24MG; 26MG	T3	PA; MN	
ENTRESTO	TABS	97MG; 103MG	T3	PA; MN	
ENTRESTO	TABS	49MG; 51MG	T3	PA; MN	
(28:08.04.08) Central Nervous System Agents » Analgesics and Antipyretics » Nonsteroidal Anti-inflammatory Agents » Cyclooxygenase-2 (COX-2) Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CELECOXIB	CAPS	100MG	T1		
CELECOXIB	CAPS	50MG	T1		
CELECOXIB	CAPS	400MG	T1		
CELECOXIB	CAPS	200MG	T1		
(28:08.04.24) Central Nervous System Agents » Analgesics and Antipyretics » Nonsteroidal Anti-inflammatory Agents » Salicylates					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ASPIR-LOW	TBEC	81MG		AL (min: 50y, max: 59y)	Eligible for a \$0 Copay
ASPIRIN	CHEW	81MG		AL (min: 50y, max: 59y)	Eligible for a \$0 Copay
BUTALBITAL/ASPIRIN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1		
CHOLINE MAGNESIUM TRISALICYLATE	TABS	1000MG	T1		
CHOLINE MAGNESIUM TRISALICYLATE	LIQD	500MG/5ML	T1		
SALSALATE	TABS	500MG	T1		
SALSALATE	TABS	750MG	T1		
(28:08.04.92) Central Nervous System Agents » Analgesics and Antipyretics » Nonsteroidal Anti-inflammatory Agents » Other Nonsteroidal Anti-inflammatory Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DICLOFENAC POTASSIUM	TABS	50MG	T1		
DICLOFENAC SODIUM DR	TBEC	25MG	T1		
DICLOFENAC SODIUM DR	TBEC	75MG	T1		
DICLOFENAC SODIUM DR	TBEC	50MG	T1		
DICLOFENAC SODIUM ER	TB24	100MG	T1		
DIFLUNISAL	TABS	500MG	T1		
ETODOLAC	TABS	400MG	T1		
ETODOLAC	CAPS	300MG	T1		
ETODOLAC	TABS	500MG	T1		
ETODOLAC	CAPS	200MG	T1		
ETODOLAC ER	TB24	500MG	T1		
ETODOLAC ER	TB24	400MG	T1		
ETODOLAC ER	TB24	600MG	T1		
FENOPROFEN CALCIUM	TABS	600MG	T1		
FENOPROFEN CALCIUM	CAPS	400MG	T1		
FLURBIPROFEN	TABS	100MG	T1		
FLURBIPROFEN	TABS	50MG	T1		
IBUPROFEN	TABS	400MG	T1		
IBUPROFEN	TABS	600MG	T1		
IBUPROFEN	TABS	800MG	T1		
INDOCIN	SUSP	25MG/5ML	T2		
INDOCIN	SUPP	50MG	T2		
INDOMETHACIN	CAPS	25MG	T1		
INDOMETHACIN	CAPS	50MG	T1		
INDOMETHACIN ER	CPCR	75MG	T1		
KETOPROFEN	CAPS	50MG	T1		
KETOPROFEN	CAPS	75MG	T1		
KETOPROFEN ER	CP24	200MG	T1		
KETOROLAC TROMETHAMINE	TABS	10MG	T1	QL (20.00 EA per 30 days)	
MECLOFENAMATE SODIUM	CAPS	50MG	T1		
MECLOFENAMATE SODIUM	CAPS	100MG	T1		
MEFENAMIC ACID	CAPS	250MG	T3		
MELOXICAM	SUSP	7.5MG/5ML	T1		
MELOXICAM	TABS	15MG	T1		
MELOXICAM	TABS	7.5MG	T1		
NABUMETONE	TABS	750MG	T1		
NABUMETONE	TABS	500MG	T1		
NAPROXEN	TABS	375MG	T1		
NAPROXEN	TABS	500MG	T1		
NAPROXEN	SUSP	125MG/5ML	T1		
NAPROXEN DR	TBEC	375MG	T1		
NAPROXEN DR	TBEC	500MG	T1		
NAPROXEN SODIUM	TABS	275MG	T1		

NAPROXEN SODIUM	TABS	550MG	T1		
OXAPROZIN	TABS	600MG	T1		
PIROXICAM	CAPS	20MG	T1		
PIROXICAM	CAPS	10MG	T1		
SULINDAC	TABS	150MG	T1		
SULINDAC	TABS	200MG	T1		
TOLMETIN SODIUM	CAPS	400MG	T1		
TOLMETIN SODIUM	TABS	600MG	T1		
TOLMETIN SODIUM	TABS	200MG	T1		

(28:08.08) Central Nervous System Agents » Analgesics and Antipyretics » Opiate Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	T1	DE	
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	T1	DE	
ACETAMINOPHEN/CODEINE	SOLN	120MG/5ML; 12MG/5ML	T1	DE	
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	T1	DE	
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	T1		
CAPITAL/CODEINE	SUSP	120MG/5ML; 12MG/5ML	T2	DE	
CODEINE SULFATE	TABS	60MG	T1		
CODEINE SULFATE	TABS	15MG	T1		
CODEINE SULFATE	TABS	30MG	T1		
CODEINE SULFATE	SOLN	30MG/5ML	T1		
DEMEROL	SOLN	100MG/ML	T2		
DEMEROL	SOLN	100MG/ML	T2		
DEMEROL	SOLN	100MG/ML	T2		
FENTANYL	PT72	25MCG/HR	T1		
FENTANYL	PT72	100MCG/HR	T1		
FENTANYL	PT72	12MCG/HR	T1		
FENTANYL	PT72	50MCG/HR	T1		
FENTANYL	PT72	75MCG/HR	T1		
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 10MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 7.5MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 5MG	T1	DE	
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1	DE	
HYDROMORPHONE HCL	TABS	2MG	T1		
HYDROMORPHONE HCL	TABS	4MG	T1		
HYDROMORPHONE HCL	TABS	8MG	T1		
HYDROMORPHONE HCL	LIQD	1MG/ML	T1		
HYDROMORPHONE HCL	SUPP	3MG	T1		
LEVORPHANOL TARTRATE	TABS	2MG	T1		
MEPERIDINE HCL	SOLN	50MG/5ML	T1		
MEPERIDINE HCL	TABS	50MG	T1		
MEPERIDINE HCL	TABS	100MG	T1		
METHADONE HCL	SOLN	5MG/5ML	T1		
METHADONE HCL	TBSO	40MG	T1		
METHADONE HCL	CONC	10MG/ML	T1		
METHADONE HCL	SOLN	10MG/5ML	T1		
METHADONE HCL	TABS	5MG	T1		
METHADONE HCL	TABS	10MG	T1		
MORPHINE SULFATE	TABS	15MG	T1		
MORPHINE SULFATE	SOLN	10MG/5ML	T1		
MORPHINE SULFATE	SOLN	100MG/5ML	T1		
MORPHINE SULFATE	SUPP	20MG	T1		
MORPHINE SULFATE	SUPP	5MG	T1		
MORPHINE SULFATE	SUPP	30MG	T1		
MORPHINE SULFATE	TABS	30MG	T1		
MORPHINE SULFATE	SOLN	20MG/5ML	T1		
MORPHINE SULFATE	SUPP	10MG	T1		
MORPHINE SULFATE ER	TBCR	60MG	T1		
MORPHINE SULFATE ER	TBCR	200MG	T1		
MORPHINE SULFATE ER	TBCR	15MG	T1		
MORPHINE SULFATE ER	TBCR	30MG	T1		
MORPHINE SULFATE ER	TBCR	100MG	T1		
OXYCODONE HCL	TABS	10MG	T1		

OXYCODONE HCL	SOLN	5MG/5ML	T1		
OXYCODONE HCL	CAPS	5MG	T1		
OXYCODONE HCL	TABS	15MG	T1		
OXYCODONE HCL	TABS	30MG	T1		
OXYCODONE HCL	TABS	20MG	T1		
OXYCODONE HCL	TABS	5MG	T1		
OXYCODONE HCL	CONC	100MG/5ML	T1		
OXYCODONE HCL ER	T12A	80MG	T1		
OXYCODONE HCL ER	T12A	15MG	T1		
OXYCODONE HCL ER	T12A	10MG	T1		
OXYCODONE HCL ER	T12A	40MG	T1		
OXYCODONE HCL ER	T12A	30MG	T1		
OXYCODONE HCL ER	T12A	60MG	T1		
OXYCODONE HCL ER	T12A	20MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	T1	DE	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	T1	DE	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1	DE	
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	T1		
OXYCONTIN	T12A	30MG	T2		
OXYCONTIN	T12A	60MG	T2		
OXYCONTIN	T12A	80MG	T2		
OXYCONTIN	T12A	10MG	T2		
OXYCONTIN	T12A	20MG	T2		
OXYCONTIN	T12A	15MG	T2		
OXYCONTIN	T12A	40MG	T2		
TRAMADOL HCL	TABS	50MG	T1		
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	325MG; 37.5MG	T1	DE	

(28:08.12) Central Nervous System Agents » Analgesics and Antipyretics » Opiate Partial Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUTORPHANOL TARTRATE	SOLN	10MG/ML	T1		
PENTAZOCINE/NALOXONE HCL	TABS	0.5MG; 50MG	T1		

(28:08.92) Central Nervous System Agents » Analgesics and Antipyretics » Analgesics and Antipyretics, Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUTALBITAL/ACETAMINOPHEN	TABS	325MG; 50MG	T1	DE	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	TABS	325MG; 50MG; 40MG	T1	DE	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1	DE	
PHRENILIN FORTE	CAPS	650MG; 50MG	T1	DE	
TENCON	TABS	650MG; 50MG	T1	DE	

(28:10) Central Nervous System Agents » Opiate Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
NALTREXONE HCL	TABS	50MG	T1		

(28:12.04) Central Nervous System Agents » Anticonvulsants » Barbiturates

Product Name	Form	Strength	Pref	Coverage Details	Comment
MYSOLINE	TABS	250MG	T2	MN	
MYSOLINE	TABS	50MG	T2	MN	
PRIMIDONE	TABS	50MG	T1	MN	
PRIMIDONE	TABS	250MG	T1	MN	

(28:12.08) Central Nervous System Agents » Anticonvulsants » Benzodiazepines

Product Name	Form	Strength	Pref	Coverage Details	Comment
CLONAZEPAM	TABS	0.5MG	T1	MN	
CLONAZEPAM	TABS	1MG	T1	MN	
CLONAZEPAM	TABS	2MG	T1	MN	
CLONAZEPAM ODT	TBDP	0.125MG	T1	MN	
CLONAZEPAM ODT	TBDP	0.25MG	T1	MN	
CLONAZEPAM ODT	TBDP	0.5MG	T1	MN	
CLONAZEPAM ODT	TBDP	2MG	T1	MN	
CLONAZEPAM ODT	TBDP	1MG	T1	MN	
KLONOPIN	TABS	1MG	T2	MN	
KLONOPIN	TABS	0.5MG	T2	MN	
KLONOPIN	TABS	2MG	T2	MN	
ONFI	TABS	10MG	T3	PA; MN	
ONFI	SUSP	2.5MG/ML	T3	PA; MN	
ONFI	TABS	20MG	T3	PA; MN	

(28:12.12) Central Nervous System Agents » Anticonvulsants » Hydantoins

Product Name	Form	Strength	Pref	Coverage Details	Comment
DILANTIN	CAPS	30MG	T2	MN	
DILANTIN	CAPS	100MG	T2	MN	
DILANTIN INFATABS	CHEW	50MG	T2	MN	
DILANTIN-125	SUSP	125MG/5ML	T2	MN	
PHENYTOIN	SUSP	125MG/5ML	T1	MN	
PHENYTOIN	SUSP	125MG/5ML	T1	MN	
PHENYTOIN INFATABS	CHEW	50MG	T1	MN	
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	T1	MN	

(28:12.20) Central Nervous System Agents » Anticonvulsants » Succinimides

Product Name	Form	Strength	Pref	Coverage Details	Comment
ETHOSUXIMIDE	SOLN	250MG/5ML	T1	MN	
ETHOSUXIMIDE	CAPS	250MG	T1	MN	
ZARONTIN	CAPS	250MG	T2	MN	
ZARONTIN	SOLN	250MG/5ML	T2	MN	

(28:12.92) Central Nervous System Agents » Anticonvulsants » Anticonvulsants, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
APTIOM	TABS	200MG	T3	MN	
APTIOM	TABS	400MG	T3	MN	
APTIOM	TABS	800MG	T3	MN	
APTIOM	TABS	600MG	T3	MN	
CARBAMAZEPINE	CHEW	100MG	T1	MN	
CARBAMAZEPINE	SUSP	100MG/5ML	T1	MN	
CARBAMAZEPINE	TABS	200MG	T1	MN	
CARBAMAZEPINE ER	CP12	200MG	T1	MN	
CARBAMAZEPINE ER	TB12	100MG	T1	MN	
CARBAMAZEPINE ER	CP12	300MG	T1	MN	
CARBAMAZEPINE ER	CP12	100MG	T1	MN	
CARBATROL	CP12	100MG	T2	MN	
CARBATROL	CP12	300MG	T2	MN	
CARBATROL	CP12	200MG	T2	MN	
DEPAKENE	CAPS	250MG	T2	MN	
DEPAKENE	SYRP	250MG/5ML	T2	MN	
DEPAKOTE	TBEC	250MG	T2	MN	
DEPAKOTE	TBEC	500MG	T2	MN	
DEPAKOTE	TBEC	125MG	T2	MN	
DEPAKOTE ER	TB24	500MG	T2	MN	
DEPAKOTE ER	TB24	250MG	T2	MN	
DEPAKOTE SPRINKLES	CSDR	125MG	T2	MN	
DIVALPROEX SODIUM	CSDR	125MG	T1	MN	
DIVALPROEX SODIUM DR	TBEC	125MG	T1	MN	
DIVALPROEX SODIUM DR	TBEC	250MG	T1	MN	
DIVALPROEX SODIUM DR	TBEC	500MG	T1	MN	
DIVALPROEX SODIUM ER	TB24	250MG	T1	MN	
DIVALPROEX SODIUM ER	TB24	500MG	T1	MN	
FELBAMATE	SUSP	600MG/5ML	T1	MN	
FELBAMATE	TABS	400MG	T1	MN	
FELBAMATE	TABS	600MG	T1	MN	
FELBATOL	TABS	400MG	T2	MN	
FELBATOL	SUSP	600MG/5ML	T2	MN	
FELBATOL	TABS	600MG	T2	MN	
FYCOMPA	TABS	2MG	T3	MN	
FYCOMPA	TABS	4MG	T3	MN	
FYCOMPA	TABS	8MG	T3	MN	
FYCOMPA	TABS	12MG	T3	MN	
FYCOMPA	SUSP	0.5MG/ML	T3	MN	
FYCOMPA	TABS	6MG	T3	MN	
FYCOMPA	TABS	10MG	T3	MN	
GABAPENTIN	SOLN	250MG/5ML	T1	MN	
GABAPENTIN	TABS	800MG	T1	MN	
GABAPENTIN	CAPS	100MG	T1	MN	
GABAPENTIN	CAPS	300MG	T1	MN	
GABAPENTIN	TABS	600MG	T1	MN	
GABAPENTIN	CAPS	400MG	T1	MN	

GABITRIL	TABS	16MG	T2	MN	
GABITRIL	TABS	12MG	T2	MN	
KEPPRA	TABS	250MG	T2	MN	
KEPPRA	TABS	1000MG	T2	MN	
KEPPRA	SOLN	100MG/ML	T2	MN	
KEPPRA	TABS	750MG	T2	MN	
KEPPRA	TABS	500MG	T2	MN	
KEPPRA XR	TB24	750MG	T2	MN	
KEPPRA XR	TB24	500MG	T2	MN	
LAMICTAL	TABS	25MG	T2	MN	
LAMICTAL	TABS	150MG	T2	MN	
LAMICTAL	TABS	200MG	T2	MN	
LAMICTAL	TABS	100MG	T2	MN	
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	T2	MN	
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	T2	MN	
LAMOTRIGINE	TABS	25MG	T1	MN	
LAMOTRIGINE	CHEW	25MG	T1	MN	
LAMOTRIGINE	CHEW	5MG	T1	MN	
LAMOTRIGINE	TABS	150MG	T1	MN	
LAMOTRIGINE	TABS	100MG	T1	MN	
LAMOTRIGINE	TABS	200MG	T1	MN	
LEVETIRACETAM	TABS	750MG	T1	MN	
LEVETIRACETAM	TABS	250MG	T1	MN	
LEVETIRACETAM	SOLN	100MG/ML	T1	MN	
LEVETIRACETAM	TABS	500MG	T1	MN	
LEVETIRACETAM	SOLN	500MG/5ML	T1	MN	
LEVETIRACETAM	TABS	1000MG	T1	MN	
LEVETIRACETAM ER	TB24	500MG	T1	MN	
LEVETIRACETAM ER	TB24	750MG	T1	MN	
LYRICA	CAPS	300MG	T3		
LYRICA	CAPS	200MG	T3		
LYRICA	CAPS	225MG	T3		
LYRICA	CAPS	75MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	100MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	25MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	50MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	150MG	T3	QL (3.00 EA per 1 days)	
LYRICA	SOLN	20MG/ML	T3	QL (900.00 ML per 30 days)	
NEURONTIN	CAPS	400MG	T2	MN	
NEURONTIN	TABS	600MG	T2	MN	
NEURONTIN	SOLN	250MG/5ML	T2	MN	
NEURONTIN	CAPS	300MG	T2	MN	
NEURONTIN	TABS	800MG	T2	MN	
NEURONTIN	CAPS	100MG	T2	MN	
OXCARBAZEPINE	TABS	300MG	T1	MN	
OXCARBAZEPINE	SUSP	300MG/5ML	T1	MN	
OXCARBAZEPINE	TABS	150MG	T1	MN	
OXCARBAZEPINE	TABS	600MG	T1	MN	
TEGRETOL	SUSP	100MG/5ML	T2	MN	
TEGRETOL	TABS	200MG	T2	MN	
TEGRETOL-XR	TB12	200MG	T2	MN	
TEGRETOL-XR	TB12	100MG	T2	MN	
TEGRETOL-XR	TB12	400MG	T2	MN	
TIAGABINE HYDROCHLORIDE	TABS	2MG	T1	MN	
TIAGABINE HYDROCHLORIDE	TABS	4MG	T1	MN	
TOPAMAX	TABS	25MG	T2	MN	
TOPAMAX	TABS	50MG	T2	MN	
TOPAMAX	TABS	100MG	T2	MN	
TOPAMAX	TABS	200MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	25MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	15MG	T2	MN	
TOPIRAMATE	TABS	25MG	T1	MN	
TOPIRAMATE	TABS	200MG	T1	MN	
TOPIRAMATE	TABS	100MG	T1	MN	

TOPIRAMATE	CPSP	15MG	T1	MN	
TOPIRAMATE	CPSP	25MG	T1	MN	
TOPIRAMATE	TABS	50MG	T1	MN	
TRILEPTAL	TABS	300MG	T2	MN	
TRILEPTAL	SUSP	300MG/5ML	T2	MN	
TRILEPTAL	TABS	600MG	T2	MN	
TRILEPTAL	TABS	150MG	T2	MN	
VALPROIC ACID	CAPS	250MG	T1	MN	
ZONEGRAN	CAPS	100MG	T2	MN	
ZONEGRAN	CAPS	25MG	T2	MN	
ZONISAMIDE	CAPS	100MG	T1	MN	
ZONISAMIDE	CAPS	25MG	T1	MN	
ZONISAMIDE	CAPS	50MG	T1	MN	

(28:16.04.12) Central Nervous System Agents » Psychotherapeutic Agents » Antidepressants » Monoamine Oxidase Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
PHENELZINE SULFATE	TABS	15MG	T1		
TRANLYCPROMINE SULFATE	TABS	10MG	T1		

(28:16.04.16) Central Nervous System Agents » Psychotherapeutic Agents » Antidepressants » Selective Serotonin- and Norepinephrine-reuptake Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
DULOXETINE HCL	CPEP	20MG	T1	MN	
DULOXETINE HCL	CPEP	30MG	T1	MN	
DULOXETINE HCL	CPEP	60MG	T1	MN	
VENLAFAXINE HCL	TABS	37.5MG	T1	MN	
VENLAFAXINE HCL	TABS	50MG	T1	MN	
VENLAFAXINE HCL	TABS	100MG	T1	MN	
VENLAFAXINE HCL	TABS	25MG	T1	MN	
VENLAFAXINE HCL	TABS	75MG	T1	MN	
VENLAFAXINE HCL ER	CP24	37.5MG	T1	MN	
VENLAFAXINE HCL ER	CP24	75MG	T1	MN	
VENLAFAXINE HCL ER	CP24	150MG	T1	MN	

(28:16.04.20) Central Nervous System Agents » Psychotherapeutic Agents » Antidepressants » Selective Serotonin-reuptake Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	10MG	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	40MG	T1	MN	
ESCITALOPRAM OXALATE	TABS	20MG	T1	MN	
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	T1	MN	
ESCITALOPRAM OXALATE	TABS	5MG	T1	MN	
ESCITALOPRAM OXALATE	TABS	10MG	T1	MN	
FLUOXETINE HCL	CAPS	40MG	T1	MN	
FLUOXETINE HCL	SOLN	20MG/5ML	T1	MN	
FLUOXETINE HCL	TABS	10MG	T1	MN	
FLUOXETINE HCL	TABS	60MG	T1	MN	
FLUOXETINE HCL	CAPS	10MG	T1	MN	
PAROXETINE HCL	TABS	30MG	T1	MN	
PAROXETINE HCL ER	TB24	12.5MG	T1	MN	
PAROXETINE HCL ER	TB24	25MG	T1	MN	
PAXIL	SUSP	10MG/5ML	T2	MN	
SERTRALINE HCL	CONC	20MG/ML	T1	MN	

(28:16.04.24) Central Nervous System Agents » Psychotherapeutic Agents » Antidepressants » Serotonin Modulators

Product Name	Form	Strength	Pref	Coverage Details	Comment
TRAZODONE HCL	TABS	300MG	T1		
TRINTELLIX	TABS	10MG	T3	ST	
TRINTELLIX	TABS	5MG	T3	ST	
TRINTELLIX	TABS	20MG	T3	ST	

(28:16.04.28) Central Nervous System Agents » Psychotherapeutic Agents » Antidepressants » Tricyclics and Other Norepinephrine-reuptake Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMITRIPTYLINE HCL	TABS	10MG	T1	MN	
AMITRIPTYLINE HCL	TABS	25MG	T1	MN	
AMITRIPTYLINE HCL	TABS	100MG	T1	MN	
AMITRIPTYLINE HCL	TABS	75MG	T1	MN	
AMITRIPTYLINE HCL	TABS	150MG	T1	MN	
AMITRIPTYLINE HCL	TABS	50MG	T1	MN	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	12.5MG; 5MG	T1		

CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	25MG; 10MG	T1		
CLOMIPRAMINE HCL	CAPS	25MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	75MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	50MG	T1	MN	
DESIPRAMINE HCL	TABS	75MG	T1	MN	
DESIPRAMINE HCL	TABS	25MG	T1	MN	
DESIPRAMINE HCL	TABS	10MG	T1	MN	
DESIPRAMINE HCL	TABS	150MG	T1	MN	
DESIPRAMINE HCL	TABS	50MG	T1	MN	
DESIPRAMINE HCL	TABS	100MG	T1	MN	
DOXEPIN HCL	CAPS	10MG	T1	MN	
DOXEPIN HCL	CAPS	100MG	T1	MN	
DOXEPIN HCL	CONC	10MG/ML	T1	MN	
DOXEPIN HCL	CAPS	50MG	T1	MN	
DOXEPIN HCL	CAPS	75MG	T1	MN	
DOXEPIN HCL	CAPS	25MG	T1	MN	
DOXEPIN HCL	CAPS	150MG	T1	MN	
IMIPRAMINE HCL	TABS	10MG	T1	MN	
IMIPRAMINE HCL	TABS	25MG	T1	MN	
IMIPRAMINE HCL	TABS	50MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	50MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	10MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	25MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	75MG	T1	MN	
NORTRIPTYLINE HCL	SOLN	10MG/5ML	T1	MN	
TRIMIPRAMINE MALEATE	CAPS	25MG	T1	MN	
TRIMIPRAMINE MALEATE	CAPS	50MG	T1	MN	
TRIMIPRAMINE MALEATE	CAPS	100MG	T1	MN	

(28:16.04.92) Central Nervous System Agents » Psychotherapeutic Agents » Antidepressants » Miscellaneous Antidepressants

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUPROBAN	TB12	150MG		QL	Eligible for a \$0 copay
BUPROPION HCL	TABS	100MG	T1	MN	
BUPROPION HCL	TABS	75MG	T1	MN	
BUPROPION HCL SR	TB12	150MG	T1	MN	
BUPROPION HCL SR	TB12	100MG	T1	MN	
BUPROPION HCL SR	TB12	200MG	T1	MN	
BUPROPION HCL XL	TB24	150MG	T1	MN	
BUPROPION HCL XL	TB24	300MG	T1	MN	
MIRTAZAPINE	TABS	45MG	T1		
MIRTAZAPINE	TABS	7.5MG	T1		
MIRTAZAPINE	TABS	15MG	T1		
MIRTAZAPINE	TABS	30MG	T1		
MIRTAZAPINE ODT	TBDP	30MG	T1		
MIRTAZAPINE ODT	TBDP	15MG	T1		
MIRTAZAPINE ODT	TBDP	45MG	T1		

(28:16.08.04) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Atypical Antipsychotics

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARIPIRAZOLE	TABS	20MG	T1		
ARIPIRAZOLE	TABS	5MG	T1		
ARIPIRAZOLE	SOLN	1MG/ML	T1		
ARIPIRAZOLE	TABS	10MG	T1		
ARIPIRAZOLE	TABS	15MG	T1		
ARIPIRAZOLE	TABS	2MG	T1		
ARIPIRAZOLE	TABS	30MG	T1		
ARIPIRAZOLE ODT	TBDP	10MG	T1		
ARIPIRAZOLE ODT	TBDP	15MG	T1		
CLOZAPINE	TABS	100MG	T1		
CLOZAPINE	TABS	25MG	T1		
GEODON	SOLR	20MG	T3		
OLANZAPINE	TABS	10MG	T1		
OLANZAPINE	TABS	2.5MG	T1		
OLANZAPINE	TABS	7.5MG	T1		
OLANZAPINE	TABS	20MG	T1		
OLANZAPINE	TABS	5MG	T1		

OLANZAPINE	TABS	15MG	T1		
OLANZAPINE ODT	TBDP	5MG	T1		
OLANZAPINE ODT	TBDP	10MG	T1		
OLANZAPINE ODT	TBDP	15MG	T1		
OLANZAPINE ODT	TBDP	20MG	T1		
QUETIAPINE FUMARATE	TABS	400MG	T1		
QUETIAPINE FUMARATE	TABS	50MG	T1		
QUETIAPINE FUMARATE	TABS	300MG	T1		
QUETIAPINE FUMARATE	TABS	200MG	T1		
QUETIAPINE FUMARATE	TABS	100MG	T1		
RISPERIDONE	TABS	0.25MG	T1		
RISPERIDONE	TABS	2MG	T1		
RISPERIDONE	TABS	4MG	T1		
RISPERIDONE	SOLN	1MG/ML	T1		
RISPERIDONE	TABS	0.5MG	T1		
RISPERIDONE	TABS	1MG	T1		
RISPERIDONE ODT	TBDP	0.5MG	T1		
RISPERIDONE ODT	TBDP	0.25MG	T1		
RISPERIDONE ODT	TBDP	4MG	T1		
RISPERIDONE ODT	TBDP	2MG	T1		
RISPERIDONE ODT	TBDP	1MG	T1		
RISPERIDONE ODT	TBDP	3MG	T1		
ZIPRASIDONE HCL	CAPS	20MG	T3		
ZIPRASIDONE HCL	CAPS	40MG	T3		
ZIPRASIDONE HCL	CAPS	60MG	T3		
ZIPRASIDONE HCL	CAPS	80MG	T3		

(28:16.08.08) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Butyrophenones

Product Name	Form	Strength	Pref	Coverage Details	Comment
HALOPERIDOL	TABS	10MG	T1		
HALOPERIDOL	TABS	1MG	T1		
HALOPERIDOL	CONC	2MG/ML	T1		
HALOPERIDOL	TABS	2MG	T1		
HALOPERIDOL	TABS	5MG	T1		
HALOPERIDOL	TABS	0.5MG	T1		
HALOPERIDOL	TABS	20MG	T1		
HALOPERIDOL LACTATE	SOLN	5MG/ML	T1		

(28:16.08.24) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Phenothiazines

Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLORPROMAZINE HCL	TABS	200MG	T1		
CHLORPROMAZINE HCL	TABS	100MG	T1		
CHLORPROMAZINE HCL	TABS	10MG	T1		
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	T1		
FLUPHENAZINE HCL	CONC	5MG/ML	T1		
FLUPHENAZINE HCL	TABS	1MG	T1		
FLUPHENAZINE HCL	TABS	2.5MG	T1		
FLUPHENAZINE HCL	TABS	5MG	T1		
FLUPHENAZINE HCL	TABS	10MG	T1		
PROCHLORPERAZINE	SUPP	25MG	T1		
PROCHLORPERAZINE MALEATE	TABS	10MG	T1		
PROCHLORPERAZINE MALEATE	TABS	5MG	T1		
THIORIDAZINE HCL	TABS	25MG	T1		
THIORIDAZINE HCL	TABS	10MG	T1		
THIORIDAZINE HCL	TABS	50MG	T1		
THIORIDAZINE HCL	TABS	100MG	T1		
TRIFLUOPERAZINE HCL	TABS	1MG	T1		
TRIFLUOPERAZINE HCL	TABS	2MG	T1		
TRIFLUOPERAZINE HCL	TABS	5MG	T1		
TRIFLUOPERAZINE HCL	TABS	10MG	T1		

(28:16.08.32) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Thioxanthenes

Product Name	Form	Strength	Pref	Coverage Details	Comment
THIOTHIXENE	CAPS	1MG	T1		
THIOTHIXENE	CAPS	2MG	T1		
THIOTHIXENE	CAPS	10MG	T1		
THIOTHIXENE	CAPS	5MG	T1		

(28:16.08.92) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Miscellaneous Antipsychotics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LOXAPINE SUCCINATE	CAPS	5MG	T1		
LOXAPINE SUCCINATE	CAPS	10MG	T1		
LOXAPINE SUCCINATE	CAPS	25MG	T1		
LOXAPINE SUCCINATE	CAPS	50MG	T1		
PIMOZIDE	TABS	2MG	T1		
PIMOZIDE	TABS	1MG	T1		
(28:20.04) Central Nervous System Agents » Anorexigenic Agents and Respiratory and CNS Stimulants » Amphetamines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	T1		
DEXTROAMPHETAMINE SULFATE	TABS	5MG	T1		
DEXTROAMPHETAMINE SULFATE	TABS	10MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	T1		
VYVANSE	CAPS	40MG	T2		
VYVANSE	CAPS	60MG	T2		
VYVANSE	CAPS	70MG	T2		
VYVANSE	CAPS	10MG	T2		
VYVANSE	CAPS	30MG	T2		
VYVANSE	CAPS	50MG	T2		
VYVANSE	CAPS	20MG	T2		
(28:20.32) Central Nervous System Agents » Anorexigenic Agents and Respiratory and CNS Stimulants » Respiratory and CNS Stimulants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DAYTRANA	PTCH	10MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	15MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	20MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	30MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DESMETHYLPHENIDATE HCL	TABS	2.5MG	T1		
DESMETHYLPHENIDATE HCL	TABS	5MG	T1		
DESMETHYLPHENIDATE HCL	TABS	10MG	T1		
DESMETHYLPHENIDATE HCL ER	CP24	5MG	T3		
DESMETHYLPHENIDATE HCL ER	CP24	20MG	T3		
DESMETHYLPHENIDATE HCL ER	CP24	30MG	T3		
DESMETHYLPHENIDATE HCL ER	CP24	10MG	T3		
DESMETHYLPHENIDATE HCL ER	CP24	15MG	T3		
DESMETHYLPHENIDATE HCL ER	CP24	40MG	T3		
FOCALIN XR	CP24	25MG	T3		
FOCALIN XR	CP24	35MG	T3		
METHYLPHENIDATE HCL	TABS	10MG	T1		
METHYLPHENIDATE HCL	TABS	20MG	T1		
METHYLPHENIDATE HCL	TABS	5MG	T1		
METHYLPHENIDATE HCL CD	CPCR	10MG	T1		
METHYLPHENIDATE HCL CD	CPCR	20MG	T1		
METHYLPHENIDATE HCL CD	CPCR	30MG	T1		
METHYLPHENIDATE HCL CD	CPCR	40MG	T1		
METHYLPHENIDATE HCL CD	CPCR	50MG	T1		
METHYLPHENIDATE HCL CD	CPCR	60MG	T1		
METHYLPHENIDATE HCL ER	TBCR	10MG	T1		
METHYLPHENIDATE HCL ER	CP24	30MG	T1		
METHYLPHENIDATE HCL ER	CP24	40MG	T1		

METHYLPHENIDATE HCL ER	TBCR	18MG	T1		
METHYLPHENIDATE HCL ER	TBCR	27MG	T1		
METHYLPHENIDATE HCL ER	TBCR	36MG	T1		
METHYLPHENIDATE HCL ER	TBCR	54MG	T1		
METHYLPHENIDATE HCL ER	CP24	20MG	T1		
METHYLPHENIDATE HCL SR	TBCR	20MG	T1		
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	T1	AL (max: 8y)	
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	T1	AL (max: 8y)	
QUILLICHEW ER	CHER	30MG	T3	AL (max: 8y)	
QUILLICHEW ER	CHER	20MG	T3	AL (max: 8y)	
QUILLICHEW ER	CHER	40MG	T3	AL (max: 8y)	
QUILLIVANT XR	SUSR	25MG/5ML	T3	AL (max: 8y)	
RITALIN LA	CP24	10MG	T2		
RITALIN LA	CP24	60MG	T2		

(28:20.80) Central Nervous System Agents » Anorexigenic Agents and Respiratory and CNS Stimulants » Wakefulness-promoting Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARMODAFINIL	TABS	50MG	T1		
ARMODAFINIL	TABS	200MG	T1		
ARMODAFINIL	TABS	150MG	T1		
ARMODAFINIL	TABS	250MG	T1		
MODAFINIL	TABS	100MG	T3		
MODAFINIL	TABS	200MG	T3		

(28:24.04) Central Nervous System Agents » Anxiolytics, Sedatives, and Hypnotics » Barbiturates

Product Name	Form	Strength	Pref	Coverage Details	Comment
PHENOBARBITAL	TABS	60MG	T1	MN	
PHENOBARBITAL	TABS	97.2MG	T1	MN	
PHENOBARBITAL	ELIX	20MG/5ML	T1	MN	
PHENOBARBITAL	TABS	15MG	T1	MN	
PHENOBARBITAL	TABS	30MG	T1	MN	
PHENOBARBITAL	TABS	100MG	T1	MN	
PHENOBARBITAL	TABS	16.2MG	T1	MN	
PHENOBARBITAL	TABS	32.4MG	T1	MN	
PHENOBARBITAL	TABS	64.8MG	T1	MN	

(28:24.08) Central Nervous System Agents » Anxiolytics, Sedatives, and Hypnotics » Benzodiazepines

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALPRAZOLAM	TABS	1MG	T1		
ALPRAZOLAM	TABS	0.25MG	T1		
ALPRAZOLAM	TABS	2MG	T1		
ALPRAZOLAM	TABS	0.5MG	T1		
ALPRAZOLAM ER	TB24	1MG	T1		
ALPRAZOLAM ER	TB24	0.5MG	T1		
ALPRAZOLAM ER	TB24	2MG	T1		
ALPRAZOLAM ER	TB24	3MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	5MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	10MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	25MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	15MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	T1		
DIASAT ACUDIAL	GEL	10MG	T2	QL (5.00 EA per 30 days)	
DIASAT ACUDIAL	GEL	20MG	T2	QL (5.00 EA per 30 days)	
DIASAT PEDIATRIC	GEL	2.5MG	T2	QL (5.00 EA per 30 days)	
DIAZEPAM	SOLN	1MG/ML	T1		
DIAZEPAM	TABS	2MG	T1		
DIAZEPAM	GEL	2.5MG	T1	QL (5.00 EA per 30 days)	
DIAZEPAM	GEL	10MG	T1	QL (5.00 EA per 30 days)	
DIAZEPAM	TABS	5MG	T1		
DIAZEPAM	GEL	20MG	T1	QL (5.00 EA per 30 days)	
DIAZEPAM	TABS	10MG	T1		
DIAZEPAM INTENSOL	CONC	5MG/ML	T1		
ESTAZOLAM	TABS	1MG	T1		
ESTAZOLAM	TABS	2MG	T1		
LORAZEPAM	TABS	2MG	T1		
LORAZEPAM	TABS	1MG	T1		

LORAZEPAM	TABS	0.5MG	T1		
OXAZEPAM	CAPS	10MG	T1		
OXAZEPAM	CAPS	15MG	T1		
OXAZEPAM	CAPS	30MG	T1		
TEMAZEPAM	CAPS	15MG	T1		
TEMAZEPAM	CAPS	30MG	T1		
TEMAZEPAM	CAPS	7.5MG	T1		
TRIAZOLAM	TABS	0.25MG	T1		
TRIAZOLAM	TABS	0.125MG	T1		

(28:24.92) Central Nervous System Agents » Anxiolytics, Sedatives, and Hypnotics » Anxiolytics, Sedatives, & Hypnotics Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUSPIRONE HCL	TABS	10MG	T1		
BUSPIRONE HCL	TABS	15MG	T1		
BUSPIRONE HCL	TABS	7.5MG	T1		
BUSPIRONE HCL	TABS	30MG	T1		
BUSPIRONE HCL	TABS	5MG	T1		
ESZOPICLONE	TABS	3MG	T3		
ESZOPICLONE	TABS	1MG	T3		
ESZOPICLONE	TABS	2MG	T3		
HYDROXYZINE HCL	TABS	25MG	T1		
HYDROXYZINE HCL	SYRP	10MG/5ML	T1		
HYDROXYZINE HCL	TABS	50MG	T1		
HYDROXYZINE HCL	TABS	10MG	T1		
HYDROXYZINE PAMOATE	CAPS	25MG	T1		
HYDROXYZINE PAMOATE	CAPS	100MG	T1		
HYDROXYZINE PAMOATE	CAPS	50MG	T1		
MEPROBAMATE	TABS	400MG	T1		
MEPROBAMATE	TABS	200MG	T1		
ROZEREM	TABS	8MG	T3		
ZALEPLON	CAPS	5MG	T1		
ZALEPLON	CAPS	10MG	T1		
ZOLPIDEM TARTRATE	TABS	5MG	T1		
ZOLPIDEM TARTRATE	TABS	10MG	T1		
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	T3		
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	T3		

(28:28) Central Nervous System Agents » Antimanic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
LITHIUM	SOLN	8MEQ/5ML	T1	MN	
LITHIUM CARBONATE	CAPS	300MG	T1	MN	
LITHIUM CARBONATE	CAPS	150MG	T1	MN	
LITHIUM CARBONATE	CAPS	600MG	T1	MN	
LITHIUM CARBONATE	TABS	300MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	300MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	450MG	T1	MN	

(28:32.28) Central Nervous System Agents » Antimigraine Agents » Selective Serotonin Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
NARATRIPTAN HCL	TABS	2.5MG	T3	QL (9.00 EA per 30 days)	
NARATRIPTAN HCL	TABS	1MG	T3	QL (9.00 EA per 30 days)	
RIZATRIPTAN BENZOATE	TABS	10MG	T1	QL (12.00 EA per 30 days)	
RIZATRIPTAN BENZOATE	TABS	5MG	T1	QL (24.00 EA per 30 days)	
RIZATRIPTAN BENZOATE ODT	TBDP	5MG	T1	QL (24.00 EA per 30 days)	
RIZATRIPTAN BENZOATE ODT	TBDP	10MG	T1	QL (12.00 EA per 30 days)	
SUMATRIPTAN	SOLN	20MG/ACT	T1	QL (6.00 EA per 30 days)	
SUMATRIPTAN	SOLN	5MG/ACT	T1	QL (6.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	SOAJ	4MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE	SOAJ	6MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	50MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	25MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	100MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE REFILL	SOCT	4MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE REFILL	SOCT	6MG/0.5ML	T1	QL (3.00 ML per 30 days)	

(28:32.92) Central Nervous System Agents » Antimigraine Agents » Antimigraine Agents, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
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CAFERGOT	TABS	100MG; 1MG	T2		
ISOMETHEPTENE/DICHLORALPHENAZONE/APAP	CAPS	325MG; 100MG; 0; 65MG	T1	DE	
(28:36.04) Central Nervous System Agents » Antiparkinsonian Agents » Adamantanes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMANTADINE HCL	SYRP	50MG/5ML	T1	MN	
AMANTADINE HCL	TABS	100MG	T1	MN	
AMANTADINE HCL	CAPS	100MG	T1	MN	
(28:36.08) Central Nervous System Agents » Antiparkinsonian Agents » Anticholinergic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BENZTROPINE MESYLATE	TABS	1MG	T1	MN	
BENZTROPINE MESYLATE	TABS	2MG	T1	MN	
BENZTROPINE MESYLATE	TABS	0.5MG	T1	MN	
TRIHEXYPHENIDYL HCL	ELIX	0.4MG/ML	T1	MN	
TRIHEXYPHENIDYL HCL	TABS	5MG	T1	MN	
(28:36.12) Central Nervous System Agents » Antiparkinsonian Agents » COMT Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ENTACAPONE	TABS	200MG	T3	MN	
(28:36.16) Central Nervous System Agents » Antiparkinsonian Agents » Dopamine Precursors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	T1	MN	
(28:36.20.04) Central Nervous System Agents » Antiparkinsonian Agents » Dopamine Receptor Agonists » Ergot-derivative Dopamine Receptor Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BROMOCRIPTINE MESYLATE	CAPS	5MG	T1	MN	
BROMOCRIPTINE MESYLATE	TABS	2.5MG	T1	MN	
CABERGOLINE	TABS	0.5MG	T1		
(28:36.20.08) Central Nervous System Agents » Antiparkinsonian Agents » Dopamine Receptor Agonists » Nonergot-derivative Dopamine Receptor Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.25MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1.5MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.125MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	T1	MN	
ROPINIROLE HCL	TABS	0.5MG	T1	MN	
ROPINIROLE HCL	TABS	2MG	T1	MN	
ROPINIROLE HCL	TABS	3MG	T1	MN	
ROPINIROLE HCL	TABS	0.25MG	T1	MN	
ROPINIROLE HCL	TABS	5MG	T1	MN	
ROPINIROLE HCL	TABS	1MG	T1	MN	
ROPINIROLE HCL	TABS	4MG	T1	MN	
(28:36.32) Central Nervous System Agents » Antiparkinsonian Agents » Monoamine Oxidase B Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AZILECT	TABS	0.5MG	T3	MN	
AZILECT	TABS	1MG	T3	MN	
SELEGILINE HCL	CAPS	5MG	T1	MN	
SELEGILINE HCL	TABS	5MG	T1	MN	
(28:40) Central Nervous System Agents » Fibromyalgia Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SAVELLA	TABS	100MG	T3		
SAVELLA	TABS	12.5MG	T3		
SAVELLA	TABS	25MG	T3		
SAVELLA	TABS	50MG	T3		
SAVELLA TITRATION PACK	MISC	0	T3		
(28:92) Central Nervous System Agents » Central Nervous System Agents, Misc					
Product Name	Form	Strength	Pref	Coverage Details	Comment
GUANFACINE ER	TB24	3MG	T1		
GUANFACINE ER	TB24	4MG	T1		
GUANFACINE ER	TB24	2MG	T1		
GUANFACINE ER	TB24	1MG	T1		
MEMANTINE HCL	TABS	5MG	T1		

MEMANTINE HCL	TABS	10MG	T1		
MEMANTINE HCL TITRATION PAK	TABS	0	T1		
MEMANTINE HYDROCHLORIDE	SOLN	2MG/ML	T1		
NAMENDA XR	CP24	7MG	T2		
NAMENDA XR	CP24	28MG	T2		
NAMENDA XR	CP24	14MG	T2		
NAMENDA XR	CP24	21MG	T2		
NAMENDA XR TITRATION PACK	CP24	0	T2		
RILUZOLE	TABS	50MG	T3		
STRATTERA	CAPS	25MG	T2		
STRATTERA	CAPS	10MG	T2		
STRATTERA	CAPS	18MG	T2		
STRATTERA	CAPS	60MG	T2		
STRATTERA	CAPS	80MG	T2		
STRATTERA	CAPS	40MG	T2		
STRATTERA	CAPS	100MG	T2		
(32:00) Contraceptives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	0			Eligible for a \$0 copay
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	0			Eligible for a \$0 copay
(34:00) Dental Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FLUORIDEX DAILY DEFENSE SENSITIVITY RELIEF	PSTE	5%; 1.1%	T2		
PREVIDENT 5000 SENSITIVE	PSTE	5%; 1.1%	T2		
(40:04) Electrolytic, Caloric, and Water Balance » Acidifying Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
K-PHOS NO 2	TABS	305MG; 700MG	T2		
(40:08) Electrolytic, Caloric, and Water Balance » Alkalinizing Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CITRIC ACID/SODIUM CITRATE	SOLN	334MG/5ML; 500MG/5ML	T1		
CYTRA K CRYSTALS	PACK	1002MG; 3300MG	T1		
CYTRA-3	SYRP	334MG/5ML; 550MG/5ML; 500MG/5ML	T1		
CYTRA-K	SOLN	334MG/5ML; 1100MG/5ML	T1		
ORACIT	SOLN	640MG/5ML; 490MG/5ML	T2		
POTASSIUM CITRATE ER	TBCR	1080MG	T1		
POTASSIUM CITRATE ER	TBCR	540MG	T1		
SHOHL'S SOLUTION MODIFIED	SOLN	334MG/5ML; 500MG/5ML	T1		
(40:10) Electrolytic, Caloric, and Water Balance » Ammonia Detoxicants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LACTULOSE	SOLN	10GM/15ML	T1		
LACTULOSE	SOLN	10GM/15ML	T1		
LITHOSTAT	TABS	250MG	T2		
(40:12) Electrolytic, Caloric, and Water Balance » Replacement Preparations					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CALCIUM ACETATE	CAPS	667MG	T1		
EFFERVESCENT POT CHLORIDE	TBEF	0.77GM; 1.5GM; 0.7GM; 1.25GM	T1	MN	
GALZIN	CAPS	50MG	T2		
GALZIN	CAPS	25MG	T2		
K-PHOS	TABS	500MG	T2		
K-VESCENT	TBEF	25MEQ	T1	MN	
KLOR-CON	PACK	20MEQ	T1	MN	
KLOR-CON 25	PACK	25MEQ	T1	MN	
PHOSPHA 250 NEUTRAL	TABS	155MG; 852MG; 130MG	T1		
POTASSIUM BICARBONATE	TBEF	25MEQ	T1	MN	
POTASSIUM CHLORIDE	SOLN	20%	T1	MN	
POTASSIUM CHLORIDE	SOLN	10%	T1	MN	
POTASSIUM CHLORIDE ER	TBCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	8MEQ	T1	MN	
POTASSIUM CHLORIDE ER	TBCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE SR	TBCR	8MEQ	T1	MN	
POTASSIUM GLUCONATE	TABS	2MEQ		MN; AL (min: 6m, max: 6y)	Eligible for a \$0 copay
(40:18.18) Electrolytic, Caloric, and Water Balance » Ion-removing Agents » Potassium-removing Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment

KIONEX	SUSP	15GM/60ML	T1		
SODIUM POLYSTYRENE SULFONATE	SUSP	50GM/200ML	T1		
SODIUM POLYSTYRENE SULFONATE	POWD	0	T1		
SODIUM POLYSTYRENE SULFONATE	SUSP	30GM/120ML	T1		

(40:18.19) Electrolytic, Caloric, and Water Balance » Ion-removing Agents » Phosphate-removing Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
RENAGEL	TABS	400MG	T3		
RENAGEL	TABS	800MG	T3		
REVELA	TABS	800MG	T3		
REVELA	PACK	2.4GM	T3		
REVELA	PACK	0.8GM	T3		

(40:20) Electrolytic, Caloric, and Water Balance » Caloric Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ADD-INS COMPLETE	PACK		T2		
CAMINO PRO BETTERMILK/GLYTACTIN	PACK		T2		
CAMINO PRO RESTORE/GLYTACTIN	LIQD		T2		
EAA SUPPLEMENT	PACK		T2		
GLYTACTIN BETTERMILK 15	PACK		T2		
GLYTACTIN BETTERMILK 15	PACK		T2		
GLYTACTIN RESTORE LITE 10	LIQD		T2		
GLYTACTIN RTD 10	LIQD		T2		
GLYTACTIN RTD 15	LIQD		T2		
IMMULIFE	POWD		T2		
LANAFLEX	PACK		T2		
LOPHLEX	PACK		T2		
LOPHLEX LQ 20	LIQD		T2		
PERIFLEX ADVANCE	POWD		T2		
PERIFLEX ADVANCE	POWD		T2		
PERIFLEX INFANT	POWD		T2		
PERIFLEX JUNIOR	POWD		T2		
PERIFLEX JUNIOR	POWD		T2		
PERIFLEX LQ PKU	LIQD		T2		
PHENEX CHEWS	CHEW		T2		
PHENEX-1	POWD		T2		
PHENEX-2	POWD		T2		
PHENYL-FREE 1	POWD		T2		
PHENYL-FREE 2	POWD		T2		
PHENYL-FREE 2	POWD		T2		
PHENYL-FREE 2HP	POWD		T2		
PHENYL-FREE 2HP	POWD		T2		
PHENYLADE AMINO ACID	BAR		T2		
PHENYLADE AMINO ACID	BAR		T2		
PHENYLADE AMINO ACID BLEND	PACK		T2		
PHENYLADE DRINK MIX	POWD		T2		
PHENYLADE ESSENTIAL DRINK MIX	POWD		T2		
PHENYLADE ESSENTIAL DRINK MIX	PACK		T2		
PHENYLADE GMP	PACK		T2		
PHENYLADE GMP	POWD		T2		
PHENYLADE MTE AMINO ACID BLEND	PACK		T2		
PHENYLADE PHEBLOC	TABS		T2		
PHENYLADE RTD PKU 10	LIQD		T2		
PHENYLADE40 DRINK MIX	PACK		T2		
PHENYLADE60 DRINK MIX	POWD		T2		
PHENYLADE60 DRINK MIX	POWD		T2		
PHENYLADE60 DRINK MIX	PACK		T2		
PHLEXY-10	CAPS		T2		
PHLEXY-10	TABS		T2		
PHLEXY-10	PACK		T2		
PKU 2	POWD		T2		
PKU 3	POWD		T2		
PKU COOLER 10	LIQD		T2		
PKU COOLER 15	LIQD		T2		
PKU COOLER 20	LIQD		T2		
PKU EASY MICROTABS	TBEC		T2		

PKU EXPRESS	PACK		T2		
PKU EXPRESS20	PACK		T2		
PKU EXPRESS20	PACK		T2		
PKU GEL	PACK		T2		
PKU LOPHLEX LQ 20	LIQD		T2		
PKU LOPHLEX LQ 20	LIQD		T2		
PKU PERIFLEX JUNIOR PLUS	POWD		T2		
PKU PERIFLEX JUNIOR PLUS	POWD		T2		
PKU TRIO	POWD		T2		
XPHE MAXAMAID	POWD		T2		
XPHE MAXAMUM	PACK		T2		

(40:28.08) Electrolytic, Caloric, and Water Balance » Diuretics » Loop Diuretics

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUMETANIDE	TABS	2MG	T1	MN	
BUMETANIDE	TABS	0.5MG	T1	MN	
BUMETANIDE	TABS	1MG	T1	MN	
FUROSEMIDE	SOLN	10MG/ML	T1	MN	
FUROSEMIDE	TABS	80MG	T1	MN	
FUROSEMIDE	TABS	20MG	T1	MN	
FUROSEMIDE	SOLN	8MG/ML	T1	MN	
FUROSEMIDE	TABS	40MG	T1	MN	
TORSEMIDE	TABS	20MG	T1	MN	

(40:28.16) Electrolytic, Caloric, and Water Balance » Diuretics » Potassium-sparing Diuretics

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMILORIDE HCL	TABS	5MG	T1	MN	
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 50MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	50MG; 75MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	25MG; 37.5MG	T1	MN	

(40:28.20) Electrolytic, Caloric, and Water Balance » Diuretics » Thiazide Diuretics

Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLOROTHIAZIDE	TABS	250MG	T1	MN	
CHLOROTHIAZIDE	TABS	500MG	T1	MN	
DIURIL	SUSP	250MG/5ML	T2	MN	
HYDROCHLOROTHIAZIDE	TABS	25MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	12.5MG	T1	MN	
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	T1	MN	
METHYLCLOTHIAZIDE	TABS	5MG	T1	MN	

(40:28.24) Electrolytic, Caloric, and Water Balance » Diuretics » Thiazide-like Diuretics

Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLORTHALIDONE	TABS	100MG	T1	MN	
CHLORTHALIDONE	TABS	50MG	T1	MN	
CHLORTHALIDONE	TABS	25MG	T1	MN	
INDAPAMIDE	TABS	1.25MG	T1	MN	
INDAPAMIDE	TABS	2.5MG	T1	MN	
METOLAZONE	TABS	2.5MG	T1	MN	
METOLAZONE	TABS	10MG	T1	MN	
METOLAZONE	TABS	5MG	T1	MN	

(40:40) Electrolytic, Caloric, and Water Balance » Uricosuric Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
PROBENECID	TABS	500MG	T1	MN	
PROBENECID/COLCHICINE	TABS	0.5MG; 500MG	T1	MN	

(48:08) Respiratory Tract Agents » Antitussives

Product Name	Form	Strength	Pref	Coverage Details	Comment
BENZONATATE	CAPS	100MG	T1		
BROMFED DM	SYRP	2MG/5ML; 10MG/5ML; 30MG/5ML	T1		
GUAIAFUSSIN AC	SYRP	10MG/5ML; 100MG/5ML	T1		
GUAIFENESIN DAC	SOLN	10MG/5ML; 100MG/5ML; 30MG/5ML	T1		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	SYRP	1.5MG/5ML; 5MG/5ML	T1		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	TABS	1.5MG; 5MG	T1		
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	SUER	8MG/5ML; 10MG/5ML	T1		
M-CLEAR WC	SOLN	6.3MG/5ML; 100MG/5ML	T1		

PHENYLHISTINE DH	LIQD	2MG/5ML; 10MG/5ML; 30MG/5ML	T1		
PROMETHAZINE VC/CODEINE	SYRP	10MG/5ML; 5MG/5ML; 6.25MG/5ML	T1		
PROMETHAZINE-DM	SYRP	15MG/5ML; 6.25MG/5ML	T1		
PROMETHAZINE/CODEINE	SYRP	10MG/5ML; 6.25MG/5ML	T1		
REZIRA	SOLN	5MG/5ML; 60MG/5ML	T2		
(48:10.24) Respiratory Tract Agents » Anti-inflammatory Agents » Leukotriene Modifiers					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MONTELUKAST SODIUM	PACK	4MG	T1	MN	
MONTELUKAST SODIUM	TABS	10MG	T1	MN	
MONTELUKAST SODIUM	CHEW	4MG	T1	MN	
MONTELUKAST SODIUM	CHEW	5MG	T1	MN	
(48:10.32) Respiratory Tract Agents » Anti-inflammatory Agents » Mast-cell Stabilizers					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CROMOLYN SODIUM	NEBU	20MG/2ML	T1	MN	
(48:24) Respiratory Tract Agents » Mucolytic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SODIUM CHLORIDE	NEBU	10%	T1		
SODIUM CHLORIDE	NEBU	7%	T1		
SODIUM CHLORIDE	NEBU	0.9%	T1		
SODIUM CHLORIDE	NEBU	3%	T1		
(52:02) Eye, Ear, Nose & Throat Preparations » Antiallergic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALOCRI	SOLN	2%	T2		
ALOMIDE	SOLN	0.1%	T2		
AZELASTINE HCL	SOLN	0.15%	T1		
AZELASTINE HCL	SOLN	0.1%	T1		
CROMOLYN SODIUM	SOLN	4%	T1		
OLOPATADINE HCL	SOLN	0.1%	T1		
(52:04.04) Eye, Ear, Nose & Throat Preparations » Anti-infectives » Antibacterials					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AK-POLY-BAC	OINT	500UNIT/GM; 10000UNIT/GM	T1		
CILOXAN	OINT	0.3%	T2		
CIPROFLOXACIN HCL	SOLN	0.3%	T1		
ERYTHROMYCIN	OINT	5MG/GM	T1		
GATIFLOXACIN	SOLN	0.5%	T1		
GENTAK	OINT	0.3%	T1		
GENTAMICIN SULFATE	SOLN	0.3%	T1		
NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	400UNIT/GM; 5MG/GM; 10000UNIT/GM	T1		
NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	T1		
OFLOXACIN	SOLN	0.3%	T1		
OFLOXACIN	SOLN	0.3%	T1		
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	10000UNIT/ML; 0.1%	T1		
SODIUM SULFACETAMIDE	SOLN	10%	T1		
TOBRAMYCIN SULFATE	SOLN	0.3%	T1		
TOBREX	OINT	0.3%	T2		
VIGAMOX	SOLN	0.5%	T3		
(52:04.16) Eye, Ear, Nose & Throat Preparations » Anti-infectives » Antifungals					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NATACYN	SUSP	5%	T3		
(52:04.20) Eye, Ear, Nose & Throat Preparations » Anti-infectives » Antivirals					
Product Name	Form	Strength	Pref	Coverage Details	Comment
TRIFLURIDINE	SOLN	1%	T1		
(52:04.92) Eye, Ear, Nose & Throat Preparations » Anti-infectives » EENT Anti-infectives, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLORHEXIDINE GLUCONATE ORAL RINSE	SOLN	0.12%	T1		
(52:08.08) Eye, Ear, Nose & Throat Preparations » Anti-inflammatory Agents » Corticosteroids					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BLEPHAMIDE	SUSP	0.2%; 10%	T2		
BLEPHAMIDE S.O.P.	OINT	0.2%; 10%	T2		
CIPRO HC	SUSP	0.2%; 1%	T2		
CIPRODEX	SUSP	0.3%; 0.1%	T2		
COLY-MYCIN S	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T2		
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T2		
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	T1		

FLAREX	SUSP	0.1%	T2		
FLUNISOLIDE	SOLN	0.025%	T1		
FLUOROMETHOLONE	SUSP	0.1%	T1		
FLUTICASON PROPRIONATE	SUSP	50MCG/ACT	T1		
FML	OINT	0.1%	T2		
FML FORTE	SUSP	0.25%	T2		
HYDROCORTISONE/ACETIC ACID	SOLN	2%; 1%	T1		
LOTEMAX	SUSP	0.5%	T2		
LOTEMAX	GEL	0.5%	T2		
LOTEMAX	OINT	0.5%	T2		
MAXIDEX	SUSP	0.1%	T2		
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	T1		
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	T1		
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	T1		
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	T1		
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	T1		
PRED-G	SUSP	0.3%; 1%	T2		
PRED-G S.O.P.	OINT	0.3%; 0.6%	T2		
PREDNISOLONE ACETATE	SUSP	1%	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	T1		
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	0.23%; 10%	T1		
TOBRADEX	OINT	0.1%; 0.3%	T2		
TOBRAMYCIN/DEXAMETHASONE	SUSP	0.1%; 0.3%	T1		
TRIAMCINOLONE ACETONIDE	AERO	55MCG/ACT	T1		
VEXOL	SUSP	1%	T2		

(52:08.20) Eye, Ear, Nose & Throat Preparations » Anti-inflammatory Agents » Nonsteroidal Anti-inflammatory Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
DICLOFENAC SODIUM	SOLN	0.1%	T1		
FLURBIPROFEN SODIUM	SOLN	0.03%	T1		
KETOROLAC TROMETHAMINE	SOLN	0.5%	T1		

(52:08.92) Eye, Ear, Nose & Throat Preparations » Anti-inflammatory Agents » EENT Anti-inflammatory Agents, Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
RESTASIS	EMUL	0.05%	T3		

(52:16) Eye, Ear, Nose & Throat Preparations » Local Anesthetics

Product Name	Form	Strength	Pref	Coverage Details	Comment
ANTIPYRINE/BENZOCAINE	SOLN	5.4%; 1.4%	T1		
LIDOCAINE VISCOUS	SOLN	2%	T1		

(52:24) Eye, Ear, Nose & Throat Preparations » Mydriatics

Product Name	Form	Strength	Pref	Coverage Details	Comment
ATROPINE SULFATE	SOLN	1%	T1		
ATROPINE SULFATE	OINT	1%	T1		
CYCLOPENTOLATE HCL	SOLN	2%	T1		
CYCLOPENTOLATE HCL	SOLN	1%	T1		
CYCLOPENTOLATE HYDROCHLORIDE	SOLN	0.5%	T1		
HOMATROPINE HBR	SOLN	5%	T1		
TROPICAMIDE	SOLN	1%	T1		
TROPICAMIDE	SOLN	0.5%	T1		

(52:40.04) Eye, Ear, Nose & Throat Preparations » Antiglaucoma Agents » alpha-Adrenergic Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALPHAGAN P	SOLN	0.1%	T2	MN	
BRIMONIDINE TARTRATE	SOLN	0.2%	T1	MN	
BRIMONIDINE TARTRATE	SOLN	0.15%	T1	MN	
COMBIGAN	SOLN	0.2%; 0.5%	T2	MN	

(52:40.08) Eye, Ear, Nose & Throat Preparations » Antiglaucoma Agents » beta-Adrenergic Blocking Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
BETAXOLOL HCL	SOLN	0.5%	T1	MN	
BETIMOL	SOLN	0.5%	T2	MN	
BETOPTIC-S	SUSP	0.25%	T2	MN	
CARTEOLOL HCL	SOLN	1%	T1	MN	
ISTALOL	SOLN	0.5%	T2	MN	
LEVOBUNOLOL HCL	SOLN	0.5%	T1	MN	
METIPRANOLOL	SOLN	0.3%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.5%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.25%	T1	MN	

TIMOPTIC OCUDOSE	SOLN	0.5%	T2	MN	
TIMOPTIC OCUDOSE	SOLN	0.25%	T2	MN	
(52:40.12) Eye, Ear, Nose & Throat Preparations » Antiglaucoma Agents » Carbonic Anhydrase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ACETAZOLAMIDE	TABS	250MG	T1	MN	
ACETAZOLAMIDE	TABS	125MG	T1	MN	
ACETAZOLAMIDE ER	CP12	500MG	T1	MN	
AZOPT	SUSP	1%	T2		
DORZOLAMIDE HCL	SOLN	2%	T1	MN	
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	T1	MN	
METHAZOLAMIDE	TABS	50MG	T1	MN	
METHAZOLAMIDE	TABS	25MG	T1	MN	
(52:40.20) Eye, Ear, Nose & Throat Preparations » Antiglaucoma Agents » Miotics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PHOSPHOLINE IODIDE	SOLR	0.125%	T2	MN	
PILOCARPINE HCL	SOLN	2%	T1	MN	
PILOCARPINE HCL	SOLN	1%	T1	MN	
PILOCARPINE HCL	SOLN	4%	T1	MN	
(52:40.28) Eye, Ear, Nose & Throat Preparations » Antiglaucoma Agents » Prostaglandin Analogs					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BIMATOPROST	SOLN	0.03%	T1	MN	
LATANOPROST	SOLN	0.005%	T1	MN	
LUMIGAN	SOLN	0.01%	T2	MN	
(52:92) Eye, Ear, Nose & Throat Preparations » EENT Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ACETIC ACID	SOLN	2%	T1		
APRACLONIDINE	SOLN	0.5%	T1		
IOPIDINE	SOLN	1%	T2		
LACRISERT	INST	5MG	T2		
(56:08) Gastrointestinal Drugs » Antidiarrhea Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	T1		
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	T1		
(56:12) Gastrointestinal Drugs » Cathartics and Laxatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALOPHEN	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
BISACODYL EC	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
BISACODYL LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
CLEARLAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
COLYTE-FLAVOR PACKS	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
COLYTE-FLAVOR PACKS	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
CORRECTOL	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
DUCODYL	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
DULCOLAX	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
FLEET LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILAX	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-H	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GENTLE LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GENTLE LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GENTLELAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GLYCOLAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GOLYTELY	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GOLYTELY	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
HEALTHYLAX	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
LAXATIVE FEMININE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
LAXATIVE POLYETHYLENE GLYCOL 3350	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay

MIRALAX	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
MIRALAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
NULYTELY/FLAVOR PACKS	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG 3350	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG 3350	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG 3350/ELECTROLYTES	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	T1	AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG-3350/ELECTROLYTES	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG-3350/NACL/NA BICARBONATE/KCL	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG-PREP	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
POLYETHYLENE GLYCOL 3350	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
POLYETHYLENE GLYCOL 3350	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
SMOOTH LAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
SMOOTH LAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
STIMULANT LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
WOMANS LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
WOMANS LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay

(56:14) Gastrointestinal Drugs » Cholelitholytic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
URSODIOL	CAPS	300MG	T1		

(56:16) Gastrointestinal Drugs » Digestants

Product Name	Form	Strength	Pref	Coverage Details	Comment
CREON	CPEP	18000UNIT; 36000UNIT; 114000UNIT	T2		
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	T2		
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	T2		
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	T2		
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	T2		
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	T2		
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	T2		
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	T2		
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	T2		
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	T2		
ZENPEP	CPEP	218000UNIT; 40000UNIT; 136000UNIT	T2		
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	T2		
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	T2		
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	T2		

(56:22.08) Gastrointestinal Drugs » Antiemetics » Antihistamines

Product Name	Form	Strength	Pref	Coverage Details	Comment
TRIMETHOBENZAMIDE HCL	CAPS	300MG	T1		

(56:22.20) Gastrointestinal Drugs » Antiemetics » 5-HT3 Receptor Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
GRANISETRON HCL	TABS	1MG	T3	QL (4.00 EA per dispensing)	
ONDANSETRON HCL	TABS	8MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON HCL	SOLN	4MG/5ML	T1		
ONDANSETRON HCL	SOLN	40MG/20ML	T1		
ONDANSETRON HCL	TABS	4MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON HCL	TABS	24MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON ODT	TBDP	8MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON ODT	TBDP	4MG	T1	QL (8.00 EA per dispensing)	

(56:22.32) Gastrointestinal Drugs » Antiemetics » Neurokinin-1 Receptor Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
EMEND	CAPS	80MG	T3	QL (3.00 EA per dispensing)	
EMEND	CAPS	125MG	T3	QL (3.00 EA per dispensing)	
EMEND	CAPS	40MG	T3	QL (3.00 EA per dispensing)	
EMEND	CAPS	0	T3	QL (3.00 EA per dispensing)	
EMEND	SUSR	125MG	T3	QL (3.00 EA per dispensing)	

(56:22.92) Gastrointestinal Drugs » Antiemetics » Antiemetics, Miscellaneous

Product Name	Form	Strength	Pref	Coverage Details	Comment
DRONABINOL	CAPS	2.5MG	T3		
DRONABINOL	CAPS	5MG	T3		
DRONABINOL	CAPS	10MG	T3		
TRANSDERM-SCOP	PT72	1MG/3DAYS	T2		

(56:28.12) Gastrointestinal Drugs » Antulcer Agents and Acid Suppressants » Histamine H2-Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
CIMETIDINE	TABS	800MG	T1		
CIMETIDINE	TABS	300MG	T1		
CIMETIDINE	TABS	400MG	T1		
CIMETIDINE HCL	SOLN	300MG/5ML	T1		
NIZATIDINE	CAPS	150MG	T1		
NIZATIDINE	CAPS	300MG	T1		
RANITIDINE HCL	CAPS	150MG	T1		
RANITIDINE HCL	CAPS	300MG	T1		
RANITIDINE HCL	TABS	300MG	T1		
RANITIDINE HCL	SYRP	75MG/5ML	T1		
(56:28.28) Gastrointestinal Drugs » Antiulcer Agents and Acid Suppressants » Prostaglandins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MISOPROSTOL	TABS	100MCG	T1		
MISOPROSTOL	TABS	200MCG	T1		
(56:28.32) Gastrointestinal Drugs » Antiulcer Agents and Acid Suppressants » Protectants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CARAFATE	SUSP	1GM/10ML	T2		
SUCRALFATE	TABS	1GM	T1		
(56:28.36) Gastrointestinal Drugs » Antiulcer Agents and Acid Suppressants » Proton-pump Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PREVACID SOLUTAB	TBDP	15MG	T2	AL (max: 11y)	
PREVACID SOLUTAB	TBDP	30MG	T2	AL (max: 11y)	
(56:32) Gastrointestinal Drugs » Prokinetic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
METOCLOPRAMIDE HCL	TABS	10MG	T1		
METOCLOPRAMIDE HCL	TABS	5MG	T1		
METOCLOPRAMIDE HCL	SOLN	10MG/10ML	T1		
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	T1		
(56:36) Gastrointestinal Drugs » Anti-inflammatory Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALOSETRON HYDROCHLORIDE	TABS	0.5MG	T3		
ALOSETRON HYDROCHLORIDE	TABS	1MG	T3		
BALSALAZIDE DISODIUM	CAPS	750MG	T1		
CANASA	SUPP	1000MG	T2		
DELZICOL	CPDR	400MG	T2		
DIPENTUM	CAPS	250MG	T2		
LIALDA	TBEC	1.2GM	T3		
MESALAMINE	KIT	4GM	T1		
MESALAMINE	ENEM	4GM	T1		
MESALAMINE DR	TBEC	800MG	T1		
PENTASA	CPCR	250MG	T2		
PENTASA	CPCR	500MG	T2		
(56:92) Gastrointestinal Drugs » GI Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMITIZA	CAPS	8MCG	T3		
AMITIZA	CAPS	24MCG	T3		
LINZESS	CAPS	290MCG	T3		
LINZESS	CAPS	145MCG	T3		
VIBERZI	TABS	75MG	T3		
VIBERZI	TABS	100MG	T3		
(60:00) Gold Compounds					
Product Name	Form	Strength	Pref	Coverage Details	Comment
RIDAURA	CAPS	3MG	T2		
(64:00) Heavy Metal Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CUPRIMINE	CAPS	250MG	T2		
(68:04) Hormones and Synthetic Substitutes » Adrenals					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ASMANEX HFA	AERO	200MCG/ACT	T2	MN	
ASMANEX HFA	AERO	100MCG/ACT	T2	MN	
ASMANEX TWISTHALER 120 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 14 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 30 METERED DOSES	AEPB	220MCG/INH	T2	MN	

ASMANEX TWISTHALER 30 METERED DOSES	AEPB	110MCG/INH	T2	MN	
ASMANEX TWISTHALER 60 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 7 METERED DOSES	AEPB	110MCG/INH	T2	MN	
BUDESONIDE	SUSP	0.25MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	SUSP	1MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	CPEP	3MG	T3	QL (90.00 EA per 30 days)	
BUDESONIDE	SUSP	0.5MG/2ML	T1	MN; AL (max: 8y)	
CORTISONE ACETATE	TABS	25MG	T1		
DEXAMETHASONE	TABS	1.5MG	T1		
DEXAMETHASONE	ELIX	0.5MG/5ML	T1		
DEXAMETHASONE	SOLN	0.5MG/5ML	T1		
DEXAMETHASONE	TABS	0.75MG	T1		
DEXAMETHASONE	TABS	4MG	T1		
DEXAMETHASONE	TABS	1MG	T1		
DEXAMETHASONE	TABS	2MG	T1		
DEXAMETHASONE	TABS	6MG	T1		
DEXAMETHASONE	TABS	0.5MG	T1		
DEXAMETHASONE INTENSOL	CONC	1MG/ML	T1		
FLOVENT DISKUS	AEPB	50MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	100MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	250MCG/BLIST	T2	MN	
FLOVENT HFA	AERO	110MCG/ACT	T2	MN	
FLOVENT HFA	AERO	220MCG/ACT	T2	MN	
FLOVENT HFA	AERO	44MCG/ACT	T2	MN	
FLUDROCORTISONE ACETATE	TABS	0.1MG	T1		
HYDROCORTISONE	TABS	5MG	T1		
HYDROCORTISONE	TABS	10MG	T1		
HYDROCORTISONE	TABS	20MG	T1		
MEDROL	TABS	2MG	T2		
METHYLPREDNISOLONE	TABS	4MG	T1		
METHYLPREDNISOLONE	TABS	32MG	T1		
METHYLPREDNISOLONE	TABS	8MG	T1		
METHYLPREDNISOLONE	TABS	16MG	T1		
METHYLPREDNISOLONE DOSE PACK	TBPK	4MG	T1		
MILLIPRED	TABS	5MG	T1		
MILLIPRED DP	TBPK	5MG	T1		
MILLIPRED DP	TBPK	5MG	T1		
PREDNISOLONE	SOLN	15MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	25MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	T1		
PREDNISON	SOLN	5MG/5ML	T1		
PREDNISON	TABS	50MG	T1		
PREDNISON	TABS	5MG	T1		
PREDNISON	TABS	1MG	T1		
PREDNISON	TABS	10MG	T1		
PREDNISON	TABS	20MG	T1		
PREDNISON	TABS	2.5MG	T1		
PREDNISON	TBPK	10MG	T1		
PREDNISON	TBPK	5MG	T1		
PREDNISON INTENSOL	CONC	5MG/ML	T1		
PULMICORT FLEXHALER	AEPB	90MCG/ACT	T2	MN	
PULMICORT FLEXHALER	AEPB	180MCG/ACT	T2	MN	
QVAR	AERS	80MCG/ACT	T2	MN	
QVAR	AERS	40MCG/ACT	T2	MN	
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	T3	MN	
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	T3	MN	

(68:08) Hormones and Synthetic Substitutes » Androgens

Product Name	Form	Strength	Pref	Coverage Details	Comment
ANDRODERM	PT24	4MG/24HR	T2		
ANDRODERM	PT24	2MG/24HR	T2		
ANDROGEL	GEL	40.5MG/2.5GM	T3		
ANDROGEL	GEL	20.25MG/1.25GM	T3		
ANDROGEL PUMP	GEL	1.62%	T3		

ANDROXY	TABS	10MG	T1		
DANAZOL	CAPS	100MG	T1		
DANAZOL	CAPS	50MG	T1		
DANAZOL	CAPS	200MG	T1		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE	GEL	25MG/2.5GM	T3		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE CYPIONATE	SOLN	200MG/ML	T1	MN	
TESTOSTERONE ENANTHATE	SOLN	200MG/ML	T1		
TESTOSTERONE PUMP	GEL	1%	T3		

(68:12) Hormones and Synthetic Substitutes » Contraceptives

Product Name	Form	Strength	Pref	Coverage Details	Comment
AFTERA	TABS	1.5MG			Eligible for a \$0 copay
ALTAVERA	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
ALYACEN 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
ALYACEN 7/7/7	TABS	0; 0			Eligible for a \$0 copay
AMETHIA	TABS	0; 0			Eligible for a \$0 copay
AMETHIA LO	TABS	0; 0			Eligible for a \$0 Copay
AMETHYST	TABS	20MCG; 90MCG			Eligible for a \$0 copay
APRI	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
ARANELLE	TABS	0; 0			Eligible for a \$0 copay
ASHLYNA	TABS	0; 0			Eligible for a \$0 copay
AUBRA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
AVIANE	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
AZURETTE	TABS	0; 0			Eligible for a \$0 copay
BALZIVA	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
BRIELLYN	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
CAMILA	TABS	0.35MG			Eligible for a \$0 copay
CAMRESE	TABS	0; 0			Eligible for a \$0 copay
CAMRESE LO	TABS	0; 0			Eligible for a \$0 copay
CAZIAN	TABS	0; 0			Eligible for a \$0 copay
CESIA	TABS	0; 0			Eligible for a \$0 copay
CHATEAL	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
CRYSSELLE-28	TABS	30MCG; 0.3MG			Eligible for a \$0 copay
CYCLAFEM 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
CYCLAFEM 7/7/7	TABS	0; 0			Eligible for a \$0 copay
DASETTA 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
DASETTA 7/7/7	TABS	0; 0			Eligible for a \$0 copay
DAYSEE	TABS	0; 0			Eligible for a \$0 copay
DEBLITANE	TABS	0.35MG			Eligible for a \$0 copay
DELYLA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0; 0			Eligible for a \$0 copay
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG			Eligible for a \$0 copay
ECONTRA EZ	TABS	1.5MG			Eligible for a \$0 copay
ELINEST	TABS	30MCG; 0.3MG			Eligible for a \$0 copay
ELLA	TABS	30MG			Eligible for a \$0 copay
EMOQUETTE	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
ENPRESSE-28	TABS	0; 0			Eligible for a \$0 copay
ENSKYCE	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
ERRIN	TABS	0.35MG			Eligible for a \$0 copay
ESTARYLLA	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
FALLBACK SOLO	TABS	1.5MG			Eligible for a \$0 copay
FALMINA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
GIANVI	TABS	3MG; 0.02MG			Eligible for a \$0 copay
GILDAGIA	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
GILDESS 1.5/30	TABS	30MCG; 1.5MG			Eligible for a \$0 copay
GILDESS 1/20	TABS	20MCG; 1MG			Eligible for a \$0 copay
GILDESS 24 FE	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
GILDESS FE 1.5/30	TABS	30MCG; 75MG; 1.5MG			Eligible for a \$0 copay
GILDESS FE 1/20	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
HEATHER	TABS	0.35MG			Eligible for a \$0 copay
INTROVALE	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
JENCYCLA	TABS	0.35MG			Eligible for a \$0 copay

JOLESSA	TABS	0.03MG; 0.15MG		Eligible for a \$0 copay
JOLIVETTE	TABS	0.35MG		Eligible for a \$0 copay
JUNEL 1.5/30	TABS	30MCG; 1.5MG		Eligible for a \$0 copay
JUNEL 1/20	TABS	20MCG; 1MG		Eligible for a \$0 copay
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		Eligible for a \$0 copay
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG		Eligible for a \$0 copay
KARIVA	TABS	0; 0		Eligible for a \$0 copay
KELNOR 1/35	TABS	35MCG; 1MG		Eligible for a \$0 copay
KURVELO	TABS	0.03MG; 0.15MG		Eligible for a \$0 copay
LARIN 1.5/30	TABS	30MCG; 1.5MG		Eligible for a \$0 copay
LARIN 1/20	TABS	20MCG; 1MG		Eligible for a \$0 copay
LARIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		Eligible for a \$0 copay
LARIN FE 1/20	TABS	20MCG; 75MG; 1MG		Eligible for a \$0 copay
LEENA	TABS	0; 0		Eligible for a \$0 copay
LESSINA	TABS	20MCG; 0.1MG		Eligible for a \$0 copay
LEVONEST	TABS	0; 0		Eligible for a \$0 copay
LEVONORGESTREL	TABS	0.75MG		Eligible for a \$0 copay
LEVONORGESTREL	TABS	1.5MG		Eligible for a \$0 copay
LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	0; 0		Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG		Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG		Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	20MCG; 0.1MG		Eligible for a \$0 copay
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG		Eligible for a \$0 copay
LILETTA	IUD	18.6MCG/DAY		Eligible for a \$0 copay
LOMEDIA 24 FE	TABS	20MCG; 75MG; 1MG		Eligible for a \$0 copay
LORYNA	TABS	3MG; 0.02MG		Eligible for a \$0 copay
LOW-OGESTREL	TABS	30MCG; 0.3MG		Eligible for a \$0 copay
LUTERA	TABS	20MCG; 0.1MG		Eligible for a \$0 copay
LYZA	TABS	0.35MG		Eligible for a \$0 copay
MARLISSA	TABS	0.03MG; 0.15MG		Eligible for a \$0 copay
MIRENA	IUD	20MCG/24HR		Eligible for a \$0 copay
MONO-LINYAH	TABS	35MCG; 0.25MG		Eligible for a \$0 copay
MONONESSA	TABS	35MCG; 0.25MG		Eligible for a \$0 copay
MY WAY	TABS	1.5MG		Eligible for a \$0 copay
MYZILRA	TABS	0; 0		Eligible for a \$0 copay
NECON 0.5/35-28	TABS	35MCG; 0.5MG		Eligible for a \$0 copay
NECON 1/35	TABS	35MCG; 1MG		Eligible for a \$0 copay
NECON 1/50-28	TABS	50MCG; 1MG		Eligible for a \$0 copay
NECON 10/11-28	TABS	35MCG; 0		Eligible for a \$0 copay
NECON 7/7/7	TABS	0; 0		Eligible for a \$0 copay
NEXPLANON	IMPL	68MG		Eligible for a \$0 copay
NEXT CHOICE ONE DOSE	TABS	1.5MG		Eligible for a \$0 copay
NIKKI	TABS	3MG; 0.02MG		Eligible for a \$0 copay
NORA-BE	TABS	0.35MG		Eligible for a \$0 copay
NORETHINDRONE	TABS	0.35MG		Eligible for a \$0 Copay
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	25MCG; 75MG; 0.8MG		Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	20MCG; 1MG		Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG		Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG		Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	35MCG; 0.25MG		Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	0; 0		Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	0; 0		Eligible for a \$0 copay
NORLYROC	TABS	0.35MG		Eligible for a \$0 copay
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG		Eligible for a \$0 copay
NORTREL 1/35	TABS	35MCG; 1MG		Eligible for a \$0 copay
NORTREL 7/7/7	TABS	0; 0		Eligible for a \$0 copay
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR		Eligible for a \$0 copay
OCELLA	TABS	3MG; 0.03MG		Eligible for a \$0 copay
OGESTREL	TABS	50MCG; 0.5MG		Eligible for a \$0 copay
OPCICON ONE-STEP	TABS	1.5MG		Eligible for a \$0 copay
ORSYTHIA	TABS	20MCG; 0.1MG		Eligible for a \$0 copay
PHILITH	TABS	35MCG; 0.4MG		Eligible for a \$0 copay
PIMTREA	TABS	0; 0		Eligible for a \$0 copay

PIRMELLA 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
PIRMELLA 7/7/7	TABS	0; 0			Eligible for a \$0 copay
PORTIA-28	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
PREVIFEM	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
QUASENSE	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
RECLIPSEN	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
SHAROBEL	TABS	0.35MG			Eligible for a \$0 copay
SKYLA	IUD	13.5MG			Eligible for a \$0 copay
SOLIA	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
SPRINTEC 28	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
SRONYX	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
SYEDA	TABS	3MG; 0.03MG			Eligible for a \$0 copay
TARINA FE 1/20	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
TILIA FE	TABS	0; 75MG; 1MG			Eligible for a \$0 copay
TRI-ESTARYLLA	TABS				Eligible for a \$0 copay
TRI-LEGEST FE	TABS	0; 75MG; 1MG			Eligible for a \$0 copay
TRI-LINYAH	TABS				Eligible for a \$0 copay
TRI-LO-ESTARYLLA	TABS				Eligible for a \$0 copay
TRI-LO-MARZIA	TABS				Eligible for a \$0 copay
TRI-LO-SPRINTEC	TABS				Eligible for a \$0 copay
TRI-PREVIFEM	TABS				Eligible for a \$0 copay
TRI-SPRINTEC	TABS				Eligible for a \$0 copay
TRINESSA	TABS				Eligible for a \$0 copay
TRINESSA LO	TABS				Eligible for a \$0 copay
TRIVORA-28	TABS				Eligible for a \$0 copay
VELIVET	TABS				Eligible for a \$0 copay
VESTURA	TABS	3MG; 0.02MG			Eligible for a \$0 copay
VIORELE	TABS				Eligible for a \$0 copay
VYFEMLA	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
WERA	TABS	35MCG; 0.5MG			Eligible for a \$0 copay
XULANE	PTWK	35MCG/24HR; 150MCG/24HR			Eligible for a \$0 copay
ZARAH	TABS	3MG; 0.03MG			Eligible for a \$0 copay
ZENCHENT	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
ZEOSA	CHEW	35MCG; 0; 0.4MG			Eligible for a \$0 copay
ZOVIA 1/35E	TABS	35MCG; 1MG			Eligible for a \$0 copay
ZOVIA 1/50E	TABS	50MCG; 1MG			Eligible for a \$0 copay

(68:16.04) Hormones and Synthetic Substitutes » Estrogens and Antiestrogens » Estrogens

Product Name	Form	Strength	Pref	Coverage Details	Comment
ANGELIQ	TABS	0.5MG; 1MG	T2	MN	
ANGELIQ	TABS	0.25MG; 0.5MG	T2	MN	
DELESTROGEN	OIL	10MG/ML	T2	MN	
DEPO-ESTRADIOL	OIL	5MG/ML	T2	MN	
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	0.625MG; 1.25MG	T1	MN	
ESTRACE	CREA	0.1MG/GM	T2		
ESTRADIOL	PTWK	0.1MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.025MG/24HR	T1	MN	
ESTRADIOL	TABS	0.5MG	T1	MN	
ESTRADIOL	TABS	1MG	T1	MN	
ESTRADIOL	TABS	2MG	T1	MN	
ESTRADIOL	PTWK	0.075MG/24HR	T1	MN	
ESTRADIOL	PTWK	37.5MCG/24HR	T1	MN	
ESTRADIOL	PTTW	0.1MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.05MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.06MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.075MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.05MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.0375MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.025MG/24HR	T1	MN	
ESTRADIOL VALERATE	OIL	40MG/ML	T1	MN	
ESTRADIOL VALERATE	OIL	20MG/ML	T1	MN	
ESTRADIOL/NORETHINDRONE ACETATE	TABS	1MG; 0.5MG	T1	MN	
ESTRADIOL/NORETHINDRONE ACETATE	TABS	0.5MG; 0.1MG	T1	MN	
ESTROPIPATE	TABS	3MG	T1	MN	
MENEST	TABS	0.3MG	T2	MN	

MENEST	TABS	1.25MG	T2	MN	
MENEST	TABS	0.625MG	T2	MN	
MENEST	TABS	2.5MG	T2	MN	
METHYLTESTOSTERONE/ESTERIFIED ESTROGENS	TABS	1.25MG; 2.5MG	T1	MN	
PREMARIN	TABS	0.45MG	T2	MN	
PREMARIN	TABS	1.25MG	T2	MN	
PREMARIN	TABS	0.3MG	T2	MN	
PREMARIN	TABS	0.9MG	T2	MN	
PREMARIN	CREA	0.625MG/GM	T2		
PREMARIN	TABS	0.625MG	T2	MN	
PREMPHASE	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.625MG; 2.5MG	T2	MN	
PREMPRO	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.3MG; 1.5MG	T2	MN	
PREMPRO	TABS	0.45MG; 1.5MG	T2	MN	
VAGIFEM	TABS	10MCG	T3		

(68:16.12) Hormones and Synthetic Substitutes » Estrogens and Antiestrogens » Estrogen Agonist-Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
DUAVEE	TABS	20MG; 0.45MG	T2	MN	
RALOXIFENE HYDROCHLORIDE	TABS	60MG	T3	MN	Eligible for a \$0 copay

(68:20.02) Hormones and Synthetic Substitutes » Antidiabetic Agents » Alpha-Glucosidase Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACARBOSE	TABS	25MG	T1	MN	
ACARBOSE	TABS	50MG	T1	MN	
ACARBOSE	TABS	100MG	T1	MN	

(68:20.04) Hormones and Synthetic Substitutes » Antidiabetic Agents » Biguanides

Product Name	Form	Strength	Pref	Coverage Details	Comment
METFORMIN HCL	TABS	500MG	T1	MN	
METFORMIN HCL	TABS	1000MG	T1	MN	
METFORMIN HCL	TABS	850MG	T1	MN	
METFORMIN HCL ER	TB24	500MG	T1	MN	
METFORMIN HCL ER	TB24	750MG	T1	MN	

(68:20.05) Hormones and Synthetic Substitutes » Antidiabetic Agents » Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
JANUMET	TABS	500MG; 50MG	T2	MN	
JANUMET	TABS	1000MG; 50MG	T2	MN	
JANUMET XR	TB24	1000MG; 50MG	T2	MN	
JANUMET XR	TB24	500MG; 50MG	T2	MN	
JANUMET XR	TB24	1000MG; 100MG	T2	MN	
JANUVIA	TABS	100MG	T2	MN	
JANUVIA	TABS	50MG	T2	MN	
JANUVIA	TABS	25MG	T2	MN	
JENTADUETO	TABS	2.5MG; 850MG	T2	MN	
JENTADUETO	TABS	2.5MG; 1000MG	T2	MN	
JENTADUETO	TABS	2.5MG; 500MG	T2	MN	
JENTADUETO XR	TB24	2.5MG; 1000MG	T2	MN	
JENTADUETO XR	TB24	5MG; 1000MG	T2	MN	
TRADJENTA	TABS	5MG	T2	MN	

(68:20.06) Hormones and Synthetic Substitutes » Antidiabetic Agents » Incretin Mimetics

Product Name	Form	Strength	Pref	Coverage Details	Comment
BYDUREON	SRER	2MG	T3	MN	
BYDUREON PEN	PEN	2MG	T3	MN	
BYETTA	SOPN	5MCG/0.02ML	T3	MN	
BYETTA	SOPN	10MCG/0.04ML	T3	MN	

(68:20.08) Hormones and Synthetic Substitutes » Antidiabetic Agents » Insulins

Product Name	Form	Strength	Pref	Coverage Details	Comment
APIDRA	SOLN	100UNIT/ML	T3	MN	
APIDRA SOLOSTAR	SOPN	100UNIT/ML	T3	MN	
HUMALOG	SOLN	100UNIT/ML	T2	MN	
HUMALOG	SOCT	100UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	200UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	100UNIT/ML	T2	MN	
HUMALOG MIX 50/50	SUSP	50UNIT/ML; 50UNIT/ML	T2	MN	
HUMALOG MIX 50/50 KWIKPEN	SUPN	50UNIT/ML; 50UNIT/ML	T2	MN	

HUMALOG MIX 75/25	SUSP	25UNIT/ML; 75UNIT/ML	T2	MN	
HUMALOG MIX 75/25 KWIKPEN	SUPN	25UNIT/ML; 75UNIT/ML	T2	MN	
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN 70/30 KWIKPEN	SUPN	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN N	SUSP	100UNIT/ML	T2	MN	
HUMULIN N KWIKPEN	SUPN	100UNIT/ML	T2	MN	
HUMULIN R	SOLN	100UNIT/ML	T2	MN	
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	T2	MN	
HUMULIN R U-500 KWIKPEN	SOPN	500UNIT/ML	T2	MN	
LANTUS	SOLN	100UNIT/ML	T2	MN	
LANTUS SOLOSTAR	SOPN	100UNIT/ML	T2	MN	
LEVEMIR	SOLN	100UNIT/ML	T2	MN	
LEVEMIR FLEXTOUCH	SOPN	100UNIT/ML	T2	MN	
NOVOLIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
NOVOLIN N	SUSP	100UNIT/ML	T2	MN	
NOVOLIN R	SOLN	100UNIT/ML	T2	MN	
NOVOLOG	SOLN	100UNIT/ML	T2	MN	
NOVOLOG FLEXPEN	SOPN	100UNIT/ML	T2	MN	
NOVOLOG MIX 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	30UNIT/ML; 70UNIT/ML	T2	MN	
NOVOLOG PENFILL	SOCT	100UNIT/ML	T2	MN	
TOUJEO SOLOSTAR	SOPN	300UNIT/ML	T2	MN	
TRESIBA FLEXTOUCH	SOPN	100UNIT/ML	T2	MN	
TRESIBA FLEXTOUCH	SOPN	200UNIT/ML	T2	MN	

(68:20.16) Hormones and Synthetic Substitutes » Antidiabetic Agents » Meglitinides

Product Name	Form	Strength	Pref	Coverage Details	Comment
NATEGLINIDE	TABS	60MG	T3	MN	
NATEGLINIDE	TABS	120MG	T3	MN	
REPAGLINIDE	TABS	0.5MG	T3	MN	
REPAGLINIDE	TABS	1MG	T3	MN	
REPAGLINIDE	TABS	2MG	T3	MN	

(68:20.18) Hormones and Synthetic Substitutes » Antidiabetic Agents » Sodium-glucose Cotransporter 2 (SGLT2) Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
INVOKAMET	TABS	150MG; 1000MG	T3	MN	
INVOKAMET	TABS	50MG; 500MG	T3	MN	
INVOKAMET	TABS	50MG; 1000MG	T3	MN	
INVOKAMET	TABS	150MG; 500MG	T3	MN	
INVOKANA	TABS	100MG	T3	MN	
INVOKANA	TABS	300MG	T3	MN	

(68:20.20) Hormones and Synthetic Substitutes » Antidiabetic Agents » Sulfonylureas

Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLORPROPAMIDE	TABS	100MG	T1	MN	
CHLORPROPAMIDE	TABS	250MG	T1	MN	
GLIMEPIRIDE	TABS	1MG	T1	MN	
GLIMEPIRIDE	TABS	2MG	T1	MN	
GLIMEPIRIDE	TABS	4MG	T1	MN	
GLIPIZIDE XL	TB24	2.5MG	T1	MN	
GLIPIZIDE XL	TB24	10MG	T1	MN	
GLIPIZIDE XL	TB24	5MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T1	MN	
GLYBURIDE	TABS	2.5MG	T1	MN	
GLYBURIDE	TABS	1.25MG	T1	MN	
GLYBURIDE	TABS	5MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	6MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	3MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	1.5MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	1.25MG; 250MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	5MG; 500MG	T1	MN	
TOLAZAMIDE	TABS	250MG	T1	MN	
TOLAZAMIDE	TABS	500MG	T1	MN	
TOLBUTAMIDE	TABS	500MG	T1	MN	

TRANEXAMIC ACID	TABS	650MG	T1		
(68:20.28) Hormones and Synthetic Substitutes » Antidiabetic Agents » Thiazolidinediones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PIOGLITAZONE HCL	TABS	30MG	T1	MN	
PIOGLITAZONE HCL	TABS	45MG	T1	MN	
PIOGLITAZONE HCL	TABS	15MG	T1	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	2MG; 30MG	T3	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	4MG; 30MG	T3	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	T3	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	T3	MN	
(68:22.12) Hormones and Synthetic Substitutes » Antihypoglycemic Agents » Glycogenolytic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
GLUCAGEN HYPOKIT	SOLR	1MG	T2		
GLUCAGON EMERGENCY KIT	KIT	1MG	T2	QL (2.00 EA per 25 days)	
(68:22.92) Hormones and Synthetic Substitutes » Antihypoglycemic Agents » Antihypoglycemic Agents, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PROGLYCEM	SUSP	50MG/ML	T2		
(68:24) Hormones and Synthetic Substitutes » Parathyroid					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CALCITONIN-SALMON	SOLN	200UNIT/ACT	T1	MN	
FORTICAL	SOLN	200UNIT/ACT	T2	MN	
(68:28) Hormones and Synthetic Substitutes » Pituitary					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DESMOPRESSIN ACETATE	SOLN	0.01%	T1		
DESMOPRESSIN ACETATE	SOLN	0.01%	T1		
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	T1		
DESMOPRESSIN ACETATE	TABS	0.1MG	T1		
DESMOPRESSIN ACETATE	TABS	0.2MG	T1		
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	T1		
STIMATE	SOLN	1.5MG/ML	T2		
(68:32) Hormones and Synthetic Substitutes » Progestins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MEDROXYPROGESTERONE ACETATE	SUSY	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	5MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	TABS	10MG	T1	MN	
NORETHINDRONE ACETATE	TABS	5MG	T1	MN	
PROGESTERONE	CAPS	200MG	T1		
PROGESTERONE	CAPS	100MG	T1		
PROGESTERONE	OIL	50MG/ML	T1	MN	
(68:36.04) Hormones and Synthetic Substitutes » Thyroid and Antithyroid Agents » Thyroid Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ARMOUR THYROID	TABS	60MG	T2	MN	
ARMOUR THYROID	TABS	90MG	T2	MN	
ARMOUR THYROID	TABS	240MG	T2	MN	
ARMOUR THYROID	TABS	15MG	T2	MN	
ARMOUR THYROID	TABS	30MG	T2	MN	
ARMOUR THYROID	TABS	120MG	T2	MN	
ARMOUR THYROID	TABS	180MG	T2	MN	
ARMOUR THYROID	TABS	300MG	T2	MN	
LEVOTHYROXINE SODIUM	TABS	75MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	50MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	88MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	150MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	175MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	25MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	137MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	100MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	112MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	125MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	200MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	300MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	5MCG	T1	MN	

LIOTHYRONINE SODIUM	TABS	50MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	25MCG	T1	MN	
NATURE-THROID	TABS	65MG	T2	MN	
NATURE-THROID	TABS	97.5MG	T2	MN	
NATURE-THROID	TABS	32.5MG	T2	MN	
NATURE-THROID	TABS	16.25MG	T2	MN	
NATURE-THROID	TABS	48.75MG	T2	MN	
NATURE-THROID	TABS	113.75MG	T2	MN	
NATURE-THROID	TABS	81.25MG	T2	MN	
NATURE-THROID	TABS	325MG	T2	MN	
NATURE-THROID	TABS	260MG	T2	MN	
NATURE-THROID	TABS	130MG	T2	MN	
NATURE-THROID	TABS	146.25MG	T2	MN	
NATURE-THROID	TABS	195MG	T2	MN	
NATURE-THROID NT-2.5	TABS	162.5MG	T2	MN	
SYNTHROID	TABS	137MCG	T2	MN	
SYNTHROID	TABS	125MCG	T2	MN	
SYNTHROID	TABS	75MCG	T2	MN	
SYNTHROID	TABS	50MCG	T2	MN	
SYNTHROID	TABS	150MCG	T2	MN	
SYNTHROID	TABS	25MCG	T2	MN	
SYNTHROID	TABS	112MCG	T2	MN	
SYNTHROID	TABS	300MCG	T2	MN	
SYNTHROID	TABS	88MCG	T2	MN	
SYNTHROID	TABS	100MCG	T2	MN	
SYNTHROID	TABS	175MCG	T2	MN	
SYNTHROID	TABS	200MCG	T2	MN	
THYROLAR-1	TABS	60MG	T2	MN	
THYROLAR-1/2	TABS	30MG	T2	MN	
THYROLAR-1/4	TABS	15MG	T2	MN	
THYROLAR-2	TABS	120MG	T2	MN	
THYROLAR-3	TABS	180MG	T2	MN	

(68:36.08) Hormones and Synthetic Substitutes » Thyroid and Antithyroid Agents » Antithyroid Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
METHIMAZOLE	TABS	10MG	T1		
METHIMAZOLE	TABS	5MG	T1		
PROPYLTHIOURACIL	TABS	50MG	T1		
SSKI	SOLN	1GM/ML	T1		

(76:00) Oxytocics

Product Name	Form	Strength	Pref	Coverage Details	Comment
METHYLERGONOVININE MALEATE	TABS	0.2MG	T1		

(80:12) Antitoxins, Immune Globulins, Toxoids, and Vaccines » Vaccines

Product Name	Form	Strength	Pref	Coverage Details	Comment
VIVOTIF	CPDR	0	T2		

(84:04.04) Skin and Mucous Membrane Preparations » Anti-infectives » Antibacterials

Product Name	Form	Strength	Pref	Coverage Details	Comment
AKNE-MYCN	OINT	2%	T2		
BACTROBAN NASAL	OINT	2%	T2		
BENZAMYCINPAK	PACK	5%; 3%	T2		
CLEOCIN	SUPP	100MG	T2		
CLINDAMYCIN PHOSPHATE	SWAB	1%	T1		
CLINDAMYCIN PHOSPHATE	SOLN	1%	T1		
CLINDAMYCIN PHOSPHATE	GEL	1%	T1		
CLINDAMYCIN PHOSPHATE	LOTN	1%	T1		
CLINDAMYCIN PHOSPHATE	CREA	2%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1.2%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1%	T1		
ERYTHROMYCIN	SOLN	2%	T1		
ERYTHROMYCIN	GEL	2%	T1		
ERYTHROMYCIN	PADS	2%	T1		
GENTAMICIN SULFATE	OINT	0.1%	T1		
GENTAMICIN SULFATE	CREA	0.1%	T1		
METRONIDAZOLE	CREA	0.75%	T1		

METRONIDAZOLE	LOTN	0.75%	T1		
METRONIDAZOLE	GEL	0.75%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE VAGINAL	GEL	0.75%	T1		
MUPIROCIN	OINT	2%	T1		
MUPIROCIN CALCIUM	CREA	2%	T1		
NORITATE	CREA	1%	T2		
SULFACETAMIDE SODIUM	SUSP	10%	T1		
(84:04.06) Skin and Mucous Membrane Preparations » Anti-infectives » Antivirals					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ACYCLOVIR	OINT	5%	T1		
ZOVIRAX	CREA	5%	T2		
(84:04.08.04) Skin and Mucous Membrane Preparations » Anti-infectives » Antifungals » Allylamines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NAFTIFINE HCL	CREA	1%	T1		
NAFTIFINE HYDROCHLORIDE	CREA	2%	T1		
NAFTIN	GEL	1%	T2		
NAFTIN	GEL	2%	T2		
(84:04.08.08) Skin and Mucous Membrane Preparations » Anti-infectives » Antifungals » Azoles					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CLOTRIMAZOLE	TROC	10MG	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	0.05%; 1%	T1		
ECONAZOLE NITRATE	CREA	1%	T1		
EXELDERM	SOLN	1%	T2		
EXELDERM	CREA	1%	T2		
KETOCONAZOLE	SHAM	2%	T1		
KETOCONAZOLE	CREA	2%	T1		
OXICONAZOLE NITRATE	CREA	1%	T1		
OXISTAT	LOTN	1%	T2		
TERCONAZOLE	CREA	0.8%	T1		
TERCONAZOLE	SUPP	80MG	T1		
TERCONAZOLE	CREA	0.4%	T1		
(84:04.08.20) Skin and Mucous Membrane Preparations » Anti-infectives » Antifungals » Hydroxypyridones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CICLOPIROX	SUSP	0.77%	T1		
CICLOPIROX	GEL	0.77%	T1		
CICLOPIROX	SHAM	1%	T1		
CICLOPIROX NAIL LACQUER	SOLN	8%	T1		
CICLOPIROX OLAMINE	CREA	0.77%	T1		
(84:04.08.28) Skin and Mucous Membrane Preparations » Anti-infectives » Antifungals » Polyenes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NYSTATIN	OINT	100000UNIT/GM	T1		
NYSTATIN	CREA	100000UNIT/GM	T1		
NYSTOP	POWD	100000UNIT/GM	T1		
(84:04.12) Skin and Mucous Membrane Preparations » Anti-infectives » Scabicides and Pediculicides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
EURAX	CREA	10%	T2		
EURAX	LOTN	10%	T2		
LINDANE	SHAM	1%	T2		
LINDANE	LOTN	1%	T2		
PERMETHRIN	CREA	5%	T1		
(84:04.92) Skin and Mucous Membrane Preparations » Anti-infectives » Local Anti-infectives, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AVC	CREA	15%	T2		
HYDROCORTISONE/IODOQUINOL	CREA	1%; 1%	T1		
SELENIUM SULFIDE	LOTN	2.5%	T1		
SELENIUM SULFIDE	SHAM	0; 2.25%; 0	T1		
SILVER SULFADIAZINE	CREA	1%	T1		
(84:06) Skin and Mucous Membrane Preparations » Anti-inflammatory Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	T1		
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	T1		

AMCINONIDE	OINT	0.1%	T1		
AMCINONIDE	LOTN	0.1%	T1		
AMCINONIDE	CREA	0.1%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
BETAMETHASONE VALERATE	CREA	0.1%	T1		
BETAMETHASONE VALERATE	LOTN	0.1%	T1		
BETAMETHASONE VALERATE	OINT	0.1%	T1		
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	0.064%; 0.005%	T3		
CAPEX	SHAM	0.01%	T2		
CLOBETASOL PROPIONATE	GEL	0.05%	T1		
CLOBETASOL PROPIONATE	CREA	0.05%	T1		
CLOBETASOL PROPIONATE	OINT	0.05%	T1		
CLOBETASOL PROPIONATE	SOLN	0.05%	T1		
CLOBETASOL PROPIONATE	SHAM	0.05%	T3		
CLOBETASOL PROPIONATE	FOAM	0.05%	T3		
CLOBETASOL PROPIONATE EMOLLIENT	CREA	0.05%	T1		
CORTIFOAM	FOAM	10%	T2		
DESONIDE	CREA	0.05%	T1		
DESONIDE	LOTN	0.05%	T1		
DESONIDE	OINT	0.05%	T1		
DESOXIMETASONE	CREA	0.25%	T1		
DESOXIMETASONE	GEL	0.05%	T1		
DESOXIMETASONE	OINT	0.25%	T1		
DESOXIMETASONE	CREA	0.05%	T1		
DIFLORASONE DIACETATE	CREA	0.05%	T1		
DIFLORASONE DIACETATE	OINT	0.05%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.025%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.01%	T1		
FLUOCINOLONE ACETONIDE	SOLN	0.01%	T1		
FLUOCINOLONE ACETONIDE	OINT	0.025%	T1		
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	T1		
FLUOCINOLONE ACETONIDE SCALP	OIL	0.01%	T1		
FLUOCINONIDE	CREA	0.05%	T1		
FLUOCINONIDE	GEL	0.05%	T1		
FLUOCINONIDE	OINT	0.05%	T1		
FLUOCINONIDE	SOLN	0.05%	T1		
FLUOCINONIDE-E	CREA	0.05%	T1		
FLUTICASONE PROPIONATE	OINT	0.005%	T1		
FLUTICASONE PROPIONATE	CREA	0.05%	T1		
HALOBETASOL PROPIONATE	OINT	0.05%	T1		
HALOBETASOL PROPIONATE	CREA	0.05%	T1		
HALOG	CREA	0.1%	T2		
HALOG	OINT	0.1%	T2		
HYDROCORTISONE	ENEM	100MG/60ML	T1		
HYDROCORTISONE	CREA	2.5%	T1		
HYDROCORTISONE	CREA	2.5%	T1		
HYDROCORTISONE	LOTN	2.5%	T1		
HYDROCORTISONE	OINT	2.5%	T1		
HYDROCORTISONE ACETATE	SUPP	25MG	T1		
HYDROCORTISONE ACETATE	SUPP	30MG	T1		
HYDROCORTISONE BUTYRATE	SOLN	0.1%	T1		
HYDROCORTISONE VALERATE	CREA	0.2%	T1		
HYDROCORTISONE VALERATE	OINT	0.2%	T1		
MOMETASONE FUROATE	SOLN	0.1%	T1		
MOMETASONE FUROATE	OINT	0.1%	T1		
MOMETASONE FUROATE	CREA	0.1%	T1		
NYSTATIN/TRIAMCINOLONE	CREA	100000UNIT/GM; 0.1%	T1		
NYSTATIN/TRIAMCINOLONE	OINT	100000UNIT/GM; 0.1%	T1		

PRAMOSONE	OINT	1%; 1%	T2		
PRAMOSONE	LOTN	2.5%; 1%	T2		
PRAMOSONE	CREA	1%; 1%	T2		
PRAMOSONE	LOTN	1%; 1%	T2		
PRAMOSONE	CREA	2.5%; 1%	T2		
PRAMOSONE	OINT	2.5%; 1%	T2		
PROCTOSOL HC	CREA	2.5%	T1		
PROCTOZONE-HC	CREA	2.5%	T1		
TACLONEX	SUSP	0.064%; 0.005%	T3		
TEXACORT	SOLN	2.5%	T2		
TRIAMCINOLONE ACETONIDE	CREA	0.025%	T1		
TRIAMCINOLONE ACETONIDE	AERS	0.147MG/GM	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.5%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.1%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.025%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.5%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.1%	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	T1		
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	T1		
TRIANEX	OINT	0.05%	T1		

(84:08) Skin and Mucous Membrane Preparations » Antipruritics and Local Anesthetics

Product Name	Form	Strength	Pref	Coverage Details	Comment
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	1%; 1%	T1		
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	2.5%; 1%	T1		
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	2.5%; 1%	T1		
LIDOCAINE	OINT	5%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	T1		
LIDOCAINE/PRILOCAINE	KIT	2.5%; 2.5%	T1		
PHENAZOPYRIDINE HCL	TABS	200MG	T1		
PHENAZOPYRIDINE HCL	TABS	100MG	T1		

(84:12) Skin and Mucous Membrane Preparations » Astringents

Product Name	Form	Strength	Pref	Coverage Details	Comment
HYPERCARE	SOLN	20%	T1		

(84:16) Skin and Mucous Membrane Preparations » Cell Stimulants and Proliferants

Product Name	Form	Strength	Pref	Coverage Details	Comment
TRETIN-X	CREA	0.075%	T2	PA; AL (max: 39y)	
TRETINOIN	CREA	0.025%	T1	PA; AL (max: 39y)	
TRETINOIN	GEL	0.01%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.05%	T1	PA; AL (max: 39y)	
TRETINOIN	GEL	0.025%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE	GEL	0.04%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE	GEL	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE PUMP	GEL	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE PUMP	GEL	0.04%	T1	PA; AL (max: 39y)	

(84:28) Skin and Mucous Membrane Preparations » Keratolytic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
BP 10-1	EMUL	10%; 1%	T1		
SODIUM SULFACETAMIDE/SULFUR	LOTN	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR	SUSP	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR	LOTN	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	9%; 4.5%	T1		
SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	9%; 4%	T1		
SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	10%; 5%	T1		

(84:50.06) Skin and Mucous Membrane Preparations » Depigmenting and Pigmenting Agents » Pigmenting Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
METHOXSALEN	CAPS	10MG	T3		

(84:92) Skin and Mucous Membrane Preparations » Skin and Mucous Membrane Agents, Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
ABSORICA	CAPS	10MG	T2		
ABSORICA	CAPS	35MG	T2		

ABSORICA	CAPS	20MG	T2		
ABSORICA	CAPS	30MG	T2		
ABSORICA	CAPS	25MG	T2		
ABSORICA	CAPS	40MG	T2		
ACITRETIN	CAPS	17.5MG	T3		
ACITRETIN	CAPS	10MG	T3		
ACITRETIN	CAPS	25MG	T3		
ADAPALENE	CREA	0.1%	T1		
ADAPALENE	GEL	0.1%	T1		
ADAPALENE	GEL	0.3%	T1		
ADAPALENE	GEL	0.3%	T1		
ADAPALENE	LOTN	0.1%	T1		
AMNESTEEM	CAPS	10MG	T1		
AMNESTEEM	CAPS	20MG	T1		
AMNESTEEM	CAPS	40MG	T1		
AZELEX	CREA	20%	T2		
CALCIPOTRIENE	SOLN	0.005%	T1		
CALCIPOTRIENE	CREA	0.005%	T1		
CALCITRIOL	OINT	3MCG/GM	T3		
CLARAVIS	CAPS	30MG	T1		
CLARAVIS	CAPS	40MG	T1		
CLARAVIS	CAPS	10MG	T1		
CLARAVIS	CAPS	20MG	T1		
CONDYLOX	GEL	0.5%	T2		
DICLOFENAC SODIUM	GEL	1%	T3		
ELIDEL	CREA	1%	T3		
EPIDUO	GEL	0.1%; 2.5%	T3		
FLUOROPLEX	CREA	1%	T2		
FLUOROURACIL	CREA	5%	T1		
FLUOROURACIL	SOLN	5%	T1		
FLUOROURACIL	SOLN	2%	T1		
FLUOROURACIL	CREA	0.5%	T1		
IMIQUIMOD	CREA	5%	T3		
PICATO	GEL	0.05%	T3	PA	
PICATO	GEL	0.015%	T3	PA	
PODOFILOX	SOLN	0.5%	T1		
REGRANEX	GEL	0.01%	T2		
SANTYL	OINT	250UNIT/GM	T2		
TACROLIMUS	OINT	0.1%	T3		
TACROLIMUS	OINT	0.03%	T3		
TAZORAC	CREA	0.05%	T2	PA; AL (max: 39y)	
TAZORAC	GEL	0.1%	T2	PA; AL (max: 39y)	
TAZORAC	GEL	0.05%	T2	PA; AL (max: 39y)	
TAZORAC	CREA	0.1%	T2	PA; AL (max: 39y)	
ZYCLARA	CREA	3.75%	T3		
ZYCLARA PUMP	CREA	2.5%	T3		
ZYCLARA PUMP	CREA	3.75%	T3		

(86:12.04) Smooth Muscle Relaxants » Genitourinary Smooth Muscle Relaxants » Antimuscarinics

Product Name	Form	Strength	Pref	Coverage Details	Comment
DARIFENACIN HYDROBROMIDE ER	TB24	15MG	T3	MN	
DARIFENACIN HYDROBROMIDE ER	TB24	7.5MG	T3	MN	
FLAVOXATE HCL	TABS	100MG	T1	MN	
OXYBUTYNIN CHLORIDE	TABS	5MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	5MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	10MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	15MG	T1	MN	
TOLTERODINE TARTRATE	TABS	2MG	T1	MN	
TOLTERODINE TARTRATE	TABS	1MG	T1	MN	
TOLTERODINE TARTRATE ER	CP24	4MG	T3	MN	
TOLTERODINE TARTRATE ER	CP24	2MG	T3	MN	
VESICARE	TABS	10MG	T2	MN	
VESICARE	TABS	5MG	T2	MN	

(86:12.08.12) Smooth Muscle Relaxants » Genitourinary Smooth Muscle Relaxants » B3-Adrenergic Agonists » Selective B3-Adrenergic Agonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
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MYRBETRIQ	TB24	50MG	T2	MN	
MYRBETRIQ	TB24	25MG	T2	MN	
(86:16) Smooth Muscle Relaxants » Respiratory Smooth Muscle Relaxants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ELIXOPHYLLIN	ELIX	80MG/15ML	T2	MN	
THEO-24	CP24	0; 100MG	T2	MN	
THEO-24	CP24	300MG	T2	MN	
THEO-24	CP24	200MG	T2	MN	
THEO-24	CP24	400MG	T2	MN	
THEOPHYLLINE	SOLN	80MG/15ML	T1	MN	
THEOPHYLLINE CR	TB12	100MG	T1	MN	
THEOPHYLLINE CR	TB12	200MG	T1	MN	
THEOPHYLLINE ER	TB24	600MG	T1	MN	
THEOPHYLLINE ER	TB24	400MG	T1	MN	
THEOPHYLLINE ER	TB12	450MG	T1	MN	
THEOPHYLLINE ER	TB12	300MG	T1	MN	
THEOPHYLLINE ER	TB24	400MG	T1	MN	
(88:08) Vitamins » Vitamin B Complex					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CYANOCOBALAMIN	SOLN	1000MCG/ML	T1		
FOLIC ACID	TABS	400MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	800MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	1MG	T1		
NASCOBAL	SOLN	500MCG/0.1ML	T2		
NASCOBAL	SOLN	500MCG/0.1ML	T2		
(88:16) Vitamins » Vitamin D					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CALCITRIOL	SOLN	1MCG/ML	T1		
CALCITRIOL	CAPS	0.5MCG	T1		
CALCITRIOL	CAPS	0.25MCG	T1		
PARICALCITOL	CAPS	1MCG	T1	PA	
PARICALCITOL	CAPS	2MCG	T1	PA	
PARICALCITOL	CAPS	4MCG	T1	PA	
VITAMIN D	CAPS	5000UNIT	T1		
(88:24) Vitamins » Vitamin K Activity					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MEPHYTON	TABS	5MG	T2		
(88:28) Vitamins » Multivitamin Preparations					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CLASSIC PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
CONCEPT DHA	CAPS		T1		
MISSION PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
MISSION PRENATAL HP	TABS			GL (f)	Eligible for a \$0 copay
MULTI-VITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI VITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI VITAMIN/FLUORIDE	CHEW		T1		
MULTI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI-VITAMIN/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI-VITAMIN/FLUORIDE/IRON	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN WITH FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN WITH FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN WITH FLUORIDE	CHEW		T1		
MYKIDZ IRON FL	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
ONE-A-DAY WOMENS PRENATAL	MISC			GL (f)	Eligible for a \$0 copay
PERRY PRENATAL	CAPS			GL (f)	Eligible for a \$0 copay
POLY-VI-FLOR	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR/IRON	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR/IRON	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
PRENATAL FORTE	TABS			GL (f)	Eligible for a \$0 copay
PRENATAL PLUS	TABS		T1		

PRENATAL PLUS IRON	TABS		T1		
PROTECTNATAL	TBEC			GL (f)	Eligible for a \$0 copay
QUFLORA PEDIATRIC	SOLN			AL (min: 6m, max: 12m)	Eligible for a \$0 copay
RENAL	CAPS		T1		
RIGHT STEP PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
TL-FLUORIVITE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRI-VI-FLORO	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRI-VIT/FLUORIDE/IRON	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
UROSEX	TABS			GL (f)	Eligible for a \$0 copay
VOL-PLUS	TABS		T1		

(92:04) Miscellaneous Therapeutic Agents » Alcohol Deterrents

Product Name	Form	Strength	Pref	Coverage Details	Comment
DISULFIRAM	TABS	500MG	T1		
DISULFIRAM	TABS	250MG	T1		

(92:08) Miscellaneous Therapeutic Agents » 5-alpha-Reductase Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
FINASTERIDE	TABS	5MG	T1		

(92:12) Miscellaneous Therapeutic Agents » Antidotes

Product Name	Form	Strength	Pref	Coverage Details	Comment
LEUCOVORIN CALCIUM	TABS	10MG	T1		
LEUCOVORIN CALCIUM	TABS	15MG	T1		
LEUCOVORIN CALCIUM	TABS	5MG	T1		
LEUCOVORIN CALCIUM	TABS	25MG	T1		

(92:16) Miscellaneous Therapeutic Agents » Antigout Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALLOPURINOL	TABS	300MG	T1	MN	
ALLOPURINOL	TABS	100MG	T1	MN	
COLCHICINE	TABS	0.6MG	T1	MN	
ULORIC	TABS	80MG	T3	ST	
ULORIC	TABS	40MG	T3	ST	

(92:24) Miscellaneous Therapeutic Agents » Bone Resorption Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALENDRONATE SODIUM	TABS	5MG	T1	MN	
ALENDRONATE SODIUM	TABS	10MG	T1	MN	
ALENDRONATE SODIUM	TABS	40MG	T1	MN	
ALENDRONATE SODIUM	TABS	70MG	T1	MN	
ALENDRONATE SODIUM	TABS	35MG	T1	MN	
ETIDRONATE DISODIUM	TABS	200MG	T1	MN	
ETIDRONATE DISODIUM	TABS	400MG	T1	MN	
IBANDRONATE SODIUM	TABS	150MG	T1	MN	
RISEDRONATE SODIUM	TABS	35MG	T1	MN	
RISEDRONATE SODIUM	TABS	5MG	T1	MN	
RISEDRONATE SODIUM	TABS	30MG	T1	MN	
RISEDRONATE SODIUM	TABS	150MG	T1	MN	

(92:28) Miscellaneous Therapeutic Agents » Cariostatic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
FLUOR-A-DAY	CHEW	0.25MG; 236.79MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUOR-A-DAY	CHEW	0.5MG; 236.79MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUOR-A-DAY	SOLN	0.125MG/DROP		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUORABON	SOLN	0.55MG/0.6ML		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUORITAB	CHEW	1MG	T1		
FLUORITAB	CHEW	0.5MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
KARIDIUM	SOLN	0.125MG/DROP	T1		
NAFRINSE DROPS	SOLN	0.125MG/DROP			Eligible for a \$0 copay
NEUTRAL SODIUM FLUORIDE	SOLN	0.2%	T1		
PHOS FLUR	SOLN	0.044%	T1		
PREVIDENT 5000 BOOSTER PLUS	PSTE	1.1%	T2		
PREVIDENT 5000 DRY MOUTH	GEL	1.1%	T2		
PREVIDENT FLUORIDE	GEL	1.1%	T1		
SF 5000 PLUS	CREA	1.1%	T1		
SODIUM FLUORIDE	SOLN	0.5MG/ML		AL (min: 6m, max: 6y)	Eligible for a \$0 copay

(92:36) Miscellaneous Therapeutic Agents » Disease-modifying Antirheumatic Drugs

Product Name	Form	Strength	Pref	Coverage Details	Comment
LEFLUNOMIDE	TABS	20MG	T1		
(92:44) Miscellaneous Therapeutic Agents » Immunosuppressive Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AZATHIOPRINE	TABS	50MG	T1		
CYCLOSPORINE	CAPS	25MG	T1		
CYCLOSPORINE	CAPS	100MG	T1		
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	T1		
CYCLOSPORINE MODIFIED	CAPS	50MG	T1		
CYCLOSPORINE MODIFIED	CAPS	25MG	T1		
CYCLOSPORINE MODIFIED	CAPS	100MG	T1		
HECORIA	CAPS	0.5MG	T1		
HECORIA	CAPS	1MG	T1		
HECORIA	CAPS	5MG	T1		
IMURAN	TABS	50MG	T2		
MYCOPHENOLATE MOFETIL	CAPS	250MG	T1		
MYCOPHENOLATE MOFETIL	TABS	500MG	T1		
TACROLIMUS	CAPS	1MG	T1		
TACROLIMUS	CAPS	5MG	T1		
TACROLIMUS	CAPS	0.5MG	T1		
(92:92) Miscellaneous Therapeutic Agents » Other Miscellaneous Therapeutic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CARNITOR	TABS	330MG	T3		
CARNITOR	SOLN	200MG/ML	T3		
CARNITOR	SOLN	1GM/10ML	T3		
CARNITOR SF	SOLN	1GM/10ML	T3		
ELMIRON	CAPS	100MG	T2		
LEVOCARNITINE	SOLN	1GM/10ML	T3		
LEVOCARNITINE	SOLN	200MG/ML	T3		
LEVOCARNITINE	TABS	330MG	T3		
NUTRASENTIALS	POWD		T2		
PHENYLADE	POWD		T2		
PHENYLADE MTE	POWD		T2		
PHENYLADE PHEBLOC	POWD		T2		
XPHE MAXAMUM	POWD		T2		

By Alphabetical

Product Name	Form	Strength	Pref	Coverage Details	Comment
ABACAVIR	TABS	300MG	T1		
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	300MG; 150MG; 300MG	T3		
ABSORICA	CAPS	10MG	T2		
ABSORICA	CAPS	35MG	T2		
ABSORICA	CAPS	20MG	T2		
ABSORICA	CAPS	30MG	T2		
ABSORICA	CAPS	25MG	T2		
ABSORICA	CAPS	40MG	T2		
ACARBOSE	TABS	25MG	T1	MN	
ACARBOSE	TABS	50MG	T1	MN	
ACARBOSE	TABS	100MG	T1	MN	
ACEBUTOLOL HCL	CAPS	200MG	T1	MN	
ACEBUTOLOL HCL	CAPS	400MG	T1	MN	
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	T1	DE	
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	T1	DE	
ACETAMINOPHEN/CODEINE	SOLN	120MG/5ML; 12MG/5ML	T1	DE	
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	T1	DE	
ACETAZOLAMIDE	TABS	250MG	T1	MN	
ACETAZOLAMIDE	TABS	125MG	T1	MN	
ACETAZOLAMIDE ER	CP12	500MG	T1	MN	
ACETIC ACID	SOLN	2%	T1		
ACITRETIN	CAPS	17.5MG	T3		
ACITRETIN	CAPS	10MG	T3		
ACITRETIN	CAPS	25MG	T3		
ACYCLOVIR	CAPS	200MG	T1		
ACYCLOVIR	TABS	800MG	T1		
ACYCLOVIR	TABS	400MG	T1		
ACYCLOVIR	SUSP	200MG/5ML	T1		
ACYCLOVIR	OINT	5%	T1		
ADAPALENE	CREA	0.1%	T1		
ADAPALENE	GEL	0.1%	T1		
ADAPALENE	GEL	0.3%	T1		
ADAPALENE	LOTN	0.1%	T1		
ADD-INS COMPLETE	PACK		T2		
ADVAIR DISKUS	AEPB	250MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	500MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	T2	MN	
ADVICOR	TB24	20MG; 500MG	T2	MN	
ADVICOR	TB24	40MG; 1000MG	T2	MN	
ADVICOR	TB24	20MG; 1000MG	T2	MN	
ADVICOR	TB24	20MG; 750MG	T2	MN	
AFTERA	TABS	1.5MG			Eligible for a \$0 copay
AKNE-MYCIN	OINT	2%	T2		
AK-POLY-BAC	OINT	500UNIT/GM; 10000UNIT/GM	T1		
ALBENZA	TABS	200MG	T2		
ALBUTEROL SULFATE	SYRP	2MG/5ML	T1	MN	
ALBUTEROL SULFATE	TABS	2MG	T1	MN	
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.083%	T1	MN	
ALBUTEROL SULFATE	TABS	4MG	T1	MN	
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ALBUTEROL SULFATE ER	TB12	4MG	T1	MN	
ALBUTEROL SULFATE ER	TB12	8MG	T1	MN	
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	T1		
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	T1		
ALDACTAZIDE	TABS	50MG; 50MG	T2	MN	
ALENDRONATE SODIUM	TABS	5MG	T1	MN	
ALENDRONATE SODIUM	TABS	10MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALENDRONATE SODIUM	TABS	40MG	T1	MN	
ALENDRONATE SODIUM	TABS	70MG	T1	MN	
ALENDRONATE SODIUM	TABS	35MG	T1	MN	
ALFUZOSIN HCL ER	TB24	10MG	T1		
ALKERAN	TABS	2MG	T2		
ALLOPURINOL	TABS	300MG	T1	MN	
ALLOPURINOL	TABS	100MG	T1	MN	
ALOCRIIL	SOLN	2%	T2		
ALOMIDE	SOLN	0.1%	T2		
ALOPHEN	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
ALOSETRON HYDROCHLORIDE	TABS	0.5MG	T3		
ALOSETRON HYDROCHLORIDE	TABS	1MG	T3		
ALPHAGAN P	SOLN	0.1%	T2	MN	
ALPRAZOLAM	TABS	1MG	T1		
ALPRAZOLAM	TABS	0.25MG	T1		
ALPRAZOLAM	TABS	2MG	T1		
ALPRAZOLAM	TABS	0.5MG	T1		
ALPRAZOLAM ER	TB24	1MG	T1		
ALPRAZOLAM ER	TB24	0.5MG	T1		
ALPRAZOLAM ER	TB24	2MG	T1		
ALPRAZOLAM ER	TB24	3MG	T1		
ALTAVERA	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
ALYACEN 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
ALYACEN 7/7/7	TABS	0; 0			Eligible for a \$0 copay
AMANTADINE HCL	SYRP	50MG/5ML	T1	MN	
AMANTADINE HCL	TABS	100MG	T1	MN	
AMANTADINE HCL	CAPS	100MG	T1	MN	
AMCINONIDE	OINT	0.1%	T1		
AMCINONIDE	LOTN	0.1%	T1		
AMCINONIDE	CREA	0.1%	T1		
AMETHIA	TABS	0; 0			Eligible for a \$0 copay
AMETHIA LO	TABS	0; 0			Eligible for a \$0 Copay
AMETHYST	TABS	20MCG; 90MCG			Eligible for a \$0 copay
AMILORIDE HCL	TABS	5MG	T1	MN	
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	T1	MN	
AMINOCAPROIC ACID	TABS	500MG	T1		
AMINOCAPROIC ACID	SYRP	25%	T1		
AMIODARONE HCL	TABS	200MG	T1	MN	
AMIODARONE HCL	TABS	400MG	T1	MN	
AMITIZA	CAPS	8MCG	T3		
AMITIZA	CAPS	24MCG	T3		
AMITRIPTYLINE HCL	TABS	10MG	T1	MN	
AMITRIPTYLINE HCL	TABS	25MG	T1	MN	
AMITRIPTYLINE HCL	TABS	100MG	T1	MN	
AMITRIPTYLINE HCL	TABS	75MG	T1	MN	
AMITRIPTYLINE HCL	TABS	150MG	T1	MN	
AMITRIPTYLINE HCL	TABS	50MG	T1	MN	
AMLODIPINE BESYLATE	TABS	5MG	T1	MN	
AMLODIPINE BESYLATE	TABS	2.5MG	T1	MN	
AMLODIPINE BESYLATE	TABS	10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 320MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 320MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 25MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 12.5MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 320MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 12.5MG; 160MG	T3	MN; QL (1.00 EA per 1 days)	
AMNESTEEM	CAPS	10MG	T1		
AMNESTEEM	CAPS	20MG	T1		
AMNESTEEM	CAPS	40MG	T1		
AMOXICILLIN	SUSR	400MG/5ML	T1		
AMOXICILLIN	TABS	875MG	T1		
AMOXICILLIN	CHEW	125MG	T1		
AMOXICILLIN	TABS	500MG	T1		
AMOXICILLIN	CHEW	250MG	T1		
AMOXICILLIN	CAPS	500MG	T1		
AMOXICILLIN	SUSR	125MG/5ML	T1		
AMOXICILLIN	CAPS	250MG	T1		
AMOXICILLIN	SUSR	250MG/5ML	T1		
AMOXICILLIN	SUSR	200MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	875MG; 125MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	250MG/5ML; 62.5MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	500MG; 125MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	200MG/5ML; 28.5MG/5ML	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	T1		
AMPICILLIN	CAPS	500MG	T1		
AMPICILLIN	CAPS	250MG	T1		
AMPICILLIN	SUSR	125MG/5ML	T1		
AMPICILLIN	SUSR	250MG/5ML	T1		
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	T1		
ANASTROZOLE	TABS	1MG	T1		
ANDRODERM	PT24	4MG/24HR	T2		
ANDRODERM	PT24	2MG/24HR	T2		
ANDROGEL	GEL	40.5MG/2.5GM	T3		
ANDROGEL	GEL	20.25MG/1.25GM	T3		
ANDROGEL PUMP	GEL	1.62%	T3		
ANDROXY	TABS	10MG	T1		
ANGELIQ	TABS	0.5MG; 1MG	T2	MN	
ANGELIQ	TABS	0.25MG; 0.5MG	T2	MN	
ANTIPYRINE/BENZOCAINE	SOLN	5.4%; 1.4%	T1		
APIDRA	SOLN	100UNIT/ML	T3	MN	
APIDRA SOLOSTAR	SOPN	100UNIT/ML	T3	MN	
APRACLONIDINE	SOLN	0.5%	T1		
APRI	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
APTIOM	TABS	200MG	T3	MN	
APTIOM	TABS	400MG	T3	MN	
APTIOM	TABS	800MG	T3	MN	
APTIOM	TABS	600MG	T3	MN	
ARANELLE	TABS	0; 0			Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARCAPTA NEOHALER	CAPS	75MCG	T2	MN	
ARIPIPIRAZOLE	TABS	20MG	T1		
ARIPIPIRAZOLE	TABS	5MG	T1		
ARIPIPIRAZOLE	SOLN	1MG/ML	T1		
ARIPIPIRAZOLE	TABS	10MG	T1		
ARIPIPIRAZOLE	TABS	15MG	T1		
ARIPIPIRAZOLE	TABS	2MG	T1		
ARIPIPIRAZOLE	TABS	30MG	T1		
ARIPIPIRAZOLE ODT	TBDP	10MG	T1		
ARIPIPIRAZOLE ODT	TBDP	15MG	T1		
ARMODAFINIL	TABS	50MG	T1		
ARMODAFINIL	TABS	200MG	T1		
ARMODAFINIL	TABS	150MG	T1		
ARMODAFINIL	TABS	250MG	T1		
ARMOUR THYROID	TABS	60MG	T2	MN	
ARMOUR THYROID	TABS	90MG	T2	MN	
ARMOUR THYROID	TABS	240MG	T2	MN	
ARMOUR THYROID	TABS	15MG	T2	MN	
ARMOUR THYROID	TABS	30MG	T2	MN	
ARMOUR THYROID	TABS	120MG	T2	MN	
ARMOUR THYROID	TABS	180MG	T2	MN	
ARMOUR THYROID	TABS	300MG	T2	MN	
ASHLYNA	TABS	0; 0			Eligible for a \$0 copay
ASMANEX HFA	AERO	200MCG/ACT	T2	MN	
ASMANEX HFA	AERO	100MCG/ACT	T2	MN	
ASMANEX TWISTHALER 120 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 14 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 30 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 30 METERED DOSES	AEPB	110MCG/INH	T2	MN	
ASMANEX TWISTHALER 60 METERED DOSES	AEPB	220MCG/INH	T2	MN	
ASMANEX TWISTHALER 7 METERED DOSES	AEPB	110MCG/INH	T2	MN	
ASPIRIN	CHEW	81MG		AL (min: 50y, max: 59y)	Eligible for a \$0 Copay
ASPIRIN/DIPYRIDAMOLE	CP12	25MG; 200MG	T1	MN	
ASPIR-LOW	TBEC	81MG		AL (min: 50y, max: 59y)	Eligible for a \$0 Copay
ATENOLOL	TABS	50MG	T1	MN	
ATENOLOL	TABS	100MG	T1	MN	
ATENOLOL	TABS	25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	80MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	20MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	10MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	40MG	T1	MN	
ATOVAQUONE/PROGUANIL HCL	TABS	250MG; 100MG	T1		
ATOVAQUONE/PROGUANIL HCL	TABS	62.5MG; 25MG	T1		
ATRIPLA	TABS	600MG; 200MG; 300MG	T2		
ATROPINE SULFATE	SOLN	1%	T1		
ATROPINE SULFATE	OINT	1%	T1		
ATROVENT HFA	AERS	17MCG/ACT	T2	MN	
AUBRA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
AUGMENTIN	SUSR	125MG/5ML; 31.25MG/5ML	T2		
AUVI-Q	SOAJ	0.3MG/0.3ML	T2	QL (2.00 EA per 180 days)	
AUVI-Q	SOAJ	0.15MG/0.15ML	T2	QL (2.00 EA per 180 days)	
AVC	CREA	15%	T2		
AVIANE	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
AZATHIOPRINE	TABS	50MG	T1		
AZELASTINE HCL	SOLN	0.15%	T1		
AZELASTINE HCL	SOLN	0.1%	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
AZELEX	CREA	20%	T2		
AZILECT	TABS	0.5MG	T3	MN	
AZILECT	TABS	1MG	T3	MN	
AZITHROMYCIN	SUSR	200MG/5ML	T1		
AZITHROMYCIN	TABS	600MG	T1		
AZITHROMYCIN	SUSR	100MG/5ML	T1		
AZITHROMYCIN	TABS	250MG	T1		
AZITHROMYCIN	TABS	500MG	T1		
AZITHROMYCIN	SOLR	500MG	T1		
AZITHROMYCIN	PACK	1GM	T1		
AZOPT	SUSP	1%	T2		
AZURETTE	TABS	0; 0			Eligible for a \$0 copay
BACLOFEN	TABS	20MG	T1		
BACLOFEN	TABS	10MG	T1		
BACTROBAN NASAL	OINT	2%	T2		
BALSALAZIDE DISODIUM	CAPS	750MG	T1		
BALZIVA	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
BENAZEPRIL HCL	TABS	5MG	T1	MN	
BENAZEPRIL HCL	TABS	10MG	T1	MN	
BENAZEPRIL HCL	TABS	20MG	T1	MN	
BENAZEPRIL HCL	TABS	40MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 25MG	T1	MN	
BENZAMYCINPAK	PACK	5%; 3%	T2		
BENZONATATE	CAPS	100MG	T1		
BENZTROPINE MESYLATE	TABS	1MG	T1	MN	
BENZTROPINE MESYLATE	TABS	2MG	T1	MN	
BENZTROPINE MESYLATE	TABS	0.5MG	T1	MN	
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
BETAMETHASONE VALERATE	CREA	0.1%	T1		
BETAMETHASONE VALERATE	LOTN	0.1%	T1		
BETAMETHASONE VALERATE	OINT	0.1%	T1		
BETAXOLOL HCL	TABS	10MG	T1	MN	
BETAXOLOL HCL	TABS	20MG	T1	MN	
BETAXOLOL HCL	SOLN	0.5%	T1	MN	
BETHANECHOL CHLORIDE	TABS	5MG	T1		
BETHANECHOL CHLORIDE	TABS	10MG	T1		
BETHANECHOL CHLORIDE	TABS	50MG	T1		
BETHANECHOL CHLORIDE	TABS	25MG	T1		
BETIMOL	SOLN	0.5%	T2	MN	
BETOPTIC-S	SUSP	0.25%	T2	MN	
BICALUTAMIDE	TABS	50MG	T1		
BIMATOPROST	SOLN	0.03%	T1	MN	
BISACODYL EC	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
BISACODYL LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
BISOPROLOL FUMARATE	TABS	10MG	T1	MN	
BISOPROLOL FUMARATE	TABS	5MG	T1	MN	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 6.25MG	T1	MN	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	2.5MG; 6.25MG	T1	MN	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	T1	MN	
BLEPHAMIDE	SUSP	0.2%; 10%	T2		
BLEPHAMIDE S.O.P.	OINT	0.2%; 10%	T2		
BP 10-1	EMUL	10%; 1%	T1		
BRIELLYN	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
BRILINTA	TABS	90MG	T2	MN	
BRILINTA	TABS	60MG	T2	MN	
BRIMONIDINE TARTRATE	SOLN	0.2%	T1	MN	
BRIMONIDINE TARTRATE	SOLN	0.15%	T1	MN	
BROMFED DM	SYRP	2MG/5ML; 10MG/5ML; 30MG/5ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
BROMOCRIPTINE MESYLATE	CAPS	5MG	T1	MN	
BROMOCRIPTINE MESYLATE	TABS	2.5MG	T1	MN	
BUDESONIDE	SUSP	0.25MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	SUSP	1MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	CPEP	3MG	T3	QL (90.00 EA per 30 days)	
BUDESONIDE	SUSP	0.5MG/2ML	T1	MN; AL (max: 8y)	
BUMETANIDE	TABS	2MG	T1	MN	
BUMETANIDE	TABS	0.5MG	T1	MN	
BUMETANIDE	TABS	1MG	T1	MN	
BUPROBAN	TB12	150MG		QL	Eligible for a \$0 copay
BUPROPION HCL	TABS	100MG	T1	MN	
BUPROPION HCL	TABS	75MG	T1	MN	
BUPROPION HCL SR	TB12	150MG	T1	MN	
BUPROPION HCL SR	TB12	100MG	T1	MN	
BUPROPION HCL SR	TB12	200MG	T1	MN	
BUPROPION HCL XL	TB24	150MG	T1	MN	
BUPROPION HCL XL	TB24	300MG	T1	MN	
BUSPIRONE HCL	TABS	10MG	T1		
BUSPIRONE HCL	TABS	15MG	T1		
BUSPIRONE HCL	TABS	7.5MG	T1		
BUSPIRONE HCL	TABS	30MG	T1		
BUSPIRONE HCL	TABS	5MG	T1		
BUTALBITAL/ACETAMINOPHEN	TABS	325MG; 50MG	T1	DE	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	TABS	325MG; 50MG; 40MG	T1	DE	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1	DE	
BUTALBITAL/ASPIRIN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1		
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	T1		
BUTORPHANOL TARTRATE	SOLN	10MG/ML	T1		
BYDUREON	SRER	2MG	T3	MN	
BYDUREON PEN	PEN	2MG	T3	MN	
BYETTA	SOPN	5MCG/0.02ML	T3	MN	
BYETTA	SOPN	10MCG/0.04ML	T3	MN	
BYSTOLIC	TABS	10MG	T3	MN	
BYSTOLIC	TABS	5MG	T3	MN	
BYSTOLIC	TABS	2.5MG	T3	MN	
CABERGOLINE	TABS	0.5MG	T1		
CAFERGOT	TABS	100MG; 1MG	T2		
CALCIPOTRIENE	SOLN	0.005%	T1		
CALCIPOTRIENE	CREA	0.005%	T1		
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	0.064%; 0.005%	T3		
CALCITONIN-SALMON	SOLN	200UNIT/ACT	T1	MN	
CALCITRIOL	OINT	3MCG/GM	T3		
CALCITRIOL	SOLN	1MCG/ML	T1		
CALCITRIOL	CAPS	0.5MCG	T1		
CALCITRIOL	CAPS	0.25MCG	T1		
CALCIUM ACETATE	CAPS	667MG	T1		
CAMILA	TABS	0.35MG			Eligible for a \$0 copay
CAMINO PRO BETTERMILK/GLYTACTIN	PACK		T2		
CAMINO PRO RESTORE/GLYTACTIN	LIQD		T2		
CAMRESE	TABS	0; 0			Eligible for a \$0 copay
CAMRESE LO	TABS	0; 0			Eligible for a \$0 copay
CANASA	SUPP	1000MG	T2		
CANDESARTAN CILEXETIL	TABS	8MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL	TABS	4MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL	TABS	16MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL	TABS	32MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	16MG; 12.5MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 12.5MG	T1	MN; QL (1.00 EA per 1 days)	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 25MG	T1	MN; QL (1.00 EA per 1 days)	
CAPEX	SHAM	0.01%	T2		
CAPITAL/CODEINE	SUSP	120MG/5ML; 12MG/5ML	T2	DE	
CAPTOPRIL	TABS	50MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
CAPTOPRIL	TABS	12.5MG	T1	MN	
CAPTOPRIL	TABS	25MG	T1	MN	
CAPTOPRIL	TABS	100MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	T1	MN	
CARAFATE	SUSP	1GM/10ML	T2		
CARBAMAZEPINE	CHEW	100MG	T1	MN	
CARBAMAZEPINE	SUSP	100MG/5ML	T1	MN	
CARBAMAZEPINE	TABS	200MG	T1	MN	
CARBAMAZEPINE ER	CP12	200MG	T1	MN	
CARBAMAZEPINE ER	TB12	100MG	T1	MN	
CARBAMAZEPINE ER	CP12	300MG	T1	MN	
CARBAMAZEPINE ER	CP12	100MG	T1	MN	
CARBATROL	CP12	100MG	T2	MN	
CARBATROL	CP12	300MG	T2	MN	
CARBATROL	CP12	200MG	T2	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	T1	MN	
CARISOPRODOL	TABS	350MG	T1		
CARISOPRODOL/ASPIRIN	TABS	325MG; 200MG	T1		
CARISOPRODOL/ASPIRIN/CODEINE	TABS	325MG; 200MG; 16MG	T1		
CARNITOR	TABS	330MG	T3		
CARNITOR	SOLN	200MG/ML	T3		
CARNITOR	SOLN	1GM/10ML	T3		
CARNITOR SF	SOLN	1GM/10ML	T3		
CARTEOLOL HCL	SOLN	1%	T1	MN	
CARVEDILOL	TABS	6.25MG	T1	MN	
CARVEDILOL	TABS	12.5MG	T1	MN	
CARVEDILOL	TABS	25MG	T1	MN	
CARVEDILOL	TABS	3.125MG	T1	MN	
CAVERJECT	SOLR	40MCG	T3		
CAVERJECT	SOLR	20MCG	T3		
CAVERJECT IMPULSE	KIT	10MCG	T3		
CAVERJECT IMPULSE	KIT	20MCG	T3		
CAZANT	TABS	0; 0			Eligible for a \$0 copay
CEFACLOR	CAPS	500MG	T1		
CEFACLOR	SUSR	125MG/5ML	T1		
CEFACLOR	SUSR	250MG/5ML	T1		
CEFACLOR	CAPS	250MG	T1		
CEFACLOR	SUSR	375MG/5ML	T1		
CEFACLOR ER	TB12	500MG	T1		
CEFADROXIL	CAPS	500MG	T1		
CEFADROXIL	SUSR	500MG/5ML	T1		
CEFADROXIL	SUSR	250MG/5ML	T1		
CEFADROXIL	TABS	1GM	T1		
CEFDINIR	CAPS	300MG	T1		
CEFDINIR	SUSR	250MG/5ML	T1		
CEFDINIR	SUSR	125MG/5ML	T1		
CEFIXIME	SUSR	200MG/5ML	T1		
CEFIXIME	SUSR	100MG/5ML	T1		
CEFPODOXIME PROXETIL	TABS	100MG	T1		
CEFPODOXIME PROXETIL	TABS	200MG	T1		
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	T1		
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	T1		
CEFPROZIL	TABS	250MG	T1		
CEFPROZIL	SUSR	125MG/5ML	T1		
CEFPROZIL	TABS	500MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFPROZIL	SUSR	250MG/5ML	T1		
CEFTIBUTEN	CAPS	400MG	T1		
CEFTIN	SUSR	125MG/5ML	T2		
CEFTIN	SUSR	250MG/5ML	T2		
CEFUROXIME AXETIL	TABS	500MG	T1		
CEFUROXIME AXETIL	TABS	250MG	T1		
CELECOXIB	CAPS	100MG	T1		
CELECOXIB	CAPS	50MG	T1		
CELECOXIB	CAPS	400MG	T1		
CELECOXIB	CAPS	200MG	T1		
CEPHALEXIN	SUSR	250MG/5ML	T1		
CEPHALEXIN	TABS	250MG	T1		
CEPHALEXIN	CAPS	500MG	T1		
CEPHALEXIN	SUSR	125MG/5ML	T1		
CEPHALEXIN	TABS	500MG	T1		
CEPHALEXIN	CAPS	250MG	T1		
CESIA	TABS	0; 0			Eligible for a \$0 copay
CHANTIX	TABS	0.5MG		QL	Eligible for a \$0 copay
CHANTIX	TABS	1MG		QL	Eligible for a \$0 copay
CHANTIX STARTING MONTH PAK	TABS	0		QL	Eligible for a \$0 copay
CHATEAL	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
CHLORDIAZEPOXIDE HCL	CAPS	5MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	10MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	25MG	T1		
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	12.5MG; 5MG	T1		
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	25MG; 10MG	T1		
CHLORHEXIDINE GLUCONATE ORAL RINSE	SOLN	0.12%	T1		
CHLOROQUINE PHOSPHATE	TABS	500MG	T1		
CHLOROQUINE PHOSPHATE	TABS	250MG	T1		
CHLOROTHIAZIDE	TABS	250MG	T1	MN	
CHLOROTHIAZIDE	TABS	500MG	T1	MN	
CHLORPROMAZINE HCL	TABS	200MG	T1		
CHLORPROMAZINE HCL	TABS	100MG	T1		
CHLORPROMAZINE HCL	TABS	10MG	T1		
CHLORPROPAMIDE	TABS	100MG	T1	MN	
CHLORPROPAMIDE	TABS	250MG	T1	MN	
CHLORTHALIDONE	TABS	100MG	T1	MN	
CHLORTHALIDONE	TABS	50MG	T1	MN	
CHLORTHALIDONE	TABS	25MG	T1	MN	
CHLORZOAZONE	TABS	500MG	T1		
CHOLESTYRAMINE	PACK	4GM	T1	MN	
CHOLESTYRAMINE	POWD	4GM/DOSE	T1	MN	
CHOLESTYRAMINE LIGHT	PACK	4GM	T1	MN	
CHOLESTYRAMINE LIGHT	POWD	4GM/DOSE	T1	MN	
CHOLINE MAGNESIUM TRISALICYLATE	TABS	1000MG	T1		
CHOLINE MAGNESIUM TRISALICYLATE	LIQD	500MG/5ML	T1		
CICLOPIROX	SUSP	0.77%	T1		
CICLOPIROX	GEL	0.77%	T1		
CICLOPIROX	SHAM	1%	T1		
CICLOPIROX NAIL LACQUER	SOLN	8%	T1		
CICLOPIROX OLAMINE	CREA	0.77%	T1		
CILOSTAZOL	TABS	50MG	T1	MN	
CILOSTAZOL	TABS	100MG	T1	MN	
CIOXAN	OINT	0.3%	T2		
CIMETIDINE	TABS	800MG	T1		
CIMETIDINE	TABS	300MG	T1		
CIMETIDINE	TABS	400MG	T1		
CIMETIDINE HCL	SOLN	300MG/5ML	T1		
CIPRO HC	SUSP	0.2%; 1%	T2		
CIPRODEX	SUSP	0.3%; 0.1%	T2		
CIPROFLOXACIN	SUSR	250MG/5ML	T1		
CIPROFLOXACIN	SUSR	500MG/5ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
CIPROFLOXACIN HCL	TABS	750MG	T1		
CIPROFLOXACIN HCL	TABS	250MG	T1		
CIPROFLOXACIN HCL	TABS	500MG	T1		
CIPROFLOXACIN HCL	TABS	100MG	T1		
CIPROFLOXACIN HCL	SOLN	0.3%	T1		
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	10MG	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	40MG	T1	MN	
CITRIC ACID/SODIUM CITRATE	SOLN	334MG/5ML; 500MG/5ML	T1		
CLARAVIS	CAPS	30MG	T1		
CLARAVIS	CAPS	40MG	T1		
CLARAVIS	CAPS	10MG	T1		
CLARAVIS	CAPS	20MG	T1		
CLARITHROMYCIN	TABS	500MG	T1		
CLARITHROMYCIN	SUSR	125MG/5ML	T1		
CLARITHROMYCIN	TABS	250MG	T1		
CLARITHROMYCIN	SUSR	250MG/5ML	T1		
CLARITHROMYCIN ER	TB24	500MG	T1		
CLASSIC PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
CLEARLAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
CLEOCIN	SUPP	100MG	T2		
CLEOCIN PEDIATRIC GRANULES	SOLR	75MG/5ML	T2		
CLIDINIUM/CHLORDIAZEPOXIDE	CAPS	5MG; 2.5MG	T1		
CLINDAMYCIN HCL	CAPS	75MG	T1		
CLINDAMYCIN PHOSPHATE	SWAB	1%	T1		
CLINDAMYCIN PHOSPHATE	SOLN	1%	T1		
CLINDAMYCIN PHOSPHATE	GEL	1%	T1		
CLINDAMYCIN PHOSPHATE	LOTN	1%	T1		
CLINDAMYCIN PHOSPHATE	CREA	2%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1.2%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1%	T1		
CLOBETASOL PROPIONATE	GEL	0.05%	T1		
CLOBETASOL PROPIONATE	CREA	0.05%	T1		
CLOBETASOL PROPIONATE	OINT	0.05%	T1		
CLOBETASOL PROPIONATE	SOLN	0.05%	T1		
CLOBETASOL PROPIONATE	SHAM	0.05%	T3		
CLOBETASOL PROPIONATE	FOAM	0.05%	T3		
CLOBETASOL PROPIONATE EMOLLIENT	CREA	0.05%	T1		
CLOMIPRAMINE HCL	CAPS	25MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	75MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	50MG	T1	MN	
CLONAZEPAM	TABS	0.5MG	T1	MN	
CLONAZEPAM	TABS	1MG	T1	MN	
CLONAZEPAM	TABS	2MG	T1	MN	
CLONAZEPAM ODT	TBDP	0.125MG	T1	MN	
CLONAZEPAM ODT	TBDP	0.25MG	T1	MN	
CLONAZEPAM ODT	TBDP	0.5MG	T1	MN	
CLONAZEPAM ODT	TBDP	2MG	T1	MN	
CLONAZEPAM ODT	TBDP	1MG	T1	MN	
CLONIDINE HCL	PTWK	0.1MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.2MG	T1	MN	
CLONIDINE HCL	TABS	0.1MG	T1	MN	
CLONIDINE HCL	PTWK	0.2MG/24HR	T1	MN	
CLONIDINE HCL	PTWK	0.3MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.3MG	T1	MN	
CLONIDINE HCL ER	TB12	0.1MG	T1		
CLOPIDOGREL	TABS	300MG	T1	MN	
CLORAZEPATE DIPOTASSIUM	TABS	15MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	T1		
CLORPRES	TABS	15MG; 0.3MG	T1	MN	
CLORPRES	TABS	15MG; 0.1MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
CLORPRES	TABS	15MG; 0.2MG	T1	MN	
CLOTRIMAZOLE	TROC	10MG	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	0.05%; 1%	T1		
CLOZAPINE	TABS	100MG	T1		
CLOZAPINE	TABS	25MG	T1		
CODEINE SULFATE	TABS	60MG	T1		
CODEINE SULFATE	TABS	15MG	T1		
CODEINE SULFATE	TABS	30MG	T1		
CODEINE SULFATE	SOLN	30MG/5ML	T1		
COLCHICINE	TABS	0.6MG	T1	MN	
COLESTID FLAVORED	PACK	5GM/7.5GM	T2	MN	
COLESTIPOL HCL	TABS	1GM	T1	MN	
COLESTIPOL HCL	PACK	5GM	T1	MN	
COLESTIPOL HCL	GRAN	5GM	T1	MN	
COLY-MYCIN S	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T2		
COLYTE-FLAVOR PACKS	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
COMBIGAN	SOLN	0.2%; 0.5%	T2	MN	
COMBIVENT RESPIMAT	AERS	100MCG/ACT; 20MCG/ACT	T2	MN	
CONCEPT DHA	CAPS		T1		
CONDYLOX	GEL	0.5%	T2		
CORLANOR	TABS	5MG	T3	PA; MN	
CORLANOR	TABS	7.5MG	T3	PA; MN	
CORRECTOL	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
CORTIFOAM	FOAM	10%	T2		
CORTISONE ACETATE	TABS	25MG	T1		
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T2		
COUMADIN	TABS	7.5MG	T2	MN	
COUMADIN	TABS	6MG	T2	MN	
COUMADIN	TABS	4MG	T2	MN	
COUMADIN	TABS	1MG	T2	MN	
COUMADIN	TABS	2MG	T2	MN	
COUMADIN	TABS	5MG	T2	MN	
COUMADIN	TABS	10MG	T2	MN	
COUMADIN	TABS	2.5MG	T2	MN	
COUMADIN	TABS	3MG	T2	MN	
CREON	CPEP	18000UNIT; 36000UNIT; 114000UNIT	T2		
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	T2		
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	T2		
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	T2		
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	T2		
CRIXIVAN	CAPS	200MG	T2		
CRIXIVAN	CAPS	400MG	T2		
CROMOLYN SODIUM	NEBU	20MG/2ML	T1	MN	
CROMOLYN SODIUM	SOLN	4%	T1		
CRYSELLE-28	TABS	30MCG; 0.3MG			Eligible for a \$0 copay
CUPRIMINE	CAPS	250MG	T2		
CYANOCOBALAMIN	SOLN	1000MCG/ML	T1		
CYCLAFEM 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
CYCLAFEM 7/7/7	TABS	0; 0			Eligible for a \$0 copay
CYCLOBENZAPRINE HCL	TABS	10MG	T1		
CYCLOBENZAPRINE HCL	TABS	5MG	T1		
CYCLOPENTOLATE HCL	SOLN	2%	T1		
CYCLOPENTOLATE HCL	SOLN	1%	T1		
CYCLOPENTOLATE HYDROCHLORIDE	SOLN	0.5%	T1		
CYCLOPHOSPHAMIDE	CAPS	25MG	T1		
CYCLOPHOSPHAMIDE	TABS	50MG	T1		
CYCLOPHOSPHAMIDE	TABS	25MG	T1		
CYCLOPHOSPHAMIDE	CAPS	50MG	T1		
CYCLOSPORINE	CAPS	25MG	T1		
CYCLOSPORINE	CAPS	100MG	T1		
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
CYCLOSPORINE MODIFIED	CAPS	50MG	T1		
CYCLOSPORINE MODIFIED	CAPS	25MG	T1		
CYCLOSPORINE MODIFIED	CAPS	100MG	T1		
CYPROHEPTADINE HCL	TABS	4MG	T1		
CYPROHEPTADINE HCL	SYRP	2MG/5ML	T1		
CYTRA K CRYSTALS	PACK	1002MG; 3300MG	T1		
CYTRA-3	SYRP	334MG/5ML; 550MG/5ML; 500MG/5ML	T1		
CYTRA-K	SOLN	334MG/5ML; 1100MG/5ML	T1		
DANAZOL	CAPS	100MG	T1		
DANAZOL	CAPS	50MG	T1		
DANAZOL	CAPS	200MG	T1		
DANTROLENE SODIUM	CAPS	100MG	T3		
DANTROLENE SODIUM	CAPS	50MG	T3		
DANTROLENE SODIUM	CAPS	25MG	T3		
DAPSONE	TABS	100MG	T1		
DAPSONE	TABS	25MG	T1		
DARAPRIM	TABS	25MG	T2		
DARIFENACIN HYDROBROMIDE ER	TB24	15MG	T3	MN	
DARIFENACIN HYDROBROMIDE ER	TB24	7.5MG	T3	MN	
DASETTA 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
DASETTA 7/7/7	TABS	0; 0			Eligible for a \$0 copay
DAYSEE	TABS	0; 0			Eligible for a \$0 copay
DAYTRANA	PTCH	10MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	15MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	20MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	30MG/9HR	T3	AL (max: 8y); QL (30.00 EA per 30 days)	
DEBLITANE	TABS	0.35MG			Eligible for a \$0 copay
DELESTROGEN	OIL	10MG/ML	T2	MN	
DELYLA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
DELZICOL	CPDR	400MG	T2		
DEMECLOCYCLINE HCL	TABS	300MG	T3		
DEMEROL	SOLN	100MG/ML	T2		
DEPAKENE	CAPS	250MG	T2	MN	
DEPAKENE	SYRP	250MG/5ML	T2	MN	
DEPAKOTE	TBEC	250MG	T2	MN	
DEPAKOTE	TBEC	500MG	T2	MN	
DEPAKOTE	TBEC	125MG	T2	MN	
DEPAKOTE ER	TB24	500MG	T2	MN	
DEPAKOTE ER	TB24	250MG	T2	MN	
DEPAKOTE SPRINKLES	CSDR	125MG	T2	MN	
DEPO-ESTRADIOL	OIL	5MG/ML	T2	MN	
DESIPRAMINE HCL	TABS	75MG	T1	MN	
DESIPRAMINE HCL	TABS	25MG	T1	MN	
DESIPRAMINE HCL	TABS	10MG	T1	MN	
DESIPRAMINE HCL	TABS	150MG	T1	MN	
DESIPRAMINE HCL	TABS	50MG	T1	MN	
DESIPRAMINE HCL	TABS	100MG	T1	MN	
DESMOPRESSIN ACETATE	SOLN	0.01%	T1		
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	T1		
DESMOPRESSIN ACETATE	TABS	0.1MG	T1		
DESMOPRESSIN ACETATE	TABS	0.2MG	T1		
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0; 0			Eligible for a \$0 copay
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
DESONIDE	CREA	0.05%	T1		
DESONIDE	LOTN	0.05%	T1		
DESONIDE	OINT	0.05%	T1		
DESOXIMETASONE	CREA	0.25%	T1		
DESOXIMETASONE	GEL	0.05%	T1		
DESOXIMETASONE	OINT	0.25%	T1		
DESOXIMETASONE	CREA	0.05%	T1		
DEXAMETHASONE	TABS	1.5MG	T1		
DEXAMETHASONE	ELIX	0.5MG/5ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
DEXAMETHASONE	SOLN	0.5MG/5ML	T1		
DEXAMETHASONE	TABS	0.75MG	T1		
DEXAMETHASONE	TABS	4MG	T1		
DEXAMETHASONE	TABS	1MG	T1		
DEXAMETHASONE	TABS	2MG	T1		
DEXAMETHASONE	TABS	6MG	T1		
DEXAMETHASONE	TABS	0.5MG	T1		
DEXAMETHASONE INTENSOL	CONC	1MG/ML	T1		
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	T1		
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	T1		
DEXMETHYLPHENIDATE HCL	TABS	5MG	T1		
DEXMETHYLPHENIDATE HCL	TABS	10MG	T1		
DEXMETHYLPHENIDATE HCL ER	CP24	5MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	20MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	30MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	10MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	15MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	40MG	T3		
DEXTROAMPHETAMINE SULFATE	TABS	5MG	T1		
DEXTROAMPHETAMINE SULFATE	TABS	10MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	T1		
DIASAT ACUDIAL	GEL	10MG	T2	QL (5.00 EA per 30 days)	
DIASAT ACUDIAL	GEL	20MG	T2	QL (5.00 EA per 30 days)	
DIASAT PEDIATRIC	GEL	2.5MG	T2	QL (5.00 EA per 30 days)	
DIAZEPAM	SOLN	1MG/ML	T1		
DIAZEPAM	TABS	2MG	T1		
DIAZEPAM	GEL	2.5MG	T1	QL (5.00 EA per 30 days)	
DIAZEPAM	GEL	10MG	T1	QL (5.00 EA per 30 days)	
DIAZEPAM	TABS	5MG	T1		
DIAZEPAM	GEL	20MG	T1	QL (5.00 EA per 30 days)	
DIAZEPAM	TABS	10MG	T1		
DIAZEPAM INTENSOL	CONC	5MG/ML	T1		
DICLOFENAC POTASSIUM	TABS	50MG	T1		
DICLOFENAC SODIUM	SOLN	0.1%	T1		
DICLOFENAC SODIUM	GEL	1%	T3		
DICLOFENAC SODIUM DR	TBEC	25MG	T1		
DICLOFENAC SODIUM DR	TBEC	75MG	T1		
DICLOFENAC SODIUM DR	TBEC	50MG	T1		
DICLOFENAC SODIUM ER	TB24	100MG	T1		
DICLOXACILLIN SODIUM	CAPS	250MG	T1		
DICLOXACILLIN SODIUM	CAPS	500MG	T1		
DICYCLOMINE HCL	SOLN	10MG/5ML	T1		
DICYCLOMINE HCL	TABS	20MG	T1		
DIDANOSINE	CPDR	200MG	T1		
DIDANOSINE	CPDR	400MG	T1		
DIDANOSINE	CPDR	250MG	T1		
DIFLORASONE DIACETATE	CREA	0.05%	T1		
DIFLORASONE DIACETATE	OINT	0.05%	T1		
DIFLUNISAL	TABS	500MG	T1		
DIGOX	TABS	125MCG	T1	MN	
DIGOXIN	TABS	250MCG	T1	MN	
DIGOXIN	SOLN	0.05MG/ML	T1	MN	
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	T1		
DIHYDROERGOTAMINE MESYLATE	SOLN	4MG/ML	T1	QL (8.00 ML per 30 days)	
DILANTIN	CAPS	30MG	T2	MN	
DILANTIN	CAPS	100MG	T2	MN	
DILANTIN INFATABS	CHEW	50MG	T2	MN	
DILANTIN-125	SUSP	125MG/5ML	T2	MN	
DILATRATE SR	CPCR	40MG	T2	MN	
DILTIAZEM CD	CP24	120MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
DILTIAZEM CD	CP24	180MG	T1	MN	
DILTIAZEM CD	CP24	300MG	T1	MN	
DILTIAZEM CD	CP24	240MG	T1	MN	
DILTIAZEM HCL	TABS	120MG	T1	MN	
DILTIAZEM HCL	TABS	30MG	T1	MN	
DILTIAZEM HCL	TABS	60MG	T1	MN	
DILTIAZEM HCL	TABS	90MG	T1	MN	
DILTIAZEM HCL ER	CP24	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	240MG	T1	MN	
DILTIAZEM HCL ER	CP12	90MG	T1	MN	
DILTIAZEM HCL ER	CP24	180MG	T1	MN	
DILTIAZEM HCL ER	CP12	60MG	T1	MN	
DILTIAZEM HCL ER	CP12	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	360MG	T1	MN	
DIPENTUM	CAPS	250MG	T2		
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	T1		
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	T1		
DIPYRIDAMOLE	TABS	50MG	T1	MN	
DIPYRIDAMOLE	TABS	25MG	T1	MN	
DIPYRIDAMOLE	TABS	75MG	T1	MN	
DISOPYRAMIDE PHOSPHATE	CAPS	100MG	T1	MN	
DISOPYRAMIDE PHOSPHATE	CAPS	150MG	T1	MN	
DISULFIRAM	TABS	500MG	T1		
DISULFIRAM	TABS	250MG	T1		
DIURIL	SUSP	250MG/5ML	T2	MN	
DIVALPROEX SODIUM	CSDR	125MG	T1	MN	
DIVALPROEX SODIUM DR	TBEC	125MG	T1	MN	
DIVALPROEX SODIUM DR	TBEC	250MG	T1	MN	
DIVALPROEX SODIUM DR	TBEC	500MG	T1	MN	
DIVALPROEX SODIUM ER	TB24	250MG	T1	MN	
DIVALPROEX SODIUM ER	TB24	500MG	T1	MN	
DOFETILIDE	CAPS	250MCG	T3		
DOFETILIDE	CAPS	125MCG	T3		
DOFETILIDE	CAPS	500MCG	T3		
DONEPEZIL HCL	TABS	10MG	T1		
DONEPEZIL HCL	TBDP	10MG	T1		
DONEPEZIL HCL	TABS	5MG	T1		
DONEPEZIL HCL	TBDP	5MG	T1		
DONNATAL	ELIX		T2		
DORZOLAMIDE HCL	SOLN	2%	T1	MN	
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	T1	MN	
DOXAZOSIN MESYLATE	TABS	8MG	T1	MN	
DOXEPIN HCL	CAPS	10MG	T1	MN	
DOXEPIN HCL	CAPS	100MG	T1	MN	
DOXEPIN HCL	CONC	10MG/ML	T1	MN	
DOXEPIN HCL	CAPS	50MG	T1	MN	
DOXEPIN HCL	CAPS	75MG	T1	MN	
DOXEPIN HCL	CAPS	25MG	T1	MN	
DOXEPIN HCL	CAPS	150MG	T1	MN	
DOXYCYCLINE HYCLATE	TABS	100MG	T1		
DOXYCYCLINE HYCLATE	CAPS	50MG	T1		
DOXYCYCLINE HYCLATE	CAPS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	50MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	50MG	T1		
DRONABINOL	CAPS	2.5MG	T3		
DRONABINOL	CAPS	5MG	T3		
DRONABINOL	CAPS	10MG	T3		
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG			Eligible for a \$0 copay
DUAVEE	TABS	20MG; 0.45MG	T2	MN	
DUCODYL	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
DULCOLAX	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
DULOXETINE HCL	CPEP	20MG	T1	MN	
DULOXETINE HCL	CPEP	30MG	T1	MN	
DULOXETINE HCL	CPEP	60MG	T1	MN	
E.E.S. GRANULES	SUSR	200MG/5ML	T2		
EAA SUPPLEMENT	PACK		T2		
ECONAZOLE NITRATE	CREA	1%	T1		
ECONTRA EZ	TABS	1.5MG			Eligible for a \$0 copay
EDEX	KIT	20MCG	T3		
EDEX	KIT	40MCG	T3		
EDEX	KIT	10MCG	T3		
EFFERVESCENT POT CHLORIDE	TBEF	0.77GM; 1.5GM; 0.7GM; 1.25GM	T1	MN	
EFFIENT	TABS	5MG	T2	MN	
EFFIENT	TABS	10MG	T2	MN	
ELIDEL	CREA	1%	T3		
ELINEST	TABS	30MCG; 0.3MG			Eligible for a \$0 copay
ELIQUIS	TABS	2.5MG	T2	MN	
ELIQUIS	TABS	5MG	T2	MN	
ELIXOPHYLLIN	ELIX	80MG/15ML	T2	MN	
ELLA	TABS	30MG			Eligible for a \$0 copay
ELMIRON	CAPS	100MG	T2		
EMEND	CAPS	80MG	T3	QL (3.00 EA per dispensing)	
EMEND	CAPS	125MG	T3	QL (3.00 EA per dispensing)	
EMEND	CAPS	40MG	T3	QL (3.00 EA per dispensing)	
EMEND	CAPS	0	T3	QL (3.00 EA per dispensing)	
EMEND	SUSR	125MG	T3	QL (3.00 EA per dispensing)	
EMOQUETTE	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
EMTRIVA	CAPS	200MG	T2		
EMTRIVA	SOLN	10MG/ML	T2		
ENALAPRIL MALEATE	TABS	5MG	T1	MN	
ENALAPRIL MALEATE	TABS	10MG	T1	MN	
ENALAPRIL MALEATE	TABS	2.5MG	T1	MN	
ENALAPRIL MALEATE	TABS	20MG	T1	MN	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	T1	MN	
ENOXAPARIN SODIUM	SOLN	100MG/ML	T1		
ENOXAPARIN SODIUM	SOLN	300MG/3ML	T1		
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	T1		
ENOXAPARIN SODIUM	SOLN	150MG/ML	T1		
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	T1		
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	T1		
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	T1		
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	T1		
ENPRESSE-28	TABS	0; 0			Eligible for a \$0 copay
ENSKYCE	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
ENTACAPONE	TABS	200MG	T3	MN	
ENTRESTO	TABS	24MG; 26MG	T3	PA; MN	
ENTRESTO	TABS	97MG; 103MG	T3	PA; MN	
ENTRESTO	TABS	49MG; 51MG	T3	PA; MN	
EPIDUO	GEL	0.1%; 2.5%	T3		
EPINEPHRINE	SOAJ	0.15MG/0.15ML	T1	QL (2.00 EA per 180 days)	
EPINEPHRINE	SOAJ	0.3MG/0.3ML	T1	QL (2.00 EA per 180 days)	
EPIPEN-JR 2-PAK	SOAJ	0.15MG/0.3ML	T2	QL (2.00 EA per 180 days)	
EPIVIR	SOLN	10MG/ML	T2		
EPIVIR HBV	SOLN	5MG/ML	T2		
ERGOLOID MESYLATES	TABS	1MG	T1		
ERRIN	TABS	0.35MG			Eligible for a \$0 copay
ERYPED 200	SUSR	200MG/5ML	T2		
ERYPED 400	SUSR	400MG/5ML	T2		
ERY-TAB	TBEC	333MG	T2		
ERY-TAB	TBEC	250MG	T2		
ERY-TAB	TBEC	500MG	T2		
ERYTHROCIN STEARATE	TABS	250MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
ERYTHROMYCIN	CPEP	250MG	T1		
ERYTHROMYCIN	OINT	5MG/GM	T1		
ERYTHROMYCIN	SOLN	2%	T1		
ERYTHROMYCIN	GEL	2%	T1		
ERYTHROMYCIN	PADS	2%	T1		
ERYTHROMYCIN BASE	TABS	250MG	T1		
ERYTHROMYCIN BASE	TABS	500MG	T1		
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	T1		
ESCITALOPRAM OXALATE	TABS	20MG	T1	MN	
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	T1	MN	
ESCITALOPRAM OXALATE	TABS	5MG	T1	MN	
ESCITALOPRAM OXALATE	TABS	10MG	T1	MN	
ESTARYLLA	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
ESTAZOLAM	TABS	1MG	T1		
ESTAZOLAM	TABS	2MG	T1		
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	0.625MG; 1.25MG	T1	MN	
ESTRACE	CREA	0.1MG/GM	T2		
ESTRADIOL	PTWK	0.1MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.025MG/24HR	T1	MN	
ESTRADIOL	TABS	0.5MG	T1	MN	
ESTRADIOL	TABS	1MG	T1	MN	
ESTRADIOL	TABS	2MG	T1	MN	
ESTRADIOL	PTWK	0.075MG/24HR	T1	MN	
ESTRADIOL	PTWK	37.5MCG/24HR	T1	MN	
ESTRADIOL	PTTW	0.1MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.05MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.06MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.075MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.05MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.0375MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.025MG/24HR	T1	MN	
ESTRADIOL VALERATE	OIL	40MG/ML	T1	MN	
ESTRADIOL VALERATE	OIL	20MG/ML	T1	MN	
ESTRADIOL/NORETHINDRONE ACETATE	TABS	1MG; 0.5MG	T1	MN	
ESTRADIOL/NORETHINDRONE ACETATE	TABS	0.5MG; 0.1MG	T1	MN	
ESTROPIPATE	TABS	3MG	T1	MN	
ESZOPICLONE	TABS	3MG	T3		
ESZOPICLONE	TABS	1MG	T3		
ESZOPICLONE	TABS	2MG	T3		
ETHAMBUTOL HCL	TABS	400MG	T1		
ETHOSUXIMIDE	SOLN	250MG/5ML	T1	MN	
ETHOSUXIMIDE	CAPS	250MG	T1	MN	
ETIDRONATE DISODIUM	TABS	200MG	T1	MN	
ETIDRONATE DISODIUM	TABS	400MG	T1	MN	
ETODOLAC	TABS	400MG	T1		
ETODOLAC	CAPS	300MG	T1		
ETODOLAC	TABS	500MG	T1		
ETODOLAC	CAPS	200MG	T1		
ETODOLAC ER	TB24	500MG	T1		
ETODOLAC ER	TB24	400MG	T1		
ETODOLAC ER	TB24	600MG	T1		
EURAX	CREA	10%	T2		
EURAX	LOTN	10%	T2		
EXELDERM	SOLN	1%	T2		
EXELDERM	CREA	1%	T2		
EXEMESTANE	TABS	25MG	T1		
FALLBACK SOLO	TABS	1.5MG			Eligible for a \$0 copay
FALMINA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
FAMCICLOVIR	TABS	250MG	T3		
FAMCICLOVIR	TABS	125MG	T3		
FAMCICLOVIR	TABS	500MG	T3		
FARESTON	TABS	60MG	T2		

Product Name	Form	Strength	Pref	Coverage Details	Comment
FELBAMATE	SUSP	600MG/5ML	T1	MN	
FELBAMATE	TABS	400MG	T1	MN	
FELBAMATE	TABS	600MG	T1	MN	
FELBATOL	TABS	400MG	T2	MN	
FELBATOL	SUSP	600MG/5ML	T2	MN	
FELBATOL	TABS	600MG	T2	MN	
FELODIPINE ER	TB24	2.5MG	T3	MN; DE	
FELODIPINE ER	TB24	5MG	T3	MN; DE	
FELODIPINE ER	TB24	10MG	T3	MN; DE	
FENOFIBRATE	TABS	54MG	T1	MN	
FENOFIBRATE	TABS	160MG	T1	MN	
FENOFIBRATE	TABS	48MG	T1	MN	
FENOFIBRATE	TABS	145MG	T1	MN	
FENOFIBRATE MICRONIZED	CAPS	200MG	T1	MN	
FENOFIBRATE MICRONIZED	CAPS	67MG	T1	MN	
FENOFIBRATE MICRONIZED	CAPS	134MG	T1	MN	
FENOFIBRIC ACID DR	CPDR	135MG	T1	MN	
FENOFIBRIC ACID DR	CPDR	45MG	T1	MN	
FENOPROFEN CALCIUM	TABS	600MG	T1		
FENOPROFEN CALCIUM	CAPS	400MG	T1		
FENTANYL	PT72	25MCG/HR	T1		
FENTANYL	PT72	100MCG/HR	T1		
FENTANYL	PT72	12MCG/HR	T1		
FENTANYL	PT72	50MCG/HR	T1		
FENTANYL	PT72	75MCG/HR	T1		
FERRALET 90	TABS		T1		
FINASTERIDE	TABS	5MG	T1		
FLAGYL	CAPS	375MG	T2		
FLAREX	SUSP	0.1%	T2		
FLAVOXATE HCL	TABS	100MG	T1	MN	
FLECAINIDE ACETATE	TABS	150MG	T1	MN	
FLECAINIDE ACETATE	TABS	50MG	T1	MN	
FLECAINIDE ACETATE	TABS	100MG	T1	MN	
FLEET LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
FLOVENT DISKUS	AEPB	50MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	100MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	250MCG/BLIST	T2	MN	
FLOVENT HFA	AERO	110MCG/ACT	T2	MN	
FLOVENT HFA	AERO	220MCG/ACT	T2	MN	
FLOVENT HFA	AERO	44MCG/ACT	T2	MN	
FLUCONAZOLE	TABS	50MG	T1		
FLUCONAZOLE	SUSR	10MG/ML	T1		
FLUCONAZOLE	SUSR	40MG/ML	T1		
FLUCONAZOLE	TABS	100MG	T1		
FLUCONAZOLE	TABS	200MG	T1		
FLUCONAZOLE	TABS	150MG	T1		
FLUDROCORTISONE ACETATE	TABS	0.1MG	T1		
FLUNISOLIDE	SOLN	0.025%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.025%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.01%	T1		
FLUOCINOLONE ACETONIDE	SOLN	0.01%	T1		
FLUOCINOLONE ACETONIDE	OINT	0.025%	T1		
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	T1		
FLUOCINOLONE ACETONIDE SCALP	OIL	0.01%	T1		
FLUOCINONIDE	CREA	0.05%	T1		
FLUOCINONIDE	GEL	0.05%	T1		
FLUOCINONIDE	OINT	0.05%	T1		
FLUOCINONIDE	SOLN	0.05%	T1		
FLUOCINONIDE-E	CREA	0.05%	T1		
FLUORABON	SOLN	0.55MG/0.6ML		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUOR-A-DAY	CHEW	0.25MG; 236.79MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUOR-A-DAY	CHEW	0.5MG; 236.79MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
FLUOR-A-DAY	SOLN	0.125MG/DROP		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUORIDEX DAILY DEFENSE SENSITIVITY RELIEF	PSTE	5%; 1.1%	T2		
FLUORITAB	CHEW	1MG	T1		
FLUORITAB	CHEW	0.5MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUOROMETHOLONE	SUSP	0.1%	T1		
FLUOROPLEX	CREA	1%	T2		
FLUOROURACIL	CREA	5%	T1		
FLUOROURACIL	SOLN	5%	T1		
FLUOROURACIL	SOLN	2%	T1		
FLUOROURACIL	CREA	0.5%	T1		
FLUOXETINE HCL	CAPS	40MG	T1	MN	
FLUOXETINE HCL	SOLN	20MG/5ML	T1	MN	
FLUOXETINE HCL	TABS	10MG	T1	MN	
FLUOXETINE HCL	TABS	60MG	T1	MN	
FLUOXETINE HCL	CAPS	10MG	T1	MN	
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	T1		
FLUPHENAZINE HCL	CONC	5MG/ML	T1		
FLUPHENAZINE HCL	TABS	1MG	T1		
FLUPHENAZINE HCL	TABS	2.5MG	T1		
FLUPHENAZINE HCL	TABS	5MG	T1		
FLUPHENAZINE HCL	TABS	10MG	T1		
FLURBIPROFEN	TABS	100MG	T1		
FLURBIPROFEN	TABS	50MG	T1		
FLURBIPROFEN SODIUM	SOLN	0.03%	T1		
FLUTAMIDE	CAPS	125MG	T1		
FLUTICASONE PROPIONATE	SUSP	50MCG/ACT	T1		
FLUTICASONE PROPIONATE	OINT	0.005%	T1		
FLUTICASONE PROPIONATE	CREA	0.05%	T1		
FML	OINT	0.1%	T2		
FML FORTE	SUSP	0.25%	T2		
FOCALIN XR	CP24	25MG	T3		
FOCALIN XR	CP24	35MG	T3		
FOLIC ACID	TABS	400MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	800MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	1MG	T1		
FORADIL AEROLIZER	CAPS	12MCG	T2	MN	
FORTICAL	SOLN	200UNIT/ACT	T2	MN	
FOSINOPRIL SODIUM	TABS	20MG	T1	MN	
FOSINOPRIL SODIUM	TABS	40MG	T1	MN	
FOSINOPRIL SODIUM	TABS	10MG	T1	MN	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	T1	MN	
FUROSEMIDE	SOLN	10MG/ML	T1	MN	
FUROSEMIDE	TABS	80MG	T1	MN	
FUROSEMIDE	TABS	20MG	T1	MN	
FUROSEMIDE	SOLN	8MG/ML	T1	MN	
FUROSEMIDE	TABS	40MG	T1	MN	
FYCOMPA	TABS	2MG	T3	MN	
FYCOMPA	TABS	4MG	T3	MN	
FYCOMPA	TABS	8MG	T3	MN	
FYCOMPA	TABS	12MG	T3	MN	
FYCOMPA	SUSP	0.5MG/ML	T3	MN	
FYCOMPA	TABS	6MG	T3	MN	
FYCOMPA	TABS	10MG	T3	MN	
GABAPENTIN	SOLN	250MG/5ML	T1	MN	
GABAPENTIN	TABS	800MG	T1	MN	
GABAPENTIN	CAPS	100MG	T1	MN	
GABAPENTIN	CAPS	300MG	T1	MN	
GABAPENTIN	TABS	600MG	T1	MN	
GABAPENTIN	CAPS	400MG	T1	MN	
GABITRIL	TABS	16MG	T2	MN	
GABITRIL	TABS	12MG	T2	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
GALZIN	CAPS	50MG	T2		
GALZIN	CAPS	25MG	T2		
GATIFLOXACIN	SOLN	0.5%	T1		
GAVILAX	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-C	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-G	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-H	KIT			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GAVILYTE-N/FLAVOR PACK	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GEMFIBROZIL	TABS	600MG	T1	MN	
GENTAK	OINT	0.3%	T1		
GENTAMICIN SULFATE	SOLN	0.3%	T1		
GENTAMICIN SULFATE	OINT	0.1%	T1		
GENTAMICIN SULFATE	CREA	0.1%	T1		
GENTLE LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GENTLELAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GEODON	SOLR	20MG	T3		
GIANVI	TABS	3MG; 0.02MG			Eligible for a \$0 copay
GILDAGIA	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
GILDESS 1.5/30	TABS	30MCG; 1.5MG			Eligible for a \$0 copay
GILDESS 1/20	TABS	20MCG; 1MG			Eligible for a \$0 copay
GILDESS 24 FE	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
GILDESS FE 1.5/30	TABS	30MCG; 75MG; 1.5MG			Eligible for a \$0 copay
GILDESS FE 1/20	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
GLIMEPIRIDE	TABS	1MG	T1	MN	
GLIMEPIRIDE	TABS	2MG	T1	MN	
GLIMEPIRIDE	TABS	4MG	T1	MN	
GLIPIZIDE XL	TB24	2.5MG	T1	MN	
GLIPIZIDE XL	TB24	10MG	T1	MN	
GLIPIZIDE XL	TB24	5MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T1	MN	
GLUCAGEN HYPOKIT	SOLR	1MG	T2		
GLUCAGON EMERGENCY KIT	KIT	1MG	T2	QL (2.00 EA per 25 days)	
GLYBURIDE	TABS	2.5MG	T1	MN	
GLYBURIDE	TABS	1.25MG	T1	MN	
GLYBURIDE	TABS	5MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	6MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	3MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	1.5MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	1.25MG; 250MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	5MG; 500MG	T1	MN	
GLYCOLAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GLYTACTIN BETTERMILK 15	PACK		T2		
GLYTACTIN RESTORE LITE 10	LIQD		T2		
GLYTACTIN RTD 10	LIQD		T2		
GLYTACTIN RTD 15	LIQD		T2		
GOLYTELY	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GOLYTELY	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
GRANISETRON HCL	TABS	1MG	T3	QL (4.00 EA per dispensing)	
GRISEOFULVIN MICROSIZED	SUSP	125MG/5ML	T1		
GRISEOFULVIN MICROSIZED	TABS	500MG	T1		
GRISEOFULVIN ULTRAMICROSIZED	TABS	250MG	T1		
GRISEOFULVIN ULTRAMICROSIZED	TABS	125MG	T1		
GUAIATUSSIN AC	SYRP	10MG/5ML; 100MG/5ML	T1		
GUAIFENESIN DAC	SOLN	10MG/5ML; 100MG/5ML; 30MG/5ML	T1		
GUANFACINE ER	TB24	3MG	T1		
GUANFACINE ER	TB24	4MG	T1		
GUANFACINE ER	TB24	2MG	T1		
GUANFACINE ER	TB24	1MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
GUANFACINE HCL	TABS	1MG	T1	MN	
GUANFACINE HCL	TABS	2MG	T1	MN	
HALOBETASOL PROPIONATE	OINT	0.05%	T1		
HALOBETASOL PROPIONATE	CREA	0.05%	T1		
HALOG	CREA	0.1%	T2		
HALOG	OINT	0.1%	T2		
HALOPERIDOL	TABS	10MG	T1		
HALOPERIDOL	TABS	1MG	T1		
HALOPERIDOL	CONC	2MG/ML	T1		
HALOPERIDOL	TABS	2MG	T1		
HALOPERIDOL	TABS	5MG	T1		
HALOPERIDOL	TABS	0.5MG	T1		
HALOPERIDOL	TABS	20MG	T1		
HALOPERIDOL LACTATE	SOLN	5MG/ML	T1		
HEALTHYLAX	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
HEATHER	TABS	0.35MG			Eligible for a \$0 copay
HECORIA	CAPS	0.5MG	T1		
HECORIA	CAPS	1MG	T1		
HECORIA	CAPS	5MG	T1		
HEPARIN LOCK	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	10UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	100UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	1UNIT/ML	T1		
HEPARIN LOCK FLUSH	SOLN	2UNIT/ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/0.5ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	2000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	1000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	2500UNIT/ML	T1		
HEPARIN SODIUM	SOLN	10000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	20000UNIT/ML	T1		
HEPARIN SODIUM LOCK FLUSH	KIT	10UNIT/ML; 0.9%	T1		
HEPARIN SODIUM LOCK FLUSH	KIT	100UNIT/ML; 0.9%	T1		
HOMATROPINE HBR	SOLN	5%	T1		
HUMALOG	SOLN	100UNIT/ML	T2	MN	
HUMALOG	SOCT	100UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	200UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	100UNIT/ML	T2	MN	
HUMALOG MIX 50/50	SUSP	50UNIT/ML; 50UNIT/ML	T2	MN	
HUMALOG MIX 50/50 KWIKPEN	SUPN	50UNIT/ML; 50UNIT/ML	T2	MN	
HUMALOG MIX 75/25	SUSP	25UNIT/ML; 75UNIT/ML	T2	MN	
HUMALOG MIX 75/25 KWIKPEN	SUPN	25UNIT/ML; 75UNIT/ML	T2	MN	
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN 70/30 KWIKPEN	SUPN	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN N	SUSP	100UNIT/ML	T2	MN	
HUMULIN N KWIKPEN	SUPN	100UNIT/ML	T2	MN	
HUMULIN R	SOLN	100UNIT/ML	T2	MN	
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	T2	MN	
HUMULIN R U-500 KWIKPEN	SOPN	500UNIT/ML	T2	MN	
HYDRALAZINE HCL	TABS	50MG	T1	MN	
HYDRALAZINE HCL	TABS	100MG	T1	MN	
HYDRALAZINE HCL	TABS	25MG	T1	MN	
HYDRALAZINE HCL	TABS	10MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	25MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	12.5MG	T1	MN	
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	T1	MN	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 10MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 7.5MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 5MG	T1	DE	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	SYRP	1.5MG/5ML; 5MG/5ML	T1		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	TABS	1.5MG; 5MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	SUER	8MG/5ML; 10MG/5ML	T1		
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1	DE	
HYDROCORTISONE	TABS	5MG	T1		
HYDROCORTISONE	TABS	10MG	T1		
HYDROCORTISONE	TABS	20MG	T1		
HYDROCORTISONE	ENEM	100MG/60ML	T1		
HYDROCORTISONE	CREA	2.5%	T1		
HYDROCORTISONE	LOTN	2.5%	T1		
HYDROCORTISONE	OINT	2.5%	T1		
HYDROCORTISONE ACETATE	SUPP	25MG	T1		
HYDROCORTISONE ACETATE	SUPP	30MG	T1		
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	1%; 1%	T1		
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	2.5%; 1%	T1		
HYDROCORTISONE BUTYRATE	SOLN	0.1%	T1		
HYDROCORTISONE VALERATE	CREA	0.2%	T1		
HYDROCORTISONE VALERATE	OINT	0.2%	T1		
HYDROCORTISONE/ACETIC ACID	SOLN	2%; 1%	T1		
HYDROCORTISONE/IODOQUINOL	CREA	1%; 1%	T1		
HYDROMORPHONE HCL	TABS	2MG	T1		
HYDROMORPHONE HCL	TABS	4MG	T1		
HYDROMORPHONE HCL	TABS	8MG	T1		
HYDROMORPHONE HCL	LIQD	1MG/ML	T1		
HYDROMORPHONE HCL	SUPP	3MG	T1		
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	T1		
HYDROXYUREA	CAPS	500MG	T1		
HYDROXYZINE HCL	TABS	25MG	T1		
HYDROXYZINE HCL	SYRP	10MG/5ML	T1		
HYDROXYZINE HCL	TABS	50MG	T1		
HYDROXYZINE HCL	TABS	10MG	T1		
HYDROXYZINE PAMOATE	CAPS	25MG	T1		
HYDROXYZINE PAMOATE	CAPS	100MG	T1		
HYDROXYZINE PAMOATE	CAPS	50MG	T1		
HYOSCYAMINE SULFATE	ELIX	0.125MG/5ML	T1		
HYOSCYAMINE SULFATE	SOLN	0.125MG/ML	T1		
HYOSCYAMINE SULFATE ER	TB12	0.375MG	T1		
HYPERCARE	SOLN	20%	T1		
IBANDRONATE SODIUM	TABS	150MG	T1	MN	
IBUPROFEN	TABS	400MG	T1		
IBUPROFEN	TABS	600MG	T1		
IBUPROFEN	TABS	800MG	T1		
ICAR PEDIATRIC	SUSP	15MG/1.25ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
IMIPRAMINE HCL	TABS	10MG	T1	MN	
IMIPRAMINE HCL	TABS	25MG	T1	MN	
IMIPRAMINE HCL	TABS	50MG	T1	MN	
IMIQUIMOD	CREA	5%	T3		
IMMULIFE	POWD		T2		
IMURAN	TABS	50MG	T2		
INDAPAMIDE	TABS	1.25MG	T1	MN	
INDAPAMIDE	TABS	2.5MG	T1	MN	
INDOCIN	SUSP	25MG/5ML	T2		
INDOCIN	SUPP	50MG	T2		
INDOMETHACIN	CAPS	25MG	T1		
INDOMETHACIN	CAPS	50MG	T1		
INDOMETHACIN ER	CPCR	75MG	T1		
INTEGRA F	CAPS		T1		
INTEGRA PLUS	CAPS		T1		
INTROVALE	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
INVIRASE	CAPS	200MG	T2		
INVIRASE	TABS	500MG	T2		
INVOKAMET	TABS	150MG; 1000MG	T3	MN	
INVOKAMET	TABS	50MG; 500MG	T3	MN	
INVOKAMET	TABS	50MG; 1000MG	T3	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
INVOKAMET	TABS	150MG; 500MG	T3	MN	
INVOKANA	TABS	100MG	T3	MN	
INVOKANA	TABS	300MG	T3	MN	
IOPIDINE	SOLN	1%	T2		
IPRATROPIUM BROMIDE	SOLN	0.02%	T1	MN	
IPRATROPIUM BROMIDE	SOLN	0.06%	T1	MN	
IPRATROPIUM BROMIDE	SOLN	0.03%	T1	MN	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	2.5MG/3ML; 0.5MG/3ML	T1	MN	
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 150MG	T1	MN	
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 300MG	T1	MN	
IRON SUPPLEMENT CHILDRENS	SOLN	15MG/ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
ISOMETHEPTENE/DICHLORALPHENAZONE/APAP	CAPS	325MG; 100MG; 0; 65MG	T1	DE	
ISONIAZID	TABS	100MG	T1		
ISONIAZID	TABS	300MG	T1		
ISONIAZID	SYRP	50MG/5ML	T1		
ISOSORBIDE DINITRATE	TABS	10MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	5MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	20MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	30MG	T1	MN	
ISOSORBIDE DINITRATE ER	TBCR	40MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	20MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	10MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	60MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	120MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	30MG	T1	MN	
ISTALOL	SOLN	0.5%	T2	MN	
ITRACONAZOLE	CAPS	100MG	T1		
IVERMECTIN	TABS	3MG	T1		
JANTOVEN	TABS	1MG	T1	MN	
JANTOVEN	TABS	2.5MG	T1	MN	
JANTOVEN	TABS	10MG	T1	MN	
JANTOVEN	TABS	6MG	T1	MN	
JANTOVEN	TABS	2MG	T1	MN	
JANTOVEN	TABS	4MG	T1	MN	
JANTOVEN	TABS	5MG	T1	MN	
JANTOVEN	TABS	7.5MG	T1	MN	
JANTOVEN	TABS	3MG	T1	MN	
JANUMET	TABS	500MG; 50MG	T2	MN	
JANUMET	TABS	1000MG; 50MG	T2	MN	
JANUMET XR	TB24	1000MG; 50MG	T2	MN	
JANUMET XR	TB24	500MG; 50MG	T2	MN	
JANUMET XR	TB24	1000MG; 100MG	T2	MN	
JANUVIA	TABS	100MG	T2	MN	
JANUVIA	TABS	50MG	T2	MN	
JANUVIA	TABS	25MG	T2	MN	
JENCYCLA	TABS	0.35MG			Eligible for a \$0 copay
JENTADUETO	TABS	2.5MG; 850MG	T2	MN	
JENTADUETO	TABS	2.5MG; 1000MG	T2	MN	
JENTADUETO	TABS	2.5MG; 500MG	T2	MN	
JENTADUETO XR	TB24	2.5MG; 1000MG	T2	MN	
JENTADUETO XR	TB24	5MG; 1000MG	T2	MN	
JOLESSA	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
JOLIVETTE	TABS	0.35MG			Eligible for a \$0 copay
JUNEL 1.5/30	TABS	30MCG; 1.5MG			Eligible for a \$0 copay
JUNEL 1/20	TABS	20MCG; 1MG			Eligible for a \$0 copay
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG			Eligible for a \$0 copay
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
KALETRA	TABS	100MG; 25MG	T2		
KALETRA	SOLN	400MG/5ML; 100MG/5ML	T2		
KALETRA	TABS	200MG; 50MG	T2		
KARIDIUM	SOLN	0.125MG/DROP	T1		
KARIVA	TABS	0; 0			Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
KELNOR 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
KEPPRA	TABS	250MG	T2	MN	
KEPPRA	TABS	1000MG	T2	MN	
KEPPRA	SOLN	100MG/ML	T2	MN	
KEPPRA	TABS	750MG	T2	MN	
KEPPRA	TABS	500MG	T2	MN	
KEPPRA XR	TB24	750MG	T2	MN	
KEPPRA XR	TB24	500MG	T2	MN	
KETOCONAZOLE	TABS	200MG	T1		
KETOCONAZOLE	SHAM	2%	T1		
KETOCONAZOLE	CREA	2%	T1		
KETOPROFEN	CAPS	50MG	T1		
KETOPROFEN	CAPS	75MG	T1		
KETOPROFEN ER	CP24	200MG	T1		
KETOROLAC TROMETHAMINE	TABS	10MG	T1	QL (20.00 EA per 30 days)	
KETOROLAC TROMETHAMINE	SOLN	0.5%	T1		
KIONEX	SUSP	15GM/60ML	T1		
KLONOPIN	TABS	1MG	T2	MN	
KLONOPIN	TABS	0.5MG	T2	MN	
KLONOPIN	TABS	2MG	T2	MN	
KLOR-CON	PACK	20MEQ	T1	MN	
KLOR-CON 25	PACK	25MEQ	T1	MN	
K-PHOS	TABS	500MG	T2		
K-PHOS NO 2	TABS	305MG; 700MG	T2		
KURVELO	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
K-VESCENT	TBEF	25MEQ	T1	MN	
LABETALOL HCL	TABS	100MG	T1	MN	
LABETALOL HCL	TABS	300MG	T1	MN	
LABETALOL HCL	TABS	200MG	T1	MN	
LACRISERT	INST	5MG	T2		
LACTULOSE	SOLN	10GM/15ML	T1		
LAMICTAL	TABS	25MG	T2	MN	
LAMICTAL	TABS	150MG	T2	MN	
LAMICTAL	TABS	200MG	T2	MN	
LAMICTAL	TABS	100MG	T2	MN	
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	T2	MN	
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	T2	MN	
LAMISIL	PACK	125MG	T2		
LAMISIL	PACK	187.5MG	T2		
LAMIVUDINE	TABS	100MG	T1		
LAMIVUDINE	TABS	300MG	T1		
LAMIVUDINE	TABS	150MG	T1		
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	T1		
LAMOTRIGINE	TABS	25MG	T1	MN	
LAMOTRIGINE	CHEW	25MG	T1	MN	
LAMOTRIGINE	CHEW	5MG	T1	MN	
LAMOTRIGINE	TABS	150MG	T1	MN	
LAMOTRIGINE	TABS	100MG	T1	MN	
LAMOTRIGINE	TABS	200MG	T1	MN	
LANAFLEX	PACK		T2		
LANOXIN	TABS	250MCG	T2	MN	
LANOXIN	TABS	125MCG	T2	MN	
LANTUS	SOLN	100UNIT/ML	T2	MN	
LANTUS SOLOSTAR	SOPN	100UNIT/ML	T2	MN	
LARIN 1.5/30	TABS	30MCG; 1.5MG			Eligible for a \$0 copay
LARIN 1/20	TABS	20MCG; 1MG			Eligible for a \$0 copay
LARIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG			Eligible for a \$0 copay
LARIN FE 1/20	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
LATANOPROST	SOLN	0.005%	T1	MN	
LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
LAXATIVE FEMININE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
LAXATIVE POLYETHYLENE GLYCOL 3350	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
LEENA	TABS	0; 0			Eligible for a \$0 copay
LEFLUNOMIDE	TABS	20MG	T1		
LESSINA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
LETROZOLE	TABS	2.5MG	T1		
LEUCOVORIN CALCIUM	TABS	10MG	T1		
LEUCOVORIN CALCIUM	TABS	15MG	T1		
LEUCOVORIN CALCIUM	TABS	5MG	T1		
LEUCOVORIN CALCIUM	TABS	25MG	T1		
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	T1		
LEVEMIR	SOLN	100UNIT/ML	T2	MN	
LEVEMIR FLEXTOUCH	SOPN	100UNIT/ML	T2	MN	
LEVETIRACETAM	TABS	750MG	T1	MN	
LEVETIRACETAM	TABS	250MG	T1	MN	
LEVETIRACETAM	SOLN	100MG/ML	T1	MN	
LEVETIRACETAM	TABS	500MG	T1	MN	
LEVETIRACETAM	SOLN	500MG/5ML	T1	MN	
LEVETIRACETAM	TABS	1000MG	T1	MN	
LEVETIRACETAM ER	TB24	500MG	T1	MN	
LEVETIRACETAM ER	TB24	750MG	T1	MN	
LEVOBUNOLOL HCL	SOLN	0.5%	T1	MN	
LEVOCARNITINE	SOLN	1GM/10ML	T3		
LEVOCARNITINE	SOLN	200MG/ML	T3		
LEVOCARNITINE	TABS	330MG	T3		
LEVOFLOXACIN	TABS	750MG	T1		
LEVOFLOXACIN	TABS	250MG	T1		
LEVOFLOXACIN	TABS	500MG	T1		
LEVOFLOXACIN	SOLN	25MG/ML	T1		
LEVONEST	TABS	0; 0			Eligible for a \$0 copay
LEVONORGESTREL	TABS	0.75MG			Eligible for a \$0 copay
LEVONORGESTREL	TABS	1.5MG			Eligible for a \$0 copay
LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	0; 0			Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG			Eligible for a \$0 copay
LEVORPHANOL TARTRATE	TABS	2MG	T1		
LEVOTHYROXINE SODIUM	TABS	75MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	50MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	88MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	150MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	175MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	25MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	137MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	100MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	112MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	125MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	200MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	300MCG	T1	MN	
LIALDA	TBEC	1.2GM	T3		
LIDOCAINE	OINT	5%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE VISCOUS	SOLN	2%	T1		
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	T1		
LIDOCAINE/PRILOCAINE	KIT	2.5%; 2.5%	T1		
LILETTA	IUD	18.6MCG/DAY			Eligible for a \$0 copay
LINDANE	SHAM	1%	T2		
LINDANE	LOTN	1%	T2		
LINZESS	CAPS	290MCG	T3		
LINZESS	CAPS	145MCG	T3		
LIOTHYRONINE SODIUM	TABS	5MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	50MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	25MCG	T1	MN	
LISINAPRIL	TABS	10MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
LISINAPRIL	TABS	30MG	T1	MN	
LISINAPRIL	TABS	5MG	T1	MN	
LISINAPRIL	TABS	20MG	T1	MN	
LISINAPRIL	TABS	2.5MG	T1	MN	
LISINAPRIL	TABS	40MG	T1	MN	
LISINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
LISINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
LISINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
LITHIUM	SOLN	8MEQ/5ML	T1	MN	
LITHIUM CARBONATE	CAPS	300MG	T1	MN	
LITHIUM CARBONATE	CAPS	150MG	T1	MN	
LITHIUM CARBONATE	CAPS	600MG	T1	MN	
LITHIUM CARBONATE	TABS	300MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	300MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	450MG	T1	MN	
LITHOSTAT	TABS	250MG	T2		
LOFIBRA	CAPS	67MG	T1		
LOFIBRA	CAPS	134MG	T1		
LOFIBRA	CAPS	200MG	T1		
LOFIBRA	TABS	54MG	T1		
LOFIBRA	TABS	160MG	T1		
LOMEDIA 24 FE	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
LOMUSTINE	CAPS	40MG	T2		
LOMUSTINE	CAPS	10MG	T2		
LOMUSTINE	CAPS	100MG	T2		
LOPHLEX	PACK		T2		
LOPHLEX LQ 20	LIQD		T2		
LORAZEPAM	TABS	2MG	T1		
LORAZEPAM	TABS	1MG	T1		
LORAZEPAM	TABS	0.5MG	T1		
LORYNA	TABS	3MG; 0.02MG			Eligible for a \$0 copay
LOSARTAN POTASSIUM	TABS	50MG	T1	MN	
LOSARTAN POTASSIUM	TABS	100MG	T1	MN	
LOSARTAN POTASSIUM	TABS	25MG	T1	MN	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG	T1	MN	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	T1	MN	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG	T1	MN	
LOTEMAX	SUSP	0.5%	T2		
LOTEMAX	GEL	0.5%	T2		
LOTEMAX	OINT	0.5%	T2		
LOVASTATIN	TABS	20MG	T1	MN	
LOVASTATIN	TABS	10MG	T1	MN	
LOVASTATIN	TABS	40MG	T1	MN	
LOW-OGESTREL	TABS	30MCG; 0.3MG			Eligible for a \$0 copay
LOXAPINE SUCCINATE	CAPS	5MG	T1		
LOXAPINE SUCCINATE	CAPS	10MG	T1		
LOXAPINE SUCCINATE	CAPS	25MG	T1		
LOXAPINE SUCCINATE	CAPS	50MG	T1		
LUMIGAN	SOLN	0.01%	T2	MN	
LUTERA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
LYRICA	CAPS	300MG	T3		
LYRICA	CAPS	200MG	T3		
LYRICA	CAPS	225MG	T3		
LYRICA	CAPS	75MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	100MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	25MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	50MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	150MG	T3	QL (3.00 EA per 1 days)	
LYRICA	SOLN	20MG/ML	T3	QL (900.00 ML per 30 days)	
LYZA	TABS	0.35MG			Eligible for a \$0 copay
MARLISSA	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
MAXAIR AUTOHALER	AERB	200MCG/INH	T2	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
MAXIDEX	SUSP	0.1%	T2		
M-CLEAR WC	SOLN	6.3MG/5ML; 100MG/5ML	T1		
MECLOFENAMATE SODIUM	CAPS	50MG	T1		
MECLOFENAMATE SODIUM	CAPS	100MG	T1		
MEDROL	TABS	2MG	T2		
MEDROXYPROGESTERONE ACETATE	SUSY	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	5MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	TABS	10MG	T1	MN	
MEFENAMIC ACID	CAPS	250MG	T3		
MEFLOQUINE HCL	TABS	250MG	T1		
MEGESTROL ACETATE	SUSP	40MG/ML	T1		
MEGESTROL ACETATE	TABS	40MG	T1		
MEGESTROL ACETATE	TABS	20MG	T1		
MELOXICAM	SUSP	7.5MG/5ML	T1		
MELOXICAM	TABS	15MG	T1		
MELOXICAM	TABS	7.5MG	T1		
MEMANTINE HCL	TABS	5MG	T1		
MEMANTINE HCL	TABS	10MG	T1		
MEMANTINE HCL TITRATION PAK	TABS	0	T1		
MEMANTINE HYDROCHLORIDE	SOLN	2MG/ML	T1		
MENEST	TABS	0.3MG	T2	MN	
MENEST	TABS	1.25MG	T2	MN	
MENEST	TABS	0.625MG	T2	MN	
MENEST	TABS	2.5MG	T2	MN	
MEPERIDINE HCL	SOLN	50MG/5ML	T1		
MEPERIDINE HCL	TABS	50MG	T1		
MEPERIDINE HCL	TABS	100MG	T1		
MEPHYTON	TABS	5MG	T2		
MEPROBAMATE	TABS	400MG	T1		
MEPROBAMATE	TABS	200MG	T1		
MERCAPTOPYRINE	TABS	50MG	T1		
MESALAMINE	KIT	4GM	T1		
MESALAMINE	ENEM	4GM	T1		
MESALAMINE DR	TBEC	800MG	T1		
MESTINON	SYRP	60MG/5ML	T2		
METAPROTERENOL SULFATE	TABS	10MG	T1	MN	
METAPROTERENOL SULFATE	SYRP	10MG/5ML	T1	MN	
METAPROTERENOL SULFATE	TABS	20MG	T1	MN	
METAXALONE	TABS	800MG	T1		
METFORMIN HCL	TABS	500MG	T1	MN	
METFORMIN HCL	TABS	1000MG	T1	MN	
METFORMIN HCL	TABS	850MG	T1	MN	
METFORMIN HCL ER	TB24	500MG	T1	MN	
METFORMIN HCL ER	TB24	750MG	T1	MN	
METHADONE HCL	SOLN	5MG/5ML	T1		
METHADONE HCL	TBSO	40MG	T1		
METHADONE HCL	CONC	10MG/ML	T1		
METHADONE HCL	SOLN	10MG/5ML	T1		
METHADONE HCL	TABS	5MG	T1		
METHADONE HCL	TABS	10MG	T1		
METHAZOLAMIDE	TABS	50MG	T1	MN	
METHAZOLAMIDE	TABS	25MG	T1	MN	
METHENAMINE HIPPURATE	TABS	1GM	T1		
METHENAMINE MANDELATE	TABS	1GM	T1		
METHENAMINE MANDELATE	TABS	0.5GM	T1		
METHIMAZOLE	TABS	10MG	T1		
METHIMAZOLE	TABS	5MG	T1		
METHOCARBAMOL	TABS	750MG	T1		
METHOCARBAMOL	TABS	500MG	T1		
METHOTREXATE	TABS	2.5MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
METHOTREXATE SODIUM	SOLN	50MG/2ML	T1		
METHOXSALEN	CAPS	10MG	T3		
METHYLCLOTHIAZIDE	TABS	5MG	T1	MN	
METHYLDOPA	TABS	250MG	T1	MN	
METHYLDOPA	TABS	500MG	T1	MN	
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	25MG; 250MG	T1	MN	
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	15MG; 250MG	T1	MN	
METHYLERGONOVINE MALEATE	TABS	0.2MG	T1		
METHYLPHENIDATE HCL	TABS	10MG	T1		
METHYLPHENIDATE HCL	TABS	20MG	T1		
METHYLPHENIDATE HCL	TABS	5MG	T1		
METHYLPHENIDATE HCL CD	CPCR	10MG	T1		
METHYLPHENIDATE HCL CD	CPCR	20MG	T1		
METHYLPHENIDATE HCL CD	CPCR	30MG	T1		
METHYLPHENIDATE HCL CD	CPCR	40MG	T1		
METHYLPHENIDATE HCL CD	CPCR	50MG	T1		
METHYLPHENIDATE HCL CD	CPCR	60MG	T1		
METHYLPHENIDATE HCL ER	TBCR	10MG	T1		
METHYLPHENIDATE HCL ER	CP24	30MG	T1		
METHYLPHENIDATE HCL ER	CP24	40MG	T1		
METHYLPHENIDATE HCL ER	TBCR	18MG	T1		
METHYLPHENIDATE HCL ER	TBCR	27MG	T1		
METHYLPHENIDATE HCL ER	TBCR	36MG	T1		
METHYLPHENIDATE HCL ER	TBCR	54MG	T1		
METHYLPHENIDATE HCL ER	CP24	20MG	T1		
METHYLPHENIDATE HCL SR	TBCR	20MG	T1		
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	T1	AL (max: 8y)	
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	T1	AL (max: 8y)	
METHYLPREDNISOLONE	TABS	4MG	T1		
METHYLPREDNISOLONE	TABS	32MG	T1		
METHYLPREDNISOLONE	TABS	8MG	T1		
METHYLPREDNISOLONE	TABS	16MG	T1		
METHYLPREDNISOLONE DOSE PACK	TBPK	4MG	T1		
METHYLTESTOSTERONE/ESTERIFIED ESTROGENS	TABS	1.25MG; 2.5MG	T1	MN	
METIPRANOLOL	SOLN	0.3%	T1	MN	
METOCLOPRAMIDE HCL	TABS	10MG	T1		
METOCLOPRAMIDE HCL	TABS	5MG	T1		
METOCLOPRAMIDE HCL	SOLN	10MG/10ML	T1		
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	T1		
METOLAZONE	TABS	2.5MG	T1	MN	
METOLAZONE	TABS	10MG	T1	MN	
METOLAZONE	TABS	5MG	T1	MN	
METOPROLOL TARTRATE	TABS	75MG	T1	MN	
METOPROLOL TARTRATE	TABS	50MG	T1	MN	
METOPROLOL TARTRATE	TABS	100MG	T1	MN	
METOPROLOL TARTRATE	TABS	25MG	T1	MN	
METOPROLOL TARTRATE	TABS	37.5MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 50MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	50MG; 100MG	T1	MN	
METRONIDAZOLE	TABS	250MG	T1		
METRONIDAZOLE	TABS	500MG	T1		
METRONIDAZOLE	CREA	0.75%	T1		
METRONIDAZOLE	LOTN	0.75%	T1		
METRONIDAZOLE	GEL	0.75%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE VAGINAL	GEL	0.75%	T1		
MEXILETINE HCL	CAPS	200MG	T1	MN	
MEXILETINE HCL	CAPS	150MG	T1	MN	
MEXILETINE HCL	CAPS	250MG	T1	MN	
MIGRANAL	SOLN	4MG/ML	T2	QL (8.00 ML per 30 days)	
MILLIPRED	TABS	5MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
MILLIPRED DP	TBPK	5MG	T1		
MINOCYCLINE HCL	CAPS	50MG	T1		
MINOCYCLINE HCL	CAPS	100MG	T1		
MINOCYCLINE HCL	CAPS	75MG	T1		
MINOXIDIL	TABS	2.5MG	T1	MN	
MINOXIDIL	TABS	10MG	T1	MN	
MIRALAX	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
MIRALAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
MIRENA	IUD	20MCG/24HR			Eligible for a \$0 copay
MIRTAZAPINE	TABS	45MG	T1		
MIRTAZAPINE	TABS	7.5MG	T1		
MIRTAZAPINE	TABS	15MG	T1		
MIRTAZAPINE	TABS	30MG	T1		
MIRTAZAPINE ODT	TBDP	30MG	T1		
MIRTAZAPINE ODT	TBDP	15MG	T1		
MIRTAZAPINE ODT	TBDP	45MG	T1		
MISOPROSTOL	TABS	100MCG	T1		
MISOPROSTOL	TABS	200MCG	T1		
MISSION PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
MISSION PRENATAL HP	TABS			GL (f)	Eligible for a \$0 copay
MODAFINIL	TABS	100MG	T3		
MODAFINIL	TABS	200MG	T3		
MODERIBA	TABS	200MG	T1		
MOMETASONE FUROATE	SOLN	0.1%	T1		
MOMETASONE FUROATE	OINT	0.1%	T1		
MOMETASONE FUROATE	CREA	0.1%	T1		
MONO-LINYAH	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
MONONESSA	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
MONTELUKAST SODIUM	PACK	4MG	T1	MN	
MONTELUKAST SODIUM	TABS	10MG	T1	MN	
MONTELUKAST SODIUM	CHEW	4MG	T1	MN	
MONTELUKAST SODIUM	CHEW	5MG	T1	MN	
MONUROL	PACK	5.631GM	T3		
MORPHINE SULFATE	TABS	15MG	T1		
MORPHINE SULFATE	SOLN	10MG/5ML	T1		
MORPHINE SULFATE	SOLN	100MG/5ML	T1		
MORPHINE SULFATE	SUPP	20MG	T1		
MORPHINE SULFATE	SUPP	5MG	T1		
MORPHINE SULFATE	SUPP	30MG	T1		
MORPHINE SULFATE	TABS	30MG	T1		
MORPHINE SULFATE	SOLN	20MG/5ML	T1		
MORPHINE SULFATE	SUPP	10MG	T1		
MORPHINE SULFATE ER	TBCR	60MG	T1		
MORPHINE SULFATE ER	TBCR	200MG	T1		
MORPHINE SULFATE ER	TBCR	15MG	T1		
MORPHINE SULFATE ER	TBCR	30MG	T1		
MORPHINE SULFATE ER	TBCR	100MG	T1		
MOXIFLOXACIN HCL	TABS	400MG	T3		
MULTAQ	TABS	400MG	T2	MN	
MULTI VITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI VITAMIN/FLUORIDE	CHEW		T1		
MULTI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN WITH FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN WITH FLUORIDE	CHEW		T1		
MULTI-VITAMIN/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI-VITAMIN/FLUORIDE/IRON	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULT-VITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MUPIROCIN	OINT	2%	T1		
MUPIROCIN CALCIUM	CREA	2%	T1		
MUSE	PLLT	1000MCG	T3		
MUSE	PLLT	500MCG	T3		
MUSE	PLLT	125MCG	T3		

Product Name	Form	Strength	Pref	Coverage Details	Comment
MUSE	PLLT	250MCG	T3		
MY WAY	TABS	1.5MG			Eligible for a \$0 copay
MYCOPHENOLATE MOFETIL	CAPS	250MG	T1		
MYCOPHENOLATE MOFETIL	TABS	500MG	T1		
MYKIDZ IRON 10	SUSP	15MG/1.5ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
MYKIDZ IRON FL	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MYRBETRIQ	TB24	50MG	T2	MN	
MYRBETRIQ	TB24	25MG	T2	MN	
MYSOLINE	TABS	250MG	T2	MN	
MYSOLINE	TABS	50MG	T2	MN	
MYZILRA	TABS	0; 0			Eligible for a \$0 copay
NABUMETONE	TABS	750MG	T1		
NABUMETONE	TABS	500MG	T1		
NADOLOL	TABS	40MG	T1	MN	
NADOLOL	TABS	20MG	T1	MN	
NADOLOL	TABS	80MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	T1	MN	
NAFRINSE DROPS	SOLN	0.125MG/DROP			Eligible for a \$0 copay
NAFTIFINE HCL	CREA	1%	T1		
NAFTIFINE HYDROCHLORIDE	CREA	2%	T1		
NAFTIN	GEL	1%	T2		
NAFTIN	GEL	2%	T2		
NALTREXONE HCL	TABS	50MG	T1		
NAMENDA XR	CP24	7MG	T2		
NAMENDA XR	CP24	28MG	T2		
NAMENDA XR	CP24	14MG	T2		
NAMENDA XR	CP24	21MG	T2		
NAMENDA XR TITRATION PACK	CP24	0	T2		
NAPROXEN	TABS	375MG	T1		
NAPROXEN	TABS	500MG	T1		
NAPROXEN	SUSP	125MG/5ML	T1		
NAPROXEN DR	TBEC	375MG	T1		
NAPROXEN DR	TBEC	500MG	T1		
NAPROXEN SODIUM	TABS	275MG	T1		
NAPROXEN SODIUM	TABS	550MG	T1		
NARATRIPTAN HCL	TABS	2.5MG	T3	QL (9.00 EA per 30 days)	
NARATRIPTAN HCL	TABS	1MG	T3	QL (9.00 EA per 30 days)	
NASCOBAL	SOLN	500MCG/0.1ML	T2		
NATACYN	SUSP	5%	T3		
NATEGLINIDE	TABS	60MG	T3	MN	
NATEGLINIDE	TABS	120MG	T3	MN	
NATURE-THROID	TABS	65MG	T2	MN	
NATURE-THROID	TABS	97.5MG	T2	MN	
NATURE-THROID	TABS	32.5MG	T2	MN	
NATURE-THROID	TABS	16.25MG	T2	MN	
NATURE-THROID	TABS	48.75MG	T2	MN	
NATURE-THROID	TABS	113.75MG	T2	MN	
NATURE-THROID	TABS	81.25MG	T2	MN	
NATURE-THROID	TABS	325MG	T2	MN	
NATURE-THROID	TABS	260MG	T2	MN	
NATURE-THROID	TABS	130MG	T2	MN	
NATURE-THROID	TABS	146.25MG	T2	MN	
NATURE-THROID	TABS	195MG	T2	MN	
NATURE-THROID NT-2.5	TABS	162.5MG	T2	MN	
NEBUPENT	SOLR	300MG	T2		
NECON 0.5/35-28	TABS	35MCG; 0.5MG			Eligible for a \$0 copay
NECON 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
NECON 1/50-28	TABS	50MCG; 1MG			Eligible for a \$0 copay
NECON 10/11-28	TABS	35MCG; 0			Eligible for a \$0 copay
NECON 7/7/7	TABS	0; 0			Eligible for a \$0 copay
NEOMYCIN SULFATE	TABS	500MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	400UNIT/GM; 5MG/GM; 10000UNIT/GM	T1		
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	T1		
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	T1		
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	T1		
NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	T1		
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	T1		
NEURONTIN	CAPS	400MG	T2	MN	
NEURONTIN	TABS	600MG	T2	MN	
NEURONTIN	SOLN	250MG/5ML	T2	MN	
NEURONTIN	CAPS	300MG	T2	MN	
NEURONTIN	TABS	800MG	T2	MN	
NEURONTIN	CAPS	100MG	T2	MN	
NEUTRAL SODIUM FLUORIDE	SOLN	0.2%	T1		
NEVIRAPINE	SUSP	50MG/5ML	T1		
NEVIRAPINE	TABS	200MG	T1		
NEVIRAPINE ER	TB24	400MG	T1		
NEXPLANON	IMPL	68MG			Eligible for a \$0 copay
NEXT CHOICE ONE DOSE	TABS	1.5MG			Eligible for a \$0 copay
NIACIN ER	TBCR	750MG	T1	MN	
NIACIN ER	TBCR	500MG	T1	MN	
NIACIN ER	TBCR	1000MG	T1	MN	
NICOTINE POLACRILEX	LOZG	4MG		QL	Eligible for a \$0 Copay
NICOTINE POLACRILEX	GUM	2MG		QL	Eligible for a \$0 copay
NICOTINE POLACRILEX	GUM	4MG		QL	Eligible for a \$0 copay
NICOTINE POLACRILEX	LOZG	2MG		QL	Eligible for a \$0 Copay
NICOTINE TRANSDERMAL SYSTEM	PT24	7MG/24HR		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	PT24	14MG/24HR		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	KIT	0		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	PT24	21MG/24HR		QL	Eligible for a \$0 copay
NICOTROL INHALER	INHA	10MG		QL	Eligible for a \$0 copay
NICOTROL NS	SOLN	10MG/ML		QL	Eligible for a \$0 copay
NIFEDIPINE	CAPS	10MG	T1	MN	
NIFEDIPINE ER	TB24	60MG	T1	MN	
NIFEDIPINE ER	TB24	30MG	T1	MN	
NIFEDIPINE ER	TB24	90MG	T1	MN	
NIKKI	TABS	3MG; 0.02MG			Eligible for a \$0 copay
NIMODIPINE	CAPS	30MG	T1		
NITRO-BID	OINT	2%	T1	MN	
NITRO-DUR	PT24	0.3MG/HR	T2	MN	
NITRO-DUR	PT24	0.8MG/HR	T2	MN	
NITROFURANTOIN	SUSP	25MG/5ML	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	50MG	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	25MG	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	100MG	T1		
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	T1		
NITROGLYCERIN	SUBL	0.3MG	T1	MN	
NITROGLYCERIN	SUBL	0.6MG	T1	MN	
NITROGLYCERIN	SUBL	0.4MG	T1	MN	
NITROGLYCERIN ER	CPCR	6.5MG	T1	MN	
NITROGLYCERIN ER	CPCR	9MG	T1	MN	
NITROGLYCERIN ER	CPCR	2.5MG	T1	MN	
NITROGLYCERIN LINGUAL	SOLN	0.4MG/SPRAY	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.4MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.2MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.6MG/HR	T1	MN	
NIZATIDINE	CAPS	150MG	T1		
NIZATIDINE	CAPS	300MG	T1		
NORA-BE	TABS	0.35MG			Eligible for a \$0 copay
NORETHINDRONE	TABS	0.35MG			Eligible for a \$0 Copay
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	25MCG; 75MG; 0.8MG			Eligible for a \$0 copay
NORETHINDRONE ACETATE	TABS	5MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	20MCG; 1MG			Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	0; 0			Eligible for a \$0 copay
NORITATE	CREA	1%	T2		
NORLYROC	TABS	0.35MG			Eligible for a \$0 copay
NORPACE CR	CP12	100MG	T2	MN	
NORPACE CR	CP12	150MG	T2	MN	
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG			Eligible for a \$0 copay
NORTREL 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
NORTREL 7/7/7	TABS	0; 0			Eligible for a \$0 copay
NORTRIPTYLINE HCL	CAPS	50MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	10MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	25MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	75MG	T1	MN	
NORTRIPTYLINE HCL	SOLN	10MG/5ML	T1	MN	
NORVIR	TABS	100MG	T2		
NORVIR	CAPS	100MG	T2		
NORVIR	SOLN	80MG/ML	T2		
NOVOLIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
NOVOLIN N	SUSP	100UNIT/ML	T2	MN	
NOVOLIN R	SOLN	100UNIT/ML	T2	MN	
NOVOLOG	SOLN	100UNIT/ML	T2	MN	
NOVOLOG FLEXPEN	SOPN	100UNIT/ML	T2	MN	
NOVOLOG MIX 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	30UNIT/ML; 70UNIT/ML	T2	MN	
NOVOLOG PENFILL	SOCT	100UNIT/ML	T2	MN	
NOXAFIL	SUSP	40MG/ML	T2	PA	
NOXAFIL	TBEC	100MG	T2	PA	
NULYTELY/FLAVOR PACKS	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
NUTRASSENTIALS	POWD		T2		
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR			Eligible for a \$0 copay
NYSTATIN	TABS	500000UNIT	T1		
NYSTATIN	SUSP	100000UNIT/ML	T1		
NYSTATIN	POWD		T1		
NYSTATIN	OINT	100000UNIT/GM	T1		
NYSTATIN	CREA	100000UNIT/GM	T1		
NYSTATIN/TRIAMCINOLONE	CREA	100000UNIT/GM; 0.1%	T1		
NYSTATIN/TRIAMCINOLONE	OINT	100000UNIT/GM; 0.1%	T1		
NYSTOP	POWD	100000UNIT/GM	T1		
OCELLA	TABS	3MG; 0.03MG			Eligible for a \$0 copay
OFLOXACIN	SOLN	0.3%	T1		
OGESTREL	TABS	50MCG; 0.5MG			Eligible for a \$0 copay
OLANZAPINE	TABS	10MG	T1		
OLANZAPINE	TABS	2.5MG	T1		
OLANZAPINE	TABS	7.5MG	T1		
OLANZAPINE	TABS	20MG	T1		
OLANZAPINE	TABS	5MG	T1		
OLANZAPINE	TABS	15MG	T1		
OLANZAPINE ODT	TBDP	5MG	T1		
OLANZAPINE ODT	TBDP	10MG	T1		
OLANZAPINE ODT	TBDP	15MG	T1		
OLANZAPINE ODT	TBDP	20MG	T1		
OLOPATADINE HCL	SOLN	0.1%	T1		
OMEGA-3-ACID ETHYL ESTERS	CAPS	375MG; 465MG; 1GM	T3	MN	
ONDANSETRON HCL	TABS	8MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON HCL	SOLN	4MG/5ML	T1		
ONDANSETRON HCL	SOLN	40MG/20ML	T1		
ONDANSETRON HCL	TABS	4MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON HCL	TABS	24MG	T1	QL (8.00 EA per dispensing)	
ONDANSETRON ODT	TBDP	8MG	T1	QL (8.00 EA per dispensing)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
ONDANSETRON ODT	TBDP	4MG	T1	QL (8.00 EA per dispensing)	
ONE-A-DAY WOMENS PRENATAL	MISC			GL (f)	Eligible for a \$0 copay
ONFI	TABS	10MG	T3	PA; MN	
ONFI	SUSP	2.5MG/ML	T3	PA; MN	
ONFI	TABS	20MG	T3	PA; MN	
OPCICON ONE-STEP	TABS	1.5MG			Eligible for a \$0 copay
ORACTT	SOLN	640MG/5ML; 490MG/5ML	T2		
ORPHENADRINE CITRATE ER	TB12	100MG	T1		
ORSYTHIA	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
OXAPROZIN	TABS	600MG	T1		
OXAZEPAM	CAPS	10MG	T1		
OXAZEPAM	CAPS	15MG	T1		
OXAZEPAM	CAPS	30MG	T1		
OXCARBAZEPINE	TABS	300MG	T1	MN	
OXCARBAZEPINE	SUSP	300MG/5ML	T1	MN	
OXCARBAZEPINE	TABS	150MG	T1	MN	
OXCARBAZEPINE	TABS	600MG	T1	MN	
OXICONAZOLE NITRATE	CREA	1%	T1		
OXISTAT	LOTN	1%	T2		
OXYBUTYNIN CHLORIDE	TABS	5MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	5MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	10MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	15MG	T1	MN	
OXYCODONE HCL	TABS	10MG	T1		
OXYCODONE HCL	SOLN	5MG/5ML	T1		
OXYCODONE HCL	CAPS	5MG	T1		
OXYCODONE HCL	TABS	15MG	T1		
OXYCODONE HCL	TABS	30MG	T1		
OXYCODONE HCL	TABS	20MG	T1		
OXYCODONE HCL	TABS	5MG	T1		
OXYCODONE HCL	CONC	100MG/5ML	T1		
OXYCODONE HCL ER	T12A	80MG	T1		
OXYCODONE HCL ER	T12A	15MG	T1		
OXYCODONE HCL ER	T12A	10MG	T1		
OXYCODONE HCL ER	T12A	40MG	T1		
OXYCODONE HCL ER	T12A	30MG	T1		
OXYCODONE HCL ER	T12A	60MG	T1		
OXYCODONE HCL ER	T12A	20MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	T1	DE	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	T1	DE	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1	DE	
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	T1		
OXYCONTIN	T12A	30MG	T2		
OXYCONTIN	T12A	60MG	T2		
OXYCONTIN	T12A	80MG	T2		
OXYCONTIN	T12A	10MG	T2		
OXYCONTIN	T12A	20MG	T2		
OXYCONTIN	T12A	15MG	T2		
OXYCONTIN	T12A	40MG	T2		
PACERONE	TABS	400MG	T1	MN	
PACERONE	TABS	100MG	T1	MN	
PACERONE	TABS	200MG	T1	MN	
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	T2		
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	T2		
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	T2		
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	T2		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	0			Eligible for a \$0 copay
PARICALCITOL	CAPS	1MCG	T1	PA	
PARICALCITOL	CAPS	2MCG	T1	PA	
PARICALCITOL	CAPS	4MCG	T1	PA	
PAROXETINE HCL	TABS	30MG	T1	MN	
PAROXETINE HCL ER	TB24	12.5MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
PAROXETINE HCL ER	TB24	25MG	T1	MN	
PAXIL	SUSP	10MG/5ML	T2	MN	
PEG 3350	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG 3350	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG 3350/ELECTROLYTES	SOLR		T1	AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG-3350/ELECTROLYTES	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG-3350/NACL/NA BICARBONATE/KCL	SOLR			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PEG-PREP	KIT			AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	T1		
PENICILLIN V POTASSIUM	TABS	250MG	T1		
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	T1		
PENICILLIN V POTASSIUM	TABS	500MG	T1		
PENTASA	CPCR	250MG	T2		
PENTASA	CPCR	500MG	T2		
PENTAZOCINE/NALOXONE HCL	TABS	0.5MG; 50MG	T1		
PENTOXIFYLLINE ER	TBCR	400MG	T1		
PERIFLEX ADVANCE	POWD		T2		
PERIFLEX INFANT	POWD		T2		
PERIFLEX JUNIOR	POWD		T2		
PERIFLEX LQ PKU	LIQD		T2		
PERMETHRIN	CREA	5%	T1		
PERRY PRENATAL	CAPS			GL (f)	Eligible for a \$0 copay
PHENAZOPYRIDINE HCL	TABS	200MG	T1		
PHENAZOPYRIDINE HCL	TABS	100MG	T1		
PHENELZINE SULFATE	TABS	15MG	T1		
PHENEX CHEWS	CHEW		T2		
PHENEX-1	POWD		T2		
PHENEX-2	POWD		T2		
PHENOBARBITAL	TABS	60MG	T1	MN	
PHENOBARBITAL	TABS	97.2MG	T1	MN	
PHENOBARBITAL	ELIX	20MG/5ML	T1	MN	
PHENOBARBITAL	TABS	15MG	T1	MN	
PHENOBARBITAL	TABS	30MG	T1	MN	
PHENOBARBITAL	TABS	100MG	T1	MN	
PHENOBARBITAL	TABS	16.2MG	T1	MN	
PHENOBARBITAL	TABS	32.4MG	T1	MN	
PHENOBARBITAL	TABS	64.8MG	T1	MN	
PHENOXYBENZAMINE HYDROCHLORIDE	CAPS	10MG	T1	MN	
PHENYLADE	POWD		T2		
PHENYLADE AMINO ACID	BAR		T2		
PHENYLADE AMINO ACID BLEND	PACK		T2		
PHENYLADE DRINK MIX	POWD		T2		
PHENYLADE ESSENTIAL DRINK MIX	POWD		T2		
PHENYLADE ESSENTIAL DRINK MIX	PACK		T2		
PHENYLADE GMP	PACK		T2		
PHENYLADE GMP	POWD		T2		
PHENYLADE MTE	POWD		T2		
PHENYLADE MTE AMINO ACID BLEND	PACK		T2		
PHENYLADE PHEBLOC	TABS		T2		
PHENYLADE PHEBLOC	POWD		T2		
PHENYLADE RTD PKU 10	LIQD		T2		
PHENYLADE40 DRINK MIX	PACK		T2		
PHENYLADE60 DRINK MIX	POWD		T2		
PHENYLADE60 DRINK MIX	PACK		T2		
PHENYL-FREE 1	POWD		T2		
PHENYL-FREE 2	POWD		T2		
PHENYL-FREE 2HP	POWD		T2		
PHENYLHISTINE DH	LIQD	2MG/5ML; 10MG/5ML; 30MG/5ML	T1		
PHENYTOIN	SUSP	125MG/5ML	T1	MN	
PHENYTOIN INFATABS	CHEW	50MG	T1	MN	
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	T1	MN	
PHILITH	TABS	35MCG; 0.4MG			Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
PHLEXY-10	CAPS		T2		
PHLEXY-10	TABS		T2		
PHLEXY-10	PACK		T2		
PHOS FLUR	SOLN	0.044%	T1		
PHOSPHA 250 NEUTRAL	TABS	155MG; 852MG; 130MG	T1		
PHOSPHOLINE IODIDE	SOLR	0.125%	T2	MN	
PHRENILIN FORTE	CAPS	650MG; 50MG	T1	DE	
PICATO	GEL	0.05%	T3	PA	
PICATO	GEL	0.015%	T3	PA	
PILOCARPINE HCL	TABS	7.5MG	T1		
PILOCARPINE HCL	SOLN	2%	T1	MN	
PILOCARPINE HCL	SOLN	1%	T1	MN	
PILOCARPINE HCL	SOLN	4%	T1	MN	
PILOCARPINE HYDROCHLORIDE	TABS	5MG	T1		
PIMOZIDE	TABS	2MG	T1		
PIMOZIDE	TABS	1MG	T1		
PIMTREA	TABS	0; 0			Eligible for a \$0 copay
PINDOLOL	TABS	10MG	T1	MN	
PINDOLOL	TABS	5MG	T1	MN	
PIOGLITAZONE HCL	TABS	30MG	T1	MN	
PIOGLITAZONE HCL	TABS	45MG	T1	MN	
PIOGLITAZONE HCL	TABS	15MG	T1	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	T3	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	T3	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	2MG; 30MG	T3	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	4MG; 30MG	T3	MN	
PIRMELLA 1/35	TABS	35MCG; 1MG			Eligible for a \$0 copay
PIRMELLA 7/7/7	TABS	0; 0			Eligible for a \$0 copay
PIROXICAM	CAPS	20MG	T1		
PIROXICAM	CAPS	10MG	T1		
PKU 2	POWD		T2		
PKU 3	POWD		T2		
PKU COOLER 10	LIQD		T2		
PKU COOLER 15	LIQD		T2		
PKU COOLER 20	LIQD		T2		
PKU EASY MICROTABS	TBEC		T2		
PKU EXPRESS	PACK		T2		
PKU EXPRESS20	PACK		T2		
PKU GEL	PACK		T2		
PKU LOPHLEX LQ 20	LIQD		T2		
PKU PERIFLEX JUNIOR PLUS	POWD		T2		
PKU TRIO	POWD		T2		
PODOFILOX	SOLN	0.5%	T1		
POLYETHYLENE GLYCOL 3350	PACK	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
POLYETHYLENE GLYCOL 3350	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	10000UNIT/ML; 0.1%	T1		
POLY-VI-FLOR	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR/IRON	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POLY-VI-FLOR/IRON	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
PORTIA-28	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
POTASSIUM BICARBONATE	TBEF	25MEQ	T1	MN	
POTASSIUM CHLORIDE	SOLN	20%	T1	MN	
POTASSIUM CHLORIDE	SOLN	10%	T1	MN	
POTASSIUM CHLORIDE ER	TBCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	8MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE SR	TBCR	8MEQ	T1	MN	
POTASSIUM CITRATE ER	TBCR	1080MG	T1		
POTASSIUM CITRATE ER	TBCR	540MG	T1		
POTASSIUM GLUCONATE	TABS	2MEQ		MN; AL (min: 6m, max: 6y)	Eligible for a \$0 copay
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.25MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1.5MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.125MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	T1	MN	
PRAMOSONE	OINT	1%; 1%	T2		
PRAMOSONE	LOTN	2.5%; 1%	T2		
PRAMOSONE	CREA	1%; 1%	T2		
PRAMOSONE	LOTN	1%; 1%	T2		
PRAMOSONE	CREA	2.5%; 1%	T2		
PRAMOSONE	OINT	2.5%; 1%	T2		
PRAVASTATIN SODIUM	TABS	20MG	T1	MN	
PRAVASTATIN SODIUM	TABS	10MG	T1	MN	
PRAVASTATIN SODIUM	TABS	80MG	T1	MN	
PRAVASTATIN SODIUM	TABS	40MG	T1	MN	
PRAZOSIN HCL	CAPS	1MG	T1	MN	
PRAZOSIN HCL	CAPS	5MG	T1	MN	
PRAZOSIN HCL	CAPS	2MG	T1	MN	
PRED-G	SUSP	0.3%; 1%	T2		
PRED-G S.O.P.	OINT	0.3%; 0.6%	T2		
PREDNISOLONE	SOLN	15MG/5ML	T1		
PREDNISOLONE ACETATE	SUSP	1%	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	25MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	T1		
PREDNISON	SOLN	5MG/5ML	T1		
PREDNISON	TABS	50MG	T1		
PREDNISON	TABS	5MG	T1		
PREDNISON	TABS	1MG	T1		
PREDNISON	TABS	10MG	T1		
PREDNISON	TABS	20MG	T1		
PREDNISON	TABS	2.5MG	T1		
PREDNISON	TBPK	10MG	T1		
PREDNISON	TBPK	5MG	T1		
PREDNISON INTENSOL	CONC	5MG/ML	T1		
PREMARIN	TABS	0.45MG	T2	MN	
PREMARIN	TABS	1.25MG	T2	MN	
PREMARIN	TABS	0.3MG	T2	MN	
PREMARIN	TABS	0.9MG	T2	MN	
PREMARIN	CREA	0.625MG/GM	T2		
PREMARIN	TABS	0.625MG	T2	MN	
PREMPHASE	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.625MG; 2.5MG	T2	MN	
PREMPRO	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.3MG; 1.5MG	T2	MN	
PREMPRO	TABS	0.45MG; 1.5MG	T2	MN	
PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
PRENATAL FORTE	TABS			GL (f)	Eligible for a \$0 copay
PRENATAL PLUS	TABS		T1		
PRENATAL PLUS IRON	TABS		T1		
PREVACID SOLUTAB	TBDP	15MG	T2	AL (max: 11y)	
PREVACID SOLUTAB	TBDP	30MG	T2	AL (max: 11y)	
PREVALITE	POWD	4GM/DOSE	T1	MN	
PREVIDENT 5000 BOOSTER PLUS	PSTE	1.1%	T2		
PREVIDENT 5000 DRY MOUTH	GEL	1.1%	T2		
PREVIDENT 5000 SENSITIVE	PSTE	5%; 1.1%	T2		
PREVIDENT FLUORIDE	GEL	1.1%	T1		
PREVIFEM	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
PRIMAQUINE PHOSPHATE	TABS	26.3MG	T2		
PRIMIDONE	TABS	50MG	T1	MN	
PRIMIDONE	TABS	250MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
PROAIR HFA	AERS	108MCG/ACT	T2		
PROAIR RESPICLICK	AEPB	108MCG/ACT	T2		
PROBENECID	TABS	500MG	T1	MN	
PROBENECID/COLCHICINE	TABS	0.5MG; 500MG	T1	MN	
PROCHLORPERAZINE	SUPP	25MG	T1		
PROCHLORPERAZINE MALEATE	TABS	10MG	T1		
PROCHLORPERAZINE MALEATE	TABS	5MG	T1		
PROCTOSOL HC	CREA	2.5%	T1		
PROCTOZONE-HC	CREA	2.5%	T1		
PROFERRIN-FORTE	TABS	1MG; 12MG	T2		
PROGESTERONE	CAPS	200MG	T1		
PROGESTERONE	CAPS	100MG	T1		
PROGESTERONE	OIL	50MG/ML	T1	MN	
PROGLYCEM	SUSP	50MG/ML	T2		
PROMETHAZINE HCL	TABS	12.5MG	T1		
PROMETHAZINE HCL	TABS	50MG	T1		
PROMETHAZINE HCL	SUPP	12.5MG	T1		
PROMETHAZINE HCL	SUPP	25MG	T1		
PROMETHAZINE HCL PLAIN	SYRP	6.25MG/5ML	T1		
PROMETHAZINE VC/CODEINE	SYRP	10MG/5ML; 5MG/5ML; 6.25MG/5ML	T1		
PROMETHAZINE/CODEINE	SYRP	10MG/5ML; 6.25MG/5ML	T1		
PROMETHAZINE/PHENYLEPHRINE	SYRP	5MG/5ML; 6.25MG/5ML	T1		
PROMETHAZINE-DM	SYRP	15MG/5ML; 6.25MG/5ML	T1		
PROMETHEGAN	SUPP	50MG	T1		
PROPAFENONE HCL	TABS	225MG	T1	MN	
PROPAFENONE HCL	TABS	150MG	T1	MN	
PROPAFENONE HCL	TABS	300MG	T1	MN	
PROPANTHELINE BROMIDE	TABS	15MG	T1		
PROPRANOLOL HCL	SOLN	40MG/5ML	T1	MN	
PROPRANOLOL HCL	SOLN	20MG/5ML	T1	MN	
PROPRANOLOL HCL	TABS	20MG	T1	MN	
PROPRANOLOL HCL	TABS	10MG	T1	MN	
PROPRANOLOL HCL	TABS	40MG	T1	MN	
PROPRANOLOL HCL	TABS	80MG	T1	MN	
PROPRANOLOL HCL	TABS	60MG	T1	MN	
PROPRANOLOL HCL ER	CP24	60MG	T1	MN	
PROPRANOLOL HCL ER	CP24	80MG	T1	MN	
PROPRANOLOL HCL ER	CP24	120MG	T1	MN	
PROPRANOLOL HCL ER	CP24	160MG	T1	MN	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 40MG	T1	MN	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	T1	MN	
PROPYLTHIOURACIL	TABS	50MG	T1		
PROTECTNATAL	TBEC			GL (f)	Eligible for a \$0 copay
PROVENTIL HFA	AERS	108MCG/ACT	T2		
PULMICORT FLEXHALER	AEPB	90MCG/ACT	T2	MN	
PULMICORT FLEXHALER	AEPB	180MCG/ACT	T2	MN	
PYRAZINAMIDE	TABS	500MG	T1		
PYRIDOSTIGMINE BROMIDE	TABS	60MG	T1		
PYRIDOSTIGMINE BROMIDE ER	TBCR	180MG	T1		
QUASENSE	TABS	0.03MG; 0.15MG			Eligible for a \$0 copay
QUETIAPINE FUMARATE	TABS	400MG	T1		
QUETIAPINE FUMARATE	TABS	50MG	T1		
QUETIAPINE FUMARATE	TABS	300MG	T1		
QUETIAPINE FUMARATE	TABS	200MG	T1		
QUETIAPINE FUMARATE	TABS	100MG	T1		
QUFLORA PEDIATRIC	SOLN			AL (min: 6m, max: 12m)	Eligible for a \$0 copay
QUILLICHEW ER	CHER	30MG	T3	AL (max: 8y)	
QUILLICHEW ER	CHER	20MG	T3	AL (max: 8y)	
QUILLICHEW ER	CHER	40MG	T3	AL (max: 8y)	
QUILLIVANT XR	SUSR	25MG/5ML	T3	AL (max: 8y)	
QUINAPRIL HCL	TABS	20MG	T1	MN	
QUINAPRIL HCL	TABS	5MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
QUINAPRIL HCL	TABS	10MG	T1	MN	
QUINAPRIL HCL	TABS	40MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
QUINIDINE GLUCONATE CR	TBCR	324MG	T1	MN	
QUINIDINE SULFATE	TABS	300MG	T1	MN	
QUINIDINE SULFATE	TABS	200MG	T1	MN	
QVAR	AERS	80MCG/ACT	T2	MN	
QVAR	AERS	40MCG/ACT	T2	MN	
RALOXIFENE HYDROCHLORIDE	TABS	60MG	T3	MN	Eligible for a \$0 copay
RAMIPRIL	CAPS	1.25MG	T1	MN	
RAMIPRIL	CAPS	10MG	T1	MN	
RAMIPRIL	CAPS	2.5MG	T1	MN	
RAMIPRIL	CAPS	5MG	T1	MN	
RANEXA	TB12	1000MG	T3	MN	
RANEXA	TB12	500MG	T3	MN	
RANITIDINE HCL	CAPS	150MG	T1		
RANITIDINE HCL	CAPS	300MG	T1		
RANITIDINE HCL	TABS	300MG	T1		
RANITIDINE HCL	SYRP	75MG/5ML	T1		
RECLIPSEN	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
REGRANEX	GEL	0.01%	T2		
RENAGEL	TABS	400MG	T3		
RENAGEL	TABS	800MG	T3		
RENAL	CAPS		T1		
RENVELA	TABS	800MG	T3		
RENVELA	PACK	2.4GM	T3		
RENVELA	PACK	0.8GM	T3		
REPAGLINIDE	TABS	0.5MG	T3	MN	
REPAGLINIDE	TABS	1MG	T3	MN	
REPAGLINIDE	TABS	2MG	T3	MN	
RESCRIPTOR	TABS	100MG	T2		
RESCRIPTOR	TABS	200MG	T2		
RESERPINE	TABS	0.1MG	T1	MN	
RESERPINE	TABS	0.25MG	T1	MN	
RESTASIS	EMUL	0.05%	T3		
REYATAZ	PACK	50MG	T2		
REYATAZ	CAPS	150MG	T2		
REYATAZ	CAPS	200MG	T2		
REYATAZ	CAPS	300MG	T2		
REZIRA	SOLN	5MG/5ML; 60MG/5ML	T2		
RHEUMATREX	TABS	2.5MG	T1		
RIBASPHERE	CAPS	200MG	T1		
RIBASPHERE	TABS	200MG	T1		
RIBAVIRIN	CAPS	200MG	T1		
RIBAVIRIN	TABS	200MG	T1		
RIDAURA	CAPS	3MG	T2		
RIFABUTIN	CAPS	150MG	T3		
RIFAMPIN	CAPS	300MG	T1		
RIFAMPIN	CAPS	150MG	T1		
RIGHT STEP PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
RILUZOLE	TABS	50MG	T3		
RIMANTADINE HCL	TABS	100MG	T1		
RISEDRONATE SODIUM	TABS	35MG	T1	MN	
RISEDRONATE SODIUM	TABS	5MG	T1	MN	
RISEDRONATE SODIUM	TABS	30MG	T1	MN	
RISEDRONATE SODIUM	TABS	150MG	T1	MN	
RISPERIDONE	TABS	0.25MG	T1		
RISPERIDONE	TABS	2MG	T1		
RISPERIDONE	TABS	4MG	T1		
RISPERIDONE	SOLN	1MG/ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
RISPERIDONE	TABS	0.5MG	T1		
RISPERIDONE	TABS	1MG	T1		
RISPERIDONE ODT	TBDP	0.5MG	T1		
RISPERIDONE ODT	TBDP	0.25MG	T1		
RISPERIDONE ODT	TBDP	4MG	T1		
RISPERIDONE ODT	TBDP	2MG	T1		
RISPERIDONE ODT	TBDP	1MG	T1		
RISPERIDONE ODT	TBDP	3MG	T1		
RITALIN LA	CP24	10MG	T2		
RITALIN LA	CP24	60MG	T2		
RIVASTIGMINE TARTRATE	CAPS	1.5MG	T1		
RIVASTIGMINE TARTRATE	CAPS	4.5MG	T1		
RIVASTIGMINE TARTRATE	CAPS	6MG	T1		
RIVASTIGMINE TARTRATE	CAPS	3MG	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	4.6MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	9.5MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	13.3MG/24HR	T1		
RIZATRIPTAN BENZOATE	TABS	10MG	T1	QL (12.00 EA per 30 days)	
RIZATRIPTAN BENZOATE	TABS	5MG	T1	QL (24.00 EA per 30 days)	
RIZATRIPTAN BENZOATE ODT	TBDP	5MG	T1	QL (24.00 EA per 30 days)	
RIZATRIPTAN BENZOATE ODT	TBDP	10MG	T1	QL (12.00 EA per 30 days)	
ROPINIROLE HCL	TABS	0.5MG	T1	MN	
ROPINIROLE HCL	TABS	2MG	T1	MN	
ROPINIROLE HCL	TABS	3MG	T1	MN	
ROPINIROLE HCL	TABS	0.25MG	T1	MN	
ROPINIROLE HCL	TABS	5MG	T1	MN	
ROPINIROLE HCL	TABS	1MG	T1	MN	
ROPINIROLE HCL	TABS	4MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	10MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	40MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	5MG	T1	MN	
ROSUVASTATIN CALCIUM	TABS	20MG	T1	MN	
ROZEREM	TABS	8MG	T3		
SALSALATE	TABS	500MG	T1		
SALSALATE	TABS	750MG	T1		
SANTYL	OINT	250UNIT/GM	T2		
SAVELLA	TABS	100MG	T3		
SAVELLA	TABS	12.5MG	T3		
SAVELLA	TABS	25MG	T3		
SAVELLA	TABS	50MG	T3		
SAVELLA TITRATION PACK	MISC	0	T3		
SELEGILINE HCL	CAPS	5MG	T1	MN	
SELEGILINE HCL	TABS	5MG	T1	MN	
SELENIUM SULFIDE	LOTN	2.5%	T1		
SELENIUM SULFIDE	SHAM	0; 2.25%; 0	T1		
SELZENTRY	TABS	300MG	T3		
SELZENTRY	TABS	150MG	T3		
SEREVENT DISKUS	AEPB	50MCG/DOSE	T2	MN	
SERTRALINE HCL	CONC	20MG/ML	T1	MN	
SF 5000 PLUS	CREA	1.1%	T1		
SHAROBEL	TABS	0.35MG			Eligible for a \$0 copay
SHOHL SOLUTION MODIFIED	SOLN	334MG/5ML; 500MG/5ML	T1		
SILVER SULFADIAZINE	CREA	1%	T1		
SIMCOR	TB24	1000MG; 40MG	T2	MN	
SIMCOR	TB24	500MG; 40MG	T2	MN	
SIMCOR	TB24	1000MG; 20MG	T2	MN	
SIMCOR	TB24	500MG; 20MG	T2	MN	
SIMCOR	TB24	750MG; 20MG	T2	MN	
SIMVASTATIN	TABS	5MG	T1	MN	
SIMVASTATIN	TABS	40MG	T1	MN	
SIMVASTATIN	TABS	10MG	T1	MN	
SIMVASTATIN	TABS	80MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
SIMVASTATIN	TABS	20MG	T1	MN	
SKYLA	IUD	13.5MG			Eligible for a \$0 copay
SMOOTH LAX	POWD	0		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
SOBA NICOTINE TRANSDERMALSYSTEM	PT24	11MG/24HR		QL	Eligible for a \$0 copay
SODIUM CHLORIDE	NEBU	10%	T1		
SODIUM CHLORIDE	NEBU	7%	T1		
SODIUM CHLORIDE	NEBU	0.9%	T1		
SODIUM CHLORIDE	NEBU	3%	T1		
SODIUM FLUORIDE	SOLN	0.5MG/ML		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
SODIUM POLYSTYRENE SULFONATE	SUSP	50GM/200ML	T1		
SODIUM POLYSTYRENE SULFONATE	POWD	0	T1		
SODIUM POLYSTYRENE SULFONATE	SUSP	30GM/120ML	T1		
SODIUM SULFACETAMIDE	SOLN	10%	T1		
SODIUM SULFACETAMIDE/SULFUR	LOTN	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR	SUSP	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	9%; 4.5%	T1		
SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	9%; 4%	T1		
SOLIA	TABS	0.15MG; 30MCG			Eligible for a \$0 copay
SOTALOL HCL	TABS	240MG	T1	MN	
SOTALOL HCL	TABS	120MG	T1	MN	
SOTALOL HCL	TABS	80MG	T1	MN	
SOTALOL HCL	TABS	160MG	T1	MN	
SPIRIVA HANDIHALER	CAPS	18MCG	T2	MN	
SPIRIVA RESPIMAT	AERS	1.25MCG/ACT	T2	MN	
SPIRIVA RESPIMAT	AERS	2.5MCG/ACT	T2	MN	
SPIRONOLACTONE	TABS	100MG	T1	MN	
SPIRONOLACTONE	TABS	25MG	T1	MN	
SPIRONOLACTONE	TABS	50MG	T1	MN	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	T1	MN	
SPORANOX	SOLN	10MG/ML	T2		
SPRINTEC 28	TABS	35MCG; 0.25MG			Eligible for a \$0 copay
SRONYX	TABS	20MCG; 0.1MG			Eligible for a \$0 copay
SSKI	SOLN	1GM/ML	T1		
STAVUDINE	SOLR	1MG/ML	T1		
STAVUDINE	CAPS	20MG	T1		
STAVUDINE	CAPS	40MG	T1		
STAVUDINE	CAPS	15MG	T1		
STAVUDINE	CAPS	30MG	T1		
STIMATE	SOLN	1.5MG/ML	T2		
STIMULANT LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
STRATTERA	CAPS	25MG	T2		
STRATTERA	CAPS	10MG	T2		
STRATTERA	CAPS	18MG	T2		
STRATTERA	CAPS	60MG	T2		
STRATTERA	CAPS	80MG	T2		
STRATTERA	CAPS	40MG	T2		
STRATTERA	CAPS	100MG	T2		
SUCRALFATE	TABS	1GM	T1		
SULFACETAMIDE SODIUM	SUSP	10%	T1		
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	0.23%; 10%	T1		
SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	10%; 5%	T1		
SULFADIAZINE	TABS	500MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	400MG; 80MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	800MG; 160MG	T1		
SULFASALAZINE	TABS	500MG	T1		
SULFASALAZINE	TBEC	500MG	T1		
SULINDAC	TABS	150MG	T1		
SULINDAC	TABS	200MG	T1		
SUMATRIPTAN	SOLN	20MG/ACT	T1	QL (6.00 EA per 30 days)	
SUMATRIPTAN	SOLN	5MG/ACT	T1	QL (6.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	SOAJ	4MG/0.5ML	T1	QL (3.00 ML per 30 days)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
SUMATRIPTAN SUCCINATE	SOAJ	6MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	50MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	25MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	100MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE REFILL	SOCT	4MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUMATRIPTAN SUCCINATE REFILL	SOCT	6MG/0.5ML	T1	QL (3.00 ML per 30 days)	
SUPRAX	SUSR	500MG/5ML	T2		
SUPRAX	CAPS	400MG	T2		
SUPRAX	CHEW	100MG	T2		
SUPRAX	CHEW	200MG	T2		
SUSTIVA	CAPS	50MG	T2		
SUSTIVA	CAPS	200MG	T2		
SUSTIVA	TABS	600MG	T2		
SYEDA	TABS	3MG; 0.03MG			Eligible for a \$0 copay
SYMAX DUOTAB	TBCR	0.375MG	T2		
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	T3	MN	
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	T3	MN	
SYNTHROID	TABS	137MCG	T2	MN	
SYNTHROID	TABS	125MCG	T2	MN	
SYNTHROID	TABS	75MCG	T2	MN	
SYNTHROID	TABS	50MCG	T2	MN	
SYNTHROID	TABS	150MCG	T2	MN	
SYNTHROID	TABS	25MCG	T2	MN	
SYNTHROID	TABS	112MCG	T2	MN	
SYNTHROID	TABS	300MCG	T2	MN	
SYNTHROID	TABS	88MCG	T2	MN	
SYNTHROID	TABS	100MCG	T2	MN	
SYNTHROID	TABS	175MCG	T2	MN	
SYNTHROID	TABS	200MCG	T2	MN	
TACLONEX	SUSP	0.064%; 0.005%	T3		
TACROLIMUS	OINT	0.1%	T3		
TACROLIMUS	OINT	0.03%	T3		
TACROLIMUS	CAPS	1MG	T1		
TACROLIMUS	CAPS	5MG	T1		
TACROLIMUS	CAPS	0.5MG	T1		
TAMIFLU	CAPS	75MG	T3		
TAMIFLU	CAPS	45MG	T3	QL (10.00 EA per 30 days)	
TAMIFLU	CAPS	30MG	T3	QL (10.00 EA per 30 days)	
TAMOXIFEN CITRATE	TABS	10MG	T1		
TAMOXIFEN CITRATE	TABS	20MG	T1		Eligible for a \$0 copay
TARINA FE 1/20	TABS	20MCG; 75MG; 1MG			Eligible for a \$0 copay
TAZORAC	CREA	0.05%	T2	PA; AL (max: 39y)	
TAZORAC	GEL	0.1%	T2	PA; AL (max: 39y)	
TAZORAC	GEL	0.05%	T2	PA; AL (max: 39y)	
TAZORAC	CREA	0.1%	T2	PA; AL (max: 39y)	
TEGRETOL	SUSP	100MG/5ML	T2	MN	
TEGRETOL	TABS	200MG	T2	MN	
TEGRETOL-XR	TB12	200MG	T2	MN	
TEGRETOL-XR	TB12	100MG	T2	MN	
TEGRETOL-XR	TB12	400MG	T2	MN	
TEKTURNA	TABS	300MG	T3	MN	
TEKTURNA HCT	TABS	150MG; 12.5MG	T3	MN	
TEKTURNA HCT	TABS	300MG; 12.5MG	T3	MN	
TEKTURNA HCT	TABS	300MG; 25MG	T3	MN	
TEKTURNA HCT	TABS	150MG; 25MG	T3	MN	
TEMAZEPAM	CAPS	15MG	T1		
TEMAZEPAM	CAPS	30MG	T1		
TEMAZEPAM	CAPS	7.5MG	T1		
TENCON	TABS	650MG; 50MG	T1	DE	
TERAZOSIN HCL	CAPS	10MG	T1	MN	
TERAZOSIN HCL	CAPS	2MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
TERAZOSIN HCL	CAPS	1MG	T1	MN	
TERAZOSIN HCL	CAPS	5MG	T1	MN	
TERBINAFINE HCL	TABS	250MG	T1		
TERBUTALINE SULFATE	TABS	2.5MG	T1	MN	
TERBUTALINE SULFATE	TABS	5MG	T1	MN	
TERCONAZOLE	CREA	0.8%	T1		
TERCONAZOLE	SUPP	80MG	T1		
TERCONAZOLE	CREA	0.4%	T1		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE	GEL	25MG/2.5GM	T3		
TESTOSTERONE CYPIONATE	SOLN	200MG/ML	T1	MN	
TESTOSTERONE ENANTHATE	SOLN	200MG/ML	T1		
TESTOSTERONE PUMP	GEL	1%	T3		
TETRACYCLINE HCL	CAPS	250MG	T1		
TETRACYCLINE HCL	CAPS	500MG	T1		
TEXACORT	SOLN	2.5%	T2		
THEO-24	CP24	0; 100MG	T2	MN	
THEO-24	CP24	300MG	T2	MN	
THEO-24	CP24	200MG	T2	MN	
THEO-24	CP24	400MG	T2	MN	
THEOPHYLLINE	SOLN	80MG/15ML	T1	MN	
THEOPHYLLINE CR	TB12	100MG	T1	MN	
THEOPHYLLINE CR	TB12	200MG	T1	MN	
THEOPHYLLINE ER	TB24	600MG	T1	MN	
THEOPHYLLINE ER	TB24	400MG	T1	MN	
THEOPHYLLINE ER	TB12	450MG	T1	MN	
THEOPHYLLINE ER	TB12	300MG	T1	MN	
THIORIDAZINE HCL	TABS	25MG	T1		
THIORIDAZINE HCL	TABS	10MG	T1		
THIORIDAZINE HCL	TABS	50MG	T1		
THIORIDAZINE HCL	TABS	100MG	T1		
THIOTHIXENE	CAPS	1MG	T1		
THIOTHIXENE	CAPS	2MG	T1		
THIOTHIXENE	CAPS	10MG	T1		
THIOTHIXENE	CAPS	5MG	T1		
THYROLAR-1	TABS	60MG	T2	MN	
THYROLAR-1/2	TABS	30MG	T2	MN	
THYROLAR-1/4	TABS	15MG	T2	MN	
THYROLAR-2	TABS	120MG	T2	MN	
THYROLAR-3	TABS	180MG	T2	MN	
TIAGABINE HYDROCHLORIDE	TABS	2MG	T1	MN	
TIAGABINE HYDROCHLORIDE	TABS	4MG	T1	MN	
TICLOPIDINE HCL	TABS	250MG	T1	MN	
TILIA FE	TABS	0; 75MG; 1MG			Eligible for a \$0 copay
TIMOLOL MALEATE	TABS	5MG	T1	MN	
TIMOLOL MALEATE	TABS	20MG	T1	MN	
TIMOLOL MALEATE	TABS	10MG	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.5%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.25%	T1	MN	
TIMOPTIC OCULOSE	SOLN	0.5%	T2	MN	
TIMOPTIC OCULOSE	SOLN	0.25%	T2	MN	
TIZANIDINE HCL	TABS	2MG	T1		
TIZANIDINE HCL	TABS	4MG	T1		
TL-FLUORIVITE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TOBRADEX	OINT	0.1%; 0.3%	T2		
TOBRAMYCIN SULFATE	SOLN	0.3%	T1		
TOBRAMYCIN/DEXAMETHASONE	SUSP	0.1%; 0.3%	T1		
TOBEX	OINT	0.3%	T2		
TOLAZAMIDE	TABS	250MG	T1	MN	
TOLAZAMIDE	TABS	500MG	T1	MN	
TOLBUTAMIDE	TABS	500MG	T1	MN	
TOLMETIN SODIUM	CAPS	400MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
TOLMETIN SODIUM	TABS	600MG	T1		
TOLMETIN SODIUM	TABS	200MG	T1		
TOLTERODINE TARTRATE	TABS	2MG	T1	MN	
TOLTERODINE TARTRATE	TABS	1MG	T1	MN	
TOLTERODINE TARTRATE ER	CP24	4MG	T3	MN	
TOLTERODINE TARTRATE ER	CP24	2MG	T3	MN	
TOPAMAX	TABS	25MG	T2	MN	
TOPAMAX	TABS	50MG	T2	MN	
TOPAMAX	TABS	100MG	T2	MN	
TOPAMAX	TABS	200MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	25MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	15MG	T2	MN	
TOPIRAMATE	TABS	25MG	T1	MN	
TOPIRAMATE	TABS	200MG	T1	MN	
TOPIRAMATE	TABS	100MG	T1	MN	
TOPIRAMATE	CPSP	15MG	T1	MN	
TOPIRAMATE	CPSP	25MG	T1	MN	
TOPIRAMATE	TABS	50MG	T1	MN	
TORSEMIDE	TABS	20MG	T1	MN	
TOUJEO SOLOSTAR	SOPN	300UNIT/ML	T2	MN	
TRADJENTA	TABS	5MG	T2	MN	
TRAMADOL HCL	TABS	50MG	T1		
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	325MG; 37.5MG	T1	DE	
TRANEXAMIC ACID	TABS	650MG	T1		
TRANSDERM-SCOP	PT72	1MG/3DAYS	T2		
TRANLYCYPROMINE SULFATE	TABS	10MG	T1		
TRAZODONE HCL	TABS	300MG	T1		
TRESIBA FLEXTOUCH	SOPN	100UNIT/ML	T2	MN	
TRESIBA FLEXTOUCH	SOPN	200UNIT/ML	T2	MN	
TRETINOIN	CREA	0.025%	T1	PA; AL (max: 39y)	
TRETINOIN	GEL	0.01%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.05%	T1	PA; AL (max: 39y)	
TRETINOIN	GEL	0.025%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE	GEL	0.04%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE	GEL	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE PUMP	GEL	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE PUMP	GEL	0.04%	T1	PA; AL (max: 39y)	
TRETIN-X	CREA	0.075%	T2	PA; AL (max: 39y)	
TRIAMCINOLONE ACETONIDE	AERO	55MCG/ACT	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.025%	T1		
TRIAMCINOLONE ACETONIDE	AERS	0.147MG/GM	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.5%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.1%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.025%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.5%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.1%	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	T1		
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	T1		
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 50MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	50MG; 75MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	25MG; 37.5MG	T1	MN	
TRIANEX	OINT	0.05%	T1		
TRIAZOLAM	TABS	0.25MG	T1		
TRIAZOLAM	TABS	0.125MG	T1		
TRI-ESTARYLLA	TABS				Eligible for a \$0 copay
TRIFLUOPERAZINE HCL	TABS	1MG	T1		
TRIFLUOPERAZINE HCL	TABS	2MG	T1		
TRIFLUOPERAZINE HCL	TABS	5MG	T1		
TRIFLUOPERAZINE HCL	TABS	10MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
TRIFLURIDINE	SOLN	1%	T1		
TRIHENXYPHENIDYL HCL	ELIX	0.4MG/ML	T1	MN	
TRIHENXYPHENIDYL HCL	TABS	5MG	T1	MN	
TRI-LEGEST FE	TABS	0; 75MG; 1MG			Eligible for a \$0 copay
TRILEPTAL	TABS	300MG	T2	MN	
TRILEPTAL	SUSP	300MG/5ML	T2	MN	
TRILEPTAL	TABS	600MG	T2	MN	
TRILEPTAL	TABS	150MG	T2	MN	
TRI-LINYAH	TABS				Eligible for a \$0 copay
TRI-LO-ESTARYLLA	TABS				Eligible for a \$0 copay
TRI-LO-MARZIA	TABS				Eligible for a \$0 copay
TRI-LO-SPRINTEC	TABS				Eligible for a \$0 copay
TRILYTE	SOLR	420MG; 1.48GM; 5.72GM; 11.2GM		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
TRIMETHOBENZAMIDE HCL	CAPS	300MG	T1		
TRIMETHOPRIM	TABS	100MG	T1		
TRIMIPRAMINE MALEATE	CAPS	25MG	T1	MN	
TRIMIPRAMINE MALEATE	CAPS	50MG	T1	MN	
TRIMIPRAMINE MALEATE	CAPS	100MG	T1	MN	
TRINESSA	TABS				Eligible for a \$0 copay
TRINESSA LO	TABS				Eligible for a \$0 copay
TRINTELLIX	TABS	10MG	T3	ST	
TRINTELLIX	TABS	5MG	T3	ST	
TRINTELLIX	TABS	20MG	T3	ST	
TRI-PREVIFEM	TABS				Eligible for a \$0 copay
TRI-SPRINTEC	TABS				Eligible for a \$0 copay
TRI-VI-FLORO	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRI-VIT/FLUORIDE/IRON	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TRIVORA-28	TABS				Eligible for a \$0 copay
TROPICAMIDE	SOLN	1%	T1		
TROPICAMIDE	SOLN	0.5%	T1		
TRUVADA	TABS	200MG; 300MG	T2		
TRUVADA	TABS	133MG; 200MG	T2		
TRUVADA	TABS	100MG; 150MG	T2		
TRUVADA	TABS	167MG; 250MG	T2		
ULORIC	TABS	80MG	T3	ST	
ULORIC	TABS	40MG	T3	ST	
UROSEX	TABS			GL (f)	Eligible for a \$0 copay
URSODIOL	CAPS	300MG	T1		
VAGIFEM	TABS	10MCG	T3		
VALACYCLOVIR HCL	TABS	500MG	T3		
VALACYCLOVIR HCL	TABS	1GM	T3		
VALGANCICLOVIR	TABS	450MG	T1		
VALPROIC ACID	CAPS	250MG	T1	MN	
VALSARTAN	TABS	40MG	T1	MN; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	160MG	T1	MN; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	320MG	T1	MN	
VALSARTAN	TABS	80MG	T1	MN; QL (1.00 EA per 1 days)	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 320MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 320MG	T1	MN	
VANCOMYCIN HCL	SOLR	750MG	T3		
VANCOMYCIN HCL	SOLR	1000MG	T3		
VANCOMYCIN HCL	CAPS	250MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	CAPS	125MG	T3		
VASCEPA	CAPS	1GM	T3	MN	
VECAMEYL	TABS	2.5MG	T3		
VELIVET	TABS				Eligible for a \$0 copay
VENLAFAXINE HCL	TABS	37.5MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
VENLAFAXINE HCL	TABS	50MG	T1	MN	
VENLAFAXINE HCL	TABS	100MG	T1	MN	
VENLAFAXINE HCL	TABS	25MG	T1	MN	
VENLAFAXINE HCL	TABS	75MG	T1	MN	
VENLAFAXINE HCL ER	CP24	37.5MG	T1	MN	
VENLAFAXINE HCL ER	CP24	75MG	T1	MN	
VENLAFAXINE HCL ER	CP24	150MG	T1	MN	
VENTOLIN HFA	AERS	108MCG/ACT	T1		
VERAPAMIL HCL	TABS	40MG	T1	MN	
VERAPAMIL HCL	TABS	120MG	T1	MN	
VERAPAMIL HCL	TABS	80MG	T1	MN	
VERAPAMIL HCL ER	TBCR	120MG	T1	MN	
VERAPAMIL HCL ER	TBCR	180MG	T1	MN	
VERAPAMIL HCL ER	CP24	100MG	T1	MN	
VERAPAMIL HCL ER	CP24	200MG	T1	MN	
VERAPAMIL HCL ER	CP24	240MG	T1	MN	
VERAPAMIL HCL ER	CP24	300MG	T1	MN	
VERAPAMIL HCL ER	CP24	120MG	T1	MN	
VERAPAMIL HCL ER	CP24	180MG	T1	MN	
VERAPAMIL HCL SR	CP24	360MG	T1	MN	
VESICARE	TABS	10MG	T2	MN	
VESICARE	TABS	5MG	T2	MN	
VESTURA	TABS	3MG; 0.02MG			Eligible for a \$0 copay
VEXOL	SUSP	1%	T2		
VIBERZI	TABS	75MG	T3		
VIBERZI	TABS	100MG	T3		
VIBRAMYCIN	SYRP	50MG/5ML	T2		
VIDEX EC	CPDR	125MG	T2		
VIDEX PEDIATRIC	SOLR	4GM	T2		
VIGAMOX	SOLN	0.5%	T3		
VIORELE	TABS				Eligible for a \$0 copay
VIRACEPT	TABS	250MG	T2		
VIRACEPT	TABS	625MG	T2		
VIREAD	TABS	300MG	T2		
VIREAD	TABS	200MG	T2		
VIREAD	POWD	40MG/GM	T2		
VIREAD	TABS	150MG	T2		
VIREAD	TABS	250MG	T2		
VITAMIN D	CAPS	50000UNIT	T1		
VIVOTIF	CPDR	0	T2		
VOL-PLUS	TABS		T1		
VYFEMLA	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
VYVANSE	CAPS	40MG	T2		
VYVANSE	CAPS	60MG	T2		
VYVANSE	CAPS	70MG	T2		
VYVANSE	CAPS	10MG	T2		
VYVANSE	CAPS	30MG	T2		
VYVANSE	CAPS	50MG	T2		
VYVANSE	CAPS	20MG	T2		
WARFARIN SODIUM	TABS	5MG	T1	MN	
WARFARIN SODIUM	TABS	7.5MG	T1	MN	
WARFARIN SODIUM	TABS	1MG	T1	MN	
WARFARIN SODIUM	TABS	3MG	T1	MN	
WARFARIN SODIUM	TABS	2.5MG	T1	MN	
WARFARIN SODIUM	TABS	2MG	T1	MN	
WARFARIN SODIUM	TABS	4MG	T1	MN	
WARFARIN SODIUM	TABS	10MG	T1	MN	
WELCHOL	TABS	625MG	T3	MN	
WERA	TABS	35MCG; 0.5MG			Eligible for a \$0 copay
WOMANS LAXATIVE	TBEC	5MG		AL (min: 50y, max: 75y)	Eligible for a \$0 Copay
XARELTO	TABS	15MG	T2	MN	
XARELTO	TABS	20MG	T2	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
XARELTO	TABS	10MG	T2		
XARELTO STARTER PACK	TBPK	0	T2		
XIFAXAN	TABS	550MG	T3	PA	
XIFAXAN	TABS	200MG	T3	PA	
XPHE MAXAMAID	POWD		T2		
XPHE MAXAMUM	PACK		T2		
XPHE MAXAMUM	POWD		T2		
XULANE	PTWK	35MCG/24HR; 150MCG/24HR			Eligible for a \$0 copay
YODOXIN	TABS	210MG	T2		
YODOXIN	TABS	650MG	T2		
ZALEPLON	CAPS	5MG	T1		
ZALEPLON	CAPS	10MG	T1		
ZARAH	TABS	3MG; 0.03MG			Eligible for a \$0 copay
ZARONTIN	CAPS	250MG	T2	MN	
ZARONTIN	SOLN	250MG/5ML	T2	MN	
ZENCHENT	TABS	35MCG; 0.4MG			Eligible for a \$0 copay
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	T2		
ZENPEP	CPEP	218000UNIT; 40000UNIT; 136000UNIT	T2		
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	T2		
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	T2		
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	T2		
ZEOSA	CHEW	35MCG; 0; 0.4MG			Eligible for a \$0 copay
ZETIA	TABS	10MG	T3	MN	
ZIDOVUDINE	SYRP	50MG/5ML	T1		
ZIDOVUDINE	CAPS	100MG	T1		
ZIDOVUDINE	TABS	300MG	T1		
ZIPRASIDONE HCL	CAPS	20MG	T3		
ZIPRASIDONE HCL	CAPS	40MG	T3		
ZIPRASIDONE HCL	CAPS	60MG	T3		
ZIPRASIDONE HCL	CAPS	80MG	T3		
ZOLPIDEM TARTRATE	TABS	5MG	T1		
ZOLPIDEM TARTRATE	TABS	10MG	T1		
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	T3		
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	T3		
ZONEGRAN	CAPS	100MG	T2	MN	
ZONEGRAN	CAPS	25MG	T2	MN	
ZONISAMIDE	CAPS	100MG	T1	MN	
ZONISAMIDE	CAPS	25MG	T1	MN	
ZONISAMIDE	CAPS	50MG	T1	MN	
ZOVIA 1/35E	TABS	35MCG; 1MG			Eligible for a \$0 copay
ZOVIA 1/50E	TABS	50MCG; 1MG			Eligible for a \$0 copay
ZOVIRAX	CREA	5%	T2		
ZYCLARA	CREA	3.75%	T3		
ZYCLARA PUMP	CREA	2.5%	T3		
ZYCLARA PUMP	CREA	3.75%	T3		