



SWHP ACA Compliant Formulary (Individual/Family Plans)

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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 ACA (Affordable Care Act) Compliant Closed 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 SWHP ACA Compliant 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 ACA Compliant formulary is a closed formulary. This means that drugs listed on the formulary are covered and drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization and 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

Tier 4 (T4): specialty medications

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 no longer be covered when a generic is available. 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 Prescription Services 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 are 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 no longer be covered. 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 are Specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

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 an “GL” next to the drug name with f for female and m for male.*

How do I request an exception to the SWHP ACA Compliant Formulary?

There are several types of exceptions that can be requested:

- Exception to cover a drug that is not listed on the formulary
- Exception to waive a coverage restriction or limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician can submit a coverage exception form by fax or initiate a request via telephone (SWHP Prescription Services) or the swhp.org website. You as a member can also initiate an exception request via the swhp.org website or telephone by contacting SWHP Prescription Services. 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 30-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 no longer be covered. 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. However, plans can use reasonable medical management to decide what birth control products are available at \$0 cost-share. For most plans coverage is as follows:

- All generic contraceptives listed on your drug formulary are available for you at \$0 cost-share. These are noted on the formulary with the following comment: “Eligible for \$0 copay”

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 \$0 copay”. Please note this list is subject to change.

Diabetic Supplies

Syringes and Needles: All syringes and needles are covered at Tier 1 copay.

Test Strips/lancets and devices/control solution: Accu-chek products are preferred and covered at Tier 1 copay.

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).

Category Formulary

(4:04.04) Antihistamine Drugs » First Generation Antihistamines » Ethanolamine Derivatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CARBINOXAMINE MALEATE	TABS	4MG	T3		
CARBINOXAMINE MALEATE	SOLN	4MG/5ML	T3		
DIPHENHYDRAMINE HCL	SOLN	50MG/ML	T1		
DIPHENHYDRAMINE HCL	CAPS	50MG	T1		
(4:04.12) Antihistamine Drugs » First Generation Antihistamines » Phenothiazine Derivatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PROMETHAZINE HCL	TABS	25MG	T1		
PROMETHAZINE HCL	TABS	50MG	T1		
PROMETHAZINE HCL	SOLN	50MG/ML	T1		
PROMETHAZINE HCL	SUPP	12.5MG	T1		
PROMETHAZINE HCL	TABS	12.5MG	T1		
PROMETHAZINE HCL	SOLN	25MG/ML	T1		
PROMETHAZINE HCL	SUPP	25MG	T1		
PROMETHAZINE HCL PLAIN	SYRP	6.25MG/5ML	T1		
PROMETHEGAN	SUPP	50MG	T1		
PROMETHEGAN	SUPP	25MG	T1		
PROMETHEGAN	SUPP	25MG	T1		
PROMETHEGAN	SUPP	12.5MG	T1		
(4:04.20) Antihistamine Drugs » First Generation Antihistamines » Propylamine Derivatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DECHLORPHENIRAMINE MALEATE	SYRP	2MG/5ML	T3		
(4:04.92) Antihistamine Drugs » First Generation Antihistamines » Derivatives, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CYPROHEPTADINE HCL	TABS	4MG	T3		
CYPROHEPTADINE HCL	SYRP	2MG/5ML	T3		
(4:08) Antihistamine Drugs » Second Generation Antihistamines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DESLORATADINE	TABS	5MG	T3		
LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	5MG	T1		
(8:08) Anti-infective Agents » Anthelmintics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALBENZA	TABS	200MG	T2		
BILTRICIDE	TABS	600MG	T3		
IVERMECTIN	TABS	3MG	T1		
(8:12.02) Anti-infective Agents » Antibacterials » Aminoglycosides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMIKACIN SULFATE	SOLN	1GM/4ML	T3		
GENTAMICIN SULFATE	SOLN	10MG/ML	T1		
GENTAMICIN SULFATE	SOLN	40MG/ML	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.4MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.2MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.6MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	0.9MG/ML; 0.9%	T1		
ISOTONIC GENTAMICIN	SOLN	0.8MG/ML; 0.9%	T1		
NEOMYCIN SULFATE	TABS	500MG	T1		
TOBI	NEBU	300MG/5ML	T4		
TOBRAMYCIN	NEBU	300MG/5ML	T4		
TOBRAMYCIN SULFATE	SOLN	10MG/ML	T1		
TOBRAMYCIN SULFATE	SOLN	80MG/2ML	T1		
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLN	0.9%; 0.8MG/ML	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	250MG/5ML	T1		
CEFADROXIL	SUSR	500MG/5ML	T1		
CEFADROXIL	TABS	1GM	T1		
CEFAZOLIN SODIUM	SOLR	500MG	T1		
CEFAZOLIN SODIUM	SOLR	1GM	T1		
CEFAZOLIN SODIUM	SOLN	1GM; 5%	T1		
CEFAZOLIN SODIUM	SOLR	10GM	T1		
CEPHALEXIN	CAPS	250MG	T1		
CEPHALEXIN	TABS	250MG	T1		
CEPHALEXIN	TABS	500MG	T1		
CEPHALEXIN	SUSR	125MG/5ML	T1		
CEPHALEXIN	SUSR	250MG/5ML	T1		
CEPHALEXIN	CAPS	500MG	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	CAPS	250MG	T1		
CEFACLOR ER	TB12	500MG	T1		
CEFPROZIL	SUSR	125MG/5ML	T1		
CEFPROZIL	TABS	500MG	T1		
CEFPROZIL	SUSR	250MG/5ML	T1		
CEFPROZIL	TABS	250MG	T1		
CEFUROXIME AXETIL	TABS	250MG	T1		
CEFUROXIME AXETIL	TABS	500MG	T1		
CEFUROXIME SODIUM	SOLR	750MG	T3		
CEFUROXIME SODIUM	SOLR	7.5GM	T3		
CEFUROXIME SODIUM	SOLR	1.5GM	T3		
(8:12.06.12) Anti-infective Agents » Antibacterials » Cephalosporins » Third Generation Cephalosporins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFDINIR	SUSR	125MG/5ML	T1		
CEFDINIR	SUSR	250MG/5ML	T1		
CEFDINIR	CAPS	300MG	T1		
CEFIXIME	SUSR	100MG/5ML	T1		

CEFIXIME	SUSR	200MG/5ML	T1		
CEFOTAXIME SODIUM	SOLR	1GM	T1		
CEFOTAXIME SODIUM	SOLR	2GM	T1		
CEFOTAXIME SODIUM	SOLR	10GM	T1		
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	T1		
CEFPODOXIME PROXETIL	TABS	200MG	T1		
CEFPODOXIME PROXETIL	TABS	100MG	T1		
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	T1		
CEFTAZIDIME	SOLR	6GM	T3		
CEFTAZIDIME	SOLR	1GM	T3		
CEFTAZIDIME	SOLR	2GM	T3		
CEFTIBUTEN	CAPS	400MG	T1		
CEFTRIAZONE SODIUM	SOLR	250MG	T1		
CEFTRIAZONE SODIUM	SOLR	1GM	T1		
CEFTRIAZONE SODIUM	SOLR	10GM	T1		
CEFTRIAZONE SODIUM	SOLR	2GM	T1		
CEFTRIAZONE SODIUM	SOLR	500MG	T1		
SUPRAX	TABS	400MG	T2		
SUPRAX	CHEW	100MG	T2		
SUPRAX	SUSR	500MG/5ML	T2		
SUPRAX	CHEW	200MG	T2		
SUPRAX	CAPS	400MG	T2		
(8:12.06.16) Anti-infective Agents » Antibacterials » Cephalosporins » Fourth Generation Cephalosporins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFEPIME	SOLR	2GM	T3		
CEFEPIME	SOLR	1GM	T3		
(8:12.07.08) Anti-infective Agents » Antibacterials » Miscellaneous B-Lactam Antibiotics » Carbapenems					
Product Name	Form	Strength	Pref	Coverage Details	Comment
INVANZ	SOLR	1GM	T2		
(8:12.07.12) Anti-infective Agents » Antibacterials » Miscellaneous B-Lactam Antibiotics » Cephamycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CEFOXITIN SODIUM	SOLR	10GM	T1		
CEFOXITIN SODIUM	SOLR	2GM	T1		
CEFOXITIN SODIUM	SOLR	1GM	T1		
(8:12.12.04) Anti-infective Agents » Antibacterials » Macrolides » Erythromycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
E.E.S. 400	TABS	400MG	T1		
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 BASE	TABS	250MG	T1		
ERYTHROMYCIN BASE	TABS	500MG	T1		
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	T1		
(8:12.12.12) Anti-infective Agents » Antibacterials » Macrolides » Ketolides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
KETEK	TABS	400MG	T3		
KETEK	TABS	300MG	T3		
(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	250MG	T1		
AZITHROMYCIN	TABS	500MG	T1		
AZITHROMYCIN	SUSR	100MG/5ML	T1		
AZITHROMYCIN	TABS	600MG	T1		
CLARITHROMYCIN	TABS	250MG	T1		
CLARITHROMYCIN	TABS	500MG	T1		
CLARITHROMYCIN	SUSR	125MG/5ML	T1		
CLARITHROMYCIN	SUSR	250MG/5ML	T1		
CLARITHROMYCIN ER	TB24	500MG	T1		
DIFICID	TABS	200MG	T3		
(8:12.16.04) Anti-infective Agents » Antibacterials » Penicillins » Natural Penicillins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PENICILLIN G POTASSIUM	SOLR	500000UNIT	T1		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 60000UNIT/ML	T1		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 40000UNIT/ML	T1		
PENICILLIN G PROCAINE	SUSP	600000UNIT/ML	T1		
PENICILLIN G SODIUM	SOLR	5000000UNIT	T1		
PENICILLIN V POTASSIUM	TABS	250MG	T1		
PENICILLIN V POTASSIUM	TABS	500MG	T1		
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	T1		
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	T1		
(8:12.16.08) Anti-infective Agents » Antibacterials » Penicillins » Aminopenicillins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMOXICILLIN	CAPS	500MG	T1		
AMOXICILLIN	TABS	500MG	T1		
AMOXICILLIN	TABS	875MG	T1		
AMOXICILLIN	CHEW	125MG	T1		
AMOXICILLIN	SUSR	200MG/5ML	T1		
AMOXICILLIN	CHEW	250MG	T1		
AMOXICILLIN	CAPS	250MG	T1		
AMOXICILLIN	SUSR	125MG/5ML	T1		
AMOXICILLIN	SUSR	250MG/5ML	T1		
AMOXICILLIN	SUSR	400MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	T1		

AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	875MG; 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		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	T1		
AMPICILLIN	SUSR	250MG/5ML	T1		
AMPICILLIN	CAPS	250MG	T1		
AMPICILLIN	CAPS	500MG	T1		
AMPICILLIN	SUSR	125MG/5ML	T1		
AMPICILLIN SODIUM	SOLR	125MG	T1		
AMPICILLIN SODIUM	SOLR	1GM	T1		
AMPICILLIN SODIUM	SOLR	10GM	T1		
AMPICILLIN-SULBACTAM	SOLR	2GM; 1GM	T1		
AMPICILLIN-SULBACTAM	SOLR	10GM; 5GM	T1		
(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		
NAFCILLIN SODIUM	SOLR	10GM	T1		
NAFCILLIN SODIUM	SOLR	1GM	T1		
(8:12.16.16) Anti-infective Agents » Antibacterials » Penicillins » Extended-spectrum Penicillins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
TIMENTIN	SOLR	0.1GM; 3GM	T3		
(8:12.18) Anti-infective Agents » Antibacterials » Quinolones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AVELOX	SOLN	400MG/250ML; 0.8%	T3		
CIPROFLOXACIN HCL	TABS	250MG	T1		
CIPROFLOXACIN HCL	TABS	500MG	T1		
CIPROFLOXACIN HCL	TABS	750MG	T1		
CIPROFLOXACIN HCL	TABS	100MG	T1		
FACTIVE	TABS	320MG	T3		
LEVAQUIN	SOLN	5%; 750MG/150ML	T3		
LEVOFLOXACIN	TABS	750MG	T1		
LEVOFLOXACIN	SOLN	25MG/ML	T1		
LEVOFLOXACIN	TABS	250MG	T1		
LEVOFLOXACIN	TABS	500MG	T1		
LEVOFLOXACIN	SOLN	25MG/ML	T3		
LEVOFLOXACIN IN D5W	SOLN	5%; 500MG/100ML	T3		
MOXIFLOXACIN HCL	TABS	400MG	T3		
NOROXIN	TABS	400MG	T3		
OFLOXACIN	TABS	200MG	T1		
OFLOXACIN	TABS	400MG	T1		
OFLOXACIN	TABS	300MG	T1		
(8:12.20) Anti-infective Agents » Antibacterials » Sulfonamides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AZULFIDINE EN-TABS	TBEC	500MG	T2	MN	
SULFADIAZINE	TABS	500MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	400MG; 80MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	800MG; 160MG	T1		
SULFASALAZINE	TABS	500MG	T1		
SULFAZINE EC	TBEC	500MG	T1	MN	
(8:12.24) Anti-infective Agents » Antibacterials » Tetracyclines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DEMECLOCYCLINE HCL	TABS	150MG	T3		
DEMECLOCYCLINE HCL	TABS	300MG	T3		
DOXYCYCLINE HYLATE	CAPS	50MG	T1		
DOXYCYCLINE HYLATE	TABS	100MG	T1		
DOXYCYCLINE HYLATE	CAPS	100MG	T1		
DOXYCYCLINE HYLATE	TABS	20MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	50MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	75MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	50MG	T1		
MINOCYCLINE HCL	CAPS	100MG	T1		
MINOCYCLINE HCL	CAPS	50MG	T1		
MINOCYCLINE HCL	TABS	50MG	T1		
MINOCYCLINE HCL	CAPS	75MG	T1		
MINOCYCLINE HCL	TABS	75MG	T1		
MINOCYCLINE HCL	TABS	100MG	T1		
TETRACYCLINE HCL	CAPS	250MG	T1		
TETRACYCLINE HCL	CAPS	500MG	T1		
(8:12.24.12) Anti-infective Agents » Antibacterials » Tetracyclines » Glycylcyclines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
TYGACIL	SOLR	50MG	T3		
(8:12.28.12) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Cyclic Lipopeptides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CUBICIN	SOLR	500MG	T4		
(8:12.28.16) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Glycopeptides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
VANCOMYCIN HCL	SOLR	1000MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	CAPS	250MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	SOLR	750MG	T3		
VANCOMYCIN HCL	SOLR	750MG	T3		

VANCOMYCIN HCL	SOLR	1000MG	T3		
VANCOMYCIN HCL	CAPS	125MG	T3		
(8:12.28.20) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Lincomycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CLINDAMYCIN HCL	CAPS	300MG	T1		
CLINDAMYCIN HCL	CAPS	150MG	T1		
(8:12.28.24) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Oxazolidinones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LINEZOLID	TABS	600MG	T4		
ZYVOX	SUSR	100MG/5ML	T4		
(8:12.28.28) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Polymyxins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
COLISTIMETHATE SODIUM	SOLR	150MG	T3		
POLYMYXIN B SULFATE	SOLR	500000UNIT	T1		
(8:12.28.30) Anti-infective Agents » Antibacterials » Antibacterials, Miscellaneous » Rifamycins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
XIFAXAN	TABS	200MG	T3	PA	
XIFAXAN	TABS	550MG	T3	PA	
(8:14.04) Anti-infective Agents » Antifungals » Allylamines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LAMISIL	PACK	125MG	T2		
TERBINAFINE HCL	TABS	250MG	T1		
(8:14.08) Anti-infective Agents » Antifungals » Azoles					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FLUCONAZOLE	SUSR	10MG/ML	T1		
FLUCONAZOLE	SUSR	40MG/ML	T1		
FLUCONAZOLE	TABS	100MG	T1		
FLUCONAZOLE	TABS	150MG	T1		
FLUCONAZOLE	TABS	50MG	T1		
FLUCONAZOLE	TABS	200MG	T1		
FLUCONAZOLE IN DEXTROSE	SOLN	56MG/ML; 400MG/200ML	T1		
ITRACONAZOLE	CAPS	100MG	T1		
KETOCONAZOLE	TABS	200MG	T1		
NOXAFIL	TBEC	100MG	T2	PA	
NOXAFIL	SUSP	40MG/ML	T2	PA	
VORICONAZOLE	TABS	50MG	T4		
VORICONAZOLE	TABS	200MG	T4		
(8:14.16) Anti-infective Agents » Antifungals » Echinocandins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CANCIDAS	SOLR	70MG	T4		
CANCIDAS	SOLR	50MG	T4		
ERAXIS	SOLR	50MG	T4		
ERAXIS	SOLR	100MG	T4		
(8:14.28) Anti-infective Agents » Antifungals » Polyenes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMPHOTERICIN B	SOLR	50MG	T3		
NYSTATIN	TABS	500000UNIT	T1		
NYSTATIN	SUSP	100000UNIT/ML	T1		
(8:14.32) Anti-infective Agents » Antifungals » Pyrimidines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ANCOBON	CAPS	250MG	T3		
ANCOBON	CAPS	500MG	T3		
FLUCYTOSINE	CAPS	250MG	T1		
FLUCYTOSINE	CAPS	500MG	T1		
(8:14.92) Anti-infective Agents » Antifungals » Antifungals, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
GRIS-PEG	TABS	125MG	T2		
GRIS-PEG	TABS	250MG	T2		
GRISEOFULVIN MICROSIZ	TABS	500MG	T1		
GRISEOFULVIN MICROSIZ	SUSP	125MG/5ML	T1		
GRISEOFULVIN ULTRAMICROSIZ	TABS	125MG	T1		
GRISEOFULVIN ULTRAMICROSIZ	TABS	250MG	T1		
(8:16.04) Anti-infective Agents » Antimycobacterials » Antituberculosis Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CAPASTAT SULFATE	SOLR	1GM	T3		
CYCLOSERINE	CAPS	250MG	T3		
ETHAMBUTOL HCL	TABS	100MG	T1		
ETHAMBUTOL HCL	TABS	400MG	T1		
ISONIAZID	TABS	300MG	T1		
ISONIAZID	TABS	100MG	T1		
ISONIAZID	SYRP	50MG/5ML	T1		
PASER	PACK	4GM	T3		
PRIFTIN	TABS	150MG	T3		
PYRAZINAMIDE	TABS	500MG	T3		
RIFABUTIN	CAPS	150MG	T3		
RIFAMATE	CAPS	150MG; 300MG	T3		
RIFAMPIN	CAPS	300MG	T1		
RIFAMPIN	CAPS	150MG	T1		
RIFAMPIN	SOLR	600MG	T1		
TRECTOR	TABS	250MG	T3		
(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

FUZEON	SOLR	90MG	T2		
SELZENTRY	TABS	150MG	T3		
SELZENTRY	TABS	300MG	T3		
(8:18.08.08) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Protease Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
APTIVUS	SOLN	100MG/ML	T2		
APTIVUS	CAPS	250MG	T2		
CRIXIVAN	CAPS	400MG	T2		
CRIXIVAN	CAPS	400MG	T2		
CRIXIVAN	CAPS	200MG	T2		
EVOTAZ	TABS	300MG; 150MG	T4		
INVIRASE	TABS	500MG	T2		
INVIRASE	CAPS	200MG	T2		
KALETRA	TABS	200MG; 50MG	T3		
KALETRA	TABS	100MG; 25MG	T3		
KALETRA	SOLN	400MG/5ML; 100MG/5ML	T3		
LEXIVA	TABS	700MG	T2		
LEXIVA	SUSP	50MG/ML	T2		
NORVIR	SOLN	80MG/ML	T2		
NORVIR	TABS	100MG	T2		
NORVIR	CAPS	100MG	T2		
PREZCOBIX	TABS	150MG; 800MG	T4		
PREZISTA	TABS	600MG	T2		
PREZISTA	TABS	75MG	T2		
PREZISTA	TABS	150MG	T2		
PREZISTA	TABS	800MG	T2		
REYATAZ	CAPS	200MG	T2		
REYATAZ	CAPS	150MG	T2		
REYATAZ	CAPS	300MG	T2		
REYATAZ	PACK	50MG	T2		
VIRACEPT	TABS	250MG	T2		
VIRACEPT	TABS	625MG	T2		
(8:18.08.12) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Integrase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ISENRESS	PACK	100MG	T3		
ISENRESS	TABS	400MG	T3		
ISENRESS	CHEW	100MG	T3		
ISENRESS	CHEW	25MG	T3		
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	T4		
TIVICAY	TABS	50MG	T4		
VITEKTA	TABS	85MG	T4		
VITEKTA	TABS	150MG	T4		
(8:18.08.16) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Nucleoside Reverse Transcriptase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
COMPLERA	TABS	200MG; 25MG; 300MG	T4		
EDURANT	TABS	25MG	T4		
INTELENCE	TABS	200MG	T3		
INTELENCE	TABS	100MG	T3		
NEVIRAPINE	TABS	200MG	T1		
NEVIRAPINE ER	TB24	400MG	T1		
RESCRIPTOR	TABS	100MG	T2		
RESCRIPTOR	TABS	200MG	T2		
SUSTIVA	TABS	600MG	T2		
SUSTIVA	CAPS	50MG	T2		
SUSTIVA	CAPS	200MG	T2		
VIRAMUNE	SUSP	50MG/5ML	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	T3		
DIDANOSINE	CPDR	400MG	T1		
DIDANOSINE	CPDR	200MG	T1		
DIDANOSINE	CPDR	250MG	T1		
DIDANOSINE	CPDR	125MG	T1		
EMTRIVA	CAPS	200MG	T2		
EMTRIVA	SOLN	10MG/ML	T2		
EPIVIR	TABS	150MG	T2		
EPIVIR	TABS	300MG	T2		
EPIVIR HBV	SOLN	5MG/ML	T2		
EPZICOM	TABS	600MG; 300MG	T3		
LAMIVUDINE	TABS	100MG	T1		
LAMIVUDINE	SOLN	10MG/ML	T1		
LAMIVUDINE	TABS	300MG	T1		
LAMIVUDINE	TABS	150MG	T1		
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	T3		
STAVUDINE	CAPS	30MG	T1		
STAVUDINE	CAPS	20MG	T1		
STAVUDINE	SOLR	1MG/ML	T1		
STAVUDINE	CAPS	15MG	T1		
STAVUDINE	CAPS	40MG	T1		
TRIUMEQ	TABS	600MG; 50MG; 300MG	T4		
TRUVADA	TABS	200MG; 300MG	T3		
VIDEX PEDIATRIC	SOLR	2GM	T2		
VIREAD	POWD	40MG/GM	T2		
VIREAD	TABS	250MG	T2		
VIREAD	TABS	200MG	T2		
VIREAD	TABS	300MG	T2		
VIREAD	TABS	150MG	T2		

ZERIT	SOLR	1MG/ML	T2		
ZIAGEN	TABS	300MG	T2		
ZIAGEN	SOLN	20MG/ML	T2		
ZIDOVUDINE	SYRP	50MG/5ML	T1		
ZIDOVUDINE	TABS	300MG	T1		
ZIDOVUDINE	CAPS	100MG	T1		
(8:18.20) Anti-infective Agents » Antivirals » Interferons					
Product Name	Form	Strength	Pref	Coverage Details	Comment
INFERGEN	INJ	9MCG/0.3ML	T4		
INFERGEN	INJ	15MCG/0.5ML	T4		
PEG-INTRON	KIT	50MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	T4		
PEGASYS	KIT	180MCG/0.5ML	T4		
PEGASYS	SOLN	180MCG/ML	T4		
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	T4		
PLEGRIDY	SOPN	125MCG/0.5ML	T4		
PLEGRIDY	SOSY	125MCG/0.5ML	T4		
PLEGRIDY STARTER PACK	SOPN	0	T4		
PLEGRIDY STARTER PACK	SOSY	0	T4		
(8:18.28) Anti-infective Agents » Antivirals » Neuraminidase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
RELENZA DISKHALER	AEPB	5MG/BLISTER	T3		
TAMIFLU	CAPS	75MG	T2		
TAMIFLU	SUSR	6MG/ML	T2		
TAMIFLU	CAPS	45MG	T2	QL (10.00 EA per 30 days)	
TAMIFLU	CAPS	30MG	T2	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	TABS	400MG	T1		
ACYCLOVIR	SUSP	200MG/5ML	T1		
ACYCLOVIR	CAPS	200MG	T1		
ACYCLOVIR	TABS	800MG	T1		
ADEFOVIR DIPVOXIL	TABS	10MG	T3		
BARACLUDE	TABS	0.5MG	T4		
BARACLUDE	SOLN	0.05MG/ML	T4		
BARACLUDE	TABS	1MG	T4		
ENTECAVIR	TABS	0.5MG	T4		
ENTECAVIR	TABS	1MG	T4		
FAMCICLOVIR	TABS	125MG	T1		
FAMCICLOVIR	TABS	500MG	T1		
FAMCICLOVIR	TABS	250MG	T1		
RIBAVIRIN	CAPS	200MG	T1		
RIBAVIRIN	TABS	200MG	T1		
TYZKA	TABS	600MG	T3		
VALACYCLOVIR HCL	TABS	500MG	T1		
VALACYCLOVIR HCL	TABS	1000MG	T1		
VALCYTE	TABS	450MG	T4		
VALCYTE	SOLR	50MG/ML	T4		
VALGANCICLOVIR	TABS	450MG	T4		
(8:18.40.16) Anti-infective Agents » Antivirals » HCV Antivirals » HCV Polymerase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SOVALDI	TABS	400MG	T4	PA	
(8:18.40.20) Anti-infective Agents » Antivirals » HCV Antivirals » HCV Protease Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
OLYSIO	CAPS	150MG	T4	PA	
(8:18.40.24) Anti-infective Agents » Antivirals » HCV Antivirals » HCV Replication Complex Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
HARVONI	TABS	90MG; 400MG	T4	PA	
(8:30.04) Anti-infective Agents » Antiprotozoals » Amebicides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PAROMOMYCIN SULFATE	CAPS	250MG	T3		
(8:30.08) Anti-infective Agents » Antiprotozoals » Antimalarials					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ATOVAQUONE/PROGUANIL HCL	TABS	250MG; 100MG	T1		
CHLOROQUINE PHOSPHATE	TABS	250MG	T1		
CHLOROQUINE PHOSPHATE	TABS	500MG	T1		
COARTEM	TABS	20MG; 120MG	T3		
DARAPRIM	TABS	25MG	T2		
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	T1		
MALARONE	TABS	62.5MG; 25MG	T2		
MALARONE	TABS	250MG; 100MG	T2		
MEFLOQUINE HCL	TABS	250MG	T1		
PRIMAQUINE PHOSPHATE	TABS	26.3MG	T1		
QUININE SULFATE	CAPS	324MG	T3		
(8:30.92) Anti-infective Agents » Antiprotozoals » Antiprotozoals, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALINIA	TABS	500MG	T4		
ALINIA	SUSR	100MG/5ML	T4		
ATOVAQUONE	SUSP	750MG/5ML	T3		
METRONIDAZOLE	TABS	250MG	T1		
METRONIDAZOLE	TABS	500MG	T1		
METRONIDAZOLE IN NACL 0.79%	SOLN	500MG/100ML; 0.79%	T1		
NEBUPENT	SOLR	300MG	T3		
(8:36) Anti-infective Agents » Urinary Anti-infectives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
METHENAMINE HIPPURATE	TABS	1GM	T1		

MONUROL	PACK	5.631GM	T3		
NITROFURANTOIN	SUSP	25MG/5ML	T1		
NITROFURANTOIN MACROCRYSTALS	CAPS	50MG	T1		
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	T1		
TRIMETHOPRIM	TABS	100MG	T1		
(10:00) Antineoplastic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AFINITOR	TABS	10MG	T4	PA	
AFINITOR	TABS	7.5MG	T4	PA	
AFINITOR	TABS	5MG	T4	PA	
AFINITOR	TABS	2.5MG	T4	PA	
AFINITOR DISPERZ	TBSO	5MG	T4	PA	
AFINITOR DISPERZ	TBSO	2MG	T4	PA	
AFINITOR DISPERZ	TBSO	3MG	T4	PA	
ANASTROZOLE	TABS	1MG	T1		
ARZERRA	CONC	100MG/5ML	T4	PA	
ARZERRA	CONC	1000MG/50ML	T4	PA	
AVASTIN	SOLN	100MG/4ML	T4		
AZACITIDINE	SUSR	100MG	T4		
BEXAROTENE	CAPS	75MG	T4	PA	
BICALUTAMIDE	TABS	50MG	T1		
BLEOMYCIN SULFATE	SOLR	30UNIT	T1		
BOSULIF	TABS	100MG	T4	PA	
BOSULIF	TABS	500MG	T4	PA	
CAPECITABINE	TABS	500MG	T4	PA	
CAPECITABINE	TABS	150MG	T4	PA	
CAPRELSA	TABS	100MG	T4	PA	
CAPRELSA	TABS	300MG	T4	PA	
COMETRIQ	KIT	0	T4	PA	
COMETRIQ	KIT	0	T4	PA	
COMETRIQ	KIT	20MG	T4	PA	
CYCLOPHOSPHAMIDE	CAPS	25MG	T3		
CYCLOPHOSPHAMIDE	TABS	25MG	T3		
CYCLOPHOSPHAMIDE	CAPS	50MG	T3		
CYCLOPHOSPHAMIDE	TABS	50MG	T3		
EMCYT	CAPS	140MG	T2		
ERBITUX	SOLN	100MG/50ML	T4	PA	
ERBITUX	SOLN	200MG/100ML	T4	PA	
ERIVEDGE	CAPS	150MG	T4	PA	
ETOPOSIDE	SOLN	500MG/25ML	T1		
ETOPOSIDE	CAPS	50MG	T4		
EXEMESTANE	TABS	25MG	T1		
FARESTON	TABS	60MG	T3		
FARYDAK	CAPS	20MG	T4	PA	
FARYDAK	CAPS	15MG	T4	PA	
FARYDAK	CAPS	10MG	T4	PA	
FASLODEX	SOLN	250MG/5ML	T4		
FLUTAMIDE	CAPS	125MG	T1		
GAZYVA	SOLN	1000MG/40ML	T4	PA	
GILOTRIF	TABS	20MG	T4	PA	
GILOTRIF	TABS	30MG	T4	PA	
GILOTRIF	TABS	40MG	T4	PA	
GLEEVEC	TABS	100MG	T4	PA	
GLEEVEC	TABS	400MG	T4	PA	
HALAVEN	SOLN	1MG/2ML	T4	PA	
HEXALEN	CAPS	50MG	T4	PA	
HYCAMTIN	CAPS	0.25MG	T4	PA	
HYCAMTIN	CAPS	1MG	T4	PA	
HYDROXYUREA	CAPS	500MG	T1		
IBRANCE	CAPS	100MG	T4	PA	
IBRANCE	CAPS	125MG	T4	PA	
IBRANCE	CAPS	75MG	T4	PA	
ICLUSIG	TABS	45MG	T4	PA	
ICLUSIG	TABS	15MG	T4	PA	
IMBRUVICA	CAPS	140MG	T4	PA	
INLYTA	TABS	1MG	T4	PA	
INLYTA	TABS	5MG	T4	PA	
INTRON A	SOLN	6000000UNIT/ML	T4		
INTRON A W/DILUENT	SOLR	10MU	T4		
JAKAFI	TABS	10MG	T4	PA	
JAKAFI	TABS	15MG	T4	PA	
JAKAFI	TABS	5MG	T4	PA	
JAKAFI	TABS	20MG	T4	PA	
JAKAFI	TABS	25MG	T4	PA	
JEVTANA	SOLN	60MG/1.5ML	T4	PA	
KADCYLA	SOLR	160MG	T4	PA	
KADCYLA	SOLR	100MG	T4	PA	
KEYTRUDA	SOLN	100MG/4ML	T4	PA	
KEYTRUDA	SOLR	50MG	T4	PA	
LENNIMA 10MG DAILY DOSE	CPPK	10MG	T4	PA	
LENNIMA 14MG DAILY DOSE	CPPK	0	T4	PA	
LENNIMA 20MG DAILY DOSE	CPPK	10MG	T4	PA	
LENNIMA 24MG DAILY DOSE	CPPK	0	T4	PA	
LETROZOLE	TABS	2.5MG	T1		
LEUKERAN	TABS	2MG	T2		
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	T1	PA	
LOMUSTINE	CAPS	100MG	T3		
LOMUSTINE	CAPS	10MG	T3		
LOMUSTINE	CAPS	40MG	T3		

LUPRON DEPOT	KIT	30MG	T4		
LUPRON DEPOT	KIT	45MG	T4		
LUPRON DEPOT	KIT	3.75MG	T4		
LUPRON DEPOT	KIT	7.5MG	T4		
LUPRON DEPOT	KIT	22.5MG	T4		
LUPRON DEPOT-PED	KIT	15MG	T4		
LUPRON DEPOT-PED	KIT	11.25MG	T4		
LUPRON DEPOT-PED	KIT	11.25MG	T4		
LYNPARZA	CAPS	50MG	T4	PA	
LYSODREN	TABS	500MG	T2		
MATULANE	CAPS	50MG	T4		
MEGESTROL ACETATE	TABS	20MG	T1		
MEGESTROL ACETATE	SUSP	40MG/ML	T1		
MEGESTROL ACETATE	TABS	40MG	T1		
MEKINIST	TABS	2MG	T4	PA	
MEKINIST	TABS	0.5MG	T4	PA	
MERCAPTOPURINE	TABS	50MG	T1		
METHOTREXATE	TABS	2.5MG	T1		
METHOTREXATE SODIUM	SOLN	25MG/ML	T1		
METHOTREXATE SODIUM	SOLR	1GM	T1		
MITOXANTRONE HCL	CONC	2MG/ML	T1		
NEXAVAR	TABS	200MG	T4	PA	
NILANDRON	TABS	150MG	T3		
PERJETA	SOLN	420MG/14ML	T4	PA	
POMALYST	CAPS	1MG	T4	PA	
POMALYST	CAPS	3MG	T4	PA	
POMALYST	CAPS	2MG	T4	PA	
POMALYST	CAPS	4MG	T4	PA	
PURIXAN	SUSP	2000MG/100ML	T4	PA	
REVLIMID	CAPS	2.5MG	T4		
REVLIMID	CAPS	15MG	T4		
REVLIMID	CAPS	20MG	T4		
REVLIMID	CAPS	10MG	T4		
REVLIMID	CAPS	25MG	T4		
REVLIMID	CAPS	5MG	T4		
RITUXAN	SOLN	500MG/50ML	T4		
SPRYCEL	TABS	70MG	T4	PA	
SPRYCEL	TABS	20MG	T4	PA	
SPRYCEL	TABS	50MG	T4	PA	
SPRYCEL	TABS	100MG	T4	PA	
SPRYCEL	TABS	80MG	T4	PA	
SPRYCEL	TABS	140MG	T4	PA	
STIVARGA	TABS	40MG	T4	PA	
SUPPRELIN LA	KIT	50MG	T4	PA	
SUTENT	CAPS	50MG	T4		
SUTENT	CAPS	37.5MG	T4		
SUTENT	CAPS	12.5MG	T4		
SUTENT	CAPS	25MG	T4		
SYLATRON	KIT	600MCG	T4		
SYLATRON	KIT	300MCG	T4		
SYLATRON	KIT	200MCG	T4		
TABLOID	TABS	40MG	T3		
TAFINLAR	CAPS	50MG	T4	PA	
TAFINLAR	CAPS	75MG	T4	PA	
TAMOXIFEN CITRATE	TABS	10MG	T1		
TAMOXIFEN CITRATE	TABS	20MG			Eligible for a \$0 copay
TARCEVA	TABS	25MG	T4	PA	
TARCEVA	TABS	150MG	T4	PA	
TARCEVA	TABS	100MG	T4	PA	
TARGRETIN	CAPS	75MG	T4	PA	
TASIGNA	CAPS	200MG	T4	PA	
TASIGNA	CAPS	150MG	T4	PA	
TEMODAR	CAPS	140MG	T4		
TEMODAR	CAPS	20MG	T4		
TEMODAR	CAPS	250MG	T4		
TEMODAR	CAPS	100MG	T4		
TEMODAR	CAPS	180MG	T4		
TEMODAR	CAPS	5MG	T4		
TEMOZOLOMIDE	CAPS	250MG	T4		
TEMOZOLOMIDE	CAPS	140MG	T4		
TEMOZOLOMIDE	CAPS	100MG	T4		
TEMOZOLOMIDE	CAPS	20MG	T4		
TEMOZOLOMIDE	CAPS	180MG	T4		
TEMOZOLOMIDE	CAPS	5MG	T4		
TOPOTECAN HCL	SOLR	4MG	T3		
TRETINOIN	CAPS	10MG	T4		
TYKERB	TABS	250MG	T4	PA	
VECTIBIX	SOLN	100MG/5ML	T4	PA	
VECTIBIX	SOLN	400MG/20ML	T4	PA	
VIDAZA	SUSR	100MG	T4		
VOTRIENT	TABS	200MG	T4	PA	
XALKORI	CAPS	250MG	T4	PA	
XALKORI	CAPS	200MG	T4	PA	
XELODA	TABS	150MG	T4	PA	
XELODA	TABS	500MG	T4	PA	
XTANDI	CAPS	40MG	T4	PA	
YERVOY	SOLN	50MG/10ML	T4	PA	
YERVOY	SOLN	200MG/40ML	T4	PA	
ZALTRAP	SOLN	100MG/4ML	T4	PA	

ZALTRAP	SOLN	200MG/8ML	T4	PA	
ZELBORAF	TABS	240MG	T4	PA	
ZOLINZA	CAPS	100MG	T4		
ZYDELIG	TABS	100MG	T4	PA	
ZYDELIG	TABS	150MG	T4	PA	
ZYKADIA	CAPS	150MG	T4	PA	
ZYTIGA	TABS	250MG	T4	PA	
(12:04) Autonomic Drugs » Parasympathomimetic (Cholinergic) Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BETHANECHOL CHLORIDE	TABS	25MG	T1		
BETHANECHOL CHLORIDE	TABS	10MG	T1		
BETHANECHOL CHLORIDE	TABS	50MG	T1		
BETHANECHOL CHLORIDE	TABS	5MG	T1		
CEVIMELINE HCL	CAPS	30MG	T3		
DONEPEZIL HCL	TBDP	10MG	T1		
DONEPEZIL HCL	TABS	5MG	T1		
DONEPEZIL HCL	TABS	10MG	T1		
DONEPEZIL HCL	TBDP	5MG	T1		
EXELON	SOLN	2MG/ML	T2		
GALANTAMINE HYDROBROMIDE	TABS	4MG	T3		
GALANTAMINE HYDROBROMIDE	TABS	8MG	T3		
GALANTAMINE HYDROBROMIDE	SOLN	4MG/ML	T3		
GALANTAMINE HYDROBROMIDE	TABS	12MG	T3		
GALANTAMINE HYDROBROMIDE	CP24	24MG	T3		
GALANTAMINE HYDROBROMIDE	CP24	16MG	T3		
GALANTAMINE HYDROBROMIDE	CP24	8MG	T3		
GUANIDINE HCL	TABS	125MG	T1		
PILOCARPINE HCL	TABS	7.5MG	T1		
PILOCARPINE HYDROCHLORIDE	TABS	5MG	T1		
PYRIDOSTIGMINE BROMIDE	TABS	60MG	T1		
RIVASTIGMINE TARTRATE	CAPS	3MG	T1		
RIVASTIGMINE TARTRATE	CAPS	4.5MG	T1		
RIVASTIGMINE TARTRATE	CAPS	6MG	T1		
RIVASTIGMINE TARTRATE	CAPS	1.5MG	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	13.3MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	4.6MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	9.5MG/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	
CANTIL	TABS	25MG	T3		
DICYCLOMINE HCL	CAPS	10MG	T1		
DICYCLOMINE HCL	SOLN	10MG/5ML	T1		
DICYCLOMINE HCL	TABS	20MG	T1		
GLYCOPYRROLATE	TABS	1MG	T1		
GLYCOPYRROLATE	TABS	2MG	T1		
HYOSCYAMINE SULFATE	SUBL	0.125MG	T1		
HYOSCYAMINE SULFATE	TABS	0.125MG	T1		
HYOSCYAMINE SULFATE	TBDP	0.125MG	T1		
HYOSCYAMINE SULFATE	ELIX	0.125MG/5ML	T1		
HYOSCYAMINE SULFATE	SOLN	0.125MG/ML	T1		
HYOSCYAMINE SULFATE ER	TB12	0.375MG	T1		
HYOSYNE	SOLN	0.125MG/ML	T1		
IPRATROPIUM BROMIDE	SOLN	0.02%	T1	MN	
IPRATROPIUM BROMIDE	SOLN	0.06%	T1	MN	
IPRATROPIUM BROMIDE	SOLN	0.03%	T1	MN	
METHSCOPOLAMINE BROMIDE	TABS	2.5MG	T3		
METHSCOPOLAMINE BROMIDE	TABS	5MG	T3		
PROPANTHELINE BROMIDE	TABS	15MG	T1		
SPIRIVA HANDIHALER	CAPS	18MCG	T2	MN	
SPIRIVA RESPIMAT	AERS	2.5MCG/ACT	T2	MN	
(12:12.04) Autonomic Drugs » Sympathomimetic (Adrenergic) Agents » alpha-Adrenergic Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MIDODRINE HCL	TABS	10MG	T3		
MIDODRINE HCL	TABS	5MG	T3		
MIDODRINE HCL	TABS	2.5MG	T3		
(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	500MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	T2	MN	
ALBUTEROL SULFATE	NEBU	0.083%	T1	MN	
ALBUTEROL SULFATE	SYRP	2MG/5ML	T1	MN	
ALBUTEROL SULFATE	TABS	4MG	T1	MN	
ALBUTEROL SULFATE	TABS	2MG	T1	MN	
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ARCAPTA NECHALER	CAPS	75MCG	T3		
BROVANA	NEBU	15MCG/2ML	T3		
COMBIVENT	AERO	103MCG/ACT; 18MCG/ACT	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	
LEVALBUTEROL	NEBU	1.25MG/0.5ML	T3		

LEVALBUTEROL HCL	NEBU	0.31MG/3ML	T3		
LEVALBUTEROL HCL	NEBU	0.63MG/3ML	T3		
LEVALBUTEROL HCL	NEBU	1.25MG/3ML	T3		
MAXAIR AUTOHALER	AERB	200MCG/INH	T3		
METAPROTERENOL SULFATE	SYRP	10MG/5ML	T3		
METAPROTERENOL SULFATE	TABS	10MG	T3		
METAPROTERENOL SULFATE	TABS	20MG	T3		
PROAIR HFA	AERS	108MCG/ACT	T2		
PROAIR RESPICLICK	AEPB	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
ADRENACLICK	SOAJ	0.3MG/0.3ML	T2	QL (2.00 EA per 180 days)	
ADRENACLICK	SOAJ	0.15MG/0.15ML	T2	QL (2.00 EA per 180 days)	
AUVI-Q	SOAJ	0.15MG/0.15ML	T2	QL (2.00 EA per 180 days)	
AUVI-Q	SOAJ	0.3MG/0.3ML	T2	QL (2.00 EA per 180 days)	
EPINEPHRINE	SOAJ	0.3MG/0.3ML	T1	QL (2.00 EA per 180 days)	
EPINEPHRINE	SOAJ	0.15MG/0.15ML	T1	QL (2.00 EA per 180 days)	
EPINEPHRINE HCL	SOSY	0.1MG/ML	T1	QL (2.00 ML per 180 days)	
EPIPEN 2-PAK	SOAJ	0.3MG/0.3ML	T2	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	4MG/ML	T1	QL (8.00 ML per 30 days)	
ERGOLOID MESYLATES	TABS	1MG	T1		
ERGOMAR	SUBL	2MG	T3		
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		
RAPAFLO	CAPS	4MG	T3		
RAPAFLO	CAPS	8MG	T3		
TAMSULOSIN HCL	CAPS	0.4MG	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		
CHLORZOXAZONE	TABS	500MG	T1		
CYCLOBENZAPRINE HCL	TABS	5MG	T1		
CYCLOBENZAPRINE HCL	TABS	10MG	T1		
METAXALONE	TABS	800MG	T3		
METHOCARBAMOL	TABS	750MG	T1		
METHOCARBAMOL	TABS	500MG	T1		
TIZANIDINE HCL	TABS	2MG	T1		
TIZANIDINE HCL	TABS	4MG	T1		
(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, 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	1MG		QL	Eligible for a \$0 copay
CHANTIX	TABS	0.5MG		QL	Eligible for a \$0 copay
CHANTIX STARTING MONTH PAK	TABS	0		QL	Eligible for a \$0 copay
NICOTINE POLACRILEX	LOZG	2MG		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	GUM	4MG		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	PT24	21MG/24HR		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	KIT	0		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
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	120MG; 12MCG; 50MG; 1MG; 90MG	T1		
ICAR PEDIATRIC	SUSP	15MG/1.25ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
INTEGRA F	CAPS	40MG; 62.5MG; 1000MCG; 3MG; 62.5MG	T1		
INTEGRA PLUS	CAPS	210MG; 300MCG; 7MG; 10MCG; 62.5MG; 1000MCG; 20MG; 62.5MG; 25MG; 5MG; 5MG	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	2MG	T2	MN	
COUMADIN	TABS	5MG	T2	MN	
COUMADIN	TABS	4MG	T2	MN	
COUMADIN	TABS	1MG	T2	MN	
COUMADIN	TABS	7.5MG	T2	MN	

COUMADIN	TABS	6MG	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	2MG	T1	MN	
JANTOVEN	TABS	3MG	T1	MN	
JANTOVEN	TABS	2.5MG	T1	MN	
JANTOVEN	TABS	4MG	T1	MN	
JANTOVEN	TABS	10MG	T1	MN	
JANTOVEN	TABS	5MG	T1	MN	
JANTOVEN	TABS	6MG	T1	MN	
JANTOVEN	TABS	7.5MG	T1	MN	
WARFARIN SODIUM	TABS	1MG	T1	MN	
WARFARIN SODIUM	TABS	5MG	T1	MN	
WARFARIN SODIUM	TABS	7.5MG	T1	MN	
WARFARIN SODIUM	TABS	2.5MG	T1	MN	
WARFARIN SODIUM	TABS	10MG	T1	MN	
WARFARIN SODIUM	TABS	4MG	T1	MN	
WARFARIN SODIUM	TABS	6MG	T1	MN	
WARFARIN SODIUM	TABS	2MG	T1	MN	
WARFARIN SODIUM	TABS	3MG	T1	MN	

(20:12.04.12) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Direct Thrombin Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
PRADAXA	CAPS	150MG	T2	PA; MN; QL (60.00 EA per 30 days)	
PRADAXA	CAPS	75MG	T2	PA; MN; QL (60.00 EA per 30 days)	

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARIXTRA	SOLN	7.5MG/0.6ML	T4		
ARIXTRA	SOLN	5MG/0.4ML	T4		
ARIXTRA	SOLN	10MG/0.8ML	T4		
ARIXTRA	SOLN	2.5MG/0.5ML	T4		
ELIQUIS	TABS	2.5MG	T2	PA; MN; QL (60.00 EA per 30 days)	
ELIQUIS	TABS	5MG	T2	PA; MN; QL (74.00 EA per 30 days)	
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	T4		
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	T4		
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	T4		
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	T4		
XARELTO	TABS	20MG	T2	PA; QL (30.00 EA per 30 days)	
XARELTO	TABS	10MG	T2	MN; QL (35.00 EA per 35 days)	
XARELTO	TABS	15MG	T2	PA; MN; QL (42.00 EA per 30 days)	
XARELTO STARTER PACK	TBPK	0	T2	PA; QL (1.00 EA per 30 days)	

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	T1		
ENOXAPARIN SODIUM	SOLN	100MG/ML	T1		
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	T1		
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	T1		
ENOXAPARIN SODIUM	SOLN	300MG/3ML	T1		
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	T1		
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	T1		
ENOXAPARIN SODIUM	SOLN	150MG/ML	T1		
FRAGMIN	SOLN	10000UNIT/ML	T4		
FRAGMIN	SOLN	15000UNIT/0.6ML	T4		
FRAGMIN	SOLN	18000UNT/0.72ML	T4		
FRAGMIN	SOLN	2500UNIT/0.2ML	T4		
FRAGMIN	SOLN	12500UNIT/0.5ML	T4		
FRAGMIN	SOLN	5000UNIT/0.2ML	T4		
FRAGMIN	SOLN	7500UNIT/0.3ML	T4		
HEPARIN SODIUM	SOLN	10000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	1000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	20000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/ML	T1		
HEPARIN SODIUM/DSW	SOLN	5%; 40UNIT/ML	T1		
HEPARIN SODIUM/NACL 0.45%	SOLN	100UNIT/ML; 0.45%	T1		
HEPARIN SODIUM/NACL 0.45%	SOLN	50UNIT/ML; 0.45%	T1		
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	2UNIT/ML; 0.9%	T1		
LOVENOX	SOLN	40MG/0.4ML	T4		
LOVENOX	SOLN	60MG/0.6ML	T4		
LOVENOX	SOLN	80MG/0.8ML	T4		
LOVENOX	SOLN	30MG/0.3ML	T4		
LOVENOX	SOLN	100MG/ML	T4		
LOVENOX	SOLN	300MG/3ML	T4		
LOVENOX	SOLN	120MG/0.8ML	T4		
LOVENOX	SOLN	150MG/ML	T4		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
ANAGRELIDE HYDROCHLORIDE	CAPS	1MG	T1		
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	60MG	T2	MN	
BRILINTA	TABS	90MG	T2		
CILOSTAZOL	TABS	50MG	T1		
CILOSTAZOL	TABS	100MG	T1		
CLOPIDOGREL	TABS	75MG	T1	MN	
EFFIENT	TABS	10MG	T3		
EFFIENT	TABS	5MG	T3		

TICLOPIDINE HCL	TABS	250MG	T1	MN	
(20:16) Blood Formation,Coagulation & Thrombosis » Hematopoietic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	T4		
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	T4		
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	T4		
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	40MCG/0.4ML	T4		
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	60MCG/0.3ML	T4		
ARANESP ALBUMIN FREE	SOSY	500MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	100MCG/0.5ML	T4		
ARANESP ALBUMIN FREE	SOSY	150MCG/0.3ML	T4		
ARANESP ALBUMIN FREE	SOSY	200MCG/0.4ML	T4		
ARANESP ALBUMIN FREE	SOSY	25MCG/0.42ML	T4		
ARANESP ALBUMIN FREE	SOLN	10MCG/0.4ML	T4		
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	300MCG/0.6ML	T4		
EPOGEN	SOLN	3000UNIT/ML	T4		
EPOGEN	SOLN	10000UNIT/ML	T4		
EPOGEN	SOLN	4000UNIT/ML	T4		
EPOGEN	SOLN	2000UNIT/ML	T4		
EPOGEN	SOLN	20000UNIT/ML	T4		
EPOGEN	SOLN	10000UNIT/ML	T4		
LEUKINE	SOLR	250MCG	T4		
MOZOBIL	SOLN	24MG/1.2ML	T4	PA; QL (9.60 ML per 30 days)	
NEULASTA	SOSY	6MG/0.6ML	T4		
NEULASTA DELIVERY KIT	PSKT	6MG/0.6ML	T4		
NEUMEGA	SOLR	5MG	T4		
NEUPOGEN	SOSY	300MCG/0.5ML	T4		
NEUPOGEN	SOLN	300MCG/ML	T4		
NEUPOGEN	SOSY	480MCG/0.8ML	T4		
NEUPOGEN	SOLN	480MCG/1.6ML	T4		
PROCRIT	SOLN	20000UNIT/ML	T4		
PROCRIT	SOLN	2000UNIT/ML	T4		
PROCRIT	SOLN	10000UNIT/ML	T4		
PROCRIT	SOLN	3000UNIT/ML	T4		
PROCRIT	SOLN	4000UNIT/ML	T4		
PROCRIT	SOLN	10000UNIT/ML	T4		
PROCRIT	SOLN	40000UNIT/ML	T4		
PROMACTA	TABS	25MG	T4	PA	
PROMACTA	TABS	50MG	T4	PA	
PROMACTA	TABS	12.5MG	T4	PA	
PROMACTA	TABS	75MG	T4	PA	
(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
ADVATE	SOLR	3000UNIT	T4		
ADVATE	SOLR	500UNIT	T4		
ADVATE	SOLR	1000UNIT	T4		
ADVATE	SOLR	2000UNIT	T4		
ADVATE	SOLR	4000UNIT	T4		
ADVATE	SOLR	250UNIT	T4		
ADVATE	SOLR	1500UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	500UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1000UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	250UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1500UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	2000UNIT	T4		
ALPHANINE SD	SOLR	1000UNIT	T4		
ALPHANINE SD	SOLR	500UNIT	T4		
ALPHANINE SD	SOLR	1500UNIT	T4		
BENEFIX	SOLR	500UNIT	T4		
BENEFIX	SOLR	1000UNIT	T4		
BENEFIX	SOLR	250UNIT	T4		
BENEFIX	SOLR	2000UNIT	T4		
CYKLOKAPRON	SOLN	100MG/ML	T2		
FEIBA NF	SOLR	0	T4		
FEIBA NF	SOLR	0	T4		
HELIKATE FS	KIT	250UNIT	T4		
HELIKATE FS	KIT	3000UNIT	T4		
HELIKATE FS	KIT	2000UNIT	T4		
HEMOFIL M	SOLR	801-1500 UNIT	T4		
HEMOFIL M	SOLR	220-400 UNIT	T4		
HEMOFIL M	SOLR	401-800 UNIT	T4		
HEMOFIL M	SOLR	1501-2000 UNIT	T4		
HUMATE-P	SOLR	500UNIT; 1200UNIT	T4		
HUMATE-P	SOLR	250UNIT; 600UNIT	T4		
HUMATE-P	SOLR	1000UNIT; 2400UNIT	T4		
KOATE-DVI	SOLR	250UNIT	T4		
KOATE-DVI	SOLR	1000UNIT	T4		
KOATE-DVI	SOLR	500UNIT	T4		
KOGENATE FS	KIT	500UNIT	T4		
KOGENATE FS	KIT	250UNIT	T4		
KOGENATE FS	KIT	2000UNIT	T4		
KOGENATE FS	KIT	1000UNIT	T4		
KOGENATE FS	KIT	3000UNIT	T4		

KOGENATE FS	KIT	2000UNIT	T4		
KOGENATE FS	KIT	3000UNIT	T4		
KOGENATE FS BIO-SET	KIT	250UNIT	T4		
KOGENATE FS BIO-SET	KIT	1000UNIT	T4		
KOGENATE FS BIO-SET	KIT	500UNIT	T4		
KOGENATE FS BIO-SET	KIT	3000UNIT	T4		
KOGENATE FS BIO-SET	KIT	2000UNIT	T4		
MONOCLATE-P	KIT	1500UNIT	T4		
MONOCLATE-P	KIT	500UNIT	T4		
MONOCLATE-P	KIT	1000UNIT	T4		
MONOCLATE-P	KIT	250UNIT	T4		
MONONINE	SOLR	1000UNIT	T4		
MONONINE	SOLR	500UNIT	T4		
NOVOSEVEN RT	SOLR	5MG	T4		
NOVOSEVEN RT	SOLR	8MG	T4		
NOVOSEVEN RT	SOLR	1MG	T4		
NOVOSEVEN RT	SOLR	2MG	T4		
PROFILNINE	SOLR	500UNIT	T4		
PROFILNINE	SOLR	1000UNIT	T4		
PROFILNINE	SOLR	1500UNIT	T4		
TRANEXAMIC ACID	SOLN	100MG/ML	T1		
(24:04.04.04) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class 1a Antiarrhythmics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DISOPYRAMIDE PHOSPHATE	CAPS	150MG	T1	MN	
DISOPYRAMIDE PHOSPHATE	CAPS	100MG	T1	MN	
NORPACE CR	CP12	150MG	T2	MN	
PROCAINAMIDE HCL	SOLN	100MG/ML	T1		
PROCAINAMIDE HCL	SOLN	500MG/ML	T1		
QUINIDINE GLUCONATE CR	TBCR	324MG	T1	MN	
QUINIDINE SULFATE	TABS	300MG	T1	MN	
QUINIDINE SULFATE	TABS	200MG	T1	MN	
QUINIDINE SULFATE ER	TBCR	300MG	T1	MN	
(24:04.04.08) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class 1b Antiarrhythmics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MEXILETINE HCL	CAPS	150MG	T1	MN	
MEXILETINE HCL	CAPS	200MG	T1	MN	
MEXILETINE HCL	CAPS	250MG	T1	MN	
(24:04.04.12) Cardiovascular Drugs » Cardiac Drugs » Antiarrhythmic Agents » Class 1c Antiarrhythmics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FLECAINIDE ACETATE	TABS	50MG	T1	MN	
FLECAINIDE ACETATE	TABS	100MG	T1	MN	
FLECAINIDE ACETATE	TABS	150MG	T1	MN	
PROPAFENONE HCL	TABS	150MG	T1	MN	
PROPAFENONE HCL	TABS	225MG	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	400MG	T1	MN	
AMIODARONE HCL	TABS	200MG	T1	MN	
MULTAQ	TABS	400MG	T2	MN	
PACERONE	TABS	100MG	T1	MN	
PACERONE	TABS	200MG	T1	MN	
PACERONE	TABS	400MG	T1	MN	
TIKOSYN	CAPS	250MCG	T3		
TIKOSYN	CAPS	500MCG	T3		
TIKOSYN	CAPS	125MCG	T3		
(24:04.08) Cardiovascular Drugs » Cardiac Drugs » Cardiotonic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DIGOX	TABS	250MCG	T1	MN	
DIGOX	TABS	125MCG	T1	MN	
DIGOXIN	TABS	125MCG	T1	MN	
DIGOXIN	SOLN	0.05MG/ML	T1	MN	
DIGOXIN	TABS	250MCG	T1	MN	
DIGOXIN	SOLN	0.25MG/ML	T1	MN	
LANOXIN	SOLN	0.25MG/ML	T2	MN	
LANOXIN	TABS	250MCG	T2	MN	
LANOXIN	TABS	125MCG	T2	MN	
LANOXIN PEDIATRIC	SOLN	0.1MG/ML	T2	MN	
(24:04.92) Cardiovascular Drugs » Cardiac Drugs » Cardiac Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
RANEXA	TB12	1000MG	T3		
RANEXA	TB12	500MG	T3		
(24:06.04) Cardiovascular Drugs » Antilipemic Agents » Bile Acid Sequestrants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHOLESTYRAMINE LIGHT	PACK	4GM	T1	MN	
COLESTIPOL HCL	GRAN	5GM	T1	MN	
COLESTIPOL HCL	TABS	1GM	T1	MN	
PREVALITE	POWD	4GM/DOSE	T1	MN	
WELCHOL	TABS	625MG	T3		
WELCHOL	PACK	3.75GM	T3		
(24:06.05) Cardiovascular Drugs » Antilipemic Agents » Cholesterol Absorption Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ZETIA	TABS	10MG	T2	MN	
(24:06.06) Cardiovascular Drugs » Antilipemic Agents » Fibric Acid Derivatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FENOFIBRATE	TABS	160MG	T1	MN	
FENOFIBRATE	TABS	145MG	T1	MN	
FENOFIBRATE	TABS	48MG	T1	MN	
FENOFIBRATE	TABS	54MG	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; 1000MG	T2	MN	
ADVICOR	TB24	40MG; 1000MG	T2	MN	
ADVICOR	TB24	20MG; 500MG	T2	MN	
ADVICOR	TB24	20MG; 750MG	T2	MN	
ATORVASTATIN CALCIUM	TABS	10MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	20MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	40MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	80MG	T1	MN	
CRESTOR	TABS	40MG	T3		
CRESTOR	TABS	10MG	T3	ST	
CRESTOR	TABS	5MG	T3	ST	
CRESTOR	TABS	20MG	T3	ST	
FLUVASTATIN	CAPS	40MG	T1	MN	
FLUVASTATIN	CAPS	20MG	T1	MN	
LIVALO	TABS	2MG	T3	ST	
LIVALO	TABS	4MG	T3	ST	
LIVALO	TABS	1MG	T3	ST	
LOVASTATIN	TABS	40MG	T1	MN	
LOVASTATIN	TABS	10MG	T1	MN	
LOVASTATIN	TABS	20MG	T1	MN	
PRAVASTATIN SODIUM	TABS	40MG	T1	MN	
PRAVASTATIN SODIUM	TABS	80MG	T1	MN	
PRAVASTATIN SODIUM	TABS	10MG	T1	MN	
PRAVASTATIN SODIUM	TABS	20MG	T1	MN	
SIMCOR	TB24	500MG; 20MG	T2	MN	
SIMCOR	TB24	500MG; 40MG	T2	MN	
SIMCOR	TB24	1000MG; 40MG	T2	MN	
SIMCOR	TB24	750MG; 20MG	T2	MN	
SIMVASTATIN	TABS	10MG	T1	MN	
SIMVASTATIN	TABS	5MG	T1	MN	
SIMVASTATIN	TABS	20MG	T1	MN	
SIMVASTATIN	TABS	40MG	T1	MN	
SIMVASTATIN	TABS	80MG	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		
VASCEPA	CAPS	1GM	T3		
(24:08.16) Cardiovascular Drugs » Hypotensive Agents » Central Alpha-Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CLONIDINE HCL	PTWK	0.2MG/24HR	T1	MN	
CLONIDINE HCL	PTWK	0.3MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.2MG	T1	MN	
CLONIDINE HCL	PTWK	0.1MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.1MG	T1	MN	
CLONIDINE HCL	TABS	0.3MG	T1	MN	
GUANFACINE HCL	TABS	2MG	T1	MN	
GUANFACINE HCL	TABS	1MG	T1	MN	
METHYLDOPA	TABS	500MG	T1	MN	
METHYLDOPA	TABS	250MG	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	SOLN	20MG/ML	T1		
HYDRALAZINE HCL	TABS	100MG	T1	MN	
HYDRALAZINE HCL	TABS	50MG	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	0.25MG	T1	MN	
RESERPINE	TABS	0.1MG	T1	MN	
(24:12.08) Cardiovascular Drugs » Vasodilating Agents » Nitrates and Nitrites					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ISOSORBIDE DINITRATE	TABS	20MG	T1	MN	
ISOSORBIDE DINITRATE	SUBL	2.5MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	5MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	10MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	30MG	T1	MN	
ISOSORBIDE DINITRATE ER	TBCR	40MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	10MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	20MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	60MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	30MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	120MG	T1	MN	
NITRO-BID	OINT	2%	T2	MN	

NITRO-DUR	PT24	0.3MG/HR	T2	MN	
NITRO-DUR	PT24	0.8MG/HR	T2	MN	
NITROGLYCERIN	SOLN	5MG/ML	T1		
NITROGLYCERIN TRANSDERMAL	PT24	0.6MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.2MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.4MG/HR	T1	MN	
NITROLINGUAL PUMPSPRAY	SOLN	0.4MG/SPRAY	T2		
NITROSTAT	SUBL	0.6MG	T1		
NITROSTAT	SUBL	0.4MG	T1		
NITROSTAT	SUBL	0.3MG	T1		
(24:12.12) Cardiovascular Drugs » Vasodilating Agents » Phosphodiesterase Type 5 Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
REVATIO	SOLN	10MG/12.5ML	T4		
SILDENAFIL	TABS	20MG	T4		
SILDENAFIL	SOLN	10MG/12.5ML	T4		
(24:12.92) Cardiovascular Drugs » Vasodilating Agents » Vasodilating Agents, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DIPYRIDAMOLE	TABS	25MG	T1	MN	
DIPYRIDAMOLE	TABS	50MG	T1	MN	
DIPYRIDAMOLE	TABS	75MG	T1	MN	
(24:20) Cardiovascular Drugs » alpha-Adrenergic Blocking Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DOXAZOSIN MESYLATE	TABS	2MG	T1	MN	
DOXAZOSIN MESYLATE	TABS	1MG	T1	MN	
DOXAZOSIN MESYLATE	TABS	4MG	T1	MN	
DOXAZOSIN MESYLATE	TABS	8MG	T1	MN	
PAZOSIN HCL	CAPS	1MG	T1	MN	
PAZOSIN HCL	CAPS	2MG	T1	MN	
PAZOSIN HCL	CAPS	5MG	T1	MN	
TERAZOSIN HCL	CAPS	2MG	T1	MN	
TERAZOSIN HCL	CAPS	10MG	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	400MG	T1	MN	
ACEBUTOLOL HCL	CAPS	200MG	T1	MN	
ATENOLOL	TABS	100MG	T1	MN	
ATENOLOL	TABS	50MG	T1	MN	
ATENOLOL	TABS	25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	T1	MN	
BETAXOLOL HCL	TABS	20MG	T1	MN	
BETAXOLOL HCL	TABS	10MG	T1	MN	
BISOPROLOL FUMARATE	TABS	5MG	T1	MN	
BISOPROLOL FUMARATE	TABS	10MG	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	5MG	T3		
BYSTOLIC	TABS	2.5MG	T3		
BYSTOLIC	TABS	10MG	T3		
BYSTOLIC	TABS	20MG	T3		
CARVEDILOL	TABS	3.125MG	T1	MN	
CARVEDILOL	TABS	6.25MG	T1	MN	
CARVEDILOL	TABS	12.5MG	T1	MN	
CARVEDILOL	TABS	25MG	T1	MN	
LABETALOL HCL	TABS	100MG	T1	MN	
LABETALOL HCL	TABS	200MG	T1	MN	
LABETALOL HCL	SOLN	5MG/ML	T1		
LABETALOL HCL	TABS	300MG	T1	MN	
LEVATOL	TABS	20MG	T3		
METOPROLOL SUCCINATE ER	TB24	25MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	200MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	100MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	50MG	T1	MN	
METOPROLOL TARTRATE	SOLN	1MG/ML	T1		
METOPROLOL TARTRATE	TABS	100MG	T1	MN	
METOPROLOL TARTRATE	TABS	50MG	T1	MN	
METOPROLOL TARTRATE	TABS	25MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	50MG; 100MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 50MG	T1	MN	
NADOLOL	TABS	40MG	T1	MN	
NADOLOL	TABS	80MG	T1	MN	
NADOLOL	TABS	20MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	T1	MN	
PINDOLOL	TABS	5MG	T1	MN	
PINDOLOL	TABS	10MG	T1	MN	
PROPRANOLOL HCL	SOLN	1MG/ML	T1		
PROPRANOLOL HCL	TABS	10MG	T1	MN	
PROPRANOLOL HCL	SOLN	40MG/5ML	T1	MN	
PROPRANOLOL HCL	TABS	80MG	T1	MN	
PROPRANOLOL HCL	TABS	40MG	T1	MN	
PROPRANOLOL HCL	TABS	60MG	T1	MN	
PROPRANOLOL HCL	SOLN	20MG/5ML	T1	MN	
PROPRANOLOL HCL	TABS	20MG	T1	MN	

PROPRANOLOL HCL ER	CP24	80MG	T1	MN	
PROPRANOLOL HCL ER	CP24	60MG	T1	MN	
PROPRANOLOL HCL ER	CP24	160MG	T1	MN	
PROPRANOLOL HCL ER	CP24	120MG	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	160MG	T1	MN	
SOTALOL HCL	TABS	80MG	T1	MN	
SOTALOL HCL (AF)	TABS	120MG	T1	MN	
TIMOLOL MALEATE	TABS	5MG	T3		
TIMOLOL MALEATE	TABS	10MG	T3		
TIMOLOL MALEATE	TABS	20MG	T3		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
AFEDITAB CR	TB24	30MG	T1	MN	
AFEDITAB CR	TB24	60MG	T1	MN	
AMLODIPINE BESYLATE	TABS	5MG	T1	MN	
AMLODIPINE BESYLATE	TABS	10MG	T1	MN	
AMLODIPINE BESYLATE	TABS	2.5MG	T1	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	5MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	10MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 320MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 320MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 320MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 12.5MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 25MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 12.5MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AZOR	TABS	5MG; 20MG	T2	MN; QL (1.00 EA per 1 days)	
AZOR	TABS	5MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
AZOR	TABS	10MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
AZOR	TABS	10MG; 20MG	T2	MN; QL (1.00 EA per 1 days)	
FELODIPINE ER	TB24	2.5MG	T1	MN	
FELODIPINE ER	TB24	10MG	T1	MN	
FELODIPINE ER	TB24	5MG	T1	MN	
ISRADIPINE	CAPS	2.5MG	T3		
ISRADIPINE	CAPS	5MG	T3		
NICARDIPINE HCL	CAPS	20MG	T3		
NICARDIPINE HCL	CAPS	30MG	T3		
NIFEDIAZ CC	TB24	90MG	T1	MN	
NIFEDICAL XL	TB24	60MG	T1	MN	
NIFEDICAL XL	TB24	30MG	T1	MN	
NIFEDIPINE	CAPS	20MG	T1	MN	
NIFEDIPINE	CAPS	10MG	T1	MN	
NIFEDIPINE ER	TB24	90MG	T1	MN	
NIFEDIPINE ER	TB24	60MG	T1	MN	
NIFEDIPINE ER	TB24	30MG	T1	MN	
NIMODIPINE	CAPS	30MG	T1		
NISOLDIPINE	TB24	20MG	T3		
NISOLDIPINE	TB24	17MG	T3		
NISOLDIPINE	TB24	34MG	T3		
NISOLDIPINE	TB24	40MG	T3		
NISOLDIPINE	TB24	30MG	T3		
NISOLDIPINE	TB24	8.5MG	T3		
NISOLDIPINE ER	TB24	25.5MG	T3		
TELMISARTAN/AMLODIPINE	TABS	10MG; 40MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	5MG; 40MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	5MG; 80MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	10MG; 80MG	T3	QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	5MG; 12.5MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	5MG; 12.5MG; 20MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	5MG; 25MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	10MG; 12.5MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	10MG; 25MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
CARTIA XT	CP24	240MG	T1	MN	
CARTIA XT	CP24	120MG	T1	MN	
CARTIA XT	CP24	180MG	T1	MN	
CARTIA XT	CP24	300MG	T1	MN	
DILT-CD	CP24	120MG	T1	MN	
DILT-CD	CP24	300MG	T1	MN	
DILT-XR	CP24	120MG	T1	MN	
DILT-XR	CP24	180MG	T1	MN	
DILT-XR	CP24	240MG	T1	MN	
DILTIAZEM CD	CP24	300MG	T1	MN	
DILTIAZEM CD	CP24	180MG	T1	MN	
DILTIAZEM CD	CP24	120MG	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	300MG	T1	MN	
DILTIAZEM HCL ER	CP24	240MG	T1	MN	
DILTIAZEM HCL ER	CP12	90MG	T1	MN	
DILTIAZEM HCL ER	CP12	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	180MG	T1	MN	
DILTIAZEM HCL ER	CP24	240MG	T1	MN	
DILTIAZEM HCL ER	CP12	60MG	T1	MN	
DILTIAZEM HCL ER	CP24	180MG	T1	MN	
DILTIAZEM HCL ER	CP24	360MG	T1	MN	
TAZTIA XT	CP24	120MG	T1	MN	
TAZTIA XT	CP24	300MG	T1	MN	
TAZTIA XT	CP24	240MG	T1	MN	
TAZTIA XT	CP24	360MG	T1	MN	
TAZTIA XT	CP24	180MG	T1	MN	
VERAPAMIL HCL	SOLN	2.5MG/ML	T1		
VERAPAMIL HCL	TABS	40MG	T1	MN	
VERAPAMIL HCL	TABS	80MG	T1	MN	
VERAPAMIL HCL	TABS	120MG	T1	MN	
VERAPAMIL HCL ER	TBCR	180MG	T1	MN	
VERAPAMIL HCL ER	CP24	200MG	T1	MN	
VERAPAMIL HCL ER	CP24	100MG	T1	MN	
VERAPAMIL HCL ER	CP24	300MG	T1	MN	
VERAPAMIL HCL ER	TBCR	120MG	T1	MN	
VERAPAMIL HCL ER	TBCR	240MG	T1	MN	
VERAPAMIL HCL ER	CP24	180MG	T1	MN	
VERAPAMIL HCL ER	CP24	120MG	T1	MN	
VERAPAMIL HCL ER	CP24	240MG	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	10MG	T1	MN	
BENAZEPRIL HCL	TABS	20MG	T1	MN	
BENAZEPRIL HCL	TABS	5MG	T1	MN	
BENAZEPRIL HCL	TABS	40MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 25MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	T1	MN	
CAPTAPRIL	TABS	50MG	T1	MN	
CAPTAPRIL	TABS	12.5MG	T1	MN	
CAPTAPRIL	TABS	100MG	T1	MN	
CAPTAPRIL	TABS	25MG	T1	MN	
CAPTAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	T1	MN	
CAPTAPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	T1	MN	
CAPTAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	T1	MN	
CAPTAPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	T1	MN	
ENALAPRIL MALEATE	TABS	20MG	T1	MN	
ENALAPRIL MALEATE	TABS	2.5MG	T1	MN	
ENALAPRIL MALEATE	TABS	10MG	T1	MN	
ENALAPRIL MALEATE	TABS	5MG	T1	MN	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG	T1	MN	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	T1	MN	
FOGINOPRIL SODIUM	TABS	10MG	T1	MN	
FOGINOPRIL SODIUM	TABS	40MG	T1	MN	
FOGINOPRIL SODIUM	TABS	20MG	T1	MN	
FOGINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
FOGINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	T1	MN	
LISINOPRIL	TABS	20MG	T1	MN	
LISINOPRIL	TABS	10MG	T1	MN	
LISINOPRIL	TABS	5MG	T1	MN	
LISINOPRIL	TABS	2.5MG	T1	MN	
LISINOPRIL	TABS	40MG	T1	MN	
LISINOPRIL	TABS	30MG	T1	MN	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
MOEXIPRIL HCL	TABS	7.5MG	T3		
MOEXIPRIL HCL	TABS	15MG	T3		
PERINDOPRIL ERBUMINE	TABS	2MG	T3		
PERINDOPRIL ERBUMINE	TABS	8MG	T3		
PERINDOPRIL ERBUMINE	TABS	4MG	T3		
QUINAPRIL HCL	TABS	5MG	T1	MN	
QUINAPRIL HCL	TABS	20MG	T1	MN	
QUINAPRIL HCL	TABS	10MG	T1	MN	
QUINAPRIL HCL	TABS	40MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
RAMIPRIL	CAPS	10MG	T1	MN	
RAMIPRIL	CAPS	1.25MG	T1	MN	
RAMIPRIL	CAPS	2.5MG	T1	MN	
RAMIPRIL	CAPS	5MG	T1	MN	
TRANDOLAPRIL	TABS	2MG	T3		
TRANDOLAPRIL	TABS	4MG	T3		
TRANDOLAPRIL	TABS	1MG	T3		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
BENICAR	TABS	40MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR	TABS	5MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR	TABS	20MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR HCT	TABS	12.5MG; 20MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR HCT	TABS	12.5MG; 40MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR HCT	TABS	25MG; 40MG	T3	ST; QL (1.00 EA per 1 days)	
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	32MG; 12.5MG	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; 25MG	T1	MN; QL (1.00 EA per 1 days)	
EDARBI	TABS	40MG	T3	ST; QL (1.00 EA per 1 days)	
EDARBI	TABS	80MG	T3	ST; QL (1.00 EA per 1 days)	
EDARBYCLOR	TABS	40MG; 25MG	T3	ST; QL (1.00 EA per 1 days)	
EDARBYCLOR	TABS	40MG; 12.5MG	T3	ST; QL (1.00 EA per 1 days)	
EPROSARTAN MESYLATE	TABS	600MG	T3	QL (1.00 EA per 1 days)	
IRBESARTAN	TABS	75MG	T1	MN	
IRBESARTAN	TABS	150MG	T1	MN	
IRBESARTAN	TABS	300MG	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	25MG	T1	MN	
LOSARTAN POTASSIUM	TABS	50MG	T1	MN	
LOSARTAN POTASSIUM	TABS	100MG	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	
TELMISARTAN	TABS	40MG	T3	ST; QL (2.00 EA per 1 days)	
TELMISARTAN	TABS	80MG	T3	ST; QL (1.00 EA per 1 days)	
TELMISARTAN	TABS	20MG	T3	ST; QL (2.00 EA per 1 days)	
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 40MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	T3	QL (1.00 EA per 1 days)	
TEVETEN HCT	TABS	600MG; 12.5MG	T3	ST; QL (1.00 EA per 1 days)	
TEVETEN HCT	TABS	600MG; 25MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	40MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	320MG	T3	MN	
VALSARTAN	TABS	160MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	80MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 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	
EPLERENONE	TABS	25MG	T3		
EPLERENONE	TABS	50MG	T3		
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		
TEKTURNA	TABS	150MG	T3		
TEKTURNA HCT	TABS	300MG; 25MG	T3		
TEKTURNA HCT	TABS	300MG; 12.5MG	T3		
TEKTURNA HCT	TABS	150MG; 25MG	T3		
TEKTURNA HCT	TABS	150MG; 12.5MG	T3		
(26:00) Cellular Therapy					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PROVENGE	SUSP	0	T4	PA	
(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	200MG	T1		
CELECOXIB	CAPS	50MG	T1		
CELECOXIB	CAPS	400MG	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
ASCRIPTIN	TABS	0; 325MG; 0; 0; 0	AL		Eligible for a \$0 copay
ASPIR-LOW	TBEC	81MG	AL		Eligible for a \$0 copay
ASPIRIN	CHEW	81MG	AL		Eligible for a \$0 copay
ASPIRIN	TABS	325MG	AL		Eligible for a \$0 copay
ASPIRIN EC LOW DOSE	TBEC	81MG	AL		Eligible for a \$0 copay
BUFFERIN LOW DOSE	TABS	81MG; 0; 0; 0	AL		Eligible for a \$0 copay
BUTALBITAL/ASPIRIN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1		
ENTERIC COATED ASPIRIN	TBEC	325MG	AL		Eligible for a \$0 copay
TRI-BUFFERED ASPIRIN	TABS	325MG; 158MG; 34MG; 63MG	AL		Eligible for a \$0 copay
(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	50MG	T1		
DICLOFENAC SODIUM DR	TBEC	25MG	T1		

DICLOFENAC SODIUM DR	TBEC	75MG	T1		
DICLOFENAC SODIUM ER	TB24	100MG	T1		
DIFLUNISAL	TABS	500MG	T1		
ETODOLAC	TABS	500MG	T1		
ETODOLAC	CAPS	200MG	T1		
ETODOLAC	TABS	400MG	T1		
ETODOLAC ER	TB24	600MG	T1		
ETODOLAC ER	TB24	400MG	T1		
ETODOLAC ER	TB24	500MG	T1		
FENOPROFEN CALCIUM	TABS	600MG	T1		
FLURBIPROFEN	TABS	100MG	T1		
FLURBIPROFEN	TABS	50MG	T1		
IBUPROFEN	TABS	400MG	T1		
IBUPROFEN	TABS	800MG	T1		
IBUPROFEN	SUSP	100MG/5ML	T1		
IBUPROFEN	TABS	600MG	T1		
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	T3	QL (20.00 EA per 30 days)	
MECLOFENAMATE SODIUM	CAPS	50MG	T1		
MECLOFENAMATE SODIUM	CAPS	100MG	T1		
MEFENAMIC ACID	CAPS	250MG	T3		
MELOXICAM	TABS	15MG	T1		
MELOXICAM	SUSP	7.5MG/5ML	T1		
MELOXICAM	TABS	15MG	T1		
MELOXICAM	TABS	7.5MG	T1		
MELOXICAM	TABS	7.5MG	T1		
NABUMETONE	TABS	500MG	T1		
NABUMETONE	TABS	750MG	T1		
NAPROXEN	TABS	375MG	T1		
NAPROXEN	TABS	500MG	T1		
NAPROXEN	TABS	250MG	T1		
NAPROXEN	SUSP	125MG/5ML	T1		
NAPROXEN DR	TBEC	500MG	T1		
NAPROXEN DR	TBEC	375MG	T1		
NAPROXEN SODIUM	TABS	550MG	T1		
NAPROXEN SODIUM	TABS	275MG	T1		
OXAPROZIN	TABS	600MG	T1		
PIROXICAM	CAPS	10MG	T1		
PIROXICAM	CAPS	20MG	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	SOLN	120MG/5ML; 12MG/5ML	T1		
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	T1		
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	T1		
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	T1		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	T1		
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	T1		
CODEINE SULFATE	TABS	15MG	T1	QL (180.00 EA per 30 days)	
CODEINE SULFATE	TABS	30MG	T1	QL (180.00 EA per 30 days)	
CODEINE SULFATE	TABS	60MG	T1	QL (180.00 EA per 30 days)	
ENDOCET	TABS	325MG; 5MG	T1		
ENDOCET	TABS	325MG; 7.5MG	T1		
ENDOCET	TABS	325MG; 10MG	T1		
EXALGO	T24A	16MG	T3		
EXALGO	T24A	8MG	T3		
EXALGO	T24A	12MG	T3		
EXALGO	T24A	32MG	T3		
FENTANYL	PT72	100MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	37.5MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	12MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	62.5MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	87.5MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	50MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	25MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	75MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	200MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	800MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	400MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	600MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1200MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1600MCG	T4	QL (120.00 EA per 30 days)	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 7.5MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	750MG; 10MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 10MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 5MG	T1	DE	
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	T1	DE	
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	T1	DE	

HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1	DE	
HYDROCODONE/IBUPROFEN	TABS	7.5MG; 200MG	T1		
HYDROMORPHINE HCL	TABS	2MG	T1	QL (240.00 EA per 30 days)	
HYDROMORPHINE HCL	SOLN	500MG/50ML	T1		
HYDROMORPHINE HCL	TABS	8MG	T1	QL (240.00 EA per 30 days)	
HYDROMORPHINE HCL	TABS	4MG	T1	QL (240.00 EA per 30 days)	
LEVORPHANOL TARTRATE	TABS	2MG	T1		
MEPERIDINE HCL	SOLN	50MG/5ML	T3		
MEPERIDINE HCL	TABS	50MG	T3		
MEPERIDINE HCL	TABS	100MG	T3		
METHADONE HCL	CONC	10MG/ML	T1		
METHADONE HCL	SOLN	5MG/5ML	T1		
METHADONE HCL	SOLN	10MG/5ML	T1		
METHADONE HCL	SOLN	10MG/ML	T1		
METHADONE HCL	TABS	5MG	T1	QL (240.00 EA per 30 days)	
METHADONE HCL	TABS	10MG	T1	QL (240.00 EA per 30 days)	
MORPHINE SULFATE	TABS	15MG	T1		
MORPHINE SULFATE	SOLN	10MG/5ML	T1		
MORPHINE SULFATE	SOLN	100MG/5ML	T1		
MORPHINE SULFATE	TABS	30MG	T1		
MORPHINE SULFATE	SOLN	20MG/5ML	T1		
MORPHINE SULFATE ER	TBCR	200MG	T1	QL (120.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	100MG	T1	QL (120.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	15MG	T1	QL (180.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	60MG	T1	QL (120.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	30MG	T1	QL (180.00 EA per 30 days)	
NUCYNTA	TABS	100MG	T3	QL (180.00 EA per 30 days)	
NUCYNTA	TABS	75MG	T3	QL (180.00 EA per 30 days)	
NUCYNTA	TABS	50MG	T3	QL (180.00 EA per 30 days)	
NUCYNTA ER	TB12	150MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	250MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	50MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	100MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	200MG	T3	QL (60.00 EA per 30 days)	
OXYCODONE HCL	SOLN	5MG/5ML	T1		
OXYCODONE HCL	TABS	15MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	CAPS	5MG	T1		
OXYCODONE HCL	CONC	100MG/5ML	T1		
OXYCODONE HCL	TABS	30MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	TABS	10MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	TABS	20MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	TABS	5MG	T1	QL (360.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	10MG	T3	QL (90.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	40MG	T3	QL (90.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	80MG	T3	QL (120.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	20MG	T3	QL (90.00 EA per 30 days)	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 2.5MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	T1		
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	T1		
OXYCODONE/IBUPROFEN	TABS	400MG; 5MG	T3		
OXYCONTIN	T12A	15MG	T3	QL (90.00 EA per 30 days)	
OXYCONTIN	T12A	30MG	T3	QL (90.00 EA per 30 days)	
OXYCONTIN	T12A	60MG	T3	QL (90.00 EA per 30 days)	
OXYMORPHINE HYDROCHLORIDE	TABS	10MG	T3		
OXYMORPHINE HYDROCHLORIDE	TABS	5MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	10MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	40MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	30MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	5MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	15MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	15MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	20MG	T3		
OXYMORPHINE HYDROCHLORIDE ER	TB12	7.5MG	T3		
TRAMADOL HCL	TABS	50MG	T1		
TRAMADOL HCL ER	TB24	200MG	T3		
TRAMADOL HCL ER	TB24	200MG	T3		
TRAMADOL HCL ER	TB24	100MG	T3		
TRAMADOL HCL ER	TB24	300MG	T3		
TRAMADOL HCL ER	TB24	300MG	T3		
TRAMADOL HCL ER	TB24	100MG	T3		
TRAMADOL HCL ER	TB24	200MG	T3		
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	325MG; 37.5MG	T1		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUPRENORPHINE HCL	SUBL	2MG	T1		
BUPRENORPHINE HCL	SUBL	8MG	T1		
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	8MG; 2MG	T1		
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	2MG; 0.5MG	T1		
BUTORPHANOL TARTRATE	SOLN	2MG/ML	T1		
BUTORPHANOL TARTRATE	SOLN	10MG/ML	T1	QL (5.00 ML per 30 days)	
BUTORPHANOL TARTRATE	SOLN	1MG/ML	T1		
BUTRANS	PTWK	5MCG/HR	T3		
BUTRANS	PTWK	20MCG/HR	T3		
BUTRANS	PTWK	7.5MCG/HR	T3		
BUTRANS	PTWK	15MCG/HR	T3		
BUTRANS	PTWK	10MCG/HR	T3		

(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		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	TABS	325MG; 50MG; 40MG	T1		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1		
(28:10) Central Nervous System Agents » Opiate Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NALOXONE HCL	SOLN	1MG/ML	T1		
NALTREXONE HCL	TABS	50MG	T1		
(28:12.04) Central Nervous System Agents » Anticonvulsants » Barbiturates					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MYSOLINE	TABS	50MG	T2	MN	
MYSOLINE	TABS	250MG	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		
CLONAZEPAM	TABS	2MG	T1		
CLONAZEPAM	TABS	1MG	T1		
CLONAZEPAM ODT	TBDP	0.125MG	T1		
CLONAZEPAM ODT	TBDP	1MG	T1		
CLONAZEPAM ODT	TBDP	0.5MG	T1		
CLONAZEPAM ODT	TBDP	0.25MG	T1		
CLONAZEPAM ODT	TBDP	2MG	T1		
KLONOPIN	TABS	1MG	T2		
KLONOPIN	TABS	0.5MG	T2		
KLONOPIN	TABS	2MG	T2		
ONFI	TABS	20MG	T4		
ONFI	SUSP	2.5MG/ML	T4		
ONFI	TABS	10MG	T4		
(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	
PEGANONE	TABS	250MG	T2	MN	
PHENYTOIN	SUSP	125MG/5ML	T1	MN	
PHENYTOIN	CHEW	50MG	T1	MN	
PHENYTOIN SODIUM	SOLN	50MG/ML	T1		
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	T1	MN	
PHENYTOIN SODIUM EXTENDED	CAPS	300MG	T1	MN	
PHENYTOIN SODIUM EXTENDED	CAPS	200MG	T1	MN	
(28:12.20) Central Nervous System Agents » Anticonvulsants » Succinimides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CELONTIN	CAPS	300MG	T2	MN	
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 » Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
APTIOM	TABS	800MG	T3		
APTIOM	TABS	200MG	T3		
APTIOM	TABS	400MG	T3		
APTIOM	TABS	600MG	T3		
BANZEL	TABS	200MG	T3		
BANZEL	TABS	400MG	T3		
BANZEL	SUSP	40MG/ML	T3		
CARBAMAZEPINE	SUSP	100MG/5ML	T1	MN	
CARBAMAZEPINE	CHEW	100MG	T1	MN	
CARBAMAZEPINE	TABS	200MG	T1	MN	
CARBAMAZEPINE ER	CP12	100MG	T1	MN	
CARBAMAZEPINE ER	CP12	200MG	T1	MN	
CARBAMAZEPINE ER	CP12	300MG	T1	MN	
CARBAMAZEPINE ER	TB12	200MG	T1	MN	
CARBAMAZEPINE ER	TB12	400MG	T1	MN	
CARBATROL	CP12	100MG	T2	MN	
CARBATROL	CP12	200MG	T2	MN	
CARBATROL	CP12	300MG	T2	MN	
DEPAKENE	SYRP	250MG/5ML	T2	MN	
DEPAKENE	CAPS	250MG	T2	MN	
DEPAKOTE	TBEC	500MG	T2	MN	
DEPAKOTE	TBEC	125MG	T2	MN	
DEPAKOTE	TBEC	250MG	T2	MN	
DEPAKOTE ER	TB24	250MG	T2	MN	
DEPAKOTE ER	TB24	500MG	T2	MN	
DEPAKOTE SPRINKLES	CPSP	125MG	T2	MN	
DIVALPROEX SODIUM	CPSP	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	600MG	T2	MN	
FELBATOL	TABS	400MG	T2	MN	

FELBATOL	SUSP	600MG/5ML	T2	MN	
FYCOMPA	TABS	2MG	T3		
FYCOMPA	TABS	10MG	T3		
FYCOMPA	TABS	4MG	T3		
FYCOMPA	TABS	6MG	T3		
FYCOMPA	TABS	8MG	T3		
FYCOMPA	TABS	12MG	T3		
GABAPENTIN	SOLN	250MG/5ML	T1	MN	
GABAPENTIN	CAPS	100MG	T1	MN	
GABAPENTIN	TABS	600MG	T1	MN	
GABAPENTIN	CAPS	400MG	T1	MN	
GABAPENTIN	CAPS	300MG	T1	MN	
GABAPENTIN	TABS	800MG	T1	MN	
GABITRIL	TABS	4MG	T2	MN	
GABITRIL	TABS	16MG	T2	MN	
GABITRIL	TABS	2MG	T2	MN	
GABITRIL	TABS	12MG	T2	MN	
HORIZANT	TBCR	600MG	T3		
KEPPRA	SOLN	100MG/ML	T2	MN	
KEPPRA	TABS	250MG	T2	MN	
KEPPRA	TABS	750MG	T2	MN	
KEPPRA	TABS	1000MG	T2	MN	
KEPPRA	TABS	500MG	T2	MN	
KEPPRA XR	TB24	750MG	T2	MN	
KEPPRA XR	TB24	500MG	T2	MN	
LAMICTAL	TABS	25MG	T2		
LAMICTAL	TABS	150MG	T2		
LAMICTAL	TABS	200MG	T2		
LAMICTAL	TABS	100MG	T2		
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	T2		
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	T2		
LAMOTRIGINE	CHEW	25MG	T1	MN	
LAMOTRIGINE	TABS	25MG	T1	MN	
LAMOTRIGINE	TABS	100MG	T1	MN	
LAMOTRIGINE	CHEW	5MG	T1	MN	
LAMOTRIGINE	TABS	150MG	T1	MN	
LAMOTRIGINE	TABS	200MG	T1	MN	
LEVETIRACETAM	SOLN	500MG/5ML	T1	MN	
LEVETIRACETAM	SOLN	500MG/5ML	T1		
LEVETIRACETAM	TABS	250MG	T1	MN	
LEVETIRACETAM	TABS	500MG	T1	MN	
LEVETIRACETAM	TABS	750MG	T1	MN	
LEVETIRACETAM	TABS	1000MG	T1	MN	
LEVETIRACETAM	SOLN	100MG/ML	T1	MN	
LEVETIRACETAM ER	TB24	750MG	T1	MN	
LEVETIRACETAM ER	TB24	500MG	T1	MN	
LYRICA	CAPS	25MG	T3	QL (3.00 EA per 1 days)	
LYRICA	CAPS	300MG	T3		
LYRICA	CAPS	75MG	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	CAPS	200MG	T3		
LYRICA	CAPS	225MG	T3		
LYRICA	CAPS	100MG	T3	QL (3.00 EA per 1 days)	
LYRICA	SOLN	20MG/ML	T3	QL (900.00 ML per 30 days)	
MAGNESIUM SULFATE	SOLN	40GM/1000ML	T3		
MAGNESIUM SULFATE	SOLN	4GM/50ML	T3		
MAGNESIUM SULFATE	SOLN	50%	T3		
NEURONTIN	TABS	800MG	T2	MN	
NEURONTIN	CAPS	100MG	T2	MN	
NEURONTIN	SOLN	250MG/5ML	T2	MN	
NEURONTIN	CAPS	400MG	T2	MN	
NEURONTIN	TABS	600MG	T2	MN	
NEURONTIN	CAPS	300MG	T2	MN	
OXCARBAZEPINE	TABS	300MG	T1	MN	
OXCARBAZEPINE	TABS	600MG	T1	MN	
OXCARBAZEPINE	TABS	600MG	T1	MN	
OXCARBAZEPINE	TABS	150MG	T1	MN	
OXCARBAZEPINE	TABS	150MG	T1	MN	
OXCARBAZEPINE	TABS	300MG	T1	MN	
OXCARBAZEPINE	SUSP	300MG/5ML	T1	MN	
POTIGA	TABS	300MG	T3		
POTIGA	TABS	50MG	T3		
POTIGA	TABS	400MG	T3		
POTIGA	TABS	200MG	T3		
SABRIL	TABS	500MG	T4		
SABRIL	PACK	500MG	T4		
TEGRETOL	SUSP	100MG/5ML	T2	MN	
TEGRETOL	TABS	200MG	T2	MN	
TEGRETOL-XR	TB12	100MG	T2	MN	
TEGRETOL-XR	TB12	400MG	T2	MN	
TEGRETOL-XR	TB12	200MG	T2	MN	
TIAGABINE HYDROCHLORIDE	TABS	2MG	T1	MN	
TIAGABINE HYDROCHLORIDE	TABS	4MG	T1	MN	
TOPAMAX	TABS	100MG	T2	MN	
TOPAMAX	TABS	25MG	T2	MN	
TOPAMAX	TABS	200MG	T2	MN	
TOPAMAX	TABS	50MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	25MG	T2	MN	

TOPAMAX SPRINKLE	CPSP	15MG	T2	MN	
TOPIRAMATE	CPSP	25MG	T1	MN	
TOPIRAMATE	TABS	200MG	T1	MN	
TOPIRAMATE	CPSP	15MG	T1	MN	
TOPIRAMATE	TABS	25MG	T1	MN	
TOPIRAMATE	TABS	100MG	T1	MN	
TOPIRAMATE	TABS	50MG	T1	MN	
TRILEPTAL	TABS	300MG	T2	MN	
TRILEPTAL	SUSP	300MG/5ML	T2	MN	
TRILEPTAL	TABS	150MG	T2	MN	
TRILEPTAL	TABS	600MG	T2	MN	
VALPROATE SODIUM	SOLN	100MG/ML	T1		
VALPROIC ACID	CAPS	250MG	T1	MN	
VALPROIC ACID	SYRP	250MG/5ML	T1	MN	
VIMPAT	TABS	200MG	T3		
VIMPAT	SOLN	200MG/20ML	T3		
VIMPAT	TABS	50MG	T3		
VIMPAT	TABS	100MG	T3		
VIMPAT	SOLN	10MG/ML	T3		
VIMPAT	TABS	150MG	T3		
ZONEGRAN	CAPS	25MG	T2	MN	
ZONEGRAN	CAPS	100MG	T2	MN	
ZONISAMIDE	CAPS	50MG	T1	MN	
ZONISAMIDE	CAPS	25MG	T1	MN	
ZONISAMIDE	CAPS	100MG	T1	MN	

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
MARPLAN	TABS	10MG	T2		
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		
DULOXETINE HCL	CPEP	60MG	T1		
DULOXETINE HCL	CPEP	30MG	T1		
PRISTIQ	TB24	25MG	T3	ST	
PRISTIQ	TB24	50MG	T3	ST	
PRISTIQ	TB24	100MG	T3	ST	
VENLAFAXINE HCL	TABS	25MG	T1	MN	
VENLAFAXINE HCL	TABS	100MG	T1	MN	
VENLAFAXINE HCL	TABS	37.5MG	T1	MN	
VENLAFAXINE HCL	TABS	75MG	T1	MN	
VENLAFAXINE HCL	TABS	50MG	T1	MN	
VENLAFAXINE HCL ER	CP24	75MG	T1	MN	
VENLAFAXINE HCL ER	CP24	150MG	T1	MN	
VENLAFAXINE HCL ER	CP24	37.5MG	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	TABS	10MG	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	40MG	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	20MG	T1	MN	
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	T1	MN	
ESCITALOPRAM OXALATE	TABS	5MG	T1	MN	
ESCITALOPRAM OXALATE	TABS	10MG	T1	MN	
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	T1	MN	
ESCITALOPRAM OXALATE	TABS	20MG	T1	MN	
FLUOXETINE HCL	TABS	20MG	T1	MN	
FLUOXETINE HCL	TABS	60MG	T1	MN	
FLUOXETINE HCL	CAPS	20MG	T1	MN	
FLUOXETINE HCL	TABS	10MG	T1	MN	
FLUOXETINE HCL	CAPS	40MG	T1	MN	
FLUOXETINE HCL	CAPS	10MG	T1	MN	
FLUOXETINE HCL	SOLN	20MG/5ML	T1	MN	
FLUVOXAMINE MALEATE	TABS	50MG	T1	MN	
FLUVOXAMINE MALEATE	TABS	25MG	T1	MN	
FLUVOXAMINE MALEATE	TABS	100MG	T1	MN	
PAROXETINE HCL	TABS	40MG	T1	MN	
PAROXETINE HCL	TABS	30MG	T1	MN	
PAROXETINE HCL	TABS	10MG	T1	MN	
PAROXETINE HCL	TABS	20MG	T1	MN	
PAROXETINE HCL ER	TB24	37.5MG	T1	MN	
PAROXETINE HCL ER	TB24	12.5MG	T1	MN	
PAROXETINE HCL ER	TB24	25MG	T1	MN	
PAXIL	SUSP	10MG/5ML	T3		
SERTRALINE HCL	TABS	50MG	T1	MN	
SERTRALINE HCL	CONC	20MG/ML	T1	MN	
SERTRALINE HCL	TABS	25MG	T1	MN	
SERTRALINE HCL	TABS	100MG	T1	MN	

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
NEFAZODONE HCL	TABS	100MG	T1		
NEFAZODONE HCL	TABS	250MG	T1		
NEFAZODONE HCL	TABS	150MG	T1		
NEFAZODONE HCL	TABS	50MG	T1		
NEFAZODONE HCL	TABS	200MG	T1		
TRAZODONE HCL	TABS	300MG	T1		
TRAZODONE HCL	TABS	100MG	T1		
TRAZODONE HCL	TABS	150MG	T1		
TRAZODONE HCL	TABS	50MG	T1		

VIIBRYD	KIT	0	T3		
VIIBRYD	TABS	10MG	T3		
VIIBRYD	TABS	40MG	T3		
VIIBRYD	TABS	20MG	T3		
VIIBRYD STARTER PACK	KIT	0	T3		
(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	75MG	T1	MN	
AMITRIPTYLINE HCL	TABS	25MG	T1	MN	
AMITRIPTYLINE HCL	TABS	150MG	T1	MN	
AMITRIPTYLINE HCL	TABS	50MG	T1	MN	
AMITRIPTYLINE HCL	TABS	100MG	T1	MN	
AMITRIPTYLINE HCL	TABS	10MG	T1	MN	
AMOXAPINE	TABS	50MG	T1	MN	
AMOXAPINE	TABS	150MG	T1	MN	
AMOXAPINE	TABS	100MG	T1	MN	
AMOXAPINE	TABS	25MG	T1	MN	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	12.5MG; 5MG	T1		
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	25MG; 10MG	T1		
CLOMIPRAMINE HCL	CAPS	25MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	50MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	75MG	T1	MN	
DESIPRAMINE HCL	TABS	25MG	T1	MN	
DESIPRAMINE HCL	TABS	150MG	T1	MN	
DESIPRAMINE HCL	TABS	100MG	T1	MN	
DESIPRAMINE HCL	TABS	50MG	T1	MN	
DESIPRAMINE HCL	TABS	10MG	T1	MN	
DESIPRAMINE HCL	TABS	75MG	T1	MN	
DOXEPIN HCL	CONC	10MG/ML	T1	MN	
DOXEPIN HCL	CAPS	10MG	T1	MN	
DOXEPIN HCL	CAPS	25MG	T1	MN	
DOXEPIN HCL	CAPS	50MG	T1	MN	
DOXEPIN HCL	CAPS	75MG	T1	MN	
DOXEPIN HCL	CAPS	100MG	T1	MN	
DOXEPIN HCL	CAPS	150MG	T1	MN	
IMIPRAMINE HCL	TABS	50MG	T1	MN	
IMIPRAMINE HCL	TABS	10MG	T1	MN	
IMIPRAMINE HCL	TABS	25MG	T1	MN	
MAPROTILINE HCL	TABS	25MG	T3		
MAPROTILINE HCL	TABS	50MG	T3		
MAPROTILINE HCL	TABS	75MG	T3		
NORTRIPTYLINE HCL	CAPS	25MG	T1	MN	
NORTRIPTYLINE HCL	SOLN	10MG/5ML	T1		
NORTRIPTYLINE HCL	CAPS	10MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	50MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	75MG	T1	MN	
PROTRIPTYLINE HCL	TABS	10MG	T1	MN	
PROTRIPTYLINE HCL	TABS	5MG	T1	MN	
SURMONTIL	CAPS	25MG	T2	MN	
SURMONTIL	CAPS	50MG	T2	MN	
SURMONTIL	CAPS	100MG	T2	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	75MG	T1	MN	
BUPROPION HCL	TABS	100MG	T1	MN	
BUPROPION HCL SR	TB12	100MG	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 SR	TB12	150MG	T1	MN	
BUPROPION HCL XL	TB24	300MG	T1	MN	
BUPROPION HCL XL	TB24	150MG	T1	MN	
MIRTAZAPINE	TABS	15MG	T1		
MIRTAZAPINE	TABS	7.5MG	T1		
MIRTAZAPINE	TABS	30MG	T1		
MIRTAZAPINE	TABS	45MG	T1		
MIRTAZAPINE ODT	TBDP	45MG	T1		
MIRTAZAPINE ODT	TBDP	30MG	T1		
MIRTAZAPINE ODT	TBDP	15MG	T1		
(28:16.08.04) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Atypical Antipsychotics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ABILIFY	TABS	2MG	T3	PA	
ABILIFY	TABS	5MG	T3	PA	
ABILIFY	TABS	10MG	T3	PA	
ABILIFY	TABS	30MG	T3	PA	
ABILIFY	TABS	15MG	T3	PA	
ABILIFY	TABS	20MG	T3	PA	
ABILIFY	SOLN	1MG/ML	T3	PA	
ABILIFY DISC MELT	TBDP	10MG	T3	PA	
ABILIFY DISC MELT	TBDP	15MG	T3	PA	
ARIPIPRAZOLE	TABS	20MG	T3	PA	
ARIPIPRAZOLE	TABS	15MG	T3	PA	
ARIPIPRAZOLE	TABS	2MG	T3	PA	
ARIPIPRAZOLE	TABS	30MG	T3	PA	
ARIPIPRAZOLE	TABS	10MG	T3	PA	
ARIPIPRAZOLE	TABS	5MG	T3	PA	
ARIPIPRAZOLE	SOLN	1MG/ML	T3	PA	
CLOZAPINE	TABS	200MG	T1		

CLOZAPINE	TABS	25MG	T1		
CLOZAPINE	TABS	100MG	T1		
CLOZAPINE	TABS	50MG	T1		
CLOZAPINE ODT	TBDP	200MG	T3		
CLOZAPINE ODT	TBDP	12.5MG	T3		
CLOZAPINE ODT	TBDP	150MG	T3		
CLOZAPINE ODT	TBDP	25MG	T3		
CLOZAPINE ODT	TBDP	100MG	T3		
FANAPT	TABS	2MG	T3		
FANAPT	TABS	4MG	T3		
FANAPT	TABS	1MG	T3		
FANAPT	TABS	10MG	T3		
FANAPT	TABS	12MG	T3		
FANAPT	TABS	6MG	T3		
FANAPT	TABS	8MG	T3		
FANAPT TITRATION PACK	TABS	0	T3		
FAZACLO	TBDP	100MG	T3		
GEODON	SOLR	20MG	T3		
INVEGA	TB24	9MG	T3		
INVEGA	TB24	1.5MG	T3		
INVEGA	TB24	3MG	T3		
INVEGA	TB24	6MG	T3		
INVEGA SUSTENNA	SUSP	78MG/0.5ML	T4		
INVEGA SUSTENNA	SUSP	234MG/1.5ML	T4		
INVEGA SUSTENNA	SUSP	39MG/0.25ML	T4		
INVEGA SUSTENNA	SUSP	117MG/0.75ML	T4		
INVEGA SUSTENNA	SUSP	156MG/ML	T4		
LATUDA	TABS	120MG	T3		
LATUDA	TABS	40MG	T3	QL (1.00 EA per 1 days)	
LATUDA	TABS	80MG	T3		
LATUDA	TABS	60MG	T3	QL (1.00 EA per 1 days)	
LATUDA	TABS	20MG	T3	QL (1.00 EA per 1 days)	
OLANZAPINE	TABS	7.5MG	T1		
OLANZAPINE	TABS	10MG	T1		
OLANZAPINE	TABS	15MG	T1		
OLANZAPINE	TABS	2.5MG	T1		
OLANZAPINE	TABS	5MG	T1		
OLANZAPINE	TABS	20MG	T1		
OLANZAPINE	SOLR	10MG	T1		
OLANZAPINE ODT	TBDP	15MG	T1		
OLANZAPINE ODT	TBDP	20MG	T1		
OLANZAPINE ODT	TBDP	5MG	T1		
OLANZAPINE ODT	TBDP	10MG	T1		
PALIPERIDONE ER	TB24	1.5MG	T3		
PALIPERIDONE ER	TB24	6MG	T3		
PALIPERIDONE ER	TB24	3MG	T3		
PALIPERIDONE ER	TB24	9MG	T3		
QUETIAPINE FUMARATE	TABS	100MG	T1		
QUETIAPINE FUMARATE	TABS	300MG	T1		
QUETIAPINE FUMARATE	TABS	25MG	T1		
QUETIAPINE FUMARATE	TABS	50MG	T1		
QUETIAPINE FUMARATE	TABS	200MG	T1		
QUETIAPINE FUMARATE	TABS	400MG	T1		
RISPERDAL CONSTA	SUSR	50MG	T4		
RISPERDAL CONSTA	SUSR	25MG	T4		
RISPERDAL CONSTA	SUSR	37.5MG	T4		
RISPERDAL CONSTA	SUSR	12.5MG	T4		
RISPERIDONE	TABS	0.25MG	T1		
RISPERIDONE	TABS	0.5MG	T1		
RISPERIDONE	TABS	3MG	T1		
RISPERIDONE	TABS	2MG	T1		
RISPERIDONE	TABS	4MG	T1		
RISPERIDONE	SOLN	1MG/ML	T1		
RISPERIDONE	TABS	1MG	T1		
RISPERIDONE ODT	TBDP	0.25MG	T1		
RISPERIDONE ODT	TBDP	4MG	T1		
RISPERIDONE ODT	TBDP	3MG	T1		
RISPERIDONE ODT	TBDP	1MG	T1		
RISPERIDONE ODT	TBDP	0.5MG	T1		
RISPERIDONE ODT	TBDP	2MG	T1		
SAPHRIS	SUBL	10MG	T3		
SAPHRIS	SUBL	5MG	T3		
SEROQUEL XR	TB24	150MG	T2		
SEROQUEL XR	TB24	200MG	T2		
SEROQUEL XR	TB24	400MG	T2		
SEROQUEL XR	TB24	300MG	T2		
SEROQUEL XR	TB24	50MG	T2		
ZIPRASIDONE HCL	CAPS	80MG	T1		
ZIPRASIDONE HCL	CAPS	60MG	T1		
ZIPRASIDONE HCL	CAPS	20MG	T1		
ZIPRASIDONE HCL	CAPS	40MG	T1		

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

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

HALOPERIDOL	TABS	20MG	T1		
HALOPERIDOL DECANOATE	SOLN	100MG/ML	T1		
HALOPERIDOL DECANOATE	SOLN	50MG/ML	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	SOLN	50MG/2ML	T1		
CHLORPROMAZINE HCL	TABS	50MG	T1		
CHLORPROMAZINE HCL	TABS	10MG	T1		
CHLORPROMAZINE HCL	TABS	25MG	T1		
CHLORPROMAZINE HCL	TABS	100MG	T1		
CHLORPROMAZINE HCL	TABS	200MG	T1		
FLUPHENAZINE HCL	TABS	1MG	T1		
FLUPHENAZINE HCL	TABS	5MG	T1		
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	T1		
FLUPHENAZINE HCL	CONC	5MG/ML	T1		
FLUPHENAZINE HCL	TABS	10MG	T1		
FLUPHENAZINE HCL	TABS	2.5MG	T1		
PERPHENAZINE	TABS	2MG	T1		
PERPHENAZINE	TABS	4MG	T1		
PERPHENAZINE	TABS	16MG	T1		
PERPHENAZINE	TABS	8MG	T1		
PROCHLORPERAZINE	SUPP	25MG	T1		
PROCHLORPERAZINE EDISYLATE	SOLN	5MG/ML	T1		
PROCHLORPERAZINE MALEATE	TABS	10MG	T1		
PROCHLORPERAZINE MALEATE	TABS	5MG	T1		
THIORIDAZINE HCL	TABS	10MG	T1		
THIORIDAZINE HCL	TABS	100MG	T1		
THIORIDAZINE HCL	TABS	50MG	T1		
THIORIDAZINE HCL	TABS	25MG	T1		
TRIFLUOPERAZINE HCL	TABS	2MG	T1		
TRIFLUOPERAZINE HCL	TABS	10MG	T1		
TRIFLUOPERAZINE HCL	TABS	5MG	T1		
TRIFLUOPERAZINE HCL	TABS	1MG	T1		
(28:16.08.32) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Thioxanthenes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
THIOTHIXENE	CAPS	2MG	T1		
THIOTHIXENE	CAPS	1MG	T1		
THIOTHIXENE	CAPS	5MG	T1		
THIOTHIXENE	CAPS	10MG	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	10MG	T1		
LOXAPINE SUCCINATE	CAPS	25MG	T1		
LOXAPINE SUCCINATE	CAPS	5MG	T1		
LOXAPINE SUCCINATE	CAPS	50MG	T1		
ORAP	TABS	1MG	T2		
ORAP	TABS	2MG	T2		
(28:20.04) Central Nervous System Agents » Anorexic Agents and Respiratory and CNS Stimulants » Amphetamines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	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	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	T1		
DEXTROAMPHETAMINE SULFATE	TABS	10MG	T1		
DEXTROAMPHETAMINE SULFATE	TABS	5MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	T1		
METHAMPHETAMINE HCL	TABS	5MG	T3	PA	
VYVANSE	CAPS	10MG	T2		
VYVANSE	CAPS	50MG	T2		
VYVANSE	CAPS	60MG	T2		
VYVANSE	CAPS	20MG	T2		
VYVANSE	CAPS	30MG	T2		
VYVANSE	CAPS	40MG	T2		
VYVANSE	CAPS	70MG	T2		
(28:20.32) Central Nervous System Agents » Anorexic Agents and Respiratory and CNS Stimulants » Respiratory and CNS Stimulants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DAYTRANA	PTCH	15MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	30MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	10MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	20MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	T1		
DEXMETHYLPHENIDATE HCL	TABS	5MG	T1		
DEXMETHYLPHENIDATE HCL	TABS	10MG	T1		
DEXMETHYLPHENIDATE HCL ER	CP24	10MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	15MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	30MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	5MG	T3		

DESMETHYLPHENIDATE HCL ER	CP24	20MG	T3		
DESMETHYLPHENIDATE HCL ER	CP24	40MG	T3		
FOCALIN XR	CP24	35MG	T3		
FOCALIN XR	CP24	25MG	T3		
METHYLIN	CHEW	5MG	T1		
METHYLIN	CHEW	2.5MG	T1		
METHYLIN	CHEW	10MG	T1		
METHYLPHENIDATE HCL	TABS	5MG	T1		
METHYLPHENIDATE HCL	TABS	10MG	T1		
METHYLPHENIDATE HCL	TABS	20MG	T1		
METHYLPHENIDATE HCL CD	CPCR	50MG	T1		
METHYLPHENIDATE HCL CD	CPCR	30MG	T1		
METHYLPHENIDATE HCL CD	CPCR	20MG	T1		
METHYLPHENIDATE HCL CD	CPCR	10MG	T1		
METHYLPHENIDATE HCL CD	CPCR	40MG	T1		
METHYLPHENIDATE HCL CD	CPCR	60MG	T1		
METHYLPHENIDATE HCL ER	CP24	20MG	T1		
METHYLPHENIDATE HCL ER	CP24	40MG	T1		
METHYLPHENIDATE HCL ER	TBCR	54MG	T3		
METHYLPHENIDATE HCL ER	TBCR	36MG	T3		
METHYLPHENIDATE HCL ER	TBCR	20MG	T1		
METHYLPHENIDATE HCL ER	CP24	30MG	T1		
METHYLPHENIDATE HCL ER	TBCR	18MG	T3		
METHYLPHENIDATE HCL ER	TBCR	27MG	T3		
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	T1	AL (max: 8y)	
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	T1	AL (max: 8y)	
RITALIN LA	CP24	60MG	T2		
RITALIN LA	CP24	10MG	T2		
(28:20.80) Central Nervous System Agents » Anorexic Agents and Respiratory and CNS Stimulants » Wakefulness-promoting Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MODAFINIL	TABS	200MG	T1	QL (60.00 EA per 30 days)	
MODAFINIL	TABS	100MG	T1	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	200MG	T2	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	50MG	T2	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	150MG	T2	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	250MG	T2	QL (30.00 EA per 30 days)	
(28:24.04) Central Nervous System Agents » Anxiolytics, Sedatives, and Hypnotics » Barbiturates					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PHENOBARBITAL	ELIX	20MG/5ML	T1	MN	
PHENOBARBITAL	TABS	15MG	T1	MN	
PHENOBARBITAL	TABS	60MG	T1	MN	
PHENOBARBITAL	TABS	30MG	T1	MN	
PHENOBARBITAL	TABS	100MG	T1	MN	
PHENOBARBITAL	TABS	32.4MG	T1	MN	
PHENOBARBITAL	TABS	16.2MG	T1	MN	
PHENOBARBITAL	TABS	64.8MG	T1	MN	
PHENOBARBITAL	TABS	97.2MG	T1	MN	
(28:24.08) Central Nervous System Agents » Anxiolytics, Sedatives, and Hypnotics » Benzodiazepines					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALPRAZOLAM	TABS	0.25MG	T1		
ALPRAZOLAM	TABS	2MG	T1		
ALPRAZOLAM	TABS	0.5MG	T1		
ALPRAZOLAM	TABS	1MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	10MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	25MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	5MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	15MG	T1		
DIASTAT ACUDIAL	GEL	20MG	T2	QL (5.00 EA per 30 days)	
DIASTAT ACUDIAL	GEL	10MG	T2	QL (5.00 EA per 30 days)	
DIASTAT PEDIATRIC	GEL	2.5MG	T2	QL (5.00 EA per 30 days)	
DIAZEPAM	GEL	2.5MG	T1		
DIAZEPAM	GEL	10MG	T1		
DIAZEPAM	TABS	10MG	T1		
DIAZEPAM	SOLN	1MG/ML	T1		
DIAZEPAM	TABS	5MG	T1		
DIAZEPAM	GEL	20MG	T1		
DIAZEPAM	TABS	2MG	T1		
DIAZEPAM INTENSOL	CONC	5MG/ML	T1		
ESTAZOLAM	TABS	2MG	T1		
ESTAZOLAM	TABS	1MG	T1		
FLURAZEPAM HCL	CAPS	30MG	T1		
FLURAZEPAM HCL	CAPS	15MG	T1		
LORAZEPAM	TABS	2MG	T1		
LORAZEPAM	TABS	0.5MG	T1		
LORAZEPAM	TABS	1MG	T1		
LORAZEPAM INTENSOL	CONC	2MG/ML	T1		
OXAZEPAM	CAPS	30MG	T1		
OXAZEPAM	CAPS	15MG	T1		
OXAZEPAM	CAPS	10MG	T1		
TEMAZEPAM	CAPS	7.5MG	T1		
TEMAZEPAM	CAPS	15MG	T1		
TEMAZEPAM	CAPS	22.5MG	T1		
TEMAZEPAM	CAPS	30MG	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	7.5MG	T1		
BUSPIRONE HCL	TABS	10MG	T1		
BUSPIRONE HCL	TABS	30MG	T1		
BUSPIRONE HCL	TABS	5MG	T1		
BUSPIRONE HCL	TABS	15MG	T1		
ESZOPICLONE	TABS	3MG	T3	QL (30.00 EA per 30 days)	
ESZOPICLONE	TABS	1MG	T3	QL (90.00 EA per 30 days)	
ESZOPICLONE	TABS	2MG	T3	QL (30.00 EA per 30 days)	
HYDROXYZINE HCL	TABS	25MG	T1		
HYDROXYZINE HCL	SOLN	25MG/ML	T1		
HYDROXYZINE HCL	SOLN	50MG/ML	T1		
HYDROXYZINE HCL	SOLN	10MG/5ML	T1		
HYDROXYZINE HCL	TABS	10MG	T1		
HYDROXYZINE HCL	TABS	50MG	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	QL (30.00 EA per 30 days)	
ZALEPLON	CAPS	5MG	T1	QL (120.00 EA per 30 days)	
ZALEPLON	CAPS	10MG	T1	QL (60.00 EA per 30 days)	
ZOLPIDEM TARTRATE	TABS	5MG	T1	QL (60.00 EA per 30 days)	
ZOLPIDEM TARTRATE	TABS	10MG	T1	QL (30.00 EA per 30 days)	
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	T3	QL (30.00 EA per 30 days)	
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	T3	QL (30.00 EA per 30 days)	

(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	600MG	T1	MN	
LITHIUM CARBONATE	CAPS	150MG	T1	MN	
LITHIUM CARBONATE	CAPS	300MG	T1	MN	
LITHIUM CARBONATE	TABS	300MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	450MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	300MG	T1	MN	

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALMOTRIPTAN MALATE	TABS	6.25MG	T3	ST; QL (12.00 EA per 30 days)	
ALMOTRIPTAN MALATE	TABS	12.5MG	T3	ST; QL (12.00 EA per 30 days)	
FROVA	TABS	2.5MG	T3	ST	
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)	
RELPAK	TABS	20MG	T3	ST; QL (6.00 EA per 30 days)	
RELPAK	TABS	40MG	T3	ST; QL (6.00 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	10MG	T1	QL (12.00 EA per 30 days)	
RIZATRIPTAN BENZOATE ODT	TBDP	5MG	T1	QL (24.00 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	TABS	25MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	50MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	100MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	SOAJ	6MG/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 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)	
ZOLMITRIPTAN	TABS	5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLMITRIPTAN	TABS	2.5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLMITRIPTAN ODT	TBDP	5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLMITRIPTAN ODT	TBDP	2.5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOMIG	SOLN	2.5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOMIG NASAL SPRAY	SOLN	5MG	T3	ST; QL (6.00 EA per 30 days)	

(28:36.04) Central Nervous System Agents » Antiparkinsonian Agents » Adamantanes

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMANTADINE HCL	TABS	100MG	T1	MN	
AMANTADINE HCL	CAPS	100MG	T1	MN	
AMANTADINE HCL	SYRP	50MG/5ML	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	0.5MG	T1	MN	
BENZTROPINE MESYLATE	TABS	2MG	T1	MN	
TRIHEXYPHENIDYL HCL	TABS	5MG	T1	MN	
TRIHEXYPHENIDYL HCL	ELIX	0.4MG/ML	T1	MN	
TRIHEXYPHENIDYL HCL	TABS	2MG	T1	MN	

(28:36.12) Central Nervous System Agents » Antiparkinsonian Agents » COMT Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
COMTAN	TABS	200MG	T2	MN	
TOLCAPONE	TABS	100MG	T3		

(28:36.16) Central Nervous System Agents » Antiparkinsonian Agents » Dopamine Precursors

Product Name	Form	Strength	Pref	Coverage Details	Comment
CARBIDOPA	TABS	25MG	T3		
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	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
APOKYN	SOLN	10MG/ML	T4		
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	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	0.25MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	T1	MN	
ROPINIROLE HCL	TABS	2MG	T1	MN	
ROPINIROLE HCL	TABS	3MG	T1	MN	
ROPINIROLE HCL	TABS	1MG	T1	MN	
ROPINIROLE HCL	TABS	4MG	T1	MN	
ROPINIROLE HCL	TABS	5MG	T1	MN	
ROPINIROLE HCL	TABS	0.25MG	T1	MN	
ROPINIROLE HCL	TABS	0.5MG	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	1MG	T3		
AZILECT	TABS	0.5MG	T3		
EMSAM	PT24	12MG/24HR	T3		
EMSAM	PT24	9MG/24HR	T3		
EMSAM	PT24	6MG/24HR	T3		
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	T2		
SAVELLA	TABS	25MG	T2		
SAVELLA	TABS	50MG	T2		
SAVELLA	TABS	12.5MG	T2		
SAVELLA TITRATION PACK	MISC	0	T2		
(28:92) Central Nervous System Agents » Central Nervous System Agents, Misc					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ACAMPROSATE CALCIUM DR	TBEC	333MG	T1		
GUANFACINE ER	TB24	3MG	T3		
GUANFACINE ER	TB24	1MG	T3		
GUANFACINE ER	TB24	2MG	T3		
GUANFACINE ER	TB24	4MG	T3		
MEMANTINE HCL	TABS	10MG	T1		
MEMANTINE HCL	TABS	5MG	T1		
MEMANTINE HCL TITRATION PAK	TABS	0	T1		
NAMENDA	SOLN	10MG/5ML	T2		
NAMENDA XR	CP24	28MG	T2		
NAMENDA XR	CP24	21MG	T2		
NAMENDA XR	CP24	14MG	T2		
NAMENDA XR	CP24	7MG	T2		
NAMENDA XR TITRATION PACK	CP24	0	T2		
NUEDEXTA	CAPS	20MG; 10MG	T3		
RILUZOLE	TABS	50MG	T1		
STRATTERA	CAPS	18MG	T2		
STRATTERA	CAPS	60MG	T2		
STRATTERA	CAPS	80MG	T2		
STRATTERA	CAPS	40MG	T2		
STRATTERA	CAPS	10MG	T2		
STRATTERA	CAPS	25MG	T2		
STRATTERA	CAPS	100MG	T2		
XENAZINE	TABS	25MG	T4		
XENAZINE	TABS	12.5MG	T4		
XYREM	SOLN	500MG/ML	T4		
(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
AMMONIUM CHLORIDE	SOLN	5MEQ/ML	T3		
(40:08) Electrolytic, Caloric, and Water Balance » Alkalinizing Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
POTASSIUM CITRATE ER	TBCR	540MG	T1	MN	
POTASSIUM CITRATE ER	TBCR	1080MG	T1	MN	
(40:10) Electrolytic, Caloric, and Water Balance » Ammonia Detoxicants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BUPHENYL	TABS	500MG	T4		
CONSTULOSE	SOLN	10GM/15ML	T1	MN	
ENULOSE	SOLN	10GM/15ML	T1	MN	
GENERLAC	SOLN	10GM/15ML	T1	MN	
LACTULOSE	SOLN	10GM/15ML	T1	MN	
(40:12) Electrolytic, Caloric, and Water Balance » Replacement Preparations					
Product Name	Form	Strength	Pref	Coverage Details	Comment

CALCIUM ACETATE	CAPS	667MG	T1		
ISOLYTE-S	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
K-TAB	TBCR	10MEQ	T1	MN	
K-VESCENT	TBEF	25MEQ	T1	MN	
KLOR-CON 10	TBCR	10MEQ	T1	MN	
KLOR-CON 8	TBCR	8MEQ	T1	MN	
KLOR-CON M15	TBCR	15MEQ	T2	MN	
KLOR-CON M20	TBCR	20MEQ	T1	MN	
NORMOSOL -R	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
NORMOSOL-R	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
PLASMA-LYTE-148	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
POTASSIUM CHLORIDE ER	TBCR	20MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	8MEQ	T1	MN	
POTASSIUM CHLORIDE ER	TBCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	10MEQ	T1	MN	
POTASSIUM GLUCONATE	TABS	2MEQ		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
SODIUM CHLORIDE	SOLN	5%	T3		
SODIUM CHLORIDE	SOLN	0.9%	T3		
SODIUM CHLORIDE	SOLN	3%	T3		
SODIUM CHLORIDE	SOLN	2.5MEQ/ML	T3		
SODIUM CHLORIDE 0.45% VIAFLEX	SOLN	0.45%	T3		
(40:18.18) Electrolytic, Caloric, and Water Balance » Ion-removing Agents » Potassium-removing Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
KIONEX	POWD	0	T1		
SODIUM POLYSTYRENE SULFONATE	SUSP	15GM/60ML	T1		
(40:18.19) Electrolytic, Caloric, and Water Balance » Ion-removing Agents » Phosphate-removing Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FOSRENOL	CHEW	750MG	T3		
FOSRENOL	CHEW	1000MG	T3		
FOSRENOL	PACK	1000MG	T3		
FOSRENOL	PACK	750MG	T3		
FOSRENOL	CHEW	500MG	T3		
RENAGEL	TABS	400MG	T3		
RENAGEL	TABS	800MG	T3		
RENVELA	PACK	0.8GM	T3		
RENVELA	TABS	800MG	T3		
RENVELA	PACK	2.4GM	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 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	POWD		T2		
PHENYLADE GMP	PACK		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	PACK		T2		
PHENYLADE60 DRINK MIX	POWD		T2		
PHILEXY-10	PACK		T2		
PHILEXY-10	CAPS		T2		
PHILEXY-10	TABS		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	
EDECRIN	TABS	25MG	T3		
FUROSEMIDE	SOLN	8MG/ML	T1	MN	
FUROSEMIDE	SOLN	10MG/ML	T1	MN	
FUROSEMIDE	TABS	40MG	T1	MN	
FUROSEMIDE	TABS	80MG	T1	MN	
FUROSEMIDE	TABS	20MG	T1	MN	
TORSEMIDE	TABS	20MG	T1	MN	
TORSEMIDE	TABS	10MG	T1	MN	
TORSEMIDE	TABS	100MG	T1	MN	
TORSEMIDE	SOLN	20MG/2ML	T1		
TORSEMIDE	TABS	5MG	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	
DYRENIUM	CAPS	0; 100MG	T3		
DYRENIUM	CAPS	50MG	T3		
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	50MG; 75MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	25MG; 37.5MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 50MG	T1	MN	
(40:28.20) Electrolytic, Caloric, and Water Balance » Diuretics » Thiazide Diuretics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLOROTHIAZIDE	TABS	500MG	T1	MN	
CHLOROTHIAZIDE	TABS	250MG	T1	MN	
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	25MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	12.5MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	50MG	T1	MN	
METHYLOTHIAZIDE	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	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	5MG	T1	MN	
METOLAZONE	TABS	10MG	T1	MN	
(40:28.28) Electrolytic, Caloric, and Water Balance » Diuretics » Vasopressin Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SAMSCA	TABS	15MG	T4		
SAMSCA	TABS	30MG	T4		
(40:36) Electrolytic, Caloric, and Water Balance » Irrigating Solutions					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SODIUM CHLORIDE 0.9%	SOLN	0.9%	T3		
(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	
(44:00) Enzymes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ADAGEN	SOLN	250UNIT/ML	T4		
ALDURAZYME	SOLN	2.9MG/5ML	T4		
ELAPRASE	SOLN	6MG/3ML	T4		
FABRAZYME	SOLR	35MG	T4		
NAGLAZYME	SOLN	1MG/ML	T4		
XIAFLEX	SOLR	0.9MG	T4	PA	
(48:08) Respiratory Tract Agents » Antitussives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BENZONATATE	CAPS	100MG	T1		
BENZONATATE	CAPS	200MG	T1		
BROMFED DM	SYRP	2MG/5ML; 10MG/5ML; 30MG/5ML	T1		
CHERATUSIN AC	SYRP	10MG/5ML; 100MG/5ML	T1		
GUAIFENESIN/CODEINE	SOLN	10MG/5ML; 100MG/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	LQCR	8MG/5ML; 10MG/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		
(48:10.24) Respiratory Tract Agents » Anti-inflammatory Agents » Leukotriene Modifiers					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MONTELUKAST SODIUM	CHEW	5MG	T1	MN	

MONTELUKAST SODIUM	PACK	4MG	T1	MN	
MONTELUKAST SODIUM	CHEW	4MG	T1	MN	
MONTELUKAST SODIUM	TABS	10MG	T1	MN	
ZAFIRLUKAST	TABS	10MG	T1	MN	
ZAFIRLUKAST	TABS	20MG	T1	MN	
ZYFLO	TABS	600MG	T3		
ZYFLO CR	TB12	600MG	T3		
(48:10.32) Respiratory Tract Agents » Anti-inflammatory Agents » Mast-cell Stabilizers					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CROMOLYN SODIUM	CONC	100MG/5ML	T1		
CROMOLYN SODIUM	NEBU	20MG/2ML	T1	MN	
GASTROCROM	CONC	100MG/5ML	T3		
(48:24) Respiratory Tract Agents » Mucolytic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PULMOZYME	SOLN	1MG/ML	T4		
(48:32) Respiratory Tract Agents » Phosphodiesterase Type 4 Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DALIRESP	TABS	500MCG	T3		
(48:48) Respiratory Tract Agents » Vasodilating Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LETAIRIS	TABS	5MG	T4		
LETAIRIS	TABS	10MG	T4		
OPSUMIT	TABS	10MG	T4		
REMODULIN	SOLN	2.5MG/ML	T4		
REMODULIN	SOLN	1MG/ML	T4		
REMODULIN	SOLN	5MG/ML	T4		
REMODULIN	SOLN	10MG/ML	T4		
TRACLEER	TABS	62.5MG	T4		
TRACLEER	TABS	125MG	T4		
VENTAVIS	SOLN	10MCG/ML	T4		
(48:92) Respiratory Tract Agents » Respiratory Tract Agents, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ARALAST NP	SOLR	400MG	T2		
PROLASTIN-C	SOLR	1000MG	T2		
XOLAIR	SOLR	150MG	T4	PA	
(52:02) Eye, Ear, Nose & Throat Preparations » Antiallergic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALOCRIL	SOLN	2%	T2		
ALOMIDE	SOLN	0.1%	T2		
AZELASTINE HCL	SOLN	0.05%	T3		
AZELASTINE HCL	SOLN	0.1%	T1		
BEPREVE	SOLN	1.5%	T3		
CROMOLYN SODIUM	SOLN	4%	T1		
EMADINE	SOLN	0.05%	T3		
EPINASTINE HCL	SOLN	0.05%	T3		
LASTACAPT	SOLN	0.25%	T3		
OLOPATADINE HCL	SOLN	0.6%	T3		
PATANOL	SOLN	0.1%	T2		
(52:04.04) Eye, Ear, Nose & Throat Preparations » Anti-infectives » Antibacterials					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BACITRACIN	OINT	500UNIT/GM	T1		
BACITRACIN/POLYMYXIN B	OINT	500UNIT/GM; 10000UNIT/GM	T1		
BESIVANCE	SUSP	0.6%	T3		
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		
SULFACETAMIDE SODIUM	OINT	10%	T1		
TOBRAMYCIN SULFATE	SOLN	0.3%	T1		
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%	T2		
(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
ACETASOL HC	SOLN	2%; 1%	T1		
BECONASE AQ	SUSP	42MCG/SPRAY	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	T3		
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T3		
DERMOTIC	OIL	0.01%	T2		
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	T1		
DUREZOL	EMUL	0.05%	T3		
FLUNISOLIDE	SOLN	0.025%	T1		
FLUOCINOLONE ACETONIDE	OIL	0.01%	T1		

FLUTICASONE PROPIONATE	SUSP	50MCG/ACT	T1		
FML	OINT	0.1%	T2		
FML FORTE	SUSP	0.25%	T2		
FML LIQUIFILM	SUSP	0.1%	T2		
HYDROCORTISONE/ACETIC ACID	SOLN	2%; 1%	T1		
LOTEMAX	OINT	0.5%	T2		
LOTEMAX	GEL	0.5%	T2		
LOTEMAX	SUSP	0.5%	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/HC	SOLN	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		
OMNARIS	SUSP	50MCG/ACT	T3		
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
BROMFENAC	SOLN	0.09%	T3		
DICLOFENAC SODIUM	SOLN	0.1%	T1		
FLURBIPROFEN SODIUM	SOLN	0.03%	T1		
KETOROLAC TROMETHAMINE	SOLN	0.4%	T1		
KETOROLAC TROMETHAMINE	SOLN	0.5%	T1		
NEVANAC	SUSP	0.1%	T3		
(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		
PROPARACAINE HCL	SOLN	0.5%	T3		
(52:24) Eye, Ear, Nose & Throat Preparations » Mydriatics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
TROPICAMIDE	SOLN	1%	T3		
TROPICAMIDE	SOLN	0.5%	T3		
(52:32) Eye, Ear, Nose & Throat Preparations » Vasoconstrictors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NAPHAZOLINE HCL	SOLN	0.1%	T3		
TYZINE	SOLN	0.1%	T2		
(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	0.15%	T1	MN	
BRIMONIDINE TARTRATE	SOLN	0.2%	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	
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	SOLN	0.25%	T1	MN	
TIMOLOL MALEATE	SOLN	0.5%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.25%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.5%	T1	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	MN	
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
ISOPTO CARPINE	SOLN	4%	T2	MN	
ISOPTO CARPINE	SOLN	1%	T2	MN	
ISOPTO CARPINE	SOLN	2%	T2	MN	
PHOSPHOLINE IODIDE	SOLR	0.125%	T2	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		
LATANOPROST	SOLN	0.005%	T1	MN	
LUMIGAN	SOLN	0.01%	T2		
TRAVATAN Z	SOLN	0.004%	T3		
ZIOPTAN	SOLN	0.015MG/ML	T3		
(52:92) Eye, Ear, Nose & Throat Preparations » EENT Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment

ACETIC ACID	SOLN	2%	T1		
EYLEA	SOLN	2MG/0.05ML	T4	PA	
IOPIDINE	SOLN	1%	T2	MN	
IOPIDINE	SOLN	0.5%	T2	MN	
LACRISERT	INST	5MG	T2		
(56:08) Gastrointestinal Drugs » Antidiarrhea Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	T1		
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	T1		
LOPERAMIDE HCL	CAPS	2MG	T1		
MOTOFEN	TABS	0.025MG; 1MG	T3		
(56:12) Gastrointestinal Drugs » Cathartics and Laxatives					
Product Name	Form	Strength	Pref	Coverage Details	Comment
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	T1		
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	T1		
GAVILYTE-N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
GOLYTELY	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	T2		
GOLYTELY	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	T2		
MOVIPREP	SOLR	4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	T3		
NULYTELY/FLAVOR PACKS	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
PEG 3350/ELECTROLYTES	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	T1		
PEG-3350/ELECTROLYTES	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	T1		
PEG-3350/NaCL/NA BICARBONATE/KCL	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
POLYETHYLENE GLYCOL 3350	POWD	0	T1		
PREPOPIK	PACK	12GM; 3.5GM; 10MG	T3		
SUPREP BOWEL PREP	SOLN	1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	T3		
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
(56:14) Gastrointestinal Drugs » Cholelitholytic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
URSODIOL	TABS	250MG	T1		
URSODIOL	TABS	500MG	T1		
(56:16) Gastrointestinal Drugs » Digestants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	T2		
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	T2		
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	T2		
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	T2		
CREON	CPEP	180000UNIT; 36000UNIT; 114000UNIT	T2		
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	T2		
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	T2		
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	T2		
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	T2		
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	T3		
ZENPEP	CPEP	27000UNIT; 5000UNIT; 17000UNIT	T3		
ZENPEP	CPEP	136000UNIT; 25000UNIT; 85000UNIT	T3		
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	T3		
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	T3		
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	T3		
ZENPEP	CPEP	218000UNIT; 40000UNIT; 136000UNIT	T3		
(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
ALOXI	SOLN	0.25MG/5ML	T3		
ANZEMET	TABS	50MG	T3		
ANZEMET	TABS	100MG	T3		
GRANISETRON HCL	SOLN	1MG/ML	T1		
GRANISETRON HCL	SOLN	0.1MG/ML	T1		
GRANISETRON HCL	TABS	1MG	T1		
ONDANSETRON HCL	SOLN	4MG/5ML	T1		
ONDANSETRON HCL	SOLN	4MG/2ML	T1		
ONDANSETRON HCL	TABS	8MG	T1		
ONDANSETRON HCL	SOLN	40MG/20ML	T1		
ONDANSETRON HCL	TABS	24MG	T1		
ONDANSETRON HCL	TABS	4MG	T1		
ONDANSETRON ODT	TBDP	8MG	T1		
ONDANSETRON ODT	TBDP	4MG	T1		
(56:22.92) Gastrointestinal Drugs » Antiemetics » Antiemetics, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DRONABINOL	CAPS	10MG	T3		
DRONABINOL	CAPS	5MG	T3		
DRONABINOL	CAPS	2.5MG	T3		
EMEND	CAPS	80MG	T3		
EMEND	CAPS	0	T3		
EMEND	CAPS	125MG	T3		
EMEND	CAPS	40MG	T3		
TRANSDERM-SCOP	PT72	1MG/3DAYS	T2		
(56:28.12) Gastrointestinal Drugs » Antiulcer Agents and Acid Suppressants » Histamine H2-Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CIMETIDINE	TABS	300MG	T1		
CIMETIDINE	TABS	400MG	T1		
CIMETIDINE	TABS	800MG	T1		
CIMETIDINE HCL	SOLN	300MG/5ML	T1		
FAMOTIDINE	TABS	40MG	T3		
FAMOTIDINE	SUSR	40MG/5ML	T3		
NIZATIDINE	CAPS	300MG	T1		
NIZATIDINE	CAPS	150MG	T1		
RANITIDINE HCL	TABS	300MG	T1		

RANITIDINE HCL	SYRP	15MG/ML	T1		
RANITIDINE HCL	CAPS	150MG	T1		
RANITIDINE HCL	CAPS	300MG	T1		
RANITIDINE HCL	SOLN	150MG/6ML	T1		
RANITIDINE HCL	TABS	150MG	T1		
(56:28.28) Gastrointestinal Drugs » Antiulcer Agents and Acid Suppressants » Prostaglandins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
MISOPROSTOL	TABS	200MCG	T1		
(56:28.32) Gastrointestinal Drugs » Antiulcer Agents and Acid Suppressants » Protectants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
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
DEXILANT	CPDR	30MG	T3	ST	
DEXILANT	CPDR	60MG	T3	ST	
ESOMEPRAZOLE MAGNESIUM	CPDR	40MG	T3	ST	
ESOMEPRAZOLE MAGNESIUM	CPDR	20MG	T3	ST	
LANSOPRAZOLE	CPDR	30MG	T1		
LANSOPRAZOLE	CPDR	15MG	T1		
NEXIUM	PACK	10MG	T3	ST	
NEXIUM	PACK	20MG	T3	ST	
NEXIUM	PACK	40MG	T3	ST	
NEXIUM	PACK	2.5MG	T3	ST	
NEXIUM	PACK	5MG	T3	ST	
OMEPRAZOLE	CPDR	10MG	T1		
OMEPRAZOLE	CPDR	20MG	T1		
OMEPRAZOLE	CPDR	40MG	T1		
PANTOPRAZOLE SODIUM	TBEC	20MG	T1		
PANTOPRAZOLE SODIUM	TBEC	40MG	T1		
RABEPRAZOLE SODIUM	TBEC	20MG	T1		
(56:32) Gastrointestinal Drugs » Prokinetic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
METOCLOPRAMIDE HCL	SOLN	5MG/ML	T1		
METOCLOPRAMIDE HCL	TABS	10MG	T1		
METOCLOPRAMIDE HCL	TABS	5MG	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	1MG	T1		
ALOSETRON HYDROCHLORIDE	TABS	0.5MG	T1		
ASACOL HD	TBEC	800MG	T2		
BALSALAZIDE DISODIUM	CAPS	750MG	T1		
CANASA	SUPP	1000MG	T3		
DIPENTUM	CAPS	250MG	T2		
LIALDA	TBEC	1.2GM	T3		
MESALAMINE	KIT	4GM	T1		
PENTASA	CPCR	500MG	T2		
PENTASA	CPCR	250MG	T2		
SFROWASA	ENEM	4GM/60ML	T2		
(56:92) Gastrointestinal Drugs » GI Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AMITIZA	CAPS	8MCG	T3		
AMITIZA	CAPS	24MCG	T3		
ENTYVIO	SOLR	300MG	T4	PA	
LINZESS	CAPS	290MCG	T3		
LINZESS	CAPS	145MCG	T3		
RELISTOR	KIT	12MG/0.6ML	T3		
(60:00) Gold Compounds					
Product Name	Form	Strength	Pref	Coverage Details	Comment
RIDAURA	CAPS	3MG	T3		
(64:00) Heavy Metal Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHEMET	CAPS	100MG	T3		
DEPEN TITRATABS	TABS	250MG	T3		
EXJADE	TBSO	500MG	T4	PA	
EXJADE	TBSO	125MG	T4	PA	
EXJADE	TBSO	250MG	T4	PA	
FERRIPROX	TABS	500MG	T4		
SYPRINE	CAPS	250MG	T2		
(68:04) Hormones and Synthetic Substitutes » Adrenals					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ASMANEX HFA	AERO	100MCG/ACT	T2	MN	
ASMANEX HFA	AERO	200MCG/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	
BUDESONIDE	SUSP	0.5MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	SUSP	1MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	SUSP	0.25MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	CP24	3MG	T1	QL (90.00 EA per 30 days)	
CORTISONE ACETATE	TABS	25MG	T3		
DEXAMETHASONE	TABS	0.5MG	T1		
DEXAMETHASONE	TABS	1MG	T1		
DEXAMETHASONE	SOLN	0.5MG/5ML	T1		
DEXAMETHASONE	TABS	0.75MG	T1		
DEXAMETHASONE	ELIX	0.5MG/5ML	T1		
DEXAMETHASONE	TABS	1.5MG	T1		

DEXAMETHASONE	TABS	2MG	T1		
DEXAMETHASONE	TABS	4MG	T1		
DEXAMETHASONE	TABS	6MG	T1		
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	120MG/30ML	T1		
FLOVENT DISKUS	AEPB	250MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	50MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	100MCG/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	10MG	T1		
HYDROCORTISONE	TABS	5MG	T1		
HYDROCORTISONE	TABS	20MG	T1		
METHYLPREDNISOLONE	TABS	16MG	T1		
METHYLPREDNISOLONE	TABS	8MG	T1		
METHYLPREDNISOLONE	TABS	4MG	T1		
METHYLPREDNISOLONE	TABS	32MG	T1		
METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	T1		
METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	T1		
METHYLPREDNISOLONE DOSE PACK	TABS	4MG	T1		
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	40MG	T1		
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	125MG	T1		
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	1GM	T1		
MILLIPRED	TABS	5MG	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	T1		
PREDNISONE	SOLN	5MG/5ML	T1		
PREDNISONE	TABS	10MG	T1		
PREDNISONE	TABS	1MG	T1		
PREDNISONE	TABS	50MG	T1		
PREDNISONE	TABS	5MG	T1		
PREDNISONE	TABS	20MG	T1		
PREDNISONE	TABS	2.5MG	T1		
PULMICORT FLEXHALER	AEPB	180MCG/ACT	T2	MN	
PULMICORT FLEXHALER	AEPB	90MCG/ACT	T2	MN	
QVAR	AERS	80MCG/ACT	T2	MN	
QVAR	AERS	40MCG/ACT	T2	MN	
SOLU-CORTEF	SOLR	250MG	T2		
SOLU-CORTEF	SOLR	100MG	T2		
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	T3		
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	T3		

(68:08) Hormones and Synthetic Substitutes » Androgens

Product Name	Form	Strength	Pref	Coverage Details	Comment
ANADROL-50	TABS	50MG	T3		
ANDRODERM	PT24	4MG/24HR	T3		
ANDRODERM	PT24	2MG/24HR	T3		
ANDROGEL PUMP	GEL	1.62%	T3		
ANDROXY	TABS	10MG	T1		
DANAZOL	CAPS	50MG	T1		
DANAZOL	CAPS	100MG	T1		
DANAZOL	CAPS	200MG	T1		
DEPO-TESTOSTERONE	SOLN	100MG/ML	T2	MN	
DEPO-TESTOSTERONE	SOLN	200MG/ML	T2	MN	
METHITEST	TABS	10MG	T3		
OXANDROLONE	TABS	10MG	T1		
OXANDROLONE	TABS	2.5MG	T1		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE	GEL	25MG/2.5GM	T3		
TESTOSTERONE CYPIONATE	SOLN	200MG/ML	T1	MN	
TESTOSTERONE CYPIONATE	SOLN	100MG/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		MN	Eligible for a \$0 copay
ALTAVERA	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
ALYACEN 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
ALYACEN 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
AMETHIA	TABS	0; 0		MN	Eligible for a \$0 copay
AMETHIA LO	TABS	0; 0		MN	Eligible for a \$0 copay
AMETHYST	TABS	20MCG; 90MCG		MN	Eligible for a \$0 copay
APRI	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
ARANELLE	TABS	0; 0		MN	Eligible for a \$0 copay
ASHLYNA	TABS	0; 0		MN	Eligible for a \$0 copay
AUBRA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
AVIANE	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
AZURETTE	TABS	0; 0		MN	Eligible for a \$0 copay
BALZIVA	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
BEYAZ	TABS	3MG; 0.02MG; 0.451MG	T3	MN	
BRIELLYN	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
CAMILA	TABS	0.35MG		MN	Eligible for a \$0 copay
CAMRESE	TABS	0; 0		MN	Eligible for a \$0 copay
CAMRESE LO	TABS	0; 0		MN	Eligible for a \$0 copay
CAZIAN	TABS	0; 0		MN	Eligible for a \$0 copay
CESIA	TABS	0; 0		MN	Eligible for a \$0 copay
CHATEAL	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
CRYSSELLE-28	TABS	30MCG; 0.3MG		MN	Eligible for a \$0 copay

CYCLAFEM 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
CYCLAFEM 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
DASETTA 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
DASETTA 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
DAYSEE	TABS	0; 0		MN	Eligible for a \$0 copay
DEBLITANE	TABS	0.35MG		MN	Eligible for a \$0 copay
DELYLA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0; 0		MN	Eligible for a \$0 copay
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG		MN	Eligible for a \$0 copay
ECONTRA EZ	TABS	1.5MG		MN	Eligible for a \$0 copay
ELINEST	TABS	30MCG; 0.3MG		MN	Eligible for a \$0 copay
ELLA	TABS	30MG		MN	Eligible for a \$0 copay
EMOQUETTE	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
ENPRESSE-28	TABS	0; 0		MN	Eligible for a \$0 copay
ENSKYCE	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
ERRIN	TABS	0.35MG		MN	Eligible for a \$0 copay
ESTARYLLA	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
FALLBACK SOLO	TABS	1.5MG		MN	Eligible for a \$0 copay
FALMINA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
GENERESS FE	CHEW	25MCG; 75MG; 0.8MG		MN	Eligible for a \$0 copay
GIANVI	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
GILDAGIA	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
GILDESS 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
GILDESS 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
GILDESS 24 FE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
GILDESS FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
GILDESS FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
HEATHER	TABS	0.35MG		MN	Eligible for a \$0 copay
INTROVALE	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
JENCYCLA	TABS	0.35MG		MN	Eligible for a \$0 copay
JOLESSA	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
JOLIVETTE	TABS	0.35MG		MN	Eligible for a \$0 copay
JUNEL 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
JUNEL 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
KARIVA	TABS	0; 0		MN	Eligible for a \$0 copay
KELNOR 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
KURVELO	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
LARIN 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
LARIN 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
LARIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
LARIN FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
LEENA	TABS	0; 0		MN	Eligible for a \$0 copay
LESSINA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
LEVONEST	TABS	0; 0		MN	Eligible for a \$0 copay
LEVONORGESTREL	TABS	1.5MG		MN	Eligible for a \$0 copay
LEVONORGESTREL	TABS	0.75MG		MN	Eligible for a \$0 copay
LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	0; 0		MN	Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG		MN	Eligible for a \$0 copay
LILETTA	ILUD	18.6MCG/DAY			Eligible for a \$0 copay
LO LOESTRIN FE	TABS	10MCG; 75MG; 1MG	T3	MN	
LOMEDIA 24 FE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
LORYNA	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
LOW-OGESTREL	TABS	30MCG; 0.3MG		MN	Eligible for a \$0 copay
LUTERA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
LYZA	TABS	0.35MG		MN	Eligible for a \$0 copay
MARLISSA	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
MICROGESTIN 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
MICROGESTIN 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
MICROGESTIN FE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
MICROGESTIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
MINASTRIN 24 FE	CHEW	20MCG; 75MG; 1MG	T3	MN	
MIRENA	ILUD	20MCG/24HR			Eligible for a \$0 copay
MONO-LINYAH	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
MONONESSA	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
MY WAY	TABS	1.5MG		MN	Eligible for a \$0 copay
MYZILRA	TABS	0; 0		MN	Eligible for a \$0 copay
NATAZIA	TABS	0; 0	T3	MN	
NECON 0.5/35-28	TABS	35MCG; 0.5MG		MN	Eligible for a \$0 copay
NECON 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
NECON 1/50-28	TABS	50MCG; 1MG		MN	Eligible for a \$0 copay
NECON 10/11-28	TABS	35MCG; 0		MN	Eligible for a \$0 copay
NECON 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
NEXPLANON	IMPL	68MG			Eligible for a \$0 copay
NEXT CHOICE ONE DOSE	TABS	1.5MG		MN	Eligible for a \$0 copay
NIKKI	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
NORA-BE	TABS	0.35MG		MN	Eligible for a \$0 copay
NORETHINDRONE	TABS	0.35MG		MN	Eligible for a \$0 copay
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	25MCG; 75MG; 0.8MG		MN	Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	0; 0		MN	Eligible for a \$0 copay

NORLYROC	TABS	0.35MG			MN	Eligible for a \$0 copay
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG			MN	Eligible for a \$0 copay
NORTREL 1/35	TABS	35MCG; 1MG			MN	Eligible for a \$0 copay
NORTREL 7/7/7	TABS	0; 0			MN	Eligible for a \$0 copay
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR				Eligible for a \$0 copay
OCELLA	TABS	3MG; 0.03MG			MN	Eligible for a \$0 copay
OGESTREL	TABS	50MCG; 0.5MG			MN	Eligible for a \$0 copay
OPCICON ONE-STEP	TABS	1.5MG			MN	Eligible for a \$0 copay
ORSYTHIA	TABS	20MCG; 0.1MG			MN	Eligible for a \$0 copay
ORTHO TRI-CYCLEN LO	TABS	0; 0		T2	MN; ST	Eligible for a \$0 copay
PHILITH	TABS	35MCG; 0.4MG			MN	Eligible for a \$0 copay
PIMTREA	TABS	0; 0			MN	Eligible for a \$0 copay
PIRMELLA 1/35	TABS	35MCG; 1MG			MN	Eligible for a \$0 copay
PIRMELLA 7/7/7	TABS	0; 0			MN	Eligible for a \$0 copay
PORTIA-28	TABS	0.03MG; 0.15MG			MN	Eligible for a \$0 copay
PREVIFEM	TABS	35MCG; 0.25MG			MN	Eligible for a \$0 copay
QUARTETTE	TABS	0; 0		T3	MN	
QUASENSE	TABS	0.03MG; 0.15MG			MN	Eligible for a \$0 copay
RECLIPSEN	TABS	0.15MG; 30MCG			MN	Eligible for a \$0 copay
SAFYRAL	TABS	3MG; 0.03MG; 0.451MG		T3	MN	
SHAROBEL	TABS	0.35MG			MN	Eligible for a \$0 copay
SKYLA	IUD	13.5MG				Eligible for a \$0 copay
SOLIA	TABS	0.15MG; 30MCG			MN	Eligible for a \$0 copay
SPRINTEC 28	TABS	35MCG; 0.25MG			MN	Eligible for a \$0 copay
SRONYX	TABS	20MCG; 0.1MG			MN	Eligible for a \$0 copay
SYEDA	TABS	3MG; 0.03MG			MN	Eligible for a \$0 copay
TARINA FE 1/20	TABS	20MCG; 75MG; 1MG			MN	Eligible for a \$0 copay
TILIA FE	TABS	0; 75MG; 1MG			MN	Eligible for a \$0 copay
TRI-ESTARYLLA	TABS	0; 0			MN	Eligible for a \$0 copay
TRI-LEGEST FE	TABS	0; 75MG; 1MG			MN	Eligible for a \$0 copay
TRI-LINYAH	TABS	0; 0			MN	Eligible for a \$0 copay
TRI-PREVIFEM	TABS	0; 0			MN	Eligible for a \$0 copay
TRI-SPRINTEC	TABS	0; 0			MN	Eligible for a \$0 copay
TRINESSA	TABS	0; 0			MN	Eligible for a \$0 copay
TRIVORA-28	TABS	0; 0			MN	Eligible for a \$0 copay
VELIVET	TABS	0; 0			MN	Eligible for a \$0 copay
VESTURA	TABS	3MG; 0.02MG			MN	Eligible for a \$0 copay
VESTURA	TABS	3MG; 0.02MG			MN	Eligible for a \$0 copay
VIORLELE	TABS	0; 0			MN	Eligible for a \$0 copay
VYFEMLA	TABS	35MCG; 0.4MG			MN	Eligible for a \$0 copay
WERA	TABS	35MCG; 0.5MG			MN	Eligible for a \$0 copay
WYMZYA FE	CHEW	35MCG; 0; 0.4MG			MN	Eligible for a \$0 copay
XULANE	PTWK	35MCG/24HR; 150MCG/24HR				Eligible for a \$0 copay
ZARAH	TABS	3MG; 0.03MG			MN	Eligible for a \$0 copay
ZENCHENT	TABS	35MCG; 0.4MG			MN	Eligible for a \$0 copay
ZENCHENT FE	CHEW	35MCG; 0; 0.4MG			MN	Eligible for a \$0 copay
ZEOSA	CHEW	35MCG; 0; 0.4MG			MN	Eligible for a \$0 copay
ZOVIA 1/35E	TABS	35MCG; 1MG			MN	Eligible for a \$0 copay
ZOVIA 1/50E	TABS	50MCG; 1MG			MN	Eligible for a \$0 copay

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACTIVELLA	TABS	0.5MG; 0.1MG	T2	MN	
CENESTIN	TABS	0.625MG	T3		
CENESTIN	TABS	0.9MG	T3		
CENESTIN	TABS	0.45MG	T3		
CENESTIN	TABS	0.3MG	T3		
DELESTROGEN	OIL	10MG/ML	T2		
DEPO-ESTRADIOL	OIL	5MG/ML	T2		
ENJUVIA	TABS	0.3MG	T3		
ENJUVIA	TABS	0.45MG	T3		
ENJUVIA	TABS	0.625MG	T3		
ENJUVIA	TABS	0.9MG	T3		
ENJUVIA	TABS	1.25MG	T3		
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	0.625MG; 1.25MG	T1	MN	
ESTRACE	CREA	0.1MG/GM	T2		
ESTRADIOL	TABS	1MG	T1	MN	
ESTRADIOL	TABS	0.5MG	T1	MN	
ESTRADIOL	PTWK	0.025MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.05MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.075MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.06MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.1MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.025MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.075MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.1MG/24HR	T1	MN	
ESTRADIOL	PTWK	37.5MCG/24HR	T1	MN	
ESTRADIOL	PTTW	0.05MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.0375MG/24HR	T1	MN	
ESTRADIOL	TABS	2MG	T1	MN	
ESTRADIOL VALERATE	OIL	10MG/ML	T1		
ESTRADIOL VALERATE	OIL	20MG/ML	T1		
ESTRADIOL VALERATE	OIL	40MG/ML	T1		
ESTRADIOL/NORETHINDRONE ACETATE	TABS	1MG; 0.5MG	T1	MN	
ESTROPIPATE	TABS	0.75MG	T1	MN	
ESTROPIPATE	TABS	3MG	T1	MN	
ESTROPIPATE	TABS	1.5MG	T1	MN	
MENEST	TABS	2.5MG	T2	MN	
MENEST	TABS	0.3MG	T2	MN	
MENEST	TABS	0.625MG	T2	MN	

MENEST	TABS	1.25MG	T2	MN	
METHYLTESTOSTERONE/ESTERIFIED ESTROGENS	TABS	1.25MG; 2.5MG	T1	MN	
MIMVEY	TABS	1MG; 0.5MG	T1		
PREMARIN	CREA	0.625MG/GM	T2		
PREMARIN	TABS	0.3MG	T2	MN	
PREMARIN	TABS	0.9MG	T2	MN	
PREMARIN	TABS	1.25MG	T2	MN	
PREMARIN	SOLR	25MG	T2		
PREMARIN	TABS	0.45MG	T2	MN	
PREMARIN	TABS	0.625MG	T2	MN	
PREMPHASE	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.45MG; 1.5MG	T2	MN	
PREMPRO	TABS	0.3MG; 1.5MG	T2	MN	
PREMPRO	TABS	0.625MG; 2.5MG	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		Eligible for a \$0 copay
(68:18) Hormones and Synthetic Substitutes » Gonadotropins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SYNAREL	SOLN	2MG/ML	T4		
(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	100MG	T1	MN	
ACARBOSE	TABS	50MG	T1	MN	
GLYSET	TABS	25MG	T3		
GLYSET	TABS	50MG	T3		
GLYSET	TABS	100MG	T3		
(68:20.03) Hormones and Synthetic Substitutes » Antidiabetic Agents » Amylinomimetics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SYMLINPEN 120	SOPN	2700MCG/2.7ML	T3		
SYMLINPEN 60	SOPN	1500MCG/1.5ML	T3		
(68:20.04) Hormones and Synthetic Substitutes » Antidiabetic Agents » Biguanides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
METFORMIN HCL	TABS	1000MG	T1	MN	
METFORMIN HCL	TABS	850MG	T1	MN	
METFORMIN HCL	TABS	500MG	T1	MN	
METFORMIN HCL ER	TB24	1000MG	T3		
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	T3		
JANUMET	TABS	1000MG; 50MG	T3		
JANUMET XR	TB24	500MG; 50MG	T3		
JANUMET XR	TB24	1000MG; 100MG	T3		
JANUMET XR	TB24	1000MG; 50MG	T3		
JANUVIA	TABS	100MG	T3		
JANUVIA	TABS	50MG	T3		
JANUVIA	TABS	25MG	T3		
JENTADUETO	TABS	2.5MG; 1000MG	T2	MN	
JENTADUETO	TABS	2.5MG; 500MG	T2	MN	
JENTADUETO	TABS	2.5MG; 850MG	T2	MN	
KOMBIGLYZE XR	TB24	500MG; 5MG	T3		
KOMBIGLYZE XR	TB24	1000MG; 2.5MG	T3		
KOMBIGLYZE XR	TB24	1000MG; 5MG	T3		
ONGLYZA	TABS	5MG	T3		
ONGLYZA	TABS	2.5MG	T3		
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	SUSR	2MG	T3	PA	
BYDUREON	PEN	2MG	T3	PA	
BYETTA	SOPN	5MCG/0.02ML	T3	PA	
BYETTA	SOPN	10MCG/0.04ML	T3	PA	
VICTOZA	SOPN	18MG/3ML	T3	PA	
(68:20.08) Hormones and Synthetic Substitutes » Antidiabetic Agents » Insulins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
APIDRA	SOLN	100UNIT/ML	T3		
APIDRA SOLOSTAR	SOPN	100UNIT/ML	T3		
HUMALOG	SOCT	100UNIT/ML	T2	MN	
HUMALOG	SOLN	100UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	100UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	200UNIT/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 PEN	SUPN	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN N	SUSP	100UNIT/ML	T2	MN	
HUMULIN N U-100 PEN	SUPN	100UNIT/ML	T2	MN	
HUMULIN R	SOLN	100UNIT/ML	T2	MN	
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	T2	MN	
LANTUS	SOLN	100UNIT/ML	T2	MN	
LANTUS SOLOSTAR	SOPN	100UNIT/ML	T2	MN	

LEVEMIR	SOLN	100UNIT/ML	T2	MN	
LEVEMIR FLEXPEN	SOPN	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	
(68:20.16) Hormones and Synthetic Substitutes » Antidiabetic Agents » Meglitinides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
NATEGLINIDE	TABS	120MG	T1	MN	
NATEGLINIDE	TABS	60MG	T1	MN	
REPAGLINIDE	TABS	1MG	T3		
REPAGLINIDE	TABS	2MG	T3		
REPAGLINIDE	TABS	0.5MG	T3		
(68:20.18) Hormones and Synthetic Substitutes » Antidiabetic Agents » Sodium-glucose Cotransporter 2 (SGLT2) Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
INVOKANA	TABS	300MG	T3		
INVOKANA	TABS	100MG	T3		
(68:20.20) Hormones and Synthetic Substitutes » Antidiabetic Agents » Sulfonylureas					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CHLORPROPAMIDE	TABS	250MG	T1	MN	
CHLORPROPAMIDE	TABS	100MG	T1	MN	
GLIMEPIRIDE	TABS	1MG	T1	MN	
GLIMEPIRIDE	TABS	2MG	T1	MN	
GLIMEPIRIDE	TABS	4MG	T1	MN	
GLIPIZIDE	TABS	5MG	T1	MN	
GLIPIZIDE	TABS	10MG	T1	MN	
GLIPIZIDE ER	TB24	5MG	T1	MN	
GLIPIZIDE ER	TB24	2.5MG	T1	MN	
GLIPIZIDE ER	TB24	10MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T3	MN	
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	T3	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	T3	MN	
GLYBURIDE	TABS	2.5MG	T1	MN	
GLYBURIDE	TABS	5MG	T1	MN	
GLYBURIDE	TABS	1.25MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	1.5MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	3MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	6MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	1.25MG; 250MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	5MG; 500MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T1	MN	
TOLAZAMIDE	TABS	250MG	T1	MN	
TOLAZAMIDE	TABS	500MG	T1	MN	
TOLBUTAMIDE	TABS	500MG	T1	MN	
(68:20.28) Hormones and Synthetic Substitutes » Antidiabetic Agents » Thiazolidinediones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AVANDIA	TABS	4MG	T3		
AVANDIA	TABS	2MG	T3		
AVANDIA	TABS	8MG	T3		
PIOGLITAZONE HCL	TABS	15MG	T1	MN	
PIOGLITAZONE HCL	TABS	30MG	T1	MN	
PIOGLITAZONE HCL	TABS	45MG	T1	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	4MG; 30MG	T1	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	2MG; 30MG	T1	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	T1	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	T1	MN	
(68:20.92) Hormones and Synthetic Substitutes » Antidiabetic Agents » Antidiabetic Agents, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CYCLOSET	TABS	0.8MG	T3		
(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	
FORTEO	SOLN	600MCG/2.4ML	T4	PA	
FORTICAL	SOLN	200UNIT/ACT	T2	MN	
(68:28) Hormones and Synthetic Substitutes » Pituitary					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DESMOPRESSIN ACETATE	TABS	0.1MG	T1		
DESMOPRESSIN ACETATE	TABS	0.2MG	T1		
DESMOPRESSIN ACETATE	SOLN	0.01%	T1		
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	T1		
(68:29.04) Hormones and Synthetic Substitutes » Somatostatin Agonists and Antagonists » Somatostatin Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T4		

OCTREOTIDE ACETATE	SOLN	100MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	200MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T4		
SANDOSTATIN LAR DEPOT	KIT	10MG	T4		
SANDOSTATIN LAR DEPOT	KIT	30MG	T4		
SANDOSTATIN LAR DEPOT	KIT	20MG	T4		
SANDOSTATIN LAR DEPOT	KIT	30MG	T4		
SANDOSTATIN LAR DEPOT	KIT	20MG	T4		
SANDOSTATIN LAR DEPOT	KIT	10MG	T4		
SOMATULINE DEPOT	SOLN	90MG/0.3ML	T4		
SOMATULINE DEPOT	SOLN	60MG/0.2ML	T4		
SOMATULINE DEPOT	SOLN	120MG/0.5ML	T4		
(68:30.04) Hormones and Synthetic Substitutes » Somatotropin Agonists and Antagonists » Somatotropin Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
INCRELEX	SOLN	40MG/4ML	T4		
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	T4	PA	
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	T4	PA	
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	T4	PA	
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	T4	PA	
(68:30.08) Hormones and Synthetic Substitutes » Somatotropin Agonists and Antagonists » Somatotropin Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SOMAVERT	SOLR	15MG	T4		
SOMAVERT	SOLR	10MG	T4		
SOMAVERT	SOLR	30MG	T4		
SOMAVERT	SOLR	25MG	T4		
SOMAVERT	SOLR	20MG	T4		
(68:32) Hormones and Synthetic Substitutes » Progestins					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AYGESTIN	TABS	5MG	T2	MN	
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	10MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	5MG	T1	MN	
NORETHINDRONE ACETATE	TABS	5MG	T1	MN	
PROGESTERONE	CAPS	100MG	T1		
PROGESTERONE	CAPS	200MG	T1		
(68:36.04) Hormones and Synthetic Substitutes » Thyroid and Antithyroid Agents » Thyroid Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
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	60MG	T2	MN	
ARMOUR THYROID	TABS	90MG	T2	MN	
ARMOUR THYROID	TABS	180MG	T2	MN	
ARMOUR THYROID	TABS	300MG	T2	MN	
LEVOTHYROXINE SODIUM	TABS	75MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	88MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	25MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	100MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	300MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	125MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	50MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	112MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	150MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	175MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	200MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	137MCG	T1	MN	
LEVOXYL	TABS	50MCG	T2	MN	
LEVOXYL	TABS	75MCG	T2	MN	
LEVOXYL	TABS	150MCG	T2	MN	
LEVOXYL	TABS	200MCG	T2	MN	
LEVOXYL	TABS	112MCG	T2	MN	
LEVOXYL	TABS	137MCG	T2	MN	
LEVOXYL	TABS	25MCG	T2	MN	
LEVOXYL	TABS	88MCG	T2	MN	
LEVOXYL	TABS	100MCG	T2	MN	
LEVOXYL	TABS	125MCG	T2	MN	
LEVOXYL	TABS	175MCG	T2	MN	
LIOTHYRONINE SODIUM	TABS	5MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	25MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	50MCG	T1	MN	
NATURE-THROID	TABS	65MG	T2	MN	
NATURE-THROID	TABS	32.5MG	T2	MN	
NATURE-THROID	TABS	16.25MG	T2	MN	
NATURE-THROID	TABS	130MG	T2	MN	
NATURE-THROID	TABS	97.5MG	T2	MN	
NATURE-THROID	TABS	113.75MG	T2	MN	
NATURE-THROID	TABS	48.75MG	T2	MN	
NATURE-THROID	TABS	81.25MG	T2	MN	
NATURE-THROID	TABS	325MG	T2	MN	
NATURE-THROID	TABS	146.25MG	T2	MN	
NATURE-THROID	TABS	195MG	T2	MN	
NATURE-THROID	TABS	260MG	T2	MN	
NATURE-THROID NT-2.5	TABS	162.5MG	T2	MN	

SYNTHROID	TABS	50MCG	T2	MN	
SYNTHROID	TABS	125MCG	T2	MN	
SYNTHROID	TABS	300MCG	T2	MN	
SYNTHROID	TABS	137MCG	T2	MN	
SYNTHROID	TABS	75MCG	T2	MN	
SYNTHROID	TABS	88MCG	T2	MN	
SYNTHROID	TABS	200MCG	T2	MN	
SYNTHROID	TABS	25MCG	T2	MN	
SYNTHROID	TABS	100MCG	T2	MN	
SYNTHROID	TABS	150MCG	T2	MN	
SYNTHROID	TABS	175MCG	T2	MN	
SYNTHROID	TABS	112MCG	T2	MN	
THYROLAR-1	TABS	60MG	T3		
THYROLAR-1/2	TABS	30MG	T3		
THYROLAR-1/4	TABS	15MG	T3		
THYROLAR-2	TABS	120MG	T3		
THYROLAR-3	TABS	180MG	T3		
(68:36.08) Hormones and Synthetic Substitutes » Thyroid and Antithyroid Agents » Antithyroid Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
METHIMAZOLE	TABS	5MG	T1		
METHIMAZOLE	TABS	10MG	T1		
PROPYLTHIOURACIL	TABS	50MG	T1		
(72:00) Local Anesthetics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
LIDOCAINE HCL	SOLN	1%	T1		
LIDOCAINE HCL	SOLN	0.5%	T1		
(80:04) Serums, Toxoids and Vaccines » Serums					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BIVIGAM	SOLN	10GM/100ML	T4	PA	
CARIMUNE NANOFILTERED	SOLR	6GM	T4	PA	
CARIMUNE NANOFILTERED	SOLR	12GM	T4	PA	
CARIMUNE NANOFILTERED	SOLR	3GM	T4	PA	
CYTOGAM	INJ	50MG/ML	T4	PA	
FLEBOGAMMA DIF	SOLN	0.5GM/10ML	T4	PA	
FLEBOGAMMA DIF	SOLN	10%	T4	PA	
GAMASTAN S/D	INJ	0	T4	PA	
GAMMAGARD LIQUID	SOLN	2.5GM/25ML	T4	PA	
GAMMAGARD S/D	SOLR	5GM	T4	PA	
GAMMAGARD S/D	SOLR	10GM	T4	PA	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	5GM	T4	PA	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	10GM	T4	PA	
GAMMAKED	SOLN	10GM/100ML	T4	PA	
GAMMAKED	SOLN	1GM/10ML	T4	PA	
GAMMAKED	SOLN	2.5GM/25ML	T4	PA	
GAMMAKED	SOLN	5GM/50ML	T4	PA	
GAMMAKED	SOLN	20GM/200ML	T4	PA	
GAMMAPLEX	SOLN	2.5GM/50ML	T4	PA	
GAMMAPLEX	SOLN	10GM/200ML	T4	PA	
GAMUNEX-C	SOLN	1GM/10ML	T4	PA	
GAMUNEX-C	SOLN	20GM/200ML	T4	PA	
GAMUNEX-C	SOLN	2.5GM/25ML	T4	PA	
GAMUNEX-C	SOLN	5GM/50ML	T4	PA	
GAMUNEX-C	SOLN	40GM/400ML	T4	PA	
GAMUNEX-C	SOLN	10GM/100ML	T4	PA	
NABI-HB	SOLN	0	T4	PA	
NABI-HB	SOLN	0	T4	PA	
OCTAGAM	SOLN	1GM/20ML	T4	PA	
OCTAGAM	SOLN	2GM/20ML	T4	PA	
OCTAGAM	SOLN	5GM/50ML	T4	PA	
OCTAGAM	SOLN	20GM/200ML	T4	PA	
OCTAGAM	SOLN	10GM/100ML	T4	PA	
PRIVIGEN	SOLN	5GM/50ML	T4	PA	
PRIVIGEN	SOLN	10GM/100ML	T4	PA	
PRIVIGEN	SOLN	20GM/200ML	T4	PA	
(84:04.04) Skin and Mucous Membrane Preparations » Anti-infectives » Antibacterials					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BACTROBAN	CREA	2%	T2		
BACTROBAN NASAL	OINT	2%	T2		
CLINDAMYCIN PHOSPHATE	SOLN	1%	T1		
CLINDAMYCIN PHOSPHATE	SWAB	1%	T1		
CLINDAMYCIN PHOSPHATE	LOTN	1%	T1		
CLINDAMYCIN PHOSPHATE	GEL	1%	T1		
CLINDAMYCIN PHOSPHATE	CREA	2%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1.2%	T1		
ERY	PADS	2%	T1		
ERYTHROMYCIN	SOLN	2%	T1		
ERYTHROMYCIN	GEL	2%	T1		
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	5%; 3%	T1		
GENTAMICIN SULFATE	OINT	0.1%	T1		
GENTAMICIN SULFATE	CREA	0.1%	T1		
METRONIDAZOLE	LOTN	0.75%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE	GEL	0.75%	T1		
METRONIDAZOLE	CREA	0.75%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE VAGINAL	GEL	0.75%	T1		
MUPIROCIN	OINT	2%	T1		
SULFACETAMIDE SODIUM	SUSP	10%	T1		

VANAZOLE	GEL	0.75%	T1		
(84:04.06) Skin and Mucous Membrane Preparations » Anti-infectives » Antivirals					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DENAVIR	CREA	1%	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		
(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	SOLN	1%	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	0.05%; 1%	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	T1		
ECONAZOLE NITRATE	CREA	1%	T1		
EXELDERM	SOLN	1%	T2		
EXELDERM	CREA	1%	T2		
KETOCONAZOLE	CREA	2%	T1		
KETOCONAZOLE	SHAM	2%	T1		
OXISTAT	LOTN	1%	T2		
OXISTAT	CREA	1%	T2		
TERCONAZOLE	CREA	0.4%	T1		
TERCONAZOLE	SUPP	80MG	T1		
TERCONAZOLE	CREA	0.8%	T1		
(84:04.08.20) Skin and Mucous Membrane Preparations » Anti-infectives » Antifungals » Hydroxypropyridones					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CICLOPIROX	GEL	0.77%	T1		
CICLOPIROX	SHAM	1%	T1		
CICLOPIROX	SUSP	0.77%	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
NYAMYC	POWD	100000UNIT/GM	T1		
NYSTATIN	OINT	100000UNIT/GM	T1		
NYSTATIN	CREA	100000UNIT/GM	T1		
NYSTATIN	POWD	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%	T3		
EURAX	LOTN	10%	T3		
LINDANE	SHAM	1%	T1		
LINDANE	LOTN	1%	T1		
MALATHION	LOTN	0.5%	T3		
PERMETHRIN	CREA	5%	T1		
SKLICE	LOTN	0.5%	T3		
SPINOSAD	SUSP	0.9%	T3		
ULESFIA	LOTN	5%	T3		
(84:04.92) Skin and Mucous Membrane Preparations » Anti-infectives » Local Anti-infectives, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SELENIUM SULFIDE	LOTN	2.5%	T1		
SILVER SULFADIAZINE	CREA	1%	T1		
SSD	CREA	1%	T1		
(84:06) Skin and Mucous Membrane Preparations » Anti-inflammatory Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	T1		
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	T1		
AMCINONIDE	CREA	0.1%	T1		
AMCINONIDE	OINT	0.1%	T1		
AMCINONIDE	LOTN	0.1%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
BETAMETHASONE VALERATE	LOTN	0.1%	T1		
BETAMETHASONE VALERATE	OINT	0.1%	T1		
BETAMETHASONE VALERATE	CREA	0.1%	T1		
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	0.064%; 0.005%	T3		
CLOBETASOL PROPIONATE	CREA	0.05%	T1		
CLOBETASOL PROPIONATE	FOAM	0.05%	T1		
CLOBETASOL PROPIONATE	GEL	0.05%	T1		
CLOBETASOL PROPIONATE	SOLN	0.05%	T1		
CLOBETASOL PROPIONATE	OINT	0.05%	T1		
CLOBETASOL PROPIONATE	SHAM	0.05%	T3		
CLOBETASOL PROPIONATE E	CREA	0.05%	T1		
CLOCORTOLONE PIVALATE	CREA	0.1%	T3		
COLOCORT	ENEM	100MG/60ML	T1		
CORDRAN	CREA	0.05%	T3		
CORDRAN	LOTN	0.05%	T3		
CORTIFOAM	FOAM	10%	T2		
CORTISPORIN	OINT	400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	T2		
CORTISPORIN	CREA	0.5%; 0.5%; 10000UNIT/GM	T2		
DERMA-SMOOTHIE/FS BODY	OIL	0.01%	T2		
DESONIDE	LOTN	0.05%	T1		
DESONIDE	OINT	0.05%	T1		
DESONIDE	CREA	0.05%	T1		
DESOXIMETASONE	OINT	0.25%	T1		

DESOXIMETASONE	GEL	0.05%	T1		
DESOXIMETASONE	CREA	0.25%	T1		
DESOXIMETASONE	CREA	0.05%	T1		
DESOXIMETASONE	OINT	0.05%	T1		
DIFLORASONE DIACETATE	OINT	0.05%	T1		
DIFLORASONE DIACETATE	CREA	0.05%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.025%	T1		
FLUOCINOLONE ACETONIDE	OINT	0.025%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.01%	T1		
FLUOCINOLONE ACETONIDE	SOLN	0.01%	T1		
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	T1		
FLUOCINONIDE	OINT	0.05%	T1		
FLUOCINONIDE	SOLN	0.05%	T1		
FLUOCINONIDE	GEL	0.05%	T1		
FLUOCINONIDE-E	CREA	0.05%	T1		
FLUTICASONE PROPIONATE	LOTN	0.05%	T1		
FLUTICASONE PROPIONATE	OINT	0.005%	T1		
FLUTICASONE PROPIONATE	CREA	0.05%	T1		
HALOBETASOL PROPIONATE	CREA	0.05%	T1		
HALOBETASOL PROPIONATE	OINT	0.05%	T1		
HALOG	OINT	0.1%	T3		
HALOG	CREA	0.1%	T3		
HYDROCORTISONE	CREA	2.5%	T1		
HYDROCORTISONE	LOTN	2.5%	T1		
HYDROCORTISONE	OINT	2.5%	T1		
HYDROCORTISONE	ENEM	100MG/60ML	T1		
HYDROCORTISONE ACETATE	SUPP	25MG	T1		
HYDROCORTISONE ACETATE	SUPP	30MG	T1		
HYDROCORTISONE BUTYRATE	OINT	0.1%	T1		
HYDROCORTISONE BUTYRATE	CREA	0.1%	T1		
HYDROCORTISONE BUTYRATE	SOLN	0.1%	T1		
HYDROCORTISONE VALERATE	CREA	0.2%	T1		
HYDROCORTISONE VALERATE	OINT	0.2%	T1		
MOMETASONE FUROATE	CREA	0.1%	T1		
MOMETASONE FUROATE	OINT	0.1%	T1		
MOMETASONE FUROATE	SOLN	0.1%	T1		
NYSTATIN/TRIAMCINOLONE	CREA	100000UNIT/GM; 0.1%	T1		
NYSTATIN/TRIAMCINOLONE	OINT	100000UNIT/GM; 0.1%	T1		
PREDNICARBATE	CREA	0.1%	T3		
PREDNICARBATE	OINT	0.1%	T3		
PROCTOSOL HC	CREA	2.5%	T1		
PROCTOZONE-HC	CREA	2.5%	T1		
TACLONEX	SUSP	0.064%; 0.005%	T3		
TRIAMCINOLONE ACETONIDE	AERS	0.147MG/GM	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.1%	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.5%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.025%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.025%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.1%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.5%	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	T1		
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	T1		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
LIDOCAINE	OINT	5%	T1		
LIDOCAINE	PTCH	5%	T3		
LIDOCAINE HCL	SOLN	4%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	T1		
PHENAZOPYRIDINE HCL	TABS	200MG	T1		
SYNERA	PTCH	70MG; 70MG	T3		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
TRETINOIN	GEL	0.01%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.025%	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	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE	GEL	0.04%	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)	

(84:24.04) Skin and Mucous Membrane Preparations » Emollients, Demulcents, and Protectants » Basic Lotions and Liniments

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMMONIUM LACTATE	CREA	12%	T3		

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

Product Name	Form	Strength	Pref	Coverage Details	Comment
SODIUM SULFACETAMIDE/SULFUR	LOTN	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR	FOAM	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	T1		

(84:92) Skin and Mucous Membrane Preparations » Skin and Mucous Membrane Agents, Misc						
Product Name	Form	Strength	Pref	Coverage Details	Comment	
ABSORICA	CAPS	20MG	T2			
ABSORICA	CAPS	25MG	T2			
ABSORICA	CAPS	30MG	T2			
ABSORICA	CAPS	40MG	T2			
ABSORICA	CAPS	10MG	T2			
ABSORICA	CAPS	35MG	T2			
ACITRETIN	CAPS	25MG	T3			
ACITRETIN	CAPS	10MG	T3			
ACITRETIN	CAPS	17.5MG	T3			
ADAPALENE	CREA	0.1%	T1			
ADAPALENE	GEL	0.3%	T1			
ADAPALENE	GEL	0.1%	T1			
ADAPALENE	GEL	0.3%	T1			
ADAPALENE	LOTN	0.1%	T1			
AMNESTEEM	CAPS	10MG	T1			
AMNESTEEM	CAPS	20MG	T1			
AMNESTEEM	CAPS	40MG	T1			
CALCIPOTRIENE	SOLN	0.005%	T1			
CALCIPOTRIENE	CREA	0.005%	T1			
CALCIPOTRIENE	OINT	0.005%	T1			
CLARAVIS	CAPS	30MG	T1			
CLARAVIS	CAPS	10MG	T1			
CLARAVIS	CAPS	20MG	T1			
CLARAVIS	CAPS	40MG	T1			
CONDYLOX	GEL	0.5%	T2			
COSENTYX	SOSY	150MG/ML	T4	PA; ST		
COSENTYX SENSOREADY PEN	SOAJ	150MG/ML	T4	PA; ST		
DICLOFENAC SODIUM	GEL	3%	T3			
DOVONEX	CREA	0.005%	T2			
EFUDEX	CREA	5%	T2			
ELIDEL	CREA	1%	T3			
EPIDUO	GEL	0.1%; 2.5%	T3			
EPIDUO	GEL	0.1%; 2.5%	T3			
FLUOROURACIL	SOLN	2%	T1			
FLUOROURACIL	CREA	5%	T1			
FLUOROURACIL	CREA	0.5%	T1			
FLUOROURACIL	SOLN	5%	T1			
IMIQUIMOD	CREA	5%	T1			
PANRETIN	GEL	0.1%	T4			
PICATO	GEL	0.015%	T3	PA		
PICATO	GEL	0.05%	T3	PA		
PODOFILOX	SOLN	0.5%	T1			
RECTIV	OINT	0.4%	T3			
REGRANEX	GEL	0.01%	T3			
SANTYL	OINT	250UNIT/GM	T2			
STELARA	SOSY	45MG/0.5ML	T4	PA		
STELARA	SOSY	90MG/ML	T4	PA		
TACROLIMUS	OINT	0.1%	T3			
TACROLIMUS	OINT	0.03%	T3			
TARGRETIN	GEL	1%	T4			
TAZORAC	GEL	0.05%	T3	PA; AL (max: 39y)		
TAZORAC	GEL	0.1%	T3	PA; AL (max: 39y)		
TAZORAC	CREA	0.05%	T3	PA; AL (max: 39y)		
TAZORAC	CREA	0.1%	T3	PA; AL (max: 39y)		
VECTICAL	OINT	3MCG/GM	T3			
VELTIN	GEL	1.2%; 0.025%	T3			
VOLTAREN	GEL	1%	T3			
ZYCLARA	CREA	3.75%	T3			
(86:12.04) Smooth Muscle Relaxants » Genitourinary Smooth Muscle Relaxants » Antimuscarinics						
Product Name	Form	Strength	Pref	Coverage Details	Comment	
ENABLEX	TB24	7.5MG	T3			
ENABLEX	TB24	15MG	T3			
FLAVOXATE HCL	TABS	100MG	T1	MN		
OXYBUTYNIN CHLORIDE	SYRP	5MG/5ML	T1	MN		
OXYBUTYNIN CHLORIDE	TABS	5MG	T1	MN		
OXYBUTYNIN CHLORIDE ER	TB24	10MG	T1	MN		
OXYBUTYNIN CHLORIDE ER	TB24	15MG	T1	MN		
OXYBUTYNIN CHLORIDE ER	TB24	5MG	T1	MN		
TOLTERODINE TARTRATE	TABS	1MG	T1	MN		
TOLTERODINE TARTRATE	TABS	2MG	T1	MN		
TOLTERODINE TARTRATE ER	CP24	2MG	T3			
TOLTERODINE TARTRATE ER	CP24	4MG	T3			
TOVIAZ	TB24	8MG	T3			
TOVIAZ	TB24	4MG	T3			
TROSPIMUM CHLORIDE ER	CP24	60MG	T3			
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	
MYRBETRIQ	TB24	25MG	T2	MN		
MYRBETRIQ	TB24	50MG	T2	MN		
(86:16) Smooth Muscle Relaxants » Respiratory Smooth Muscle Relaxants						
Product Name	Form	Strength	Pref	Coverage Details	Comment	
AMINOPHYLLINE	SOLN	25MG/ML	T1			
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	300MG	T1	MN	
THEOPHYLLINE ER	TB12	450MG	T1	MN	
(88:08) Vitamins » Vitamin B Complex					
Product Name	Form	Strength	Pref	Coverage Details	Comment
CYANOCOBALAMIN	SOLN	1000MCG/ML	T1		
FOLIC ACID	TABS	800MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	400MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	1MG	T1		
(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		
DOXERCALCIFEROL	CAPS	1MCG	T3		
DOXERCALCIFEROL	CAPS	2.5MCG	T3		
DOXERCALCIFEROL	SOLN	4MCG/2ML	T3		
DOXERCALCIFEROL	CAPS	0.5MCG	T3		
ERGOCALCIFEROL	CAPS	50000UNIT	T1		
PARICALCITOL	CAPS	2MCG	T3	PA	
PARICALCITOL	CAPS	4MCG	T3	PA	
PARICALCITOL	SOLN	2MCG/ML	T4		
PARICALCITOL	CAPS	1MCG	T3	PA	
PARICALCITOL	SOLN	5MCG/ML	T4		
VITAMIN D	CAPS	50000UNIT	T1		
ZEMPLAR	SOLN	5MCG/ML	T4		
ZEMPLAR	SOLN	2MCG/ML	T4		
(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
MISSION PRENATAL/FOLIC ACID	TABS			GL (f)	Eligible for a \$0 copay
MULT-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-VIT/IRON/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	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		
MULTIVITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
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	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	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
POLY-VI-FLOR/IRON	SUSP			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 LOW IRON	TABS		T1		
PRENATAL ONE DAILY	TABS				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
QUFLORA PEDIATRIC	SOLN			AL (min: 6m, max: 12m)	Eligible for a \$0 copay
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-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
TRIVEEN-TEN	TABS			GL (f)	Eligible for a \$0 copay
ULTRA TABS	TABS		T1		
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
ANTABUSE	TABS	250MG	T2	MN	
ANTABUSE	TABS	500MG	T2	MN	
DISULFIRAM	TABS	500MG	T1	MN	
DISULFIRAM	TABS	250MG	T1	MN	
(92:08) Miscellaneous Therapeutic Agents » 5-alpha-Reductase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
AVODART	CAPS	0.5MG	T3		
FINASTERIDE	TABS	5MG	T1		
(92:12) Miscellaneous Therapeutic Agents » Antidotes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ACETYLCYSTEINE	SOLN	10%	T3		

ACETYLCYSTEINE	SOLN	20%	T3		
LEUCOVORIN CALCIUM	SOLR	100MG	T1		
LEUCOVORIN CALCIUM	SOLR	350MG	T1		
LEUCOVORIN CALCIUM	TABS	10MG	T1		
LEUCOVORIN CALCIUM	TABS	15MG	T1		
LEUCOVORIN CALCIUM	TABS	25MG	T1		
LEUCOVORIN CALCIUM	TABS	5MG	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	T3		
ULORIC	TABS	80MG	T3	ST	
ULORIC	TABS	40MG	T3	ST	
(92:20) Miscellaneous Therapeutic Agents » Immunomodulatory Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ACTIMMUNE	SOLN	200000UNIT/0.5ML	T4		
AUBAGIO	TABS	14MG	T4	PA; ST	
AUBAGIO	TABS	7MG	T4	PA; ST	
AVONEX	KIT	30MCG/VIAL	T4		
AVONEX	PSKT	30MCG/0.5ML	T4		
AVONEX PEN	AJKT	30MCG/0.5ML	T4		
COPAXONE	SOSY	20MG/ML	T4		
EXTAVIA	KIT	0.3MG	T4		
EXTAVIA	KIT	0.3MG	T4		
GILENYA	CAPS	0.5MG	T4	PA	
GLATOPA	SOSY	20MG/ML	T4		
TECFIDERA	CPDR	120MG	T4	PA	
TECFIDERA	CPDR	240MG	T4	PA	
TECFIDERA STARTER PACK	MISC	0	T4	PA	
THALOMID	CAPS	150MG	T4		
THALOMID	CAPS	200MG	T4		
THALOMID	CAPS	50MG	T4		
THALOMID	CAPS	100MG	T4		
TYSABRI	CONC	300MG/15ML	T4	PA	
(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	35MG	T1	MN	
ALENDRONATE SODIUM	TABS	10MG	T1	MN	
ALENDRONATE SODIUM	TABS	40MG	T1	MN	
ALENDRONATE SODIUM	TABS	70MG	T1	MN	
BONIVA	SOLN	3MG/3ML	T4	PA	
ETIDRONATE DISODIUM	TABS	400MG	T3		
ETIDRONATE DISODIUM	TABS	200MG	T3		
IBANDRONATE SODIUM	SOLN	3MG/3ML	T4	PA	
IBANDRONATE SODIUM	TABS	150MG	T1	MN	
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	T4		
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	T4		
PAMIDRONATE DISODIUM	SOLN	6MG/ML	T4		
PROLIA	SOLN	60MG/ML	T4	PA	
RECLAST	SOLN	5MG/100ML	T4		
RISEDRONATE SODIUM	TABS	30MG	T3		
RISEDRONATE SODIUM	TABS	5MG	T3		
RISEDRONATE SODIUM	TABS	35MG	T3		
RISEDRONATE SODIUM	TABS	150MG	T3		
XGEVA	SOLN	120MG/1.7ML	T4	PA	
ZOLEDRONIC ACID	CONC	4MG/5ML	T4		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T4		
ZOLEDRONIC ACID	SOLN	4MG/100ML	T4		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T4		
ZOLEDRONIC ACID	SOLR	4MG	T4		
ZOMETA	CONC	4MG/5ML	T4		
(92:28) Miscellaneous Therapeutic Agents » Cariostatic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
EPIFLUR	CHEW	0.55MG		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
FLUOR-A-DAY	CHEW	0.5MG; 236.79MG		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
FLUORABON	SOLN	0.55MG/0.6ML		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUORITAB	CHEW	0.5MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLURA-DROPS	SOLN	0.25MG/DROP		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
NAFRINSE DROPS	SOLN	0.125MG/DROP			Eligible for a \$0 copay
NEUTRAL SODIUM FLUORIDE	SOLN	0.2%	T1		
PREVIDENT 5000 BOOSTER PLUS	PSTE	1.1%	T2		
PREVIDENT 5000 DRY MOUTH	GEL	1.1%	T2		
PREVIDENT 5000 PLUS	CREA	1.1%	T2		
PREVIDENT FLUORIDE	GEL	1.1%	T1		
SF 5000 PLUS	CREA	1.1%	T1		
SODIUM FLUORIDE	CHEW	1MG	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
ACTEMRA	SOSY	162MG/0.9ML	T4	PA; ST	
ACTEMRA	SOLN	400MG/20ML	T4	PA; ST	
ACTEMRA	SOLN	80MG/4ML	T4	PA; ST	
ACTEMRA	SOLN	200MG/10ML	T4	PA; ST	
CIMZIA	KIT	200MG	T4	PA	
CIMZIA	KIT	200MG/ML	T4	PA	

ENBREL	SOSY	25MG/0.5ML	T4	PA	
ENBREL	KIT	25MG	T4	PA	
ENBREL	SOSY	50MG/ML	T4	PA	
ENBREL SURECLICK	SOAJ	50MG/ML	T4	PA	
HUMIRA	PSKT	10MG/0.2ML	T4	PA	
HUMIRA	PSKT	40MG/0.8ML	T4	PA	
HUMIRA	PSKT	20MG/0.4ML	T4	PA	
HUMIRA PEN-CROHNS DISEASESTARTER	PNKT	40MG/0.8ML	T4	PA	
KINERET	SOSY	100MG/0.67ML	T4	PA; ST	
LEFLUNOMIDE	TABS	20MG	T1		
LEFLUNOMIDE	TABS	10MG	T1		
ORENCIA	SOLR	250MG	T4	PA; ST	
ORENCIA	SOSY	125MG/ML	T4	PA; ST	
REMICADE	SOLR	100MG	T4	PA	
SIMPONI	SOAJ	50MG/0.5ML	T4	PA; ST	
SIMPONI	SOSY	100MG/ML	T4	PA; ST	
SIMPONI	SOSY	50MG/0.5ML	T4	PA; ST	
SIMPONI	SOAJ	100MG/ML	T4	PA; ST	

(92:44) Miscellaneous Therapeutic Agents » Immunosuppressive Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ATGAM	INJ	50MG/ML	T4	PA	
AZATHIOPRINE	TABS	50MG	T1		
BENLYSTA	SOLR	400MG	T4	PA	
BENLYSTA	SOLR	120MG	T4	PA	
CELLCEPT	CAPS	250MG	T4		
CELLCEPT	TABS	500MG	T4		
CELLCEPT	SUSR	200MG/ML	T4		
CYCLOSPORINE	CAPS	25MG	T1		
CYCLOSPORINE	CAPS	100MG	T1		
CYCLOSPORINE	SOLN	50MG/ML	T1		
CYCLOSPORINE MODIFIED	CAPS	25MG	T1		
CYCLOSPORINE MODIFIED	CAPS	100MG	T1		
CYCLOSPORINE MODIFIED	CAPS	50MG	T1		
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	T1		
GENGRAF	CAPS	25MG	T1		
GENGRAF	CAPS	100MG	T1		
GENGRAF	SOLN	100MG/ML	T1		
IMURAN	TABS	50MG	T2		
MYCOPHENOLATE MOFETIL	SUSR	200MG/ML	T1		
MYCOPHENOLATE MOFETIL	TABS	500MG	T1		
MYCOPHENOLATE MOFETIL	CAPS	250MG	T1		
MYCOPHENOLIC ACID DR	TBEC	360MG	T1		
MYCOPHENOLIC ACID DR	TBEC	180MG	T1		
MYFORTIC	TBEC	360MG	T4		
MYFORTIC	TBEC	180MG	T4		
NEORAL	CAPS	25MG	T4		
NEORAL	CAPS	100MG	T4		
NEORAL	SOLN	100MG/ML	T4		
NULOJIX	SOLR	250MG	T4		
PROGRAF	CAPS	0.5MG	T4		
PROGRAF	CAPS	1MG	T4		
PROGRAF	CAPS	5MG	T4		
PROGRAF	SOLN	5MG/ML	T4		
RAPAMUNE	SOLN	1MG/ML	T4		
RAPAMUNE	TABS	0.5MG	T4		
RAPAMUNE	TABS	1MG	T4		
RAPAMUNE	TABS	2MG	T4		
SANDIMMUNE	CAPS	25MG	T4		
SANDIMMUNE	CAPS	100MG	T4		
SIROLIMUS	TABS	2MG	T1		
SIROLIMUS	TABS	0.5MG	T1		
SIROLIMUS	TABS	1MG	T1		
TACROLIMUS	CAPS	1MG	T1		
TACROLIMUS	CAPS	0.5MG	T1		
TACROLIMUS	CAPS	5MG	T1		
ZORTRESS	TABS	0.75MG	T4		
ZORTRESS	TABS	0.5MG	T4		
ZORTRESS	TABS	0.25MG	T4		

(92:56) Miscellaneous Therapeutic Agents » Protective Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMIFOSTINE	SOLR	500MG	T4		
MESNEX	TABS	400MG	T3		

(92:92) Miscellaneous Therapeutic Agents » Other Miscellaneous Therapeutic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARCALYST	SOLR	220MG	T4		
BOTOX	SOLR	100UNIT	T4	PA	
BOTOX	SOLR	200UNIT	T4	PA	
CYSTAGON	CAPS	50MG	T3		
CYSTAGON	CAPS	150MG	T3		
ELMIRON	CAPS	100MG	T2		
EUFLEXA	SOSY	20MG/2ML	T4		
GEL-ONE	PRSY	30MG/3ML	T4		
HYALGAN	SOLN	20MG/2ML	T4		
HYALGAN	SOSY	20MG/2ML	T4		
KUVAN	PACK	500MG	T4		
KUVAN	TBSO	100MG	T4		
MONOVISC	SOSY	88MG/4ML	T4		
MYOBLOC	SOLN	2500UNIT/0.5ML	T4	PA	
MYOBLOC	SOLN	5000UNIT/ML	T4	PA	

MYOBLOC	SOLN	10000UNIT/2ML	T4	PA	
ORFADIN	CAPS	2MG	T4		
ORFADIN	CAPS	5MG	T4		
ORFADIN	CAPS	10MG	T4		
PHENYLADE	POWD		T2		
PHENYLADE MTE	POWD		T2		
PHENYLADE PHEBLOC	POWD		T2		
SENSIPAR	TABS	30MG	T2		
SENSIPAR	TABS	60MG	T2		
SENSIPAR	TABS	90MG	T2		
SUPARTZ	SOSY	25MG/2.5ML	T4		
SYNVISC	SOSY	16MG/2ML	T4		
SYNVISC ONE	SOSY	48MG/6ML	T4		
TYBOST	TABS	150MG	T2		
XPHE MAXAMUM	POWD		T2		
ZAVESCA	CAPS	100MG	T4		

Alphabetical Formulary

Product Name	Form	Strength	Pref	Coverage Details	Comment
ABACAVIR	TABS	300MG	T1		
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	300MG; 150MG; 300MG	T3		
ABILIFY	TABS	2MG	T3	PA	
ABILIFY	TABS	5MG	T3	PA	
ABILIFY	TABS	10MG	T3	PA	
ABILIFY	TABS	30MG	T3	PA	
ABILIFY	TABS	15MG	T3	PA	
ABILIFY	TABS	20MG	T3	PA	
ABILIFY	SOLN	1MG/ML	T3	PA	
ABILIFY DISCMLT	TBDP	10MG	T3	PA	
ABILIFY DISCMLT	TBDP	15MG	T3	PA	
ABSORICA	CAPS	20MG	T2		
ABSORICA	CAPS	25MG	T2		
ABSORICA	CAPS	30MG	T2		
ABSORICA	CAPS	40MG	T2		
ABSORICA	CAPS	10MG	T2		
ABSORICA	CAPS	35MG	T2		
ACAMPROSATE CALCIUM DR	TBEC	333MG	T1		
ACARBOSE	TABS	25MG	T1	MN	
ACARBOSE	TABS	100MG	T1	MN	
ACARBOSE	TABS	50MG	T1	MN	
ACEBUTOLOL HCL	CAPS	400MG	T1	MN	
ACEBUTOLOL HCL	CAPS	200MG	T1	MN	
ACETAMINOPHEN/CODEINE	SOLN	120MG/5ML; 12MG/5ML	T1		
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	T1		
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	T1		
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	T1		
ACETASOL HC	SOLN	2%; 1%	T1		
ACETAZOLAMIDE	TABS	250MG	T1	MN	
ACETAZOLAMIDE	TABS	125MG	T1	MN	
ACETAZOLAMIDE ER	CP12	500MG	T1	MN	
ACETIC ACID	SOLN	2%	T1		
ACETYLCYSTEINE	SOLN	10%	T3		
ACETYLCYSTEINE	SOLN	20%	T3		
ACITRETIN	CAPS	25MG	T3		
ACITRETIN	CAPS	10MG	T3		
ACITRETIN	CAPS	17.5MG	T3		
ACTEMRA	SOSY	162MG/0.9ML	T4	PA; ST	
ACTEMRA	SOLN	400MG/20ML	T4	PA; ST	
ACTEMRA	SOLN	80MG/4ML	T4	PA; ST	
ACTEMRA	SOLN	200MG/10ML	T4	PA; ST	
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	T4		
ACTIVELLA	TABS	0.5MG; 0.1MG	T2	MN	
ACYCLOVIR	TABS	400MG	T1		
ACYCLOVIR	SUSP	200MG/5ML	T1		
ACYCLOVIR	CAPS	200MG	T1		
ACYCLOVIR	TABS	800MG	T1		
ADAGEN	SOLN	250UNIT/ML	T4		
ADAPALENE	CREA	0.1%	T1		
ADAPALENE	GEL	0.3%	T1		
ADAPALENE	GEL	0.1%	T1		
ADAPALENE	GEL	0.3%	T1		
ADAPALENE	LOTN	0.1%	T1		
ADD-INS COMPLETE	PACK		T2		
ADEFOVIR DIPIVOXIL	TABS	10MG	T3		
ADRENACLICK	SOAJ	0.3MG/0.3ML	T2	QL (2.00 EA per 180 days)	
ADRENACLICK	SOAJ	0.15MG/0.15ML	T2	QL (2.00 EA per 180 days)	
ADVAIR DISKUS	AEPB	250MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	500MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	T2	MN	
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	T2	MN	
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	T2	MN	
ADVATE	SOLR	3000UNIT	T4		
ADVATE	SOLR	500UNIT	T4		
ADVATE	SOLR	1000UNIT	T4		
ADVATE	SOLR	2000UNIT	T4		
ADVATE	SOLR	4000UNIT	T4		
ADVATE	SOLR	250UNIT	T4		
ADVATE	SOLR	1500UNIT	T4		
ADVICOR	TB24	20MG; 1000MG	T2	MN	
ADVICOR	TB24	40MG; 1000MG	T2	MN	
ADVICOR	TB24	20MG; 500MG	T2	MN	
ADVICOR	TB24	20MG; 750MG	T2	MN	
AFEDITAB CR	TB24	30MG	T1	MN	
AFEDITAB CR	TB24	60MG	T1	MN	
AFINITOR	TABS	10MG	T4	PA	
AFINITOR	TABS	7.5MG	T4	PA	
AFINITOR	TABS	5MG	T4	PA	
AFINITOR	TABS	2.5MG	T4	PA	
AFINITOR DISPERZ	TBSO	5MG	T4	PA	
AFINITOR DISPERZ	TBSO	2MG	T4	PA	
AFINITOR DISPERZ	TBSO	3MG	T4	PA	
AFTERA	TABS	1.5MG		MN	Eligible for a \$0 copay
ALBENZA	TABS	200MG	T2		
ALBUTEROL SULFATE	NEBU	0.083%	T1	MN	
ALBUTEROL SULFATE	SYRP	2MG/5ML	T1	MN	
ALBUTEROL SULFATE	TABS	4MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
ALBUTEROL SULFATE	TABS	2MG	T1	MN	
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ALBUTEROL SULFATE	NEBU	0.5%	T1	MN	
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	T1		
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	T1		
ALDACTAZIDE	TABS	50MG; 50MG	T2	MN	
ALDURAZYME	SOLN	2.9MG/5ML	T4		
ALENDRONATE SODIUM	TABS	5MG	T1	MN	
ALENDRONATE SODIUM	TABS	35MG	T1	MN	
ALENDRONATE SODIUM	TABS	10MG	T1	MN	
ALENDRONATE SODIUM	TABS	40MG	T1	MN	
ALENDRONATE SODIUM	TABS	70MG	T1	MN	
ALFUZOSIN HCL ER	TB24	10MG	T1		
ALINIA	TABS	500MG	T4		
ALINIA	SUSR	100MG/5ML	T4		
ALLOPURINOL	TABS	300MG	T1	MN	
ALLOPURINOL	TABS	100MG	T1	MN	
ALMOTRIPTAN MALATE	TABS	6.25MG	T3	ST; QL (12.00 EA per 30 days)	
ALMOTRIPTAN MALATE	TABS	12.5MG	T3	ST; QL (12.00 EA per 30 days)	
ALOCRIL	SOLN	2%	T2		
ALOMIDE	SOLN	0.1%	T2		
ALOSETRON HYDROCHLORIDE	TABS	1MG	T1		
ALOSETRON HYDROCHLORIDE	TABS	0.5MG	T1		
ALOXI	SOLN	0.25MG/5ML	T3		
ALPHAGAN P	SOLN	0.1%	T2	MN	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	500UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1000UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	250UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1500UNIT	T4		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	2000UNIT	T4		
ALPHANINE SD	SOLR	1000UNIT	T4		
ALPHANINE SD	SOLR	500UNIT	T4		
ALPHANINE SD	SOLR	1500UNIT	T4		
ALPRAZOLAM	TABS	0.25MG	T1		
ALPRAZOLAM	TABS	2MG	T1		
ALPRAZOLAM	TABS	0.5MG	T1		
ALPRAZOLAM	TABS	1MG	T1		
ALTAVERA	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
ALYACEN 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
ALYACEN 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
AMANTADINE HCL	TABS	100MG	T1	MN	
AMANTADINE HCL	CAPS	100MG	T1	MN	
AMANTADINE HCL	SYRP	50MG/5ML	T1	MN	
AMCINONIDE	CREA	0.1%	T1		
AMCINONIDE	OINT	0.1%	T1		
AMCINONIDE	LOTN	0.1%	T1		
AMETHIA	TABS	0; 0		MN	Eligible for a \$0 copay
AMETHIA LO	TABS	0; 0		MN	Eligible for a \$0 copay
AMETHYST	TABS	20MCG; 90MCG		MN	Eligible for a \$0 copay
AMIFOSTINE	SOLR	500MG	T4		
AMIKACIN SULFATE	SOLN	1GM/4ML	T3		
AMILORIDE HCL	TABS	5MG	T1	MN	
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	T1	MN	
AMINOPHYLLINE	SOLN	25MG/ML	T1		
AMIODARONE HCL	TABS	400MG	T1	MN	
AMIODARONE HCL	TABS	200MG	T1	MN	
AMITIZA	CAPS	8MCG	T3		
AMITIZA	CAPS	24MCG	T3		
AMITRIPTYLINE HCL	TABS	75MG	T1	MN	
AMITRIPTYLINE HCL	TABS	25MG	T1	MN	
AMITRIPTYLINE HCL	TABS	150MG	T1	MN	
AMITRIPTYLINE HCL	TABS	50MG	T1	MN	
AMITRIPTYLINE HCL	TABS	100MG	T1	MN	
AMITRIPTYLINE HCL	TABS	10MG	T1	MN	
AMLODIPINE BESYLATE	TABS	5MG	T1	MN	
AMLODIPINE BESYLATE	TABS	10MG	T1	MN	
AMLODIPINE BESYLATE	TABS	2.5MG	T1	MN; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	5MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	10MG; 40MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 10MG	T1	MN	
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 20MG	T1	MN	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 320MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 320MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 320MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 12.5MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 25MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 12.5MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 160MG	T3	ST; QL (1.00 EA per 1 days)	
AMMONIUM CHLORIDE	SOLN	5MEQ/ML	T3		
AMMONIUM LACTATE	CREA	12%	T3		
AMNESTEEM	CAPS	10MG	T1		
AMNESTEEM	CAPS	20MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMNESTEE	CAPS	40MG	T1		
AMOXAPINE	TABS	50MG	T1	MN	
AMOXAPINE	TABS	150MG	T1	MN	
AMOXAPINE	TABS	100MG	T1	MN	
AMOXAPINE	TABS	25MG	T1	MN	
AMOXICILLIN	CAPS	500MG	T1		
AMOXICILLIN	TABS	500MG	T1		
AMOXICILLIN	TABS	875MG	T1		
AMOXICILLIN	CHEW	125MG	T1		
AMOXICILLIN	SUSR	200MG/5ML	T1		
AMOXICILLIN	CHEW	250MG	T1		
AMOXICILLIN	CAPS	250MG	T1		
AMOXICILLIN	SUSR	125MG/5ML	T1		
AMOXICILLIN	SUSR	250MG/5ML	T1		
AMOXICILLIN	SUSR	400MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	875MG; 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		
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	T1		
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	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	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	T1		
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	T1		
AMPHOTERICIN B	SOLR	50MG	T3		
AMPICILLIN	SUSR	250MG/5ML	T1		
AMPICILLIN	CAPS	250MG	T1		
AMPICILLIN	CAPS	500MG	T1		
AMPICILLIN	SUSR	125MG/5ML	T1		
AMPICILLIN SODIUM	SOLR	125MG	T1		
AMPICILLIN SODIUM	SOLR	1GM	T1		
AMPICILLIN SODIUM	SOLR	10GM	T1		
AMPICILLIN-SULBACTAM	SOLR	2GM; 1GM	T1		
AMPICILLIN-SULBACTAM	SOLR	10GM; 5GM	T1		
ANADROL-50	TABS	50MG	T3		
ANAGRELIDE HYDROCHLORIDE	CAPS	1MG	T1		
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	T1		
ANASTROZOLE	TABS	1MG	T1		
ANCOBON	CAPS	250MG	T3		
ANCOBON	CAPS	500MG	T3		
ANDRODERM	PT24	4MG/24HR	T3		
ANDRODERM	PT24	2MG/24HR	T3		
ANDROGEL PUMP	GEL	1.62%	T3		
ANDROXY	TABS	10MG	T1		
ANTABUSE	TABS	250MG	T2	MN	
ANTABUSE	TABS	500MG	T2	MN	
ANTIPYRINE/BENZOCAINE	SOLN	5.4%; 1.4%	T1		
ANZEMET	TABS	50MG	T3		
ANZEMET	TABS	100MG	T3		
APIDRA	SOLN	100UNIT/ML	T3		
APIDRA SOLOSTAR	SOPN	100UNIT/ML	T3		
APOKYN	SOLN	10MG/ML	T4		
APRI	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
APTIOM	TABS	800MG	T3		
APTIOM	TABS	200MG	T3		
APTIOM	TABS	400MG	T3		
APTIOM	TABS	600MG	T3		
APTIVUS	SOLN	100MG/ML	T2		
APTIVUS	CAPS	250MG	T2		
ARALAST NP	SOLR	400MG	T2		
ARANELLE	TABS	0; 0		MN	Eligible for a \$0 copay
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	T4		
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	T4		
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	T4		
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	40MCG/0.4ML	T4		
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	60MCG/0.3ML	T4		
ARANESP ALBUMIN FREE	SOSY	500MCG/ML	T4		
ARANESP ALBUMIN FREE	SOSY	100MCG/0.5ML	T4		
ARANESP ALBUMIN FREE	SOSY	150MCG/0.3ML	T4		
ARANESP ALBUMIN FREE	SOSY	200MCG/0.4ML	T4		
ARANESP ALBUMIN FREE	SOSY	25MCG/0.42ML	T4		
ARANESP ALBUMIN FREE	SOLN	10MCG/0.4ML	T4		
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	T4		

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARANESP ALBUMIN FREE	SOSY	300MCG/0.6ML	T4		
ARCALYST	SOLR	220MG	T4		
ARCAPTA NEOHALER	CAPS	75MCG	T3		
ARIPIPRAZOLE	TABS	20MG	T3	PA	
ARIPIPRAZOLE	TABS	15MG	T3	PA	
ARIPIPRAZOLE	TABS	2MG	T3	PA	
ARIPIPRAZOLE	TABS	30MG	T3	PA	
ARIPIPRAZOLE	TABS	10MG	T3	PA	
ARIPIPRAZOLE	TABS	5MG	T3	PA	
ARIPIPRAZOLE	SOLN	1MG/ML	T3	PA	
ARIXTRA	SOLN	7.5MG/0.6ML	T4		
ARIXTRA	SOLN	5MG/0.4ML	T4		
ARIXTRA	SOLN	10MG/0.8ML	T4		
ARIXTRA	SOLN	2.5MG/0.5ML	T4		
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	60MG	T2	MN	
ARMOUR THYROID	TABS	90MG	T2	MN	
ARMOUR THYROID	TABS	180MG	T2	MN	
ARMOUR THYROID	TABS	300MG	T2	MN	
ARZERRA	CONC	100MG/5ML	T4	PA	
ARZERRA	CONC	1000MG/50ML	T4	PA	
ASACOL HD	TBEC	800MG	T2		
ASCRIPITIN	TABS	0; 325MG; 0; 0; 0		AL	Eligible for a \$0 copay
ASHLYNA	TABS	0; 0		MN	Eligible for a \$0 copay
ASMANEX HFA	AERO	100MCG/ACT	T2	MN	
ASMANEX HFA	AERO	200MCG/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	
ASPIRIN	CHEW	81MG		AL	Eligible for a \$0 copay
ASPIRIN	TABS	325MG		AL	Eligible for a \$0 copay
ASPIRIN EC LOW DOSE	TBEC	81MG		AL	Eligible for a \$0 copay
ASPIRIN/DIPYRIDAMOLE	CP12	25MG; 200MG	T1	MN	
ASPIR-LOW	TBEC	81MG		AL	Eligible for a \$0 copay
ATENOLOL	TABS	100MG	T1	MN	
ATENOLOL	TABS	50MG	T1	MN	
ATENOLOL	TABS	25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	T1	MN	
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	T1	MN	
ATGAM	INJ	50MG/ML	T4	PA	
ATORVASTATIN CALCIUM	TABS	10MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	20MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	40MG	T1	MN	
ATORVASTATIN CALCIUM	TABS	80MG	T1	MN	
ATOVAQUONE	SUSP	750MG/5ML	T3		
ATOVAQUONE/PROGUANIL HCL	TABS	250MG; 100MG	T1		
ATRIPLA	TABS	600MG; 200MG; 300MG	T3		
ATROVENT HFA	AERS	17MCG/ACT	T2	MN	
AUBAGIO	TABS	14MG	T4	PA; ST	
AUBAGIO	TABS	7MG	T4	PA; ST	
AUBRA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
ALVI-Q	SOAJ	0.15MG/0.15ML	T2	QL (2.00 EA per 180 days)	
ALVI-Q	SOAJ	0.3MG/0.3ML	T2	QL (2.00 EA per 180 days)	
AVANDIA	TABS	4MG	T3		
AVANDIA	TABS	2MG	T3		
AVANDIA	TABS	8MG	T3		
AVASTIN	SOLN	100MG/4ML	T4		
AVELOX	SOLN	400MG/250ML; 0.8%	T3		
AVIANE	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
AVODART	CAPS	0.5MG	T3		
AVONEX	KIT	30MCG/VIAL	T4		
AVONEX	PSKT	30MCG/0.5ML	T4		
AVONEX PEN	AJKT	30MCG/0.5ML	T4		
AYGESTIN	TABS	5MG	T2	MN	
AZACITIDINE	SUSR	100MG	T4		
AZATHIOPRINE	TABS	50MG	T1		
AZELASTINE HCL	SOLN	0.05%	T3		
AZELASTINE HCL	SOLN	0.1%	T1		
AZILECT	TABS	1MG	T3		
AZILECT	TABS	0.5MG	T3		
AZITHROMYCIN	SUSR	200MG/5ML	T1		
AZITHROMYCIN	TABS	250MG	T1		
AZITHROMYCIN	TABS	500MG	T1		
AZITHROMYCIN	SUSR	100MG/5ML	T1		
AZITHROMYCIN	TABS	600MG	T1		
AZOPT	SUSP	1%	T2	MN	
AZOR	TABS	5MG; 20MG	T2	MN; QL (1.00 EA per 1 days)	
AZOR	TABS	5MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
AZOR	TABS	10MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
AZOR	TABS	10MG; 20MG	T2	MN; QL (1.00 EA per 1 days)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
AZULFIIDINE EN-TABS	TBEC	500MG	T2	MN	
AZURETTE	TABS	0; 0		MN	Eligible for a \$0 copay
BACITRACIN	OINT	500UNIT/GM	T1		
BACITRACIN/POLYMYXIN B	OINT	500UNIT/GM; 10000UNIT/GM	T1		
BACLOFEN	TABS	20MG	T1		
BACLOFEN	TABS	10MG	T1		
BACTROBAN	CREA	2%	T2		
BACTROBAN NASAL	OINT	2%	T2		
BALSALAZIDE DISODIUM	CAPS	750MG	T1		
BALZIVA	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
BANZEL	TABS	200MG	T3		
BANZEL	TABS	400MG	T3		
BANZEL	SUSP	40MG/ML	T3		
BARACLUDE	TABS	0.5MG	T4		
BARACLUDE	SOLN	0.05MG/ML	T4		
BARACLUDE	TABS	1MG	T4		
BECONASE AQ	SUSP	42MCG/SPRAY	T2		
BENAZEPRIL HCL	TABS	10MG	T1	MN	
BENAZEPRIL HCL	TABS	20MG	T1	MN	
BENAZEPRIL HCL	TABS	5MG	T1	MN	
BENAZEPRIL HCL	TABS	40MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 25MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	T1	MN	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	T1	MN	
BENEFIX	SOLR	500UNIT	T4		
BENEFIX	SOLR	1000UNIT	T4		
BENEFIX	SOLR	250UNIT	T4		
BENEFIX	SOLR	2000UNIT	T4		
BENICAR	TABS	40MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR	TABS	5MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR	TABS	20MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR HCT	TABS	12.5MG; 20MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR HCT	TABS	12.5MG; 40MG	T3	ST; QL (1.00 EA per 1 days)	
BENICAR HCT	TABS	25MG; 40MG	T3	ST; QL (1.00 EA per 1 days)	
BENLYSTA	SOLR	400MG	T4	PA	
BENLYSTA	SOLR	120MG	T4	PA	
BENZONATATE	CAPS	100MG	T1		
BENZONATATE	CAPS	200MG	T1		
BENZTROPINE MESYLATE	TABS	1MG	T1	MN	
BENZTROPINE MESYLATE	TABS	0.5MG	T1	MN	
BENZTROPINE MESYLATE	TABS	2MG	T1	MN	
BEPREVE	SOLN	1.5%	T3		
BESIVANCE	SUSP	0.6%	T3		
BETAMETHASONE DIPROPIONATE	CREA	0.05%	T1		
BETAMETHASONE DIPROPIONATE	OINT	0.05%	T1		
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	T1		
BETAMETHASONE VALERATE	LOTN	0.1%	T1		
BETAMETHASONE VALERATE	OINT	0.1%	T1		
BETAMETHASONE VALERATE	CREA	0.1%	T1		
BETAXOLOL HCL	TABS	20MG	T1	MN	
BETAXOLOL HCL	TABS	10MG	T1	MN	
BETAXOLOL HCL	SOLN	0.5%	T1	MN	
BETHANECHOL CHLORIDE	TABS	25MG	T1		
BETHANECHOL CHLORIDE	TABS	10MG	T1		
BETHANECHOL CHLORIDE	TABS	50MG	T1		
BETHANECHOL CHLORIDE	TABS	5MG	T1		
BETOPTIC-S	SUSP	0.25%	T2	MN	
BEXAROTENE	CAPS	75MG	T4	PA	
BEYAZ	TABS	3MG; 0.02MG; 0.451MG	T3	MN	
BICALUTAMIDE	TABS	50MG	T1		
BILTRICIDE	TABS	600MG	T3		
BIMATOPROST	SOLN	0.03%	T1		
BISOPROLOL FUMARATE	TABS	5MG	T1	MN	
BISOPROLOL FUMARATE	TABS	10MG	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	
BIVIGAM	SOLN	10GM/100ML	T4	PA	
BLEOMYCIN SULFATE	SOLR	30UNIT	T1		
BONIVA	SOLN	3MG/3ML	T4	PA	
BOSULIF	TABS	100MG	T4	PA	
BOSULIF	TABS	500MG	T4	PA	
BOTOX	SOLR	100UNIT	T4	PA	
BOTOX	SOLR	200UNIT	T4	PA	
BRIELLYN	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
BRILINTA	TABS	60MG	T2	MN	
BRILINTA	TABS	90MG	T2		
BRIMONIDINE TARTRATE	SOLN	0.15%	T1	MN	
BRIMONIDINE TARTRATE	SOLN	0.2%	T1	MN	
BROMFED DM	SYRP	2MG/5ML; 10MG/5ML; 30MG/5ML	T1		
BROMFENAC	SOLN	0.09%	T3		
BROMOCRIPTINE MESYLATE	CAPS	5MG	T1	MN	
BROMOCRIPTINE MESYLATE	TABS	2.5MG	T1	MN	
BROVANA	NEBU	15MCG/2ML	T3		
BUDESONIDE	SUSP	0.5MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	SUSP	1MG/2ML	T1	MN; AL (max: 8y)	
BUDESONIDE	SUSP	0.25MG/2ML	T1	MN; AL (max: 8y)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
BUDESONIDE	CP24	3MG	T1	QL (90.00 EA per 30 days)	
BUFFERIN LOW DOSE	TABS	81MG; 0; 0; 0		AL	Eligible for a \$0 copay
BUMETANIDE	TABS	2MG	T1	MN	
BUMETANIDE	TABS	0.5MG	T1	MN	
BUMETANIDE	TABS	1MG	T1	MN	
BUPHENYL	TABS	500MG	T4		
BUPRENORPHINE HCL	SUBL	2MG	T1		
BUPRENORPHINE HCL	SUBL	8MG	T1		
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	8MG; 2MG	T1		
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	2MG; 0.5MG	T1		
BUPROBAN	TB12	150MG		QL	Eligible for a \$0 copay
BUPROPION HCL	TABS	75MG	T1	MN	
BUPROPION HCL	TABS	100MG	T1	MN	
BUPROPION HCL SR	TB12	100MG	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 SR	TB12	150MG	T1	MN	
BUPROPION HCL XL	TB24	300MG	T1	MN	
BUPROPION HCL XL	TB24	150MG	T1	MN	
BUSPIRONE HCL	TABS	7.5MG	T1		
BUSPIRONE HCL	TABS	10MG	T1		
BUSPIRONE HCL	TABS	30MG	T1		
BUSPIRONE HCL	TABS	5MG	T1		
BUSPIRONE HCL	TABS	15MG	T1		
BUTALBITAL/ACETAMINOPHEN	TABS	325MG; 50MG	T1		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	TABS	325MG; 50MG; 40MG	T1		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	T1		
BUTALBITAL/ASPIRIN/CAFFEINE	CAPS	325MG; 50MG; 40MG	T1		
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	T1		
BUTORPHANOL TARTRATE	SOLN	2MG/ML	T1		
BUTORPHANOL TARTRATE	SOLN	10MG/ML	T1	QL (5.00 ML per 30 days)	
BUTORPHANOL TARTRATE	SOLN	1MG/ML	T1		
BUTRANS	PTWK	5MCG/HR	T3		
BUTRANS	PTWK	20MCG/HR	T3		
BUTRANS	PTWK	7.5MCG/HR	T3		
BUTRANS	PTWK	15MCG/HR	T3		
BUTRANS	PTWK	10MCG/HR	T3		
BYDUREON	SUSR	2MG	T3	PA	
BYDUREON	PEN	2MG	T3	PA	
BYETTA	SOPN	5MCG/0.02ML	T3	PA	
BYETTA	SOPN	10MCG/0.04ML	T3	PA	
BYSTOLIC	TABS	5MG	T3		
BYSTOLIC	TABS	2.5MG	T3		
BYSTOLIC	TABS	10MG	T3		
BYSTOLIC	TABS	20MG	T3		
CABERGOLINE	TABS	0.5MG	T1		
CALCIPTRIENE	SOLN	0.005%	T1		
CALCIPTRIENE	CREA	0.005%	T1		
CALCIPTRIENE	OINT	0.005%	T1		
CALCIPTRIENE/BETAMETHASONE DIPROPIONATE	OINT	0.064%; 0.005%	T3		
CALCITONIN-SALMON	SOLN	200UNIT/ACT	T1	MN	
CALCITRIOL	SOLN	1MCG/ML	T1		
CALCITRIOL	CAPS	0.5MCG	T1		
CALCITRIOL	CAPS	0.25MCG	T1		
CALCIUM ACETATE	CAPS	667MG	T1		
CAMILA	TABS	0.35MG		MN	Eligible for a \$0 copay
CAMINO PRO BETTERMILK/GLYTACTIN	PACK		T2		
CAMINO PRO RESTORE/GLYTACTIN	LIQD		T2		
CAMRESE	TABS	0; 0		MN	Eligible for a \$0 copay
CAMRESE LO	TABS	0; 0		MN	Eligible for a \$0 copay
CANASA	SUPP	1000MG	T3		
CANCIDAS	SOLR	70MG	T4		
CANCIDAS	SOLR	50MG	T4		
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	32MG; 12.5MG	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; 25MG	T1	MN; QL (1.00 EA per 1 days)	
CANTIL	TABS	25MG	T3		
CAPASTAT SULFATE	SOLR	1GM	T3		
CAPECITABINE	TABS	500MG	T4	PA	
CAPECITABINE	TABS	150MG	T4	PA	
CAPRELSA	TABS	100MG	T4	PA	
CAPRELSA	TABS	300MG	T4	PA	
CAPTOPRIL	TABS	50MG	T1	MN	
CAPTOPRIL	TABS	12.5MG	T1	MN	
CAPTOPRIL	TABS	100MG	T1	MN	
CAPTOPRIL	TABS	25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	T1	MN	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	T1	MN	
CARBAMAZEPINE	SUSP	100MG/5ML	T1	MN	
CARBAMAZEPINE	CHEW	100MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
CARBAMAZEPINE	TABS	200MG	T1	MN	
CARBAMAZEPINE ER	CP12	100MG	T1	MN	
CARBAMAZEPINE ER	CP12	200MG	T1	MN	
CARBAMAZEPINE ER	CP12	300MG	T1	MN	
CARBAMAZEPINE ER	TB12	200MG	T1	MN	
CARBAMAZEPINE ER	TB12	400MG	T1	MN	
CARBATROL	CP12	100MG	T2	MN	
CARBATROL	CP12	200MG	T2	MN	
CARBATROL	CP12	300MG	T2	MN	
CARBIDOPA	TABS	25MG	T3		
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	T1	MN	
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	T1	MN	
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	T1	MN	
CARBINOXAMINE MALEATE	TABS	4MG	T3		
CARBINOXAMINE MALEATE	SOLN	4MG/5ML	T3		
CARIMUNE NANOFILTERED	SOLR	6GM	T4	PA	
CARIMUNE NANOFILTERED	SOLR	12GM	T4	PA	
CARIMUNE NANOFILTERED	SOLR	3GM	T4	PA	
CARISOPRODOL	TABS	350MG	T1		
CARISOPRODOL/ASPIRIN	TABS	325MG; 200MG	T1		
CARTEOLOL HCL	SOLN	1%	T1	MN	
CARTIA XT	CP24	240MG	T1	MN	
CARTIA XT	CP24	120MG	T1	MN	
CARTIA XT	CP24	180MG	T1	MN	
CARTIA XT	CP24	300MG	T1	MN	
CARVEDILOL	TABS	3.125MG	T1	MN	
CARVEDILOL	TABS	6.25MG	T1	MN	
CARVEDILOL	TABS	12.5MG	T1	MN	
CARVEDILOL	TABS	25MG	T1	MN	
CAZANT	TABS	0; 0		MN	Eligible for a \$0 copay
CEFACLOR	CAPS	500MG	T1		
CEFACLOR	CAPS	250MG	T1		
CEFACLOR ER	TB12	500MG	T1		
CEFADROXIL	CAPS	500MG	T1		
CEFADROXIL	SUSR	250MG/5ML	T1		
CEFADROXIL	SUSR	500MG/5ML	T1		
CEFADROXIL	TABS	1GM	T1		
CEFAZOLIN SODIUM	SOLR	500MG	T1		
CEFAZOLIN SODIUM	SOLR	1GM	T1		
CEFAZOLIN SODIUM	SOLN	1GM; 5%	T1		
CEFAZOLIN SODIUM	SOLR	10GM	T1		
CEFDINIR	SUSR	125MG/5ML	T1		
CEFDINIR	SUSR	250MG/5ML	T1		
CEFDINIR	CAPS	300MG	T1		
CEFEPIME	SOLR	2GM	T3		
CEFEPIME	SOLR	1GM	T3		
CEFIXIME	SUSR	100MG/5ML	T1		
CEFIXIME	SUSR	200MG/5ML	T1		
CEFOTAXIME SODIUM	SOLR	1GM	T1		
CEFOTAXIME SODIUM	SOLR	2GM	T1		
CEFOTAXIME SODIUM	SOLR	10GM	T1		
CEFOXITIN SODIUM	SOLR	10GM	T1		
CEFOXITIN SODIUM	SOLR	2GM	T1		
CEFOXITIN SODIUM	SOLR	1GM	T1		
CEFPDODOXIME PROXETIL	SUSR	50MG/5ML	T1		
CEFPDODOXIME PROXETIL	TABS	200MG	T1		
CEFPDODOXIME PROXETIL	TABS	100MG	T1		
CEFPDODOXIME PROXETIL	SUSR	100MG/5ML	T1		
CEFPROZIL	SUSR	125MG/5ML	T1		
CEFPROZIL	TABS	500MG	T1		
CEFPROZIL	SUSR	250MG/5ML	T1		
CEFPROZIL	TABS	250MG	T1		
CEFTAZIDIME	SOLR	6GM	T3		
CEFTAZIDIME	SOLR	1GM	T3		
CEFTAZIDIME	SOLR	2GM	T3		
CEFTIBUTEN	CAPS	400MG	T1		
CEFTRIAZONE SODIUM	SOLR	250MG	T1		
CEFTRIAZONE SODIUM	SOLR	1GM	T1		
CEFTRIAZONE SODIUM	SOLR	10GM	T1		
CEFTRIAZONE SODIUM	SOLR	2GM	T1		
CEFTRIAZONE SODIUM	SOLR	500MG	T1		
CEFUROXIME AXETIL	TABS	250MG	T1		
CEFUROXIME AXETIL	TABS	500MG	T1		
CEFUROXIME SODIUM	SOLR	750MG	T3		
CEFUROXIME SODIUM	SOLR	7.5GM	T3		
CEFUROXIME SODIUM	SOLR	1.5GM	T3		
CELECOXIB	CAPS	100MG	T1		
CELECOXIB	CAPS	200MG	T1		
CELECOXIB	CAPS	50MG	T1		
CELECOXIB	CAPS	400MG	T1		
CELLCEPT	CAPS	250MG	T4		
CELLCEPT	TABS	500MG	T4		
CELLCEPT	SUSR	200MG/ML	T4		
CELONTIN	CAPS	300MG	T2	MN	
CENESTIN	TABS	0.625MG	T3		
CENESTIN	TABS	0.9MG	T3		

Product Name	Form	Strength	Pref	Coverage Details	Comment
CENESTIN	TABS	0.45MG	T3		
CENESTIN	TABS	0.3MG	T3		
CEPHALEXIN	CAPS	250MG	T1		
CEPHALEXIN	TABS	250MG	T1		
CEPHALEXIN	TABS	500MG	T1		
CEPHALEXIN	SUSR	125MG/5ML	T1		
CEPHALEXIN	SUSR	250MG/5ML	T1		
CEPHALEXIN	CAPS	500MG	T1		
CESIA	TABS	0; 0		MN	Eligible for a \$0 copay
CEVIMELINE HCL	CAPS	30MG	T3		
CHANTIX	TABS	1MG		QL	Eligible for a \$0 copay
CHANTIX	TABS	0.5MG		QL	Eligible for a \$0 copay
CHANTIX STARTING MONTH PAK	TABS	0		QL	Eligible for a \$0 copay
CHATEAL	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
CHEMET	CAPS	100MG	T3		
CHERATUSSIN AC	SYRP	10MG/5ML; 100MG/5ML	T1		
CHLORDIAZEPOXIDE HCL	CAPS	10MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	25MG	T1		
CHLORDIAZEPOXIDE HCL	CAPS	5MG	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	250MG	T1		
CHLOROQUINE PHOSPHATE	TABS	500MG	T1		
CHLOROTHIAZIDE	TABS	500MG	T1	MN	
CHLOROTHIAZIDE	TABS	250MG	T1	MN	
CHLORPROMAZINE HCL	SOLN	50MG/2ML	T1		
CHLORPROMAZINE HCL	TABS	50MG	T1		
CHLORPROMAZINE HCL	TABS	10MG	T1		
CHLORPROMAZINE HCL	TABS	25MG	T1		
CHLORPROMAZINE HCL	TABS	100MG	T1		
CHLORPROMAZINE HCL	TABS	200MG	T1		
CHLORPROPAMIDE	TABS	250MG	T1	MN	
CHLORPROPAMIDE	TABS	100MG	T1	MN	
CHLORTHALIDONE	TABS	50MG	T1	MN	
CHLORTHALIDONE	TABS	25MG	T1	MN	
CHLORZOXAZONE	TABS	500MG	T1		
CHOLESTYRAMINE LIGHT	PACK	4GM	T1	MN	
CICLOPIROX	GEL	0.77%	T1		
CICLOPIROX	SHAM	1%	T1		
CICLOPIROX	SUSP	0.77%	T1		
CICLOPIROX NAIL LACQUER	SOLN	8%	T1		
CICLOPIROX OLAMINE	CREA	0.77%	T1		
CILOSTAZOL	TABS	50MG	T1		
CILOSTAZOL	TABS	100MG	T1		
CIMETIDINE	TABS	300MG	T1		
CIMETIDINE	TABS	400MG	T1		
CIMETIDINE	TABS	800MG	T1		
CIMETIDINE HCL	SOLN	300MG/5ML	T1		
CIMZIA	KIT	200MG	T4	PA	
CIMZIA	KIT	200MG/ML	T4	PA	
CIPRO HC	SUSP	0.2%; 1%	T2		
CIPRODEX	SUSP	0.3%; 0.1%	T2		
CIPROFLOXACIN HCL	TABS	250MG	T1		
CIPROFLOXACIN HCL	TABS	500MG	T1		
CIPROFLOXACIN HCL	TABS	750MG	T1		
CIPROFLOXACIN HCL	TABS	100MG	T1		
CIPROFLOXACIN HCL	SOLN	0.3%	T1		
CITALOPRAM HYDROBROMIDE	TABS	10MG	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	40MG	T1	MN	
CITALOPRAM HYDROBROMIDE	TABS	20MG	T1	MN	
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	T1	MN	
CLARAVIS	CAPS	30MG	T1		
CLARAVIS	CAPS	10MG	T1		
CLARAVIS	CAPS	20MG	T1		
CLARAVIS	CAPS	40MG	T1		
CLARITHROMYCIN	TABS	250MG	T1		
CLARITHROMYCIN	TABS	500MG	T1		
CLARITHROMYCIN	SUSR	125MG/5ML	T1		
CLARITHROMYCIN	SUSR	250MG/5ML	T1		
CLARITHROMYCIN ER	TB24	500MG	T1		
CLASSIC PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
CLINDAMYCIN HCL	CAPS	300MG	T1		
CLINDAMYCIN HCL	CAPS	150MG	T1		
CLINDAMYCIN PHOSPHATE	SOLN	1%	T1		
CLINDAMYCIN PHOSPHATE	SWAB	1%	T1		
CLINDAMYCIN PHOSPHATE	LOTN	1%	T1		
CLINDAMYCIN PHOSPHATE	GEL	1%	T1		
CLINDAMYCIN PHOSPHATE	CREA	2%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1%	T1		
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1.2%	T1		
CLOBETASOL PROPIONATE	CREA	0.05%	T1		
CLOBETASOL PROPIONATE	FOAM	0.05%	T1		
CLOBETASOL PROPIONATE	GEL	0.05%	T1		
CLOBETASOL PROPIONATE	SOLN	0.05%	T1		
CLOBETASOL PROPIONATE	OINT	0.05%	T1		
CLOBETASOL PROPIONATE	SHAM	0.05%	T3		
CLOBETASOL PROPIONATE E	CREA	0.05%	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
CLOCORTOLONE PIVALATE	CREA	0.1%	T3		
CLOMIPRAMINE HCL	CAPS	25MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	50MG	T1	MN	
CLOMIPRAMINE HCL	CAPS	75MG	T1	MN	
CLONAZEPAM	TABS	0.5MG	T1		
CLONAZEPAM	TABS	2MG	T1		
CLONAZEPAM	TABS	1MG	T1		
CLONAZEPAM ODT	TBDP	0.125MG	T1		
CLONAZEPAM ODT	TBDP	1MG	T1		
CLONAZEPAM ODT	TBDP	0.5MG	T1		
CLONAZEPAM ODT	TBDP	0.25MG	T1		
CLONAZEPAM ODT	TBDP	2MG	T1		
CLONIDINE HCL	PTWK	0.2MG/24HR	T1	MN	
CLONIDINE HCL	PTWK	0.3MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.2MG	T1	MN	
CLONIDINE HCL	PTWK	0.1MG/24HR	T1	MN	
CLONIDINE HCL	TABS	0.1MG	T1	MN	
CLONIDINE HCL	TABS	0.3MG	T1	MN	
CLOPIDOGREL	TABS	75MG	T1	MN	
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	T1		
CLORAZEPATE DIPOTASSIUM	TABS	15MG	T1		
CLOTRIMAZOLE	TROC	10MG	T1		
CLOTRIMAZOLE	SOLN	1%	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	0.05%; 1%	T1		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	T1		
CLOZAPINE	TABS	200MG	T1		
CLOZAPINE	TABS	25MG	T1		
CLOZAPINE	TABS	100MG	T1		
CLOZAPINE	TABS	50MG	T1		
CLOZAPINE ODT	TBDP	200MG	T3		
CLOZAPINE ODT	TBDP	12.5MG	T3		
CLOZAPINE ODT	TBDP	150MG	T3		
CLOZAPINE ODT	TBDP	25MG	T3		
CLOZAPINE ODT	TBDP	100MG	T3		
COARTEM	TABS	20MG; 120MG	T3		
CODEINE SULFATE	TABS	15MG	T1	QL (180.00 EA per 30 days)	
CODEINE SULFATE	TABS	30MG	T1	QL (180.00 EA per 30 days)	
CODEINE SULFATE	TABS	60MG	T1	QL (180.00 EA per 30 days)	
COLCHICINE	TABS	0.6MG	T3		
COLESTIPOL HCL	GRAN	5GM	T1	MN	
COLESTIPOL HCL	TABS	1GM	T1	MN	
COLISTIMETHATE SODIUM	SOLR	150MG	T3		
COLOCORT	ENEM	100MG/60ML	T1		
COLY-MYCIN S	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T3		
COMBIGAN	SOLN	0.2%; 0.5%	T2	MN	
COMBIVENT	AERO	103MCG/ACT; 18MCG/ACT	T2	MN	
COMBIVENT RESPIMAT	AERS	100MCG/ACT; 20MCG/ACT	T2	MN	
COMETRIQ	KIT	0	T4	PA	
COMETRIQ	KIT	0	T4	PA	
COMETRIQ	KIT	20MG	T4	PA	
COMPLERA	TABS	200MG; 25MG; 300MG	T4		
COMTAN	TABS	200MG	T2	MN	
CONCEPT DHA	CAPS		T1		
CONDYLOX	GEL	0.5%	T2		
CONSTULOSE	SOLN	10GM/15ML	T1	MN	
COPAXONE	SOSY	20MG/ML	T4		
CORDRAN	CREA	0.05%	T3		
CORDRAN	LOTN	0.05%	T3		
CORTIFOAM	FOAM	10%	T2		
CORTISONE ACETATE	TABS	25MG	T3		
CORTISPORIN	OINT	400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	T2		
CORTISPORIN	CREA	0.5%; 0.5%; 10000UNIT/GM	T2		
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	T3		
COSENTYX	SOSY	150MG/ML	T4	PA; ST	
COSENTYX SENSOREADY PEN	SOAJ	150MG/ML	T4	PA; ST	
COUMADIN	TABS	2MG	T2	MN	
COUMADIN	TABS	5MG	T2	MN	
COUMADIN	TABS	4MG	T2	MN	
COUMADIN	TABS	1MG	T2	MN	
COUMADIN	TABS	7.5MG	T2	MN	
COUMADIN	TABS	6MG	T2	MN	
COUMADIN	TABS	10MG	T2	MN	
COUMADIN	TABS	2.5MG	T2	MN	
COUMADIN	TABS	3MG	T2	MN	
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	T2		
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	T2		
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	T2		
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	T2		
CREON	CPEP	180000UNIT; 36000UNIT; 114000UNIT	T2		
CRESTOR	TABS	40MG	T3		
CRESTOR	TABS	10MG	T3	ST	
CRESTOR	TABS	5MG	T3	ST	
CRESTOR	TABS	20MG	T3	ST	
CRIXIVAN	CAPS	400MG	T2		
CRIXIVAN	CAPS	400MG	T2		
CRIXIVAN	CAPS	200MG	T2		
CROMOLYN SODIUM	CONC	100MG/5ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
CROMOLYN SODIUM	NEBU	20MG/2ML	T1	MN	
CROMOLYN SODIUM	SOLN	4%	T1		
CRYSSELLE-28	TABS	30MCG; 0.3MG		MN	Eligible for a \$0 copay
CUBICIN	SOLR	500MG	T4		
CYANOCOBALAMIN	SOLN	1000MCG/ML	T1		
CYCLAFEM 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
CYCLAFEM 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
CYCLOBENZAPRINE HCL	TABS	5MG	T1		
CYCLOBENZAPRINE HCL	TABS	10MG	T1		
CYCLOPHOSPHAMIDE	CAPS	25MG	T3		
CYCLOPHOSPHAMIDE	TABS	25MG	T3		
CYCLOPHOSPHAMIDE	CAPS	50MG	T3		
CYCLOPHOSPHAMIDE	TABS	50MG	T3		
CYCLOSERINE	CAPS	250MG	T3		
CYCLOSET	TABS	0.8MG	T3		
CYCLOSPORINE	CAPS	25MG	T1		
CYCLOSPORINE	CAPS	100MG	T1		
CYCLOSPORINE	SOLN	50MG/ML	T1		
CYCLOSPORINE MODIFIED	CAPS	25MG	T1		
CYCLOSPORINE MODIFIED	CAPS	100MG	T1		
CYCLOSPORINE MODIFIED	CAPS	50MG	T1		
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	T1		
CYKLOAPRON	SOLN	100MG/ML	T2		
CYPROHEPTADINE HCL	TABS	4MG	T3		
CYPROHEPTADINE HCL	SYRP	2MG/5ML	T3		
CYSTAGON	CAPS	50MG	T3		
CYSTAGON	CAPS	150MG	T3		
CYTOGAM	INJ	50MG/ML	T4	PA	
DALTRESP	TABS	500MCG	T3		
DANAZOL	CAPS	50MG	T1		
DANAZOL	CAPS	100MG	T1		
DANAZOL	CAPS	200MG	T1		
DAPSONE	TABS	100MG	T1		
DAPSONE	TABS	25MG	T1		
DARAPRIM	TABS	25MG	T2		
DASETTA 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
DASETTA 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
DAYSEE	TABS	0; 0		MN	Eligible for a \$0 copay
DAYTRANA	PTCH	15MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	30MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	10MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DAYTRANA	PTCH	20MG/9HR	T2	AL (max: 8y); QL (30.00 EA per 30 days)	
DEBLITANE	TABS	0.35MG		MN	Eligible for a \$0 copay
DELESTROGEN	OIL	10MG/ML	T2		
DELYLA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
DEMECLOCYCLINE HCL	TABS	150MG	T3		
DEMECLOCYCLINE HCL	TABS	300MG	T3		
DENAVIR	CREA	1%	T2		
DEPAKENE	SYRP	250MG/5ML	T2	MN	
DEPAKENE	CAPS	250MG	T2	MN	
DEPAKOTE	TBEC	500MG	T2	MN	
DEPAKOTE	TBEC	125MG	T2	MN	
DEPAKOTE	TBEC	250MG	T2	MN	
DEPAKOTE ER	TB24	250MG	T2	MN	
DEPAKOTE ER	TB24	500MG	T2	MN	
DEPAKOTE SPRINKLES	CPSP	125MG	T2	MN	
DEPEN TITRATABS	TABS	250MG	T3		
DEPO-ESTRADIOL	OIL	5MG/ML	T2		
DEPO-TESTOSTERONE	SOLN	100MG/ML	T2	MN	
DEPO-TESTOSTERONE	SOLN	200MG/ML	T2	MN	
DERMA-SMOOTHIE/FS BODY	OIL	0.01%	T2		
DERMOTIC	OIL	0.01%	T2		
DESIPRAMINE HCL	TABS	25MG	T1	MN	
DESIPRAMINE HCL	TABS	150MG	T1	MN	
DESIPRAMINE HCL	TABS	100MG	T1	MN	
DESIPRAMINE HCL	TABS	50MG	T1	MN	
DESIPRAMINE HCL	TABS	10MG	T1	MN	
DESIPRAMINE HCL	TABS	75MG	T1	MN	
DESLORATADINE	TABS	5MG	T3		
DESMOPRESSIN ACETATE	TABS	0.1MG	T1		
DESMOPRESSIN ACETATE	TABS	0.2MG	T1		
DESMOPRESSIN ACETATE	SOLN	0.01%	T1		
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	T1		
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
DESOGESTREL/ETHINYL ESTRADIOL	TABS	0; 0		MN	Eligible for a \$0 copay
DESONIDE	LOTN	0.05%	T1		
DESONIDE	OINT	0.05%	T1		
DESONIDE	CREA	0.05%	T1		
DESOXIMETASONE	OINT	0.25%	T1		
DESOXIMETASONE	GEL	0.05%	T1		
DESOXIMETASONE	CREA	0.25%	T1		
DESOXIMETASONE	CREA	0.05%	T1		
DESOXIMETASONE	OINT	0.05%	T1		
DEXAMETHASONE	TABS	0.5MG	T1		
DEXAMETHASONE	TABS	1MG	T1		
DEXAMETHASONE	SOLN	0.5MG/5ML	T1		
DEXAMETHASONE	TABS	0.75MG	T1		
DEXAMETHASONE	ELIX	0.5MG/5ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
DEXAMETHASONE	TABS	1.5MG	T1		
DEXAMETHASONE	TABS	2MG	T1		
DEXAMETHASONE	TABS	4MG	T1		
DEXAMETHASONE	TABS	6MG	T1		
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	T1		
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	120MG/30ML	T1		
DEXCHLORPHENIRAMINE MALEATE	SYRP	2MG/5ML	T3		
DEXILANT	CPDR	30MG	T3	ST	
DEXILANT	CPDR	60MG	T3	ST	
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	T1		
DEXMETHYLPHENIDATE HCL	TABS	5MG	T1		
DEXMETHYLPHENIDATE HCL	TABS	10MG	T1		
DEXMETHYLPHENIDATE HCL ER	CP24	10MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	15MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	30MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	5MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	20MG	T3		
DEXMETHYLPHENIDATE HCL ER	CP24	40MG	T3		
DEXTROAMPHETAMINE SULFATE	TABS	10MG	T1		
DEXTROAMPHETAMINE SULFATE	TABS	5MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	T1		
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	T1		
DIASAT ACUDIAL	GEL	20MG	T2	QL (5.00 EA per 30 days)	
DIASAT ACUDIAL	GEL	10MG	T2	QL (5.00 EA per 30 days)	
DIASAT PEDIATRIC	GEL	2.5MG	T2	QL (5.00 EA per 30 days)	
DIAZEPAM	GEL	2.5MG	T1		
DIAZEPAM	GEL	10MG	T1		
DIAZEPAM	TABS	10MG	T1		
DIAZEPAM	SOLN	1MG/ML	T1		
DIAZEPAM	TABS	5MG	T1		
DIAZEPAM	GEL	20MG	T1		
DIAZEPAM	TABS	2MG	T1		
DIAZEPAM INTENSOL	CONC	5MG/ML	T1		
DICLOFENAC POTASSIUM	TABS	50MG	T1		
DICLOFENAC SODIUM	SOLN	0.1%	T1		
DICLOFENAC SODIUM	GEL	3%	T3		
DICLOFENAC SODIUM DR	TBEC	50MG	T1		
DICLOFENAC SODIUM DR	TBEC	25MG	T1		
DICLOFENAC SODIUM DR	TBEC	75MG	T1		
DICLOFENAC SODIUM ER	TB24	100MG	T1		
DICLOXACILLIN SODIUM	CAPS	250MG	T1		
DICLOXACILLIN SODIUM	CAPS	500MG	T1		
DICYCLOMINE HCL	CAPS	10MG	T1		
DICYCLOMINE HCL	SOLN	10MG/5ML	T1		
DICYCLOMINE HCL	TABS	20MG	T1		
DIDANOSINE	CPDR	400MG	T1		
DIDANOSINE	CPDR	200MG	T1		
DIDANOSINE	CPDR	250MG	T1		
DIDANOSINE	CPDR	125MG	T1		
DIFICID	TABS	200MG	T3		
DIFLORASONE DIACETATE	OINT	0.05%	T1		
DIFLORASONE DIACETATE	CREA	0.05%	T1		
DIFLUNISAL	TABS	500MG	T1		
DIGOX	TABS	250MCG	T1	MN	
DIGOX	TABS	125MCG	T1	MN	
DIGOXIN	TABS	125MCG	T1	MN	
DIGOXIN	SOLN	0.05MG/ML	T1	MN	
DIGOXIN	TABS	250MCG	T1	MN	
DIGOXIN	SOLN	0.25MG/ML	T1	MN	
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	
DILT-CD	CP24	120MG	T1	MN	
DILT-CD	CP24	300MG	T1	MN	
DILTIAZEM CD	CP24	300MG	T1	MN	
DILTIAZEM CD	CP24	180MG	T1	MN	
DILTIAZEM CD	CP24	120MG	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	300MG	T1	MN	
DILTIAZEM HCL ER	CP24	240MG	T1	MN	
DILTIAZEM HCL ER	CP12	90MG	T1	MN	
DILTIAZEM HCL ER	CP12	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	120MG	T1	MN	
DILTIAZEM HCL ER	CP24	180MG	T1	MN	
DILTIAZEM HCL ER	CP24	240MG	T1	MN	
DILTIAZEM HCL ER	CP12	60MG	T1	MN	
DILTIAZEM HCL ER	CP24	180MG	T1	MN	
DILTIAZEM HCL ER	CP24	360MG	T1	MN	
DILT-XR	CP24	120MG	T1	MN	
DILT-XR	CP24	180MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
DILT-XR	CP24	240MG	T1	MN	
DIPENTUM	CAPS	250MG	T2		
DIPHENHYDRAMINE HCL	SOLN	50MG/ML	T1		
DIPHENHYDRAMINE HCL	CAPS	50MG	T1		
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	T1		
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	T1		
DIPYRIDAMOLE	TABS	25MG	T1	MN	
DIPYRIDAMOLE	TABS	50MG	T1	MN	
DIPYRIDAMOLE	TABS	75MG	T1	MN	
DISOPYRAMIDE PHOSPHATE	CAPS	150MG	T1	MN	
DISOPYRAMIDE PHOSPHATE	CAPS	100MG	T1	MN	
DISULFIRAM	TABS	500MG	T1	MN	
DISULFIRAM	TABS	250MG	T1	MN	
DIVALPROEX SODIUM	CPSP	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	
DONEPEZIL HCL	TBDP	10MG	T1		
DONEPEZIL HCL	TABS	5MG	T1		
DONEPEZIL HCL	TABS	10MG	T1		
DONEPEZIL HCL	TBDP	5MG	T1		
DORZOLAMIDE HCL	SOLN	2%	T1	MN	
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	T1	MN	
DOVONEX	CREA	0.005%	T2		
DOXAZOSIN MESYLATE	TABS	2MG	T1	MN	
DOXAZOSIN MESYLATE	TABS	1MG	T1	MN	
DOXAZOSIN MESYLATE	TABS	4MG	T1	MN	
DOXAZOSIN MESYLATE	TABS	8MG	T1	MN	
DOXEPIH HCL	CONC	10MG/ML	T1	MN	
DOXEPIH HCL	CAPS	10MG	T1	MN	
DOXEPIH HCL	CAPS	25MG	T1	MN	
DOXEPIH HCL	CAPS	50MG	T1	MN	
DOXEPIH HCL	CAPS	75MG	T1	MN	
DOXEPIH HCL	CAPS	100MG	T1	MN	
DOXEPIH HCL	CAPS	150MG	T1	MN	
DOXERCALCIFEROL	CAPS	1MCG	T3		
DOXERCALCIFEROL	CAPS	2.5MCG	T3		
DOXERCALCIFEROL	SOLN	4MCG/2ML	T3		
DOXERCALCIFEROL	CAPS	0.5MCG	T3		
DOXYCYCLINE HYCLATE	CAPS	50MG	T1		
DOXYCYCLINE HYCLATE	TABS	100MG	T1		
DOXYCYCLINE HYCLATE	CAPS	100MG	T1		
DOXYCYCLINE HYCLATE	TABS	20MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	50MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	75MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	CAPS	100MG	T1		
DOXYCYCLINE MONOHYDRATE	TABS	50MG	T1		
DRONABINOL	CAPS	10MG	T3		
DRONABINOL	CAPS	5MG	T3		
DRONABINOL	CAPS	2.5MG	T3		
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG		MN	Eligible for a \$0 copay
DUAVEE	TABS	20MG; 0.45MG	T2	MN	
DULOXETINE HCL	CPEP	20MG	T1		
DULOXETINE HCL	CPEP	60MG	T1		
DULOXETINE HCL	CPEP	30MG	T1		
DUREZOL	EMUL	0.05%	T3		
DYRENIUM	CAPS	0; 100MG	T3		
DYRENIUM	CAPS	50MG	T3		
E.E.S. 400	TABS	400MG	T1		
E.E.S. GRANULES	SUSR	200MG/5ML	T2		
EAA SUPPLEMENT	PACK		T2		
ECONAZOLE NITRATE	CREA	1%	T1		
ECONTRA EZ	TABS	1.5MG		MN	Eligible for a \$0 copay
EDARBI	TABS	40MG	T3	ST; QL (1.00 EA per 1 days)	
EDARBI	TABS	80MG	T3	ST; QL (1.00 EA per 1 days)	
EDARBYCLOR	TABS	40MG; 25MG	T3	ST; QL (1.00 EA per 1 days)	
EDARBYCLOR	TABS	40MG; 12.5MG	T3	ST; QL (1.00 EA per 1 days)	
EDECRIN	TABS	25MG	T3		
EDURANT	TABS	25MG	T4		
EFFIENT	TABS	10MG	T3		
EFFIENT	TABS	5MG	T3		
EFUDEX	CREA	5%	T2		
ELAPRASE	SOLN	6MG/3ML	T4		
ELIDEL	CREA	1%	T3		
ELINEST	TABS	30MCG; 0.3MG		MN	Eligible for a \$0 copay
ELIQUIS	TABS	2.5MG	T2	PA; MN; QL (60.00 EA per 30 days)	
ELIQUIS	TABS	5MG	T2	PA; MN; QL (74.00 EA per 30 days)	
ELLA	TABS	30MG		MN	Eligible for a \$0 copay
ELMIRON	CAPS	100MG	T2		
EMADINE	SOLN	0.05%	T3		
EMCYT	CAPS	140MG	T2		
EMEND	CAPS	80MG	T3		
EMEND	CAPS	0	T3		
EMEND	CAPS	125MG	T3		
EMEND	CAPS	40MG	T3		

Product Name	Form	Strength	Pref	Coverage Details	Comment
EMOQUETTE	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
EMSAM	PT24	12MG/24HR	T3		
EMSAM	PT24	9MG/24HR	T3		
EMSAM	PT24	6MG/24HR	T3		
EMTRIVA	CAPS	200MG	T2		
EMTRIVA	SOLN	10MG/ML	T2		
ENABLEX	TB24	7.5MG	T3		
ENABLEX	TB24	15MG	T3		
ENALAPRIL MALEATE	TABS	20MG	T1	MN	
ENALAPRIL MALEATE	TABS	2.5MG	T1	MN	
ENALAPRIL MALEATE	TABS	10MG	T1	MN	
ENALAPRIL MALEATE	TABS	5MG	T1	MN	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG	T1	MN	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	T1	MN	
ENBREL	SOSY	25MG/0.5ML	T4	PA	
ENBREL	KIT	25MG	T4	PA	
ENBREL	SOSY	50MG/ML	T4	PA	
ENBREL SURECLICK	SOAJ	50MG/ML	T4	PA	
ENDOCET	TABS	325MG; 5MG	T1		
ENDOCET	TABS	325MG; 7.5MG	T1		
ENDOCET	TABS	325MG; 10MG	T1		
ENJUVIA	TABS	0.3MG	T3		
ENJUVIA	TABS	0.45MG	T3		
ENJUVIA	TABS	0.625MG	T3		
ENJUVIA	TABS	0.9MG	T3		
ENJUVIA	TABS	1.25MG	T3		
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	T1		
ENOXAPARIN SODIUM	SOLN	100MG/ML	T1		
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	T1		
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	T1		
ENOXAPARIN SODIUM	SOLN	300MG/3ML	T1		
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	T1		
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	T1		
ENOXAPARIN SODIUM	SOLN	150MG/ML	T1		
ENPRESSE-28	TABS	0; 0		MN	Eligible for a \$0 copay
ENSKYCE	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
ENTECAVIR	TABS	0.5MG	T4		
ENTECAVIR	TABS	1MG	T4		
ENTERIC COATED ASPIRIN	TBEC	325MG		AL	Eligible for a \$0 copay
ENTYVIO	SOLR	300MG	T4	PA	
ENULOSE	SOLN	10GM/15ML	T1	MN	
EPIDUO	GEL	0.1%; 2.5%	T3		
EPIDUO	GEL	0.1%; 2.5%	T3		
EPTFLUR	CHEW	0.55MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
EPINASTINE HCL	SOLN	0.05%	T3		
EPINEPHRINE	SOAJ	0.3MG/0.3ML	T1	QL (2.00 EA per 180 days)	
EPINEPHRINE	SOAJ	0.15MG/0.15ML	T1	QL (2.00 EA per 180 days)	
EPINEPHRINE HCL	SOSY	0.1MG/ML	T1	QL (2.00 ML per 180 days)	
EPIPEN 2-PAK	SOAJ	0.3MG/0.3ML	T2	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	TABS	150MG	T2		
EPIVIR	TABS	300MG	T2		
EPIVIR HBV	SOLN	5MG/ML	T2		
EPLERENONE	TABS	25MG	T3		
EPLERENONE	TABS	50MG	T3		
EPOGEN	SOLN	3000UNIT/ML	T4		
EPOGEN	SOLN	10000UNIT/ML	T4		
EPOGEN	SOLN	4000UNIT/ML	T4		
EPOGEN	SOLN	2000UNIT/ML	T4		
EPOGEN	SOLN	20000UNIT/ML	T4		
EPOGEN	SOLN	10000UNIT/ML	T4		
EPROSARTAN MESYLATE	TABS	600MG	T3	QL (1.00 EA per 1 days)	
EPZICOM	TABS	600MG; 300MG	T3		
ERAXIS	SOLR	50MG	T4		
ERAXIS	SOLR	100MG	T4		
ERBITUX	SOLN	100MG/50ML	T4	PA	
ERBITUX	SOLN	200MG/100ML	T4	PA	
ERGOCALCIFEROL	CAPS	50000UNIT	T1		
ERGOLOID MESYLATES	TABS	1MG	T1		
ERGOMAR	SUBL	2MG	T3		
ERIVEDGE	CAPS	150MG	T4	PA	
ERRIN	TABS	0.35MG		MN	Eligible for a \$0 copay
ERY	PADS	2%	T1		
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		
ERYTHROMYCIN	OINT	5MG/GM	T1		
ERYTHROMYCIN	SOLN	2%	T1		
ERYTHROMYCIN	GEL	2%	T1		
ERYTHROMYCIN BASE	TABS	250MG	T1		
ERYTHROMYCIN BASE	TABS	500MG	T1		
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	T1		
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	5%; 3%	T1		
ESCITALOPRAM OXALATE	TABS	5MG	T1	MN	
ESCITALOPRAM OXALATE	TABS	10MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	T1	MN	
ESCITALOPRAM OXALATE	TABS	20MG	T1	MN	
ESOMEPRAZOLE MAGNESIUM	CPDR	40MG	T3	ST	
ESOMEPRAZOLE MAGNESIUM	CPDR	20MG	T3	ST	
ESTARYLLA	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
ESTAZOLAM	TABS	2MG	T1		
ESTAZOLAM	TABS	1MG	T1		
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	0.625MG; 1.25MG	T1	MN	
ESTRACE	CREA	0.1MG/GM	T2		
ESTRADIOL	TABS	1MG	T1	MN	
ESTRADIOL	TABS	0.5MG	T1	MN	
ESTRADIOL	PTWK	0.025MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.05MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.075MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.06MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.1MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.025MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.075MG/24HR	T1	MN	
ESTRADIOL	PTWK	0.1MG/24HR	T1	MN	
ESTRADIOL	PTWK	37.5MCG/24HR	T1	MN	
ESTRADIOL	PTTW	0.05MG/24HR	T1	MN	
ESTRADIOL	PTTW	0.0375MG/24HR	T1	MN	
ESTRADIOL	TABS	2MG	T1	MN	
ESTRADIOL VALERATE	OIL	10MG/ML	T1		
ESTRADIOL VALERATE	OIL	20MG/ML	T1		
ESTRADIOL VALERATE	OIL	40MG/ML	T1		
ESTRADIOL/NORETHINDRONE ACETATE	TABS	1MG; 0.5MG	T1	MN	
ESTROPIPATE	TABS	0.75MG	T1	MN	
ESTROPIPATE	TABS	3MG	T1	MN	
ESTROPIPATE	TABS	1.5MG	T1	MN	
ESZOPICLONE	TABS	3MG	T3	QL (30.00 EA per 30 days)	
ESZOPICLONE	TABS	1MG	T3	QL (90.00 EA per 30 days)	
ESZOPICLONE	TABS	2MG	T3	QL (30.00 EA per 30 days)	
ETHAMBUTOL HCL	TABS	100MG	T1		
ETHAMBUTOL HCL	TABS	400MG	T1		
ETHOSUXIMIDE	SOLN	250MG/5ML	T1	MN	
ETHOSUXIMIDE	CAPS	250MG	T1	MN	
ETIDRONATE DISODIUM	TABS	400MG	T3		
ETIDRONATE DISODIUM	TABS	200MG	T3		
ETODOLAC	TABS	500MG	T1		
ETODOLAC	CAPS	200MG	T1		
ETODOLAC	TABS	400MG	T1		
ETODOLAC ER	TB24	600MG	T1		
ETODOLAC ER	TB24	400MG	T1		
ETODOLAC ER	TB24	500MG	T1		
ETOPOSIDE	SOLN	500MG/25ML	T1		
ETOPOSIDE	CAPS	50MG	T4		
EUFLEXXA	SQSY	20MG/2ML	T4		
EURAX	CREA	10%	T3		
EURAX	LOTN	10%	T3		
EVOTAZ	TABS	300MG; 150MG	T4		
EXALGO	T24A	16MG	T3		
EXALGO	T24A	8MG	T3		
EXALGO	T24A	12MG	T3		
EXALGO	T24A	32MG	T3		
EXELDERM	SOLN	1%	T2		
EXELDERM	CREA	1%	T2		
EXELON	SOLN	2MG/ML	T2		
EXEMESTANE	TABS	25MG	T1		
EXJADE	TBSO	500MG	T4	PA	
EXJADE	TBSO	125MG	T4	PA	
EXJADE	TBSO	250MG	T4	PA	
EXTAVIA	KIT	0.3MG	T4		
EXTAVIA	KIT	0.3MG	T4		
EYLEA	SOLN	2MG/0.05ML	T4	PA	
FABRAZYME	SOLR	35MG	T4		
FACTIVE	TABS	320MG	T3		
FALLBACK SOLO	TABS	1.5MG		MN	Eligible for a \$0 copay
FALMINA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
FAMCICLOVIR	TABS	125MG	T1		
FAMCICLOVIR	TABS	500MG	T1		
FAMCICLOVIR	TABS	250MG	T1		
FAMOTIDINE	TABS	40MG	T3		
FAMOTIDINE	SUSR	40MG/5ML	T3		
FANAPT	TABS	2MG	T3		
FANAPT	TABS	4MG	T3		
FANAPT	TABS	1MG	T3		
FANAPT	TABS	10MG	T3		
FANAPT	TABS	12MG	T3		
FANAPT	TABS	6MG	T3		
FANAPT	TABS	8MG	T3		
FANAPT TITRATION PACK	TABS	0	T3		
FARESTON	TABS	60MG	T3		
FARYDAK	CAPS	20MG	T4	PA	
FARYDAK	CAPS	15MG	T4	PA	
FARYDAK	CAPS	10MG	T4	PA	
FASLODEX	SOLN	250MG/5ML	T4		
FAZACLO	TBDP	100MG	T3		

Product Name	Form	Strength	Pref	Coverage Details	Comment
FEIBA NF	SOLR	0	T4		
FEIBA NF	SOLR	0	T4		
FELBAMATE	SUSP	600MG/5ML	T1	MN	
FELBAMATE	TABS	400MG	T1	MN	
FELBAMATE	TABS	600MG	T1	MN	
FELBATOL	TABS	600MG	T2	MN	
FELBATOL	TABS	400MG	T2	MN	
FELBATOL	SUSP	600MG/5ML	T2	MN	
FELODIPINE ER	TB24	2.5MG	T1	MN	
FELODIPINE ER	TB24	10MG	T1	MN	
FELODIPINE ER	TB24	5MG	T1	MN	
FENOFIBRATE	TABS	160MG	T1	MN	
FENOFIBRATE	TABS	145MG	T1	MN	
FENOFIBRATE	TABS	48MG	T1	MN	
FENOFIBRATE	TABS	54MG	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		
FENTANYL	PT72	100MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	37.5MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	12MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	62.5MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	87.5MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	50MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	25MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL	PT72	75MCG/HR	T3	QL (20.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	200MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	800MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	400MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	600MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1200MCG	T4	QL (120.00 EA per 30 days)	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1600MCG	T4	QL (120.00 EA per 30 days)	
FERRALET 90	TABS	120MG; 12MCG; 50MG; 1MG; 90MG	T1		
FERRIPROX	TABS	500MG	T4		
FINASTERIDE	TABS	5MG	T1		
FLAVOXATE HCL	TABS	100MG	T1	MN	
FLEBOGAMMA DIF	SOLN	0.5GM/10ML	T4	PA	
FLEBOGAMMA DIF	SOLN	10%	T4	PA	
FLECAINIDE ACETATE	TABS	50MG	T1	MN	
FLECAINIDE ACETATE	TABS	100MG	T1	MN	
FLECAINIDE ACETATE	TABS	150MG	T1	MN	
FLOVENT DISKUS	AEPB	250MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	50MCG/BLIST	T2	MN	
FLOVENT DISKUS	AEPB	100MCG/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	SUSR	10MG/ML	T1		
FLUCONAZOLE	SUSR	40MG/ML	T1		
FLUCONAZOLE	TABS	100MG	T1		
FLUCONAZOLE	TABS	150MG	T1		
FLUCONAZOLE	TABS	50MG	T1		
FLUCONAZOLE	TABS	200MG	T1		
FLUCONAZOLE IN DEXTROSE	SOLN	56MG/ML; 400MG/200ML	T1		
FLUCYTOSINE	CAPS	250MG	T1		
FLUCYTOSINE	CAPS	500MG	T1		
FLUDROCORTISONE ACETATE	TABS	0.1MG	T1		
FLUNISOLIDE	SOLN	0.025%	T1		
FLUOCINOLONE ACETONIDE	OIL	0.01%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.025%	T1		
FLUOCINOLONE ACETONIDE	OINT	0.025%	T1		
FLUOCINOLONE ACETONIDE	CREA	0.01%	T1		
FLUOCINOLONE ACETONIDE	SOLN	0.01%	T1		
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	T1		
FLUOCINONIDE	OINT	0.05%	T1		
FLUOCINONIDE	SOLN	0.05%	T1		
FLUOCINONIDE	GEL	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	SOLN	0.125MG/DROP		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	CHEW	0.25MG; 236.79MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUORIDEX DAILY DEFENSE SENSITIVITY RELIEF	PSTE	5%; 1.1%	T2		
FLUORITAB	CHEW	0.5MG		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLUOROURACIL	SOLN	2%	T1		
FLUOROURACIL	CREA	5%	T1		
FLUOROURACIL	CREA	0.5%	T1		
FLUOROURACIL	SOLN	5%	T1		
FLUOXETINE HCL	TABS	20MG	T1	MN	
FLUOXETINE HCL	TABS	60MG	T1	MN	
FLUOXETINE HCL	CAPS	20MG	T1	MN	
FLUOXETINE HCL	TABS	10MG	T1	MN	
FLUOXETINE HCL	CAPS	40MG	T1	MN	
FLUOXETINE HCL	CAPS	10MG	T1	MN	
FLUOXETINE HCL	SOLN	20MG/5ML	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
FLUPHENAZINE HCL	TABS	1MG	T1		
FLUPHENAZINE HCL	TABS	5MG	T1		
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	T1		
FLUPHENAZINE HCL	CONC	5MG/ML	T1		
FLUPHENAZINE HCL	TABS	10MG	T1		
FLUPHENAZINE HCL	TABS	2.5MG	T1		
FLURA-DROPS	SOLN	0.25MG/DROP		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
FLURAZEPAM HCL	CAPS	30MG	T1		
FLURAZEPAM HCL	CAPS	15MG	T1		
FLURBIPROFEN	TABS	100MG	T1		
FLURBIPROFEN	TABS	50MG	T1		
FLURBIPROFEN SODIUM	SOLN	0.03%	T1		
FLUTAMIDE	CAPS	125MG	T1		
FLUTICASON PROPIONATE	SUSP	50MCG/ACT	T1		
FLUTICASON PROPIONATE	LOTN	0.05%	T1		
FLUTICASON PROPIONATE	OINT	0.005%	T1		
FLUTICASON PROPIONATE	CREA	0.05%	T1		
FLUVASTATIN	CAPS	40MG	T1	MN	
FLUVASTATIN	CAPS	20MG	T1	MN	
FLUVOXAMINE MALEATE	TABS	50MG	T1	MN	
FLUVOXAMINE MALEATE	TABS	25MG	T1	MN	
FLUVOXAMINE MALEATE	TABS	100MG	T1	MN	
FML	OINT	0.1%	T2		
FML FORTE	SUSP	0.25%	T2		
FML LIQUIFILM	SUSP	0.1%	T2		
FOCALIN XR	CP24	35MG	T3		
FOCALIN XR	CP24	25MG	T3		
FOLIC ACID	TABS	800MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	400MCG		GL (f)	Eligible for a \$0 copay
FOLIC ACID	TABS	1MG	T1		
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	T4		
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	T4		
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	T4		
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	T4		
FORADIL AEROLIZER	CAPS	12MCG	T2	MN	
FORTEO	SOLN	600MCG/2.4ML	T4	PA	
FORTICAL	SOLN	200UNIT/ACT	T2	MN	
FOSINOPRIL SODIUM	TABS	10MG	T1	MN	
FOSINOPRIL SODIUM	TABS	40MG	T1	MN	
FOSINOPRIL SODIUM	TABS	20MG	T1	MN	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	T1	MN	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	T1	MN	
FOSRENOL	CHEW	750MG	T3		
FOSRENOL	CHEW	1000MG	T3		
FOSRENOL	PACK	1000MG	T3		
FOSRENOL	PACK	750MG	T3		
FOSRENOL	CHEW	500MG	T3		
FRAGMIN	SOLN	10000UNIT/ML	T4		
FRAGMIN	SOLN	15000UNIT/0.6ML	T4		
FRAGMIN	SOLN	18000UNIT/0.72ML	T4		
FRAGMIN	SOLN	2500UNIT/0.2ML	T4		
FRAGMIN	SOLN	12500UNIT/0.5ML	T4		
FRAGMIN	SOLN	5000UNIT/0.2ML	T4		
FRAGMIN	SOLN	7500UNIT/0.3ML	T4		
FROVA	TABS	2.5MG	T3	ST	
FUROSEMIDE	SOLN	8MG/ML	T1	MN	
FUROSEMIDE	SOLN	10MG/ML	T1	MN	
FUROSEMIDE	TABS	40MG	T1	MN	
FUROSEMIDE	TABS	80MG	T1	MN	
FUROSEMIDE	TABS	20MG	T1	MN	
FUZEON	SOLR	90MG	T2		
FYCOMPA	TABS	2MG	T3		
FYCOMPA	TABS	10MG	T3		
FYCOMPA	TABS	4MG	T3		
FYCOMPA	TABS	6MG	T3		
FYCOMPA	TABS	8MG	T3		
FYCOMPA	TABS	12MG	T3		
GABAPENTIN	SOLN	250MG/5ML	T1	MN	
GABAPENTIN	CAPS	100MG	T1	MN	
GABAPENTIN	TABS	600MG	T1	MN	
GABAPENTIN	CAPS	400MG	T1	MN	
GABAPENTIN	CAPS	300MG	T1	MN	
GABAPENTIN	TABS	800MG	T1	MN	
GABITRIL	TABS	4MG	T2	MN	
GABITRIL	TABS	16MG	T2	MN	
GABITRIL	TABS	2MG	T2	MN	
GABITRIL	TABS	12MG	T2	MN	
GALANTAMINE HYDROBROMIDE	TABS	4MG	T3		
GALANTAMINE HYDROBROMIDE	TABS	8MG	T3		
GALANTAMINE HYDROBROMIDE	SOLN	4MG/ML	T3		
GALANTAMINE HYDROBROMIDE	TABS	12MG	T3		
GALANTAMINE HYDROBROMIDE	CP24	24MG	T3		
GALANTAMINE HYDROBROMIDE	CP24	16MG	T3		
GALANTAMINE HYDROBROMIDE	CP24	8MG	T3		
GAMASTAN S/D	INJ	0	T4	PA	
GAMMAGARD LIQUID	SOLN	2.5GM/25ML	T4	PA	
GAMMAGARD S/D	SOLR	5GM	T4	PA	
GAMMAGARD S/D	SOLR	10GM	T4	PA	

Product Name	Form	Strength	Pref	Coverage Details	Comment
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	5GM	T4	PA	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	10GM	T4	PA	
GAMMAKED	SOLN	10GM/100ML	T4	PA	
GAMMAKED	SOLN	1GM/10ML	T4	PA	
GAMMAKED	SOLN	2.5GM/25ML	T4	PA	
GAMMAKED	SOLN	5GM/50ML	T4	PA	
GAMMAKED	SOLN	20GM/200ML	T4	PA	
GAMMAPLEX	SOLN	2.5GM/50ML	T4	PA	
GAMMAPLEX	SOLN	10GM/200ML	T4	PA	
GAMUNEX-C	SOLN	1GM/10ML	T4	PA	
GAMUNEX-C	SOLN	20GM/200ML	T4	PA	
GAMUNEX-C	SOLN	2.5GM/25ML	T4	PA	
GAMUNEX-C	SOLN	5GM/50ML	T4	PA	
GAMUNEX-C	SOLN	40GM/400ML	T4	PA	
GAMUNEX-C	SOLN	10GM/100ML	T4	PA	
GASTROCROM	CONC	100MG/5ML	T3		
GATIFLOXACIN	SOLN	0.5%	T1		
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	T1		
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	T1		
GAVILYTE-N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
GAZYVA	SOLN	1000MG/40ML	T4	PA	
GEL-ONE	PRSY	30MG/3ML	T4		
GEMFIBROZIL	TABS	600MG	T1	MN	
GENERESS FE	CHEW	25MCG; 75MG; 0.8MG		MN	Eligible for a \$0 copay
GENERLAC	SOLN	10GM/15ML	T1	MN	
GENGRAF	CAPS	25MG	T1		
GENGRAF	CAPS	100MG	T1		
GENGRAF	SOLN	100MG/ML	T1		
GENTAK	OINT	0.3%	T1		
GENTAMICIN SULFATE	SOLN	10MG/ML	T1		
GENTAMICIN SULFATE	SOLN	40MG/ML	T1		
GENTAMICIN SULFATE	SOLN	0.3%	T1		
GENTAMICIN SULFATE	OINT	0.1%	T1		
GENTAMICIN SULFATE	CREA	0.1%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.4MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.2MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.6MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1MG/ML; 0.9%	T1		
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	0.9MG/ML; 0.9%	T1		
GEODON	SOLR	20MG	T3		
GIANVI	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
GILDAGIA	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
GILDESS 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
GILDESS 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
GILDESS 24 FE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
GILDESS FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
GILDESS FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
GILENYA	CAPS	0.5MG	T4	PA	
GILOTRIF	TABS	20MG	T4	PA	
GILOTRIF	TABS	30MG	T4	PA	
GILOTRIF	TABS	40MG	T4	PA	
GLATOPA	SOSY	20MG/ML	T4		
GLEEVEC	TABS	100MG	T4	PA	
GLEEVEC	TABS	400MG	T4	PA	
GLIMEPIRIDE	TABS	1MG	T1	MN	
GLIMEPIRIDE	TABS	2MG	T1	MN	
GLIMEPIRIDE	TABS	4MG	T1	MN	
GLIPIZIDE	TABS	5MG	T1	MN	
GLIPIZIDE	TABS	10MG	T1	MN	
GLIPIZIDE ER	TB24	5MG	T1	MN	
GLIPIZIDE ER	TB24	2.5MG	T1	MN	
GLIPIZIDE ER	TB24	10MG	T1	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T3	MN	
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	T3	MN	
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	T3	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	5MG	T1	MN	
GLYBURIDE	TABS	1.25MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	1.5MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	3MG	T1	MN	
GLYBURIDE MICRONIZED	TABS	6MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	1.25MG; 250MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	5MG; 500MG	T1	MN	
GLYBURIDE/METFORMIN HCL	TABS	2.5MG; 500MG	T1	MN	
GLYCOPYRROLATE	TABS	1MG	T1		
GLYCOPYRROLATE	TABS	2MG	T1		
GLYSET	TABS	25MG	T3		
GLYSET	TABS	50MG	T3		
GLYSET	TABS	100MG	T3		
GLYTACTIN BETTERMILK 15	PACK		T2		
GLYTACTIN RTD 10	LIQD		T2		
GLYTACTIN RTD 15	LIQD		T2		
GOLYTELY	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	T2		
GOLYTELY	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	T2		
GRANISETRON HCL	SOLN	1MG/ML	T1		
GRANISETRON HCL	SOLN	0.1MG/ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
GRANISETRON HCL	TABS	1MG	T1		
GRISEOFULVIN MICROSIZE	TABS	500MG	T1		
GRISEOFULVIN MICROSIZE	SUSP	125MG/5ML	T1		
GRISEOFULVIN ULTRAMICROSIZE	TABS	125MG	T1		
GRISEOFULVIN ULTRAMICROSIZE	TABS	250MG	T1		
GRIS-PEG	TABS	125MG	T2		
GRIS-PEG	TABS	250MG	T2		
GUAIFENESIN/CODEINE	SOLN	10MG/5ML; 100MG/5ML	T1		
GUANFACINE ER	TB24	3MG	T3		
GUANFACINE ER	TB24	1MG	T3		
GUANFACINE ER	TB24	2MG	T3		
GUANFACINE ER	TB24	4MG	T3		
GUANFACINE HCL	TABS	2MG	T1	MN	
GUANFACINE HCL	TABS	1MG	T1	MN	
GUANIDINE HCL	TABS	125MG	T1		
HALAVEN	SOLN	1MG/2ML	T4	PA	
HALOBETASOL PROPIONATE	CREA	0.05%	T1		
HALOBETASOL PROPIONATE	OINT	0.05%	T1		
HALOG	OINT	0.1%	T3		
HALOG	CREA	0.1%	T3		
HALOPERIDOL	CONC	2MG/ML	T1		
HALOPERIDOL	TABS	2MG	T1		
HALOPERIDOL	TABS	10MG	T1		
HALOPERIDOL	TABS	5MG	T1		
HALOPERIDOL	TABS	0.5MG	T1		
HALOPERIDOL	TABS	1MG	T1		
HALOPERIDOL	TABS	20MG	T1		
HALOPERIDOL DECANOATE	SOLN	100MG/ML	T1		
HALOPERIDOL DECANOATE	SOLN	50MG/ML	T1		
HALOPERIDOL LACTATE	SOLN	5MG/ML	T1		
HARVONI	TABS	90MG; 400MG	T4	PA	
HEATHER	TABS	0.35MG		MN	Eligible for a \$0 copay
HELIKATE FS	KIT	250UNIT	T4		
HELIKATE FS	KIT	3000UNIT	T4		
HELIKATE FS	KIT	2000UNIT	T4		
HEMOFIL M	SOLR	801-1500 UNIT	T4		
HEMOFIL M	SOLR	220-400 UNIT	T4		
HEMOFIL M	SOLR	401-800 UNIT	T4		
HEMOFIL M	SOLR	1501-2000 UNIT	T4		
HEPARIN SODIUM	SOLN	10000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	1000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	20000UNIT/ML	T1		
HEPARIN SODIUM	SOLN	5000UNIT/ML	T1		
HEPARIN SODIUM/DSW	SOLN	5%; 40UNIT/ML	T1		
HEPARIN SODIUM/NACL 0.45%	SOLN	100UNIT/ML; 0.45%	T1		
HEPARIN SODIUM/NACL 0.45%	SOLN	50UNIT/ML; 0.45%	T1		
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	2UNIT/ML; 0.9%	T1		
HEXALEN	CAPS	50MG	T4	PA	
HORIZANT	TBCR	600MG	T3		
HUMALOG	SOCT	100UNIT/ML	T2	MN	
HUMALOG	SOLN	100UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	100UNIT/ML	T2	MN	
HUMALOG KWIKPEN	SOPN	200UNIT/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	
HUMATE-P	SOLR	500UNIT; 1200UNIT	T4		
HUMATE-P	SOLR	250UNIT; 600UNIT	T4		
HUMATE-P	SOLR	1000UNIT; 2400UNIT	T4		
HUMIRA	PSKT	10MG/0.2ML	T4	PA	
HUMIRA	PSKT	40MG/0.8ML	T4	PA	
HUMIRA	PSKT	20MG/0.4ML	T4	PA	
HUMIRA PEN-CROHNS DISEASESTARTER	PNKT	40MG/0.8ML	T4	PA	
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN 70/30 PEN	SUPN	30UNIT/ML; 70UNIT/ML	T2	MN	
HUMULIN N	SUSP	100UNIT/ML	T2	MN	
HUMULIN N U-100 PEN	SUPN	100UNIT/ML	T2	MN	
HUMULIN R	SOLN	100UNIT/ML	T2	MN	
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	T2	MN	
HYALGAN	SOLN	20MG/2ML	T4		
HYALGAN	SOSY	20MG/2ML	T4		
HYCAMTIN	CAPS	0.25MG	T4	PA	
HYCAMTIN	CAPS	1MG	T4	PA	
HYDRALAZINE HCL	SOLN	20MG/ML	T1		
HYDRALAZINE HCL	TABS	100MG	T1	MN	
HYDRALAZINE HCL	TABS	50MG	T1	MN	
HYDRALAZINE HCL	TABS	25MG	T1	MN	
HYDRALAZINE HCL	TABS	10MG	T1	MN	
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	25MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	12.5MG	T1	MN	
HYDROCHLOROTHIAZIDE	TABS	50MG	T1	MN	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 7.5MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	750MG; 10MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 10MG	T1	DE	
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 5MG	T1	DE	

Product Name	Form	Strength	Pref	Coverage Details	Comment
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	SYRP	1.5MG/5ML; 5MG/5ML	T1		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	TABS	1.5MG; 5MG	T1		
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	LQCR	8MG/5ML; 10MG/5ML	T1		
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	T1	DE	
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	T1	DE	
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1	DE	
HYDROCODONE/IBUPROFEN	TABS	7.5MG; 200MG	T1		
HYDROCORTISONE	TABS	10MG	T1		
HYDROCORTISONE	TABS	5MG	T1		
HYDROCORTISONE	TABS	20MG	T1		
HYDROCORTISONE	CREA	2.5%	T1		
HYDROCORTISONE	LOTN	2.5%	T1		
HYDROCORTISONE	OINT	2.5%	T1		
HYDROCORTISONE	ENEM	100MG/60ML	T1		
HYDROCORTISONE ACETATE	SUPP	25MG	T1		
HYDROCORTISONE ACETATE	SUPP	30MG	T1		
HYDROCORTISONE BUTYRATE	OINT	0.1%	T1		
HYDROCORTISONE BUTYRATE	CREA	0.1%	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		
HYDROMORPHONE HCL	TABS	2MG	T1	QL (240.00 EA per 30 days)	
HYDROMORPHONE HCL	SOLN	500MG/50ML	T1		
HYDROMORPHONE HCL	TABS	8MG	T1	QL (240.00 EA per 30 days)	
HYDROMORPHONE HCL	TABS	4MG	T1	QL (240.00 EA per 30 days)	
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	T1		
HYDROXYUREA	CAPS	500MG	T1		
HYDROXYZINE HCL	TABS	25MG	T1		
HYDROXYZINE HCL	SOLN	25MG/ML	T1		
HYDROXYZINE HCL	SOLN	50MG/ML	T1		
HYDROXYZINE HCL	SOLN	10MG/5ML	T1		
HYDROXYZINE HCL	TABS	10MG	T1		
HYDROXYZINE HCL	TABS	50MG	T1		
HYDROXYZINE PAMOATE	CAPS	25MG	T1		
HYDROXYZINE PAMOATE	CAPS	100MG	T1		
HYDROXYZINE PAMOATE	CAPS	50MG	T1		
HYOSCYAMINE SULFATE	SUBL	0.125MG	T1		
HYOSCYAMINE SULFATE	TABS	0.125MG	T1		
HYOSCYAMINE SULFATE	TBDP	0.125MG	T1		
HYOSCYAMINE SULFATE	ELIX	0.125MG/5ML	T1		
HYOSCYAMINE SULFATE	SOLN	0.125MG/ML	T1		
HYOSCYAMINE SULFATE ER	TB12	0.375MG	T1		
HYOSYNE	SOLN	0.125MG/ML	T1		
IBANDRONATE SODIUM	SOLN	3MG/3ML	T4	PA	
IBANDRONATE SODIUM	TABS	150MG	T1	MN	
IBRANCE	CAPS	100MG	T4	PA	
IBRANCE	CAPS	125MG	T4	PA	
IBRANCE	CAPS	75MG	T4	PA	
IBUPROFEN	TABS	400MG	T1		
IBUPROFEN	TABS	800MG	T1		
IBUPROFEN	SUSP	100MG/5ML	T1		
IBUPROFEN	TABS	600MG	T1		
ICAR PEDIATRIC	SUSP	15MG/1.25ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
ICLUSIG	TABS	45MG	T4	PA	
ICLUSIG	TABS	15MG	T4	PA	
IMBRUVICA	CAPS	140MG	T4	PA	
IMIPRAMINE HCL	TABS	50MG	T1	MN	
IMIPRAMINE HCL	TABS	10MG	T1	MN	
IMIPRAMINE HCL	TABS	25MG	T1	MN	
IMIQUIMOD	CREA	5%	T1		
IMMULIFE	POWD		T2		
IMURAN	TABS	50MG	T2		
INCRELEX	SOLN	40MG/4ML	T4		
INDAPAMIDE	TABS	1.25MG	T1	MN	
INDAPAMIDE	TABS	2.5MG	T1	MN	
INDOCIN	SUPP	50MG	T2		
INDOMETHACIN	CAPS	25MG	T1		
INDOMETHACIN	CAPS	50MG	T1		
INDOMETHACIN ER	CPCR	75MG	T1		
INFERGEN	INJ	9MCG/0.3ML	T4		
INFERGEN	INJ	15MCG/0.5ML	T4		
INLYTA	TABS	1MG	T4	PA	
INLYTA	TABS	5MG	T4	PA	
INTEGRA F	CAPS	40MG; 62.5MG; 1000MCG; 3MG; 62.5MG	T1		
INTEGRA PLUS	CAPS	210MG; 300MCG; 7MG; 10MCG; 62.5MG; 1000MCG; 20MG; 62.5MG; 25MG; 5MG; 5MG	T1		
INTELENCE	TABS	200MG	T3		
INTELENCE	TABS	100MG	T3		
INTRON A	SOLN	6000000UNIT/ML	T4		
INTRON A W/DILUENT	SOLR	10MU	T4		
INTROVALE	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
INVANZ	SOLR	1GM	T2		
INVEGA	TB24	9MG	T3		
INVEGA	TB24	1.5MG	T3		
INVEGA	TB24	3MG	T3		
INVEGA	TB24	6MG	T3		
INVEGA SUSTENNA	SUSP	78MG/0.5ML	T4		

Product Name	Form	Strength	Pref	Coverage Details	Comment
INVEGA SUSTENNA	SUSP	234MG/1.5ML	T4		
INVEGA SUSTENNA	SUSP	39MG/0.25ML	T4		
INVEGA SUSTENNA	SUSP	117MG/0.75ML	T4		
INVEGA SUSTENNA	SUSP	156MG/ML	T4		
INVIRASE	TABS	500MG	T2		
INVIRASE	CAPS	200MG	T2		
INVOKANA	TABS	300MG	T3		
INVOKANA	TABS	100MG	T3		
IOPIDINE	SOLN	1%	T2	MN	
IOPIDINE	SOLN	0.5%	T2	MN	
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	TABS	75MG	T1	MN	
IRBESARTAN	TABS	150MG	T1	MN	
IRBESARTAN	TABS	300MG	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	
IRON SUPPLEMENT CHILDRENS	SOLN	15MG/ML		AL (min: 6m, max: 12m)	Eligible for a \$0 copay
ISENTRESS	PACK	100MG	T3		
ISENTRESS	TABS	400MG	T3		
ISENTRESS	CHEW	100MG	T3		
ISENTRESS	CHEW	25MG	T3		
ISOLYTE-S	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
ISONIAZID	TABS	300MG	T1		
ISONIAZID	TABS	100MG	T1		
ISONIAZID	SYRP	50MG/5ML	T1		
ISOPTO CARPINE	SOLN	4%	T2	MN	
ISOPTO CARPINE	SOLN	1%	T2	MN	
ISOPTO CARPINE	SOLN	2%	T2	MN	
ISOSORBIDE DINITRATE	TABS	20MG	T1	MN	
ISOSORBIDE DINITRATE	SUBL	2.5MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	5MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	10MG	T1	MN	
ISOSORBIDE DINITRATE	TABS	30MG	T1	MN	
ISOSORBIDE DINITRATE ER	TBCR	40MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	10MG	T1	MN	
ISOSORBIDE MONONITRATE	TABS	20MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	60MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	30MG	T1	MN	
ISOSORBIDE MONONITRATE ER	TB24	120MG	T1	MN	
ISOTONIC GENTAMICIN	SOLN	0.8MG/ML; 0.9%	T1		
ISRADIPINE	CAPS	2.5MG	T3		
ISRADIPINE	CAPS	5MG	T3		
ISTALOL	SOLN	0.5%	T2	MN	
ITRACONAZOLE	CAPS	100MG	T1		
IVERMECTIN	TABS	3MG	T1		
JAKAFI	TABS	10MG	T4	PA	
JAKAFI	TABS	15MG	T4	PA	
JAKAFI	TABS	5MG	T4	PA	
JAKAFI	TABS	20MG	T4	PA	
JAKAFI	TABS	25MG	T4	PA	
JANTOVEN	TABS	1MG	T1	MN	
JANTOVEN	TABS	2MG	T1	MN	
JANTOVEN	TABS	3MG	T1	MN	
JANTOVEN	TABS	2.5MG	T1	MN	
JANTOVEN	TABS	4MG	T1	MN	
JANTOVEN	TABS	10MG	T1	MN	
JANTOVEN	TABS	5MG	T1	MN	
JANTOVEN	TABS	6MG	T1	MN	
JANTOVEN	TABS	7.5MG	T1	MN	
JANUMET	TABS	500MG; 50MG	T3		
JANUMET	TABS	1000MG; 50MG	T3		
JANUMET XR	TB24	500MG; 50MG	T3		
JANUMET XR	TB24	1000MG; 100MG	T3		
JANUMET XR	TB24	1000MG; 50MG	T3		
JANUVIA	TABS	100MG	T3		
JANUVIA	TABS	50MG	T3		
JANUVIA	TABS	25MG	T3		
JENCYCLA	TABS	0.35MG		MN	Eligible for a \$0 copay
JENTADUETO	TABS	2.5MG; 1000MG	T2	MN	
JENTADUETO	TABS	2.5MG; 500MG	T2	MN	
JENTADUETO	TABS	2.5MG; 850MG	T2	MN	
DEVANA	SOLN	60MG/1.5ML	T4	PA	
JOLESSA	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
JOLIVETTE	TABS	0.35MG		MN	Eligible for a \$0 copay
JUNEL 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
JUNEL 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
KADCYLA	SOLR	160MG	T4	PA	
KADCYLA	SOLR	100MG	T4	PA	
KALETRA	TABS	200MG; 50MG	T3		
KALETRA	TABS	100MG; 25MG	T3		
KALETRA	SOLN	400MG/5ML; 100MG/5ML	T3		
KARIVA	TABS	0; 0		MN	Eligible for a \$0 copay
KELNOR 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
KEPPRA	SOLN	100MG/ML	T2	MN	
KEPPRA	TABS	250MG	T2	MN	
KEPPRA	TABS	750MG	T2	MN	
KEPPRA	TABS	1000MG	T2	MN	
KEPPRA	TABS	500MG	T2	MN	
KEPPRA XR	TB24	750MG	T2	MN	
KEPPRA XR	TB24	500MG	T2	MN	
KETEK	TABS	400MG	T3		
KETEK	TABS	300MG	T3		
KETOCONAZOLE	TABS	200MG	T1		
KETOCONAZOLE	CREA	2%	T1		
KETOCONAZOLE	SHAM	2%	T1		
KETOPROFEN	CAPS	50MG	T1		
KETOPROFEN	CAPS	75MG	T1		
KETOPROFEN ER	CP24	200MG	T1		
KETOROLAC TROMETHAMINE	TABS	10MG	T3	QL (20.00 EA per 30 days)	
KETOROLAC TROMETHAMINE	SOLN	0.4%	T1		
KETOROLAC TROMETHAMINE	SOLN	0.5%	T1		
KEYTRUDA	SOLN	100MG/4ML	T4	PA	
KEYTRUDA	SOLR	50MG	T4	PA	
KINERET	SOSY	100MG/0.67ML	T4	PA; ST	
KIONEX	POWD	0	T1		
KLONOPIN	TABS	1MG	T2		
KLONOPIN	TABS	0.5MG	T2		
KLONOPIN	TABS	2MG	T2		
KLOR-CON 10	TBCR	10MEQ	T1	MN	
KLOR-CON 8	TBCR	8MEQ	T1	MN	
KLOR-CON M15	TBCR	15MEQ	T2	MN	
KLOR-CON M20	TBCR	20MEQ	T1	MN	
KOATE-DV1	SOLR	250UNIT	T4		
KOATE-DV1	SOLR	1000UNIT	T4		
KOATE-DV1	SOLR	500UNIT	T4		
KOGENATE FS	KIT	500UNIT	T4		
KOGENATE FS	KIT	250UNIT	T4		
KOGENATE FS	KIT	2000UNIT	T4		
KOGENATE FS	KIT	1000UNIT	T4		
KOGENATE FS	KIT	3000UNIT	T4		
KOGENATE FS	KIT	2000UNIT	T4		
KOGENATE FS	KIT	3000UNIT	T4		
KOGENATE FS BIO-SET	KIT	250UNIT	T4		
KOGENATE FS BIO-SET	KIT	1000UNIT	T4		
KOGENATE FS BIO-SET	KIT	500UNIT	T4		
KOGENATE FS BIO-SET	KIT	3000UNIT	T4		
KOGENATE FS BIO-SET	KIT	2000UNIT	T4		
KOMBIGLYZE XR	TB24	500MG; 5MG	T3		
KOMBIGLYZE XR	TB24	1000MG; 2.5MG	T3		
KOMBIGLYZE XR	TB24	1000MG; 5MG	T3		
K-TAB	TBCR	10MEQ	T1	MN	
KURVELO	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
KUVAN	PACK	500MG	T4		
KUVAN	TBSO	100MG	T4		
K-VESCENT	TBEF	25MEQ	T1	MN	
LABETALOL HCL	TABS	100MG	T1	MN	
LABETALOL HCL	TABS	200MG	T1	MN	
LABETALOL HCL	SOLN	5MG/ML	T1		
LABETALOL HCL	TABS	300MG	T1	MN	
LACRISERT	INST	5MG	T2		
LACTULOSE	SOLN	10GM/15ML	T1	MN	
LAMICTAL	TABS	25MG	T2		
LAMICTAL	TABS	150MG	T2		
LAMICTAL	TABS	200MG	T2		
LAMICTAL	TABS	100MG	T2		
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	T2		
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	T2		
LAMISIL	PACK	125MG	T2		
LAMIVUDINE	TABS	100MG	T1		
LAMIVUDINE	SOLN	10MG/ML	T1		
LAMIVUDINE	TABS	300MG	T1		
LAMIVUDINE	TABS	150MG	T1		
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	T3		
LAMOTRIGINE	CHEW	25MG	T1	MN	
LAMOTRIGINE	TABS	25MG	T1	MN	
LAMOTRIGINE	TABS	100MG	T1	MN	
LAMOTRIGINE	CHEW	5MG	T1	MN	
LAMOTRIGINE	TABS	150MG	T1	MN	
LAMOTRIGINE	TABS	200MG	T1	MN	
LANAFLEX	PACK		T2		
LANOXIN	SOLN	0.25MG/ML	T2	MN	
LANOXIN	TABS	250MCG	T2	MN	
LANOXIN	TABS	125MCG	T2	MN	
LANOXIN PEDIATRIC	SOLN	0.1MG/ML	T2	MN	
LANSOPRAZOLE	CPDR	30MG	T1		
LANSOPRAZOLE	CPDR	15MG	T1		
LANTUS	SOLN	100UNIT/ML	T2	MN	
LANTUS SOLOSTAR	SOPN	100UNIT/ML	T2	MN	
LARIN 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
LARIN 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
LARIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
LARIN FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
LASTACAF	SOLN	0.25%	T3		
LATANOPROST	SOLN	0.005%	T1	MN	
LATUDA	TABS	120MG	T3		
LATUDA	TABS	40MG	T3	QL (1.00 EA per 1 days)	
LATUDA	TABS	80MG	T3		
LATUDA	TABS	60MG	T3	QL (1.00 EA per 1 days)	
LATUDA	TABS	20MG	T3	QL (1.00 EA per 1 days)	
LEENA	TABS	0; 0		MN	Eligible for a \$0 copay
LEFLUNOMIDE	TABS	20MG	T1		
LEFLUNOMIDE	TABS	10MG	T1		
LENVIMA 10MG DAILY DOSE	CPPK	10MG	T4	PA	
LENVIMA 14MG DAILY DOSE	CPPK	0	T4	PA	
LENVIMA 20MG DAILY DOSE	CPPK	10MG	T4	PA	
LENVIMA 24MG DAILY DOSE	CPPK	0	T4	PA	
LESSINA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
LETAIRIS	TABS	5MG	T4		
LETAIRIS	TABS	10MG	T4		
LETROZOLE	TABS	2.5MG	T1		
LEUCOVORIN CALCIUM	SOLR	100MG	T1		
LEUCOVORIN CALCIUM	SOLR	350MG	T1		
LEUCOVORIN CALCIUM	TABS	10MG	T1		
LEUCOVORIN CALCIUM	TABS	15MG	T1		
LEUCOVORIN CALCIUM	TABS	25MG	T1		
LEUCOVORIN CALCIUM	TABS	5MG	T1		
LEUKERAN	TABS	2MG	T2		
LEUKINE	SOLR	250MCG	T4		
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	T1	PA	
LEVALBUTEROL	NEBU	1.25MG/0.5ML	T3		
LEVALBUTEROL HCL	NEBU	0.31MG/3ML	T3		
LEVALBUTEROL HCL	NEBU	0.63MG/3ML	T3		
LEVALBUTEROL HCL	NEBU	1.25MG/3ML	T3		
LEVAQUIN	SOLN	5%; 750MG/150ML	T3		
LEVATOL	TABS	20MG	T3		
LEVEMIR	SOLN	100UNIT/ML	T2	MN	
LEVEMIR FLEXPEN	SOPN	100UNIT/ML	T2	MN	
LEVEMIR FLEXTOUCH	SOPN	100UNIT/ML	T2	MN	
LEVETIRACETAM	SOLN	500MG/5ML	T1	MN	
LEVETIRACETAM	SOLN	500MG/5ML	T1		
LEVETIRACETAM	TABS	250MG	T1	MN	
LEVETIRACETAM	TABS	500MG	T1	MN	
LEVETIRACETAM	TABS	750MG	T1	MN	
LEVETIRACETAM	TABS	1000MG	T1	MN	
LEVETIRACETAM	SOLN	100MG/ML	T1	MN	
LEVETIRACETAM ER	TB24	750MG	T1	MN	
LEVETIRACETAM ER	TB24	500MG	T1	MN	
LEVOBUNOLOL HCL	SOLN	0.5%	T1	MN	
LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	5MG	T1		
LEVOFLOXACIN	TABS	750MG	T1		
LEVOFLOXACIN	SOLN	25MG/ML	T1		
LEVOFLOXACIN	TABS	250MG	T1		
LEVOFLOXACIN	TABS	500MG	T1		
LEVOFLOXACIN	SOLN	25MG/ML	T3		
LEVOFLOXACIN IN D5W	SOLN	5%; 500MG/100ML	T3		
LEVONEST	TABS	0; 0		MN	Eligible for a \$0 copay
LEVONORGESTREL	TABS	1.5MG		MN	Eligible for a \$0 copay
LEVONORGESTREL	TABS	0.75MG		MN	Eligible for a \$0 copay
LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	0; 0		MN	Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG		MN	Eligible for a \$0 copay
LEVORPHANOL TARTRATE	TABS	2MG	T1		
LEVOTHYROXINE SODIUM	TABS	75MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	88MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	25MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	100MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	300MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	125MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	50MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	112MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	150MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	175MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	200MCG	T1	MN	
LEVOTHYROXINE SODIUM	TABS	137MCG	T1	MN	
LEVXYL	TABS	50MCG	T2	MN	
LEVXYL	TABS	75MCG	T2	MN	
LEVXYL	TABS	150MCG	T2	MN	
LEVXYL	TABS	200MCG	T2	MN	
LEVXYL	TABS	112MCG	T2	MN	
LEVXYL	TABS	137MCG	T2	MN	
LEVXYL	TABS	25MCG	T2	MN	
LEVXYL	TABS	88MCG	T2	MN	
LEVXYL	TABS	100MCG	T2	MN	
LEVXYL	TABS	125MCG	T2	MN	
LEVXYL	TABS	175MCG	T2	MN	
LEXIVA	TABS	700MG	T2		
LEXIVA	SUSP	50MG/ML	T2		

Product Name	Form	Strength	Pref	Coverage Details	Comment
LIALDA	TBEC	1.2GM	T3		
LIDOCAINE	OINT	5%	T1		
LIDOCAINE	PTCH	5%	T3		
LIDOCAINE HCL	SOLN	1%	T1		
LIDOCAINE HCL	SOLN	0.5%	T1		
LIDOCAINE HCL	SOLN	4%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE HCL JELLY	GEL	2%	T1		
LIDOCAINE VISCOUS	SOLN	2%	T1		
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	T1		
LILETTA	IUD	18.6MCG/DAY			Eligible for a \$0 copay
LINDANE	SHAM	1%	T1		
LINDANE	LOTN	1%	T1		
LINEZOLID	TABS	600MG	T4		
LINZESS	CAPS	290MCG	T3		
LINZESS	CAPS	145MCG	T3		
LIOTHYRONINE SODIUM	TABS	5MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	25MCG	T1	MN	
LIOTHYRONINE SODIUM	TABS	50MCG	T1	MN	
LISINAPRIL	TABS	20MG	T1	MN	
LISINAPRIL	TABS	10MG	T1	MN	
LISINAPRIL	TABS	5MG	T1	MN	
LISINAPRIL	TABS	2.5MG	T1	MN	
LISINAPRIL	TABS	40MG	T1	MN	
LISINAPRIL	TABS	30MG	T1	MN	
LISINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
LISINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
LISINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
LITHIUM	SOLN	8MEQ/5ML	T1	MN	
LITHIUM CARBONATE	CAPS	600MG	T1	MN	
LITHIUM CARBONATE	CAPS	150MG	T1	MN	
LITHIUM CARBONATE	CAPS	300MG	T1	MN	
LITHIUM CARBONATE	TABS	300MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	450MG	T1	MN	
LITHIUM CARBONATE ER	TBCR	300MG	T1	MN	
LIVALO	TABS	2MG	T3	ST	
LIVALO	TABS	4MG	T3	ST	
LIVALO	TABS	1MG	T3	ST	
LO LOESTRIN FE	TABS	10MCG; 75MG; 1MG	T3	MN	
LOMEDIA 24 FE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
LOMUSTINE	CAPS	100MG	T3		
LOMUSTINE	CAPS	10MG	T3		
LOMUSTINE	CAPS	40MG	T3		
LOPERAMIDE HCL	CAPS	2MG	T1		
LOPHLEX	PACK		T2		
LOPHLEX LQ 20	LIQD		T2		
LORAZEPAM	TABS	2MG	T1		
LORAZEPAM	TABS	0.5MG	T1		
LORAZEPAM	TABS	1MG	T1		
LORAZEPAM INTENSOL	CONC	2MG/ML	T1		
LORYNA	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
LOSARTAN POTASSIUM	TABS	25MG	T1	MN	
LOSARTAN POTASSIUM	TABS	50MG	T1	MN	
LOSARTAN POTASSIUM	TABS	100MG	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	OINT	0.5%	T2		
LOTEMAX	GEL	0.5%	T2		
LOTEMAX	SUSP	0.5%	T2		
LOVASTATIN	TABS	40MG	T1	MN	
LOVASTATIN	TABS	10MG	T1	MN	
LOVASTATIN	TABS	20MG	T1	MN	
LOVENOX	SOLN	40MG/0.4ML	T4		
LOVENOX	SOLN	60MG/0.6ML	T4		
LOVENOX	SOLN	80MG/0.8ML	T4		
LOVENOX	SOLN	30MG/0.3ML	T4		
LOVENOX	SOLN	100MG/ML	T4		
LOVENOX	SOLN	300MG/3ML	T4		
LOVENOX	SOLN	120MG/0.8ML	T4		
LOVENOX	SOLN	150MG/ML	T4		
LOW-OGESTREL	TABS	30MCG; 0.3MG		MN	Eligible for a \$0 copay
LOXAPINE SUCCINATE	CAPS	10MG	T1		
LOXAPINE SUCCINATE	CAPS	25MG	T1		
LOXAPINE SUCCINATE	CAPS	5MG	T1		
LOXAPINE SUCCINATE	CAPS	50MG	T1		
LUMIGAN	SOLN	0.01%	T2		
LUPRON DEPOT	KIT	30MG	T4		
LUPRON DEPOT	KIT	45MG	T4		
LUPRON DEPOT	KIT	3.75MG	T4		
LUPRON DEPOT	KIT	7.5MG	T4		
LUPRON DEPOT	KIT	22.5MG	T4		
LUPRON DEPOT-PED	KIT	15MG	T4		
LUPRON DEPOT-PED	KIT	11.25MG	T4		
LUPRON DEPOT-PED	KIT	11.25MG	T4		
LUTERA	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
LYNPARZA	CAPS	50MG	T4	PA	
LYRICA	CAPS	25MG	T3	QL (3.00 EA per 1 days)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
LYRICA	CAPS	300MG	T3		
LYRICA	CAPS	75MG	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	CAPS	200MG	T3		
LYRICA	CAPS	225MG	T3		
LYRICA	CAPS	100MG	T3	QL (3.00 EA per 1 days)	
LYRICA	SOLN	20MG/ML	T3	QL (900.00 ML per 30 days)	
LYSODREN	TABS	500MG	T2		
LYZA	TABS	0.35MG		MN	Eligible for a \$0 copay
MAGNESIUM SULFATE	SOLN	40GM/1000ML	T3		
MAGNESIUM SULFATE	SOLN	4GM/50ML	T3		
MAGNESIUM SULFATE	SOLN	50%	T3		
MALARONE	TABS	62.5MG; 25MG	T2		
MALARONE	TABS	250MG; 100MG	T2		
MALATHION	LOTN	0.5%	T3		
MAPROTIline HCL	TABS	25MG	T3		
MAPROTIline HCL	TABS	50MG	T3		
MAPROTIline HCL	TABS	75MG	T3		
MARLISSA	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
MARPLAN	TABS	10MG	T2		
MATULANE	CAPS	50MG	T4		
MAXAIR AUTOHALER	AERB	200MCG/INH	T3		
MECLOFENAMATE SODIUM	CAPS	50MG	T1		
MECLOFENAMATE SODIUM	CAPS	100MG	T1		
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	10MG	T1	MN	
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML			Eligible for a \$0 copay
MEDROXYPROGESTERONE ACETATE	TABS	5MG	T1	MN	
MEFENAMIC ACID	CAPS	250MG	T3		
MEFLOQUINE HCL	TABS	250MG	T1		
MEGESTROL ACETATE	TABS	20MG	T1		
MEGESTROL ACETATE	SUSP	40MG/ML	T1		
MEGESTROL ACETATE	TABS	40MG	T1		
MEKINIST	TABS	2MG	T4	PA	
MEKINIST	TABS	0.5MG	T4	PA	
MELOXICAM	TABS	15MG	T1		
MELOXICAM	SUSP	7.5MG/5ML	T1		
MELOXICAM	TABS	15MG	T1		
MELOXICAM	TABS	7.5MG	T1		
MELOXICAM	TABS	7.5MG	T1		
MEMANTINE HCL	TABS	10MG	T1		
MEMANTINE HCL	TABS	5MG	T1		
MEMANTINE HCL TITRATION PAK	TABS	0	T1		
MENEST	TABS	2.5MG	T2	MN	
MENEST	TABS	0.3MG	T2	MN	
MENEST	TABS	0.625MG	T2	MN	
MENEST	TABS	1.25MG	T2	MN	
MEPERIDINE HCL	SOLN	50MG/5ML	T3		
MEPERIDINE HCL	TABS	50MG	T3		
MEPERIDINE HCL	TABS	100MG	T3		
MEPROBAMATE	TABS	400MG	T1		
MEPROBAMATE	TABS	200MG	T1		
MERCAPTOPURINE	TABS	50MG	T1		
MESALAMINE	KIT	4GM	T1		
MESNEX	TABS	400MG	T3		
METAPROTERENOL SULFATE	SYRP	10MG/5ML	T3		
METAPROTERENOL SULFATE	TABS	10MG	T3		
METAPROTERENOL SULFATE	TABS	20MG	T3		
METAXALONE	TABS	800MG	T3		
METFORMIN HCL	TABS	1000MG	T1	MN	
METFORMIN HCL	TABS	850MG	T1	MN	
METFORMIN HCL	TABS	500MG	T1	MN	
METFORMIN HCL ER	TB24	1000MG	T3		
METFORMIN HCL ER	TB24	500MG	T1	MN	
METFORMIN HCL ER	TB24	750MG	T1	MN	
METHADONE HCL	CONC	10MG/ML	T1		
METHADONE HCL	SOLN	5MG/5ML	T1		
METHADONE HCL	SOLN	10MG/5ML	T1		
METHADONE HCL	SOLN	10MG/ML	T1		
METHADONE HCL	TABS	5MG	T1	QL (240.00 EA per 30 days)	
METHADONE HCL	TABS	10MG	T1	QL (240.00 EA per 30 days)	
METHAMPHETAMINE HCL	TABS	5MG	T3	PA	
METHAZOLAMIDE	TABS	50MG	T1	MN	
METHAZOLAMIDE	TABS	25MG	T1	MN	
METHENAMINE HIPPURATE	TABS	1GM	T1		
METHIMAZOLE	TABS	5MG	T1		
METHIMAZOLE	TABS	10MG	T1		
METHITEST	TABS	10MG	T3		
METHOCARBAMOL	TABS	750MG	T1		
METHOCARBAMOL	TABS	500MG	T1		
METHOTREXATE	TABS	2.5MG	T1		
METHOTREXATE SODIUM	SOLN	25MG/ML	T1		
METHOTREXATE SODIUM	SOLR	1GM	T1		
METHOXSALEN	CAPS	10MG	T1		
METHSCOPOLAMINE BROMIDE	TABS	2.5MG	T3		
METHSCOPOLAMINE BROMIDE	TABS	5MG	T3		

Product Name	Form	Strength	Pref	Coverage Details	Comment
METHYLOTHIAZIDE	TABS	5MG	T1	MN	
METHYLDOPA	TABS	500MG	T1	MN	
METHYLDOPA	TABS	250MG	T1	MN	
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	25MG; 250MG	T1	MN	
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	15MG; 250MG	T1	MN	
METHYLIN	CHEW	5MG	T1		
METHYLIN	CHEW	2.5MG	T1		
METHYLIN	CHEW	10MG	T1		
METHYLPHENIDATE HCL	TABS	5MG	T1		
METHYLPHENIDATE HCL	TABS	10MG	T1		
METHYLPHENIDATE HCL	TABS	20MG	T1		
METHYLPHENIDATE HCL CD	CPCR	50MG	T1		
METHYLPHENIDATE HCL CD	CPCR	30MG	T1		
METHYLPHENIDATE HCL CD	CPCR	20MG	T1		
METHYLPHENIDATE HCL CD	CPCR	10MG	T1		
METHYLPHENIDATE HCL CD	CPCR	40MG	T1		
METHYLPHENIDATE HCL CD	CPCR	60MG	T1		
METHYLPHENIDATE HCL ER	CP24	20MG	T1		
METHYLPHENIDATE HCL ER	CP24	40MG	T1		
METHYLPHENIDATE HCL ER	TBCR	54MG	T3		
METHYLPHENIDATE HCL ER	TBCR	36MG	T3		
METHYLPHENIDATE HCL ER	TBCR	20MG	T1		
METHYLPHENIDATE HCL ER	CP24	30MG	T1		
METHYLPHENIDATE HCL ER	TBCR	18MG	T3		
METHYLPHENIDATE HCL ER	TBCR	27MG	T3		
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	T1	AL (max: 8y)	
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	T1	AL (max: 8y)	
METHYLPREDNISOLONE	TABS	16MG	T1		
METHYLPREDNISOLONE	TABS	8MG	T1		
METHYLPREDNISOLONE	TABS	4MG	T1		
METHYLPREDNISOLONE	TABS	32MG	T1		
METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	T1		
METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	T1		
METHYLPREDNISOLONE DOSE PACK	TABS	4MG	T1		
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	40MG	T1		
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	125MG	T1		
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	1GM	T1		
METHYLTESTOSTERONE/ESTERIFIED ESTROGENS	TABS	1.25MG; 2.5MG	T1	MN	
METIPRANOLOL	SOLN	0.3%	T1	MN	
METOCLOPRAMIDE HCL	SOLN	5MG/ML	T1		
METOCLOPRAMIDE HCL	TABS	10MG	T1		
METOCLOPRAMIDE HCL	TABS	5MG	T1		
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	T1		
METOLAZONE	TABS	2.5MG	T1	MN	
METOLAZONE	TABS	5MG	T1	MN	
METOLAZONE	TABS	10MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	25MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	200MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	100MG	T1	MN	
METOPROLOL SUCCINATE ER	TB24	50MG	T1	MN	
METOPROLOL TARTRATE	SOLN	1MG/ML	T1		
METOPROLOL TARTRATE	TABS	100MG	T1	MN	
METOPROLOL TARTRATE	TABS	50MG	T1	MN	
METOPROLOL TARTRATE	TABS	25MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	50MG; 100MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	T1	MN	
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 50MG	T1	MN	
METRONIDAZOLE	TABS	250MG	T1		
METRONIDAZOLE	TABS	500MG	T1		
METRONIDAZOLE	LOTN	0.75%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE	GEL	0.75%	T1		
METRONIDAZOLE	CREA	0.75%	T1		
METRONIDAZOLE	GEL	1%	T1		
METRONIDAZOLE IN NACL 0.79%	SOLN	500MG/100ML; 0.79%	T1		
METRONIDAZOLE VAGINAL	GEL	0.75%	T1		
MEXILETINE HCL	CAPS	150MG	T1	MN	
MEXILETINE HCL	CAPS	200MG	T1	MN	
MEXILETINE HCL	CAPS	250MG	T1	MN	
MICROGESTIN 1.5/30	TABS	30MCG; 1.5MG		MN	Eligible for a \$0 copay
MICROGESTIN 1/20	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
MICROGESTIN FE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
MICROGESTIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG		MN	Eligible for a \$0 copay
MIDODRINE HCL	TABS	10MG	T3		
MIDODRINE HCL	TABS	5MG	T3		
MIDODRINE HCL	TABS	2.5MG	T3		
MIGRANAL	SOLN	4MG/ML	T2	QL (8.00 ML per 30 days)	
MILLIPRED	TABS	5MG	T1		
MIMVEY	TABS	1MG; 0.5MG	T1		
MINASTRIN 24 FE	CHEW	20MCG; 75MG; 1MG	T3	MN	
MINOCYCLINE HCL	CAPS	100MG	T1		
MINOCYCLINE HCL	CAPS	50MG	T1		
MINOCYCLINE HCL	TABS	50MG	T1		
MINOCYCLINE HCL	CAPS	75MG	T1		
MINOCYCLINE HCL	TABS	75MG	T1		
MINOCYCLINE HCL	TABS	100MG	T1		
MINOXIDIL	TABS	2.5MG	T1	MN	
MINOXIDIL	TABS	10MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
MIRENA	IUD	20MCG/24HR			Eligible for a \$0 copay
MIRTAZAPINE	TABS	15MG	T1		
MIRTAZAPINE	TABS	7.5MG	T1		
MIRTAZAPINE	TABS	30MG	T1		
MIRTAZAPINE	TABS	45MG	T1		
MIRTAZAPINE ODT	TBDP	45MG	T1		
MIRTAZAPINE ODT	TBDP	30MG	T1		
MIRTAZAPINE ODT	TBDP	15MG	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
MISSION PRENATAL/FOLIC ACID	TABS			GL (f)	Eligible for a \$0 copay
MITOXANTRONE HCL	CONC	2MG/ML	T1		
MODAFINIL	TABS	200MG	T1	QL (60.00 EA per 30 days)	
MODAFINIL	TABS	100MG	T1	QL (30.00 EA per 30 days)	
MOEXIPRIL HCL	TABS	7.5MG	T3		
MOEXIPRIL HCL	TABS	15MG	T3		
MOMETASONE FUROATE	CREA	0.1%	T1		
MOMETASONE FUROATE	OINT	0.1%	T1		
MOMETASONE FUROATE	SOLN	0.1%	T1		
MONOCLATE-P	KIT	1500UNIT	T4		
MONOCLATE-P	KIT	500UNIT	T4		
MONOCLATE-P	KIT	1000UNIT	T4		
MONOCLATE-P	KIT	250UNIT	T4		
MONO-LINYAH	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
MONONESSA	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
MONONINE	SOLR	1000UNIT	T4		
MONONINE	SOLR	500UNIT	T4		
MONOVISC	SOSY	88MG/4ML	T4		
MONTELUKAST SODIUM	CHEW	5MG	T1	MN	
MONTELUKAST SODIUM	PACK	4MG	T1	MN	
MONTELUKAST SODIUM	CHEW	4MG	T1	MN	
MONTELUKAST SODIUM	TABS	10MG	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	TABS	30MG	T1		
MORPHINE SULFATE	SOLN	20MG/5ML	T1		
MORPHINE SULFATE ER	TBCR	200MG	T1	QL (120.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	100MG	T1	QL (120.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	15MG	T1	QL (180.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	60MG	T1	QL (120.00 EA per 30 days)	
MORPHINE SULFATE ER	TBCR	30MG	T1	QL (180.00 EA per 30 days)	
MOTOFEN	TABS	0.025MG; 1MG	T3		
MOVIPREP	SOLR	4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	T3		
MOXIFLOXACIN HCL	TABS	400MG	T3		
MOZOIL	SOLN	24MG/1.2ML	T4	PA; QL (9.60 ML per 30 days)	
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
MULTI-VIT/FLUORIDE	SOLN			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTI-VIT/IRON/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			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN WITH FLUORIDE	CHEW		T1		
MULTIVITAMIN/FLUORIDE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
MULTIVITAMIN/FLUORIDE	CHEW			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	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
MUPIROICIN	OINT	2%	T1		
MY WAY	TABS	1.5MG		MN	Eligible for a \$0 copay
MYCOPHENOLATE MOFETIL	SUSR	200MG/ML	T1		
MYCOPHENOLATE MOFETIL	TABS	500MG	T1		
MYCOPHENOLATE MOFETIL	CAPS	250MG	T1		
MYCOPHENOLIC ACID DR	TBEC	360MG	T1		
MYCOPHENOLIC ACID DR	TBEC	180MG	T1		
MYFORTIC	TBEC	360MG	T4		
MYFORTIC	TBEC	180MG	T4		
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
MYOBLOC	SOLN	2500UNIT/0.5ML	T4	PA	
MYOBLOC	SOLN	5000UNIT/ML	T4	PA	
MYOBLOC	SOLN	10000UNIT/2ML	T4	PA	
MYRBETRIQ	TB24	25MG	T2	MN	
MYRBETRIQ	TB24	50MG	T2	MN	
MYSOLINE	TABS	50MG	T2	MN	
MYSOLINE	TABS	250MG	T2	MN	
MYZILRA	TABS	0, 0		MN	Eligible for a \$0 copay
NABI-HB	SOLN	0	T4	PA	
NABI-HB	SOLN	0	T4	PA	
NABUMETONE	TABS	500MG	T1		
NABUMETONE	TABS	750MG	T1		
NADOLOL	TABS	40MG	T1	MN	
NADOLOL	TABS	80MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
NADOLOL	TABS	20MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	T1	MN	
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	T1	MN	
NAFCILLIN SODIUM	SOLR	10GM	T1		
NAFCILLIN SODIUM	SOLR	1GM	T1		
NAFRINSE DROPS	SOLN	0.125MG/DROP			Eligible for a \$0 copay
NAFTIFINE HCL	CREA	1%	T1		
NAGLAZYME	SOLN	1MG/ML	T4		
NALOXONE HCL	SOLN	1MG/ML	T1		
NALTREXONE HCL	TABS	50MG	T1		
NAMENDA	SOLN	10MG/5ML	T2		
NAMENDA XR	CP24	28MG	T2		
NAMENDA XR	CP24	21MG	T2		
NAMENDA XR	CP24	14MG	T2		
NAMENDA XR	CP24	7MG	T2		
NAMENDA XR TITRATION PACK	CP24	0	T2		
NAPHAZOLINE HCL	SOLN	0.1%	T3		
NAPROXEN	TABS	375MG	T1		
NAPROXEN	TABS	500MG	T1		
NAPROXEN	TABS	250MG	T1		
NAPROXEN	SUSP	125MG/5ML	T1		
NAPROXEN DR	TBEC	500MG	T1		
NAPROXEN DR	TBEC	375MG	T1		
NAPROXEN SODIUM	TABS	550MG	T1		
NAPROXEN SODIUM	TABS	275MG	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)	
NATACYN	SUSP	5%	T2		
NATAZIA	TABS	0; 0	T3	MN	
NATEGLINIDE	TABS	120MG	T1	MN	
NATEGLINIDE	TABS	60MG	T1	MN	
NATURE-THROID	TABS	65MG	T2	MN	
NATURE-THROID	TABS	32.5MG	T2	MN	
NATURE-THROID	TABS	16.25MG	T2	MN	
NATURE-THROID	TABS	130MG	T2	MN	
NATURE-THROID	TABS	97.5MG	T2	MN	
NATURE-THROID	TABS	113.75MG	T2	MN	
NATURE-THROID	TABS	48.75MG	T2	MN	
NATURE-THROID	TABS	81.25MG	T2	MN	
NATURE-THROID	TABS	325MG	T2	MN	
NATURE-THROID	TABS	146.25MG	T2	MN	
NATURE-THROID	TABS	195MG	T2	MN	
NATURE-THROID	TABS	260MG	T2	MN	
NATURE-THROID NT-2.5	TABS	162.5MG	T2	MN	
NEBUPENT	SOLR	300MG	T3		
NECON 0.5/35-28	TABS	35MCG; 0.5MG		MN	Eligible for a \$0 copay
NECON 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
NECON 1/50-28	TABS	50MCG; 1MG		MN	Eligible for a \$0 copay
NECON 10/11-28	TABS	35MCG; 0		MN	Eligible for a \$0 copay
NECON 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
NEFAZODONE HCL	TABS	100MG	T1		
NEFAZODONE HCL	TABS	250MG	T1		
NEFAZODONE HCL	TABS	150MG	T1		
NEFAZODONE HCL	TABS	50MG	T1		
NEFAZODONE HCL	TABS	200MG	T1		
NEOMYCIN SULFATE	TABS	500MG	T1		
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/HCL	SOLN	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		
NEORAL	CAPS	25MG	T4		
NEORAL	CAPS	100MG	T4		
NEORAL	SOLN	100MG/ML	T4		
NEULASTA	SOSY	6MG/0.6ML	T4		
NEULASTA DELIVERY KIT	PSKT	6MG/0.6ML	T4		
NEUMEGA	SOLR	5MG	T4		
NEUPOGEN	SOSY	300MCG/0.5ML	T4		
NEUPOGEN	SOLN	300MCG/ML	T4		
NEUPOGEN	SOSY	480MCG/0.8ML	T4		
NEUPOGEN	SOLN	480MCG/1.6ML	T4		
NEURONTIN	TABS	800MG	T2	MN	
NEURONTIN	CAPS	100MG	T2	MN	
NEURONTIN	SOLN	250MG/5ML	T2	MN	
NEURONTIN	CAPS	400MG	T2	MN	
NEURONTIN	TABS	600MG	T2	MN	
NEURONTIN	CAPS	300MG	T2	MN	
NEUTRAL SODIUM FLUORIDE	SOLN	0.2%	T1		
NEVANAC	SUSP	0.1%	T3		
NEVIRAPINE	TABS	200MG	T1		
NEVIRAPINE ER	TB24	400MG	T1		
NEXAVAR	TABS	200MG	T4	PA	
NEXIUM	PACK	10MG	T3	ST	
NEXIUM	PACK	20MG	T3	ST	
NEXIUM	PACK	40MG	T3	ST	

Product Name	Form	Strength	Pref	Coverage Details	Comment
NEXIUM	PACK	2.5MG	T3	ST	
NEXIUM	PACK	5MG	T3	ST	
NEXPLANON	IMPL	68MG			Eligible for a \$0 copay
NEXT CHOICE ONE DOSE	TABS	1.5MG		MN	Eligible for a \$0 copay
NIACIN ER	TBCR	750MG	T1	MN	
NIACIN ER	TBCR	500MG	T1	MN	
NIACIN ER	TBCR	1000MG	T1	MN	
NICARDIPINE HCL	CAPS	20MG	T3		
NICARDIPINE HCL	CAPS	30MG	T3		
NICOTINE POLACRILEX	LOZG	2MG		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	GUM	4MG		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	PT24	21MG/24HR		QL	Eligible for a \$0 copay
NICOTINE TRANSDERMAL SYSTEM	KIT	0		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
NICOTROL INHALER	INHAI	10MG		QL	Eligible for a \$0 copay
NICOTROL NS	SOLN	10MG/ML		QL	Eligible for a \$0 copay
NIFEDIAC CC	TB24	90MG	T1	MN	
NIFEDICAL XL	TB24	60MG	T1	MN	
NIFEDICAL XL	TB24	30MG	T1	MN	
NIFEDIPINE	CAPS	20MG	T1	MN	
NIFEDIPINE	CAPS	10MG	T1	MN	
NIFEDIPINE ER	TB24	90MG	T1	MN	
NIFEDIPINE ER	TB24	60MG	T1	MN	
NIFEDIPINE ER	TB24	30MG	T1	MN	
NIKKI	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
NILANDRON	TABS	150MG	T3		
NIMODIPINE	CAPS	30MG	T1		
NISOLDIPINE	TB24	20MG	T3		
NISOLDIPINE	TB24	17MG	T3		
NISOLDIPINE	TB24	34MG	T3		
NISOLDIPINE	TB24	40MG	T3		
NISOLDIPINE	TB24	30MG	T3		
NISOLDIPINE	TB24	8.5MG	T3		
NISOLDIPINE ER	TB24	25.5MG	T3		
NITRO-BID	OINT	2%	T2	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 MONOHYDRATE	CAPS	100MG	T1		
NITROGLYCERIN	SOLN	5MG/ML	T1		
NITROGLYCERIN TRANSDERMAL	PT24	0.6MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.2MG/HR	T1	MN	
NITROGLYCERIN TRANSDERMAL	PT24	0.4MG/HR	T1	MN	
NITROLINGUAL PUMPSPRAY	SOLN	0.4MG/SPRAY	T2		
NITROSTAT	SUBL	0.6MG	T1		
NITROSTAT	SUBL	0.4MG	T1		
NITROSTAT	SUBL	0.3MG	T1		
NIZATIDINE	CAPS	300MG	T1		
NIZATIDINE	CAPS	150MG	T1		
NORA-BE	TABS	0.35MG		MN	Eligible for a \$0 copay
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	T4	PA	
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	T4	PA	
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	T4	PA	
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	T4	PA	
NORETHINDRONE	TABS	0.35MG		MN	Eligible for a \$0 copay
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	25MCG; 75MG; 0.8MG		MN	Eligible for a \$0 copay
NORETHINDRONE ACETATE	TABS	5MG	T1	MN	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	20MCG; 1MG		MN	Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	0; 0		MN	Eligible for a \$0 copay
NORLYROC	TABS	0.35MG		MN	Eligible for a \$0 copay
NORMOSOL -R	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
NORMOSOL-R	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
NOROXIN	TABS	400MG	T3		
NORPACE CR	CP12	150MG	T2	MN	
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG		MN	Eligible for a \$0 copay
NORTREL 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
NORTREL 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
NORTRIPTYLINE HCL	CAPS	25MG	T1	MN	
NORTRIPTYLINE HCL	SOLN	10MG/5ML	T1		
NORTRIPTYLINE HCL	CAPS	10MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	50MG	T1	MN	
NORTRIPTYLINE HCL	CAPS	75MG	T1	MN	
NORVIR	SOLN	80MG/ML	T2		
NORVIR	TABS	100MG	T2		
NORVIR	CAPS	100MG	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	

Product Name	Form	Strength	Pref	Coverage Details	Comment
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	
NOVOSEVEN RT	SOLR	5MG	T4		
NOVOSEVEN RT	SOLR	8MG	T4		
NOVOSEVEN RT	SOLR	1MG	T4		
NOVOSEVEN RT	SOLR	2MG	T4		
NOXAFIL	TBEC	100MG	T2	PA	
NOXAFIL	SUSP	40MG/ML	T2	PA	
NUCYNTA	TABS	100MG	T3	QL (180.00 EA per 30 days)	
NUCYNTA	TABS	75MG	T3	QL (180.00 EA per 30 days)	
NUCYNTA	TABS	50MG	T3	QL (180.00 EA per 30 days)	
NUCYNTA ER	TB12	150MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	250MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	50MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	100MG	T3	QL (60.00 EA per 30 days)	
NUCYNTA ER	TB12	200MG	T3	QL (60.00 EA per 30 days)	
NUJEXTA	CAPS	20MG; 10MG	T3		
NULOJIX	SOLR	250MG	T4		
NULYTELY/FLAVOR PACKS	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR			Eligible for a \$0 copay
NUVIGIL	TABS	200MG	T2	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	50MG	T2	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	150MG	T2	QL (30.00 EA per 30 days)	
NUVIGIL	TABS	250MG	T2	QL (30.00 EA per 30 days)	
NYAMYC	POWD	100000UNIT/GM	T1		
NYSTATIN	TABS	500000UNIT	T1		
NYSTATIN	SUSP	100000UNIT/ML	T1		
NYSTATIN	OINT	100000UNIT/GM	T1		
NYSTATIN	CREA	100000UNIT/GM	T1		
NYSTATIN	POWD	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		MN	Eligible for a \$0 copay
OCTAGAM	SOLN	1GM/20ML	T4	PA	
OCTAGAM	SOLN	2GM/20ML	T4	PA	
OCTAGAM	SOLN	5GM/50ML	T4	PA	
OCTAGAM	SOLN	20GM/200ML	T4	PA	
OCTAGAM	SOLN	10GM/100ML	T4	PA	
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	200MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T4		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T4		
OFLOXACIN	TABS	200MG	T1		
OFLOXACIN	TABS	400MG	T1		
OFLOXACIN	TABS	300MG	T1		
OFLOXACIN	SOLN	0.3%	T1		
OFLOXACIN	SOLN	0.3%	T1		
OGESTREL	TABS	50MCG; 0.5MG		MN	Eligible for a \$0 copay
OLANZAPINE	TABS	7.5MG	T1		
OLANZAPINE	TABS	10MG	T1		
OLANZAPINE	TABS	15MG	T1		
OLANZAPINE	TABS	2.5MG	T1		
OLANZAPINE	TABS	5MG	T1		
OLANZAPINE	TABS	20MG	T1		
OLANZAPINE	SOLR	10MG	T1		
OLANZAPINE ODT	TBDP	15MG	T1		
OLANZAPINE ODT	TBDP	20MG	T1		
OLANZAPINE ODT	TBDP	5MG	T1		
OLANZAPINE ODT	TBDP	10MG	T1		
OLOPATADINE HCL	SOLN	0.6%	T3		
OLYSIO	CAPS	150MG	T4	PA	
OMEGA-3-ACID ETHYL ESTERS	CAPS	375MG; 465MG; 1GM	T3		
OMEPRAZOLE	CPDR	10MG	T1		
OMEPRAZOLE	CPDR	20MG	T1		
OMEPRAZOLE	CPDR	40MG	T1		
OMNARIS	SUSP	50MCG/ACT	T3		
ONDANSETRON HCL	SOLN	4MG/5ML	T1		
ONDANSETRON HCL	SOLN	4MG/2ML	T1		
ONDANSETRON HCL	TABS	8MG	T1		
ONDANSETRON HCL	SOLN	40MG/20ML	T1		
ONDANSETRON HCL	TABS	24MG	T1		
ONDANSETRON HCL	TABS	4MG	T1		
ONDANSETRON ODT	TBDP	8MG	T1		
ONDANSETRON ODT	TBDP	4MG	T1		
ONE-A-DAY WOMENS PRENATAL	MISC			GL (f)	Eligible for a \$0 copay
ONFI	TABS	20MG	T4		
ONFI	SUSP	2.5MG/ML	T4		
ONFI	TABS	10MG	T4		
ONGLYZA	TABS	5MG	T3		

Product Name	Form	Strength	Pref	Coverage Details	Comment
ONGLYZA	TABS	2.5MG	T3		
OPCICON ONE-STEP	TABS	1.5MG		MN	Eligible for a \$0 copay
OPSUMIT	TABS	10MG	T4		
ORAP	TABS	1MG	T2		
ORAP	TABS	2MG	T2		
ORENCIA	SOLR	250MG	T4	PA; ST	
ORENCIA	SOSY	125MG/ML	T4	PA; ST	
ORFADIN	CAPS	2MG	T4		
ORFADIN	CAPS	5MG	T4		
ORFADIN	CAPS	10MG	T4		
ORPHENADRINE CITRATE ER	TB12	100MG	T1		
ORSYTHIA	TABS	20MG; 0.1MG		MN	Eligible for a \$0 copay
ORTHO TRI-CYCLEN LO	TABS	0; 0	T2	MN; ST	Eligible for a \$0 copay
OXANDROLONE	TABS	10MG	T1		
OXANDROLONE	TABS	2.5MG	T1		
OXAPROZIN	TABS	600MG	T1		
OXAZEPAM	CAPS	30MG	T1		
OXAZEPAM	CAPS	15MG	T1		
OXAZEPAM	CAPS	10MG	T1		
OXCARBAZEPINE	TABS	300MG	T1	MN	
OXCARBAZEPINE	TABS	600MG	T1	MN	
OXCARBAZEPINE	TABS	600MG	T1	MN	
OXCARBAZEPINE	TABS	150MG	T1	MN	
OXCARBAZEPINE	TABS	150MG	T1	MN	
OXCARBAZEPINE	TABS	300MG	T1	MN	
OXCARBAZEPINE	SUSP	300MG/5ML	T1	MN	
OXISTAT	LOTN	1%	T2		
OXISTAT	CREA	1%	T2		
OXYBUTYNIN CHLORIDE	SYRP	5MG/5ML	T1	MN	
OXYBUTYNIN CHLORIDE	TABS	5MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	10MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	15MG	T1	MN	
OXYBUTYNIN CHLORIDE ER	TB24	5MG	T1	MN	
OXYCODONE HCL	SOLN	5MG/5ML	T1		
OXYCODONE HCL	TABS	15MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	CAPS	5MG	T1		
OXYCODONE HCL	CONC	100MG/5ML	T1		
OXYCODONE HCL	TABS	30MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	TABS	10MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	TABS	20MG	T1	QL (180.00 EA per 30 days)	
OXYCODONE HCL	TABS	5MG	T1	QL (360.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	10MG	T3	QL (90.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	40MG	T3	QL (90.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	80MG	T3	QL (120.00 EA per 30 days)	
OXYCODONE HCL ER	T12A	20MG	T3	QL (90.00 EA per 30 days)	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 2.5MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	T1		
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	T1		
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	T1		
OXYCODONE/IBUPROFEN	TABS	400MG; 5MG	T3		
OXYCONTIN	T12A	15MG	T3	QL (90.00 EA per 30 days)	
OXYCONTIN	T12A	30MG	T3	QL (90.00 EA per 30 days)	
OXYCONTIN	T12A	60MG	T3	QL (90.00 EA per 30 days)	
OXYMORPHONE HYDROCHLORIDE	TABS	10MG	T3		
OXYMORPHONE HYDROCHLORIDE	TABS	5MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	10MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	40MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	30MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	5MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	15MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	15MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	20MG	T3		
OXYMORPHONE HYDROCHLORIDE ER	TB12	7.5MG	T3		
PACERONE	TABS	100MG	T1	MN	
PACERONE	TABS	200MG	T1	MN	
PACERONE	TABS	400MG	T1	MN	
PALIPERIDONE ER	TB24	1.5MG	T3		
PALIPERIDONE ER	TB24	6MG	T3		
PALIPERIDONE ER	TB24	3MG	T3		
PALIPERIDONE ER	TB24	9MG	T3		
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	T4		
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	T4		
PAMIDRONATE DISODIUM	SOLN	6MG/ML	T4		
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	T2		
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	T2		
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	T2		
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	T2		
PANRETIN	GEL	0.1%	T4		
PANTOPRAZOLE SODIUM	TBEC	20MG	T1		
PANTOPRAZOLE SODIUM	TBEC	40MG	T1		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	0			Eligible for a \$0 copay
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	0			Eligible for a \$0 copay
PARICALCITOL	CAPS	2MCG	T3	PA	
PARICALCITOL	CAPS	4MCG	T3	PA	
PARICALCITOL	SOLN	2MCG/ML	T4		
PARICALCITOL	CAPS	1MCG	T3	PA	
PARICALCITOL	SOLN	5MCG/ML	T4		

Product Name	Form	Strength	Pref	Coverage Details	Comment
PAROMOMYCIN SULFATE	CAPS	250MG	T3		
PAROXETINE HCL	TABS	40MG	T1	MN	
PAROXETINE HCL	TABS	30MG	T1	MN	
PAROXETINE HCL	TABS	10MG	T1	MN	
PAROXETINE HCL	TABS	20MG	T1	MN	
PAROXETINE HCL ER	TB24	37.5MG	T1	MN	
PAROXETINE HCL ER	TB24	12.5MG	T1	MN	
PAROXETINE HCL ER	TB24	25MG	T1	MN	
PASER	PACK	4GM	T3		
PATANOL	SOLN	0.1%	T2		
PAXIL	SUSP	10MG/5ML	T3		
PEG 3350/ELECTROLYTES	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	T1		
PEG-3350/ELECTROLYTES	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	T1		
PEG-3350/NACL/NA BICARBONATE/KCL	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
PEGANONE	TABS	250MG	T2	MN	
PEGASYS	KIT	180MCG/0.5ML	T4		
PEGASYS	SOLN	180MCG/ML	T4		
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	T4		
PEG-INTRON	KIT	50MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	T4		
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	T4		
PENICILLIN G POTASSIUM	SOLR	500000UNIT	T1		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 60000UNIT/ML	T1		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 40000UNIT/ML	T1		
PENICILLIN G PROCAINE	SUSP	600000UNIT/ML	T1		
PENICILLIN G SODIUM	SOLR	5000000UNIT	T1		
PENICILLIN V POTASSIUM	TABS	250MG	T1		
PENICILLIN V POTASSIUM	TABS	500MG	T1		
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	T1		
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	T1		
PENTASA	CPCR	500MG	T2		
PENTASA	CPCR	250MG	T2		
PENTOXIFYLLINE ER	TBCR	400MG	T1		
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		
PERINDOPRIL ERBUMINE	TABS	2MG	T3		
PERINDOPRIL ERBUMINE	TABS	8MG	T3		
PERINDOPRIL ERBUMINE	TABS	4MG	T3		
PERJETA	SOLN	420MG/14ML	T4	PA	
PERMETHRIN	CREA	5%	T1		
PERPHENAZINE	TABS	2MG	T1		
PERPHENAZINE	TABS	4MG	T1		
PERPHENAZINE	TABS	16MG	T1		
PERPHENAZINE	TABS	8MG	T1		
PERRY PRENATAL	CAPS			GL (f)	Eligible for a \$0 copay
PHENAZOPYRIDINE HCL	TABS	200MG	T1		
PHENELZINE SULFATE	TABS	15MG	T1		
PHENEX CHEWS	CHEW		T2		
PHENEX-1	POWD		T2		
PHENEX-2	POWD		T2		
PHENOBARBITAL	ELIX	20MG/5ML	T1	MN	
PHENOBARBITAL	TABS	15MG	T1	MN	
PHENOBARBITAL	TABS	60MG	T1	MN	
PHENOBARBITAL	TABS	30MG	T1	MN	
PHENOBARBITAL	TABS	100MG	T1	MN	
PHENOBARBITAL	TABS	32.4MG	T1	MN	
PHENOBARBITAL	TABS	16.2MG	T1	MN	
PHENOBARBITAL	TABS	64.8MG	T1	MN	
PHENOBARBITAL	TABS	97.2MG	T1	MN	
PHENOXYBENZAMINE HYDROCHLORIDE	CAPS	10MG	T1	MN	
PHENYLADE	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	POWD		T2		
PHENYLADE GMP	PACK		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		
PHENYLADE60 DRINK MIX	POWD		T2		
PHENYL-FREE 1	POWD		T2		
PHENYL-FREE 2	POWD		T2		
PHENYL-FREE 2	POWD		T2		
PHENYL-FREE 2HP	POWD		T2		

Product Name	Form	Strength	Pref	Coverage Details	Comment
PHENYL-FREE ZHP	POWD		T2		
PHENYTOIN	SUSP	125MG/5ML	T1	MN	
PHENYTOIN	CHEW	50MG	T1	MN	
PHENYTOIN SODIUM	SOLN	50MG/ML	T1		
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	T1	MN	
PHENYTOIN SODIUM EXTENDED	CAPS	300MG	T1	MN	
PHENYTOIN SODIUM EXTENDED	CAPS	200MG	T1	MN	
PHILITH	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
PHILEXY-10	PACK		T2		
PHILEXY-10	CAPS		T2		
PHILEXY-10	TABS		T2		
PHOSPHOLINE IODIDE	SOLR	0.125%	T2	MN	
PICATO	GEL	0.015%	T3	PA	
PICATO	GEL	0.05%	T3	PA	
PILOCARPINE HCL	TABS	7.5MG	T1		
PILOCARPINE HYDROCHLORIDE	TABS	5MG	T1		
PIMTREA	TABS	0; 0		MN	Eligible for a \$0 copay
PINDOLOL	TABS	5MG	T1	MN	
PINDOLOL	TABS	10MG	T1	MN	
PIOGLITAZONE HCL	TABS	15MG	T1	MN	
PIOGLITAZONE HCL	TABS	30MG	T1	MN	
PIOGLITAZONE HCL	TABS	45MG	T1	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	T1	MN	
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	T1	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	4MG; 30MG	T1	MN	
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	2MG; 30MG	T1	MN	
PIRMELLA 1/35	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
PIRMELLA 7/7/7	TABS	0; 0		MN	Eligible for a \$0 copay
PIROXICAM	CAPS	10MG	T1		
PIROXICAM	CAPS	20MG	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 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		
PLASMA-LYTE-148	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	T3		
PLEGRIDY	SOPN	125MCG/0.5ML	T4		
PLEGRIDY	SOSY	125MCG/0.5ML	T4		
PLEGRIDY STARTER PACK	SOPN	0	T4		
PLEGRIDY STARTER PACK	SOSY	0	T4		
PODOFILOX	SOLN	0.5%	T1		
POLYETHYLENE GLYCOL 3350	POWD	0	T1		
POLYMYXIN B SULFATE	SOLR	500000UNIT	T1		
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	10000UNIT/ML; 0.1%	T1		
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	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
POLY-VI-FLOR/IRON	SUSP			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POMALYST	CAPS	1MG	T4	PA	
POMALYST	CAPS	3MG	T4	PA	
POMALYST	CAPS	2MG	T4	PA	
POMALYST	CAPS	4MG	T4	PA	
PORTIA-28	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
POTASSIUM CHLORIDE ER	TBCR	20MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	8MEQ	T1	MN	
POTASSIUM CHLORIDE ER	TBCR	10MEQ	T1	MN	
POTASSIUM CHLORIDE ER	CPCR	10MEQ	T1	MN	
POTASSIUM CITRATE ER	TBCR	540MG	T1	MN	
POTASSIUM CITRATE ER	TBCR	1080MG	T1	MN	
POTASSIUM GLUCONATE	TABS	2MEQ		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
POTTIGA	TABS	300MG	T3		
POTTIGA	TABS	50MG	T3		
POTTIGA	TABS	400MG	T3		
POTTIGA	TABS	200MG	T3		
PRADAXA	CAPS	150MG	T2	PA; MN; QL (60.00 EA per 30 days)	
PRADAXA	CAPS	75MG	T2	PA; MN; QL (60.00 EA per 30 days)	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	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	0.25MG	T1	MN	
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	T1	MN	
PRAVASTATIN SODIUM	TABS	40MG	T1	MN	
PRAVASTATIN SODIUM	TABS	80MG	T1	MN	
PRAVASTATIN SODIUM	TABS	10MG	T1	MN	
PRAVASTATIN SODIUM	TABS	20MG	T1	MN	
PRAZOSIN HCL	CAPS	1MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
PRAZOSIN HCL	CAPS	2MG	T1	MN	
PRAZOSIN HCL	CAPS	5MG	T1	MN	
PREDNICARBATE	CREA	0.1%	T3		
PREDNICARBATE	OINT	0.1%	T3		
PREDNISOLONE ACETATE	SUSP	1%	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	T1		
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	T1		
PREDNISON	SOLN	5MG/5ML	T1		
PREDNISON	TABS	10MG	T1		
PREDNISON	TABS	1MG	T1		
PREDNISON	TABS	50MG	T1		
PREDNISON	TABS	5MG	T1		
PREDNISON	TABS	20MG	T1		
PREDNISON	TABS	2.5MG	T1		
PREMARIN	CREA	0.625MG/GM	T2		
PREMARIN	TABS	0.3MG	T2	MN	
PREMARIN	TABS	0.9MG	T2	MN	
PREMARIN	TABS	1.25MG	T2	MN	
PREMARIN	SOLR	25MG	T2		
PREMARIN	TABS	0.45MG	T2	MN	
PREMARIN	TABS	0.625MG	T2	MN	
PREMPHASE	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.625MG; 5MG	T2	MN	
PREMPRO	TABS	0.45MG; 1.5MG	T2	MN	
PREMPRO	TABS	0.3MG; 1.5MG	T2	MN	
PREMPRO	TABS	0.625MG; 2.5MG	T2	MN	
PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
PRENATAL FORTE	TABS			GL (f)	Eligible for a \$0 copay
PRENATAL LOW IRON	TABS		T1		
PRENATAL ONE DAILY	TABS				Eligible for a \$0 copay
PRENATAL PLUS	TABS		T1		
PRENATAL PLUS IRON	TABS		T1		
PREPOPIK	PACK	12GM; 3.5GM; 10MG	T3		
PREVALITE	POWD	4GM/DOSE	T1	MN	
PREVIDENT 5000 BOOSTER PLUS	PSTE	1.1%	T2		
PREVIDENT 5000 DRY MOUTH	GEL	1.1%	T2		
PREVIDENT 5000 PLUS	CREA	1.1%	T2		
PREVIDENT 5000 SENSITIVE	PSTE	5%; 1.1%	T2		
PREVIDENT FLUORIDE	GEL	1.1%	T1		
PREVIFEM	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
PREZCOBIX	TABS	150MG; 800MG	T4		
PREZISTA	TABS	600MG	T2		
PREZISTA	TABS	75MG	T2		
PREZISTA	TABS	150MG	T2		
PREZISTA	TABS	800MG	T2		
PRIFTIN	TABS	150MG	T3		
PRIMAQUINE PHOSPHATE	TABS	26.3MG	T1		
PRIMIDONE	TABS	50MG	T1	MN	
PRIMIDONE	TABS	250MG	T1	MN	
PRISTIQ	TB24	25MG	T3	ST	
PRISTIQ	TB24	50MG	T3	ST	
PRISTIQ	TB24	100MG	T3	ST	
PRIVIGEN	SOLN	5GM/50ML	T4	PA	
PRIVIGEN	SOLN	10GM/100ML	T4	PA	
PRIVIGEN	SOLN	20GM/200ML	T4	PA	
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	
PROCAINAMIDE HCL	SOLN	100MG/ML	T1		
PROCAINAMIDE HCL	SOLN	500MG/ML	T1		
PROCHLORPERAZINE	SUPP	25MG	T1		
PROCHLORPERAZINE EDISYLATE	SOLN	5MG/ML	T1		
PROCHLORPERAZINE MALEATE	TABS	10MG	T1		
PROCHLORPERAZINE MALEATE	TABS	5MG	T1		
PROCRIT	SOLN	20000UNIT/ML	T4		
PROCRIT	SOLN	2000UNIT/ML	T4		
PROCRIT	SOLN	10000UNIT/ML	T4		
PROCRIT	SOLN	3000UNIT/ML	T4		
PROCRIT	SOLN	4000UNIT/ML	T4		
PROCRIT	SOLN	10000UNIT/ML	T4		
PROCRIT	SOLN	40000UNIT/ML	T4		
PROCTOSOL HC	CREA	2.5%	T1		
PROCTOZONE-HC	CREA	2.5%	T1		
Product Name	Form	Strength	Pref	Coverage Details	Comment
PROFERRIN-FORTE	TABS	1MG; 12MG	T2		
PROFILNINE	SOLR	500UNIT	T4		
PROFILNINE	SOLR	1000UNIT	T4		
PROFILNINE	SOLR	1500UNIT	T4		
PROGESTERONE	CAPS	100MG	T1		
PROGESTERONE	CAPS	200MG	T1		
PROGLYCEM	SUSP	50MG/ML	T2		
PROGRAF	CAPS	0.5MG	T4		
PROGRAF	CAPS	1MG	T4		
PROGRAF	CAPS	5MG	T4		
PROGRAF	SOLN	5MG/ML	T4		
PROLASTIN-C	SOLR	1000MG	T2		

Product Name	Form	Strength	Pref	Coverage Details	Comment
PROLIA	SOLN	60MG/ML	T4	PA	
PROMACTA	TABS	25MG	T4	PA	
PROMACTA	TABS	50MG	T4	PA	
PROMACTA	TABS	12.5MG	T4	PA	
PROMACTA	TABS	75MG	T4	PA	
PROMETHAZINE HCL	TABS	25MG	T1		
PROMETHAZINE HCL	TABS	50MG	T1		
PROMETHAZINE HCL	SOLN	50MG/ML	T1		
PROMETHAZINE HCL	SUPP	12.5MG	T1		
PROMETHAZINE HCL	TABS	12.5MG	T1		
PROMETHAZINE HCL	SOLN	25MG/ML	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-DM	SYRP	15MG/5ML; 6.25MG/5ML	T1		
PROMETHEGAN	SUPP	50MG	T1		
PROMETHEGAN	SUPP	25MG	T1		
PROMETHEGAN	SUPP	25MG	T1		
PROMETHEGAN	SUPP	12.5MG	T1		
PROPAFENONE HCL	TABS	150MG	T1	MN	
PROPAFENONE HCL	TABS	225MG	T1	MN	
PROPAFENONE HCL	TABS	300MG	T1	MN	
PROPANTHELINE BROMIDE	TABS	15MG	T1		
PROPARACAIN HCL	SOLN	0.5%	T3		
PROPRANOLOL HCL	SOLN	1MG/ML	T1		
PROPRANOLOL HCL	TABS	10MG	T1	MN	
PROPRANOLOL HCL	SOLN	40MG/5ML	T1	MN	
PROPRANOLOL HCL	TABS	80MG	T1	MN	
PROPRANOLOL HCL	TABS	40MG	T1	MN	
PROPRANOLOL HCL	TABS	60MG	T1	MN	
PROPRANOLOL HCL	SOLN	20MG/5ML	T1	MN	
PROPRANOLOL HCL	TABS	20MG	T1	MN	
PROPRANOLOL HCL ER	CP24	80MG	T1	MN	
PROPRANOLOL HCL ER	CP24	60MG	T1	MN	
PROPRANOLOL HCL ER	CP24	160MG	T1	MN	
PROPRANOLOL HCL ER	CP24	120MG	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
PROTRIPTYLINE HCL	TABS	10MG	T1	MN	
PROTRIPTYLINE HCL	TABS	5MG	T1	MN	
PROVENGE	SUSP	0	T4	PA	
PULMICORT FLEXHALER	AEPB	180MCG/ACT	T2	MN	
PULMICORT FLEXHALER	AEPB	90MCG/ACT	T2	MN	
PULMOZYME	SOLN	1MG/ML	T4		
PURIXAN	SUSP	2000MG/100ML	T4	PA	
PYRAZINAMIDE	TABS	500MG	T3		
PYRIDOSTIGMINE BROMIDE	TABS	60MG	T1		
QUARTETTE	TABS	0; 0	T3	MN	
QUASENSE	TABS	0.03MG; 0.15MG		MN	Eligible for a \$0 copay
QUETIAPINE FUMARATE	TABS	100MG	T1		
QUETIAPINE FUMARATE	TABS	300MG	T1		
QUETIAPINE FUMARATE	TABS	25MG	T1		
QUETIAPINE FUMARATE	TABS	50MG	T1		
QUETIAPINE FUMARATE	TABS	200MG	T1		
QUETIAPINE FUMARATE	TABS	400MG	T1		
QUIFLORA PEDIATRIC	SOLN			AL (min: 6m, max: 12m)	Eligible for a \$0 copay
QUIFLORA PEDIATRIC	SOLN			AL (min: 6m, max: 12m)	Eligible for a \$0 copay
QUINAPRIL HCL	TABS	5MG	T1	MN	
QUINAPRIL HCL	TABS	20MG	T1	MN	
QUINAPRIL HCL	TABS	10MG	T1	MN	
QUINAPRIL HCL	TABS	40MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	T1	MN	
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	T1	MN	
QUINIDINE GLUCONATE CR	TBCR	324MG	T1	MN	
QUINIDINE SULFATE	TABS	300MG	T1	MN	
QUINIDINE SULFATE	TABS	200MG	T1	MN	
QUINIDINE SULFATE ER	TBCR	300MG	T1	MN	
QUININE SULFATE	CAPS	324MG	T3		
QVAR	AERS	80MCG/ACT	T2	MN	
QVAR	AERS	40MCG/ACT	T2	MN	
RABEPRAZOLE SODIUM	TBEC	20MG	T1		
RALOXIFENE HYDROCHLORIDE	TABS	60MG	T3		Eligible for a \$0 copay
RAMIPRIL	CAPS	10MG	T1	MN	
RAMIPRIL	CAPS	1.25MG	T1	MN	
RAMIPRIL	CAPS	2.5MG	T1	MN	
RAMIPRIL	CAPS	5MG	T1	MN	
RANEXA	TB12	1000MG	T3		
RANEXA	TB12	500MG	T3		
RANITIDINE HCL	TABS	300MG	T1		
RANITIDINE HCL	SYRP	15MG/ML	T1		
RANITIDINE HCL	CAPS	150MG	T1		
RANITIDINE HCL	CAPS	300MG	T1		
RANITIDINE HCL	SOLN	150MG/6ML	T1		
RANITIDINE HCL	TABS	150MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
RAPAFLO	CAPS	4MG	T3		
RAPAFLO	CAPS	8MG	T3		
RAPAMUNE	SOLN	1MG/ML	T4		
RAPAMUNE	TABS	0.5MG	T4		
RAPAMUNE	TABS	1MG	T4		
RAPAMUNE	TABS	2MG	T4		
RECLAST	SOLN	5MG/100ML	T4		
RECLIPSEN	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
RECTIV	OINT	0.4%	T3		
REGRANEX	GEL	0.01%	T3		
RELENZA DISKHALER	AEPB	5MG/BLISTER	T3		
RELISTOR	KIT	12MG/0.6ML	T3		
RELPAK	TABS	20MG	T3	ST; QL (6.00 EA per 30 days)	
RELPAK	TABS	40MG	T3	ST; QL (6.00 EA per 30 days)	
REMICADE	SOLR	100MG	T4	PA	
REMODULIN	SOLN	2.5MG/ML	T4		
REMODULIN	SOLN	1MG/ML	T4		
REMODULIN	SOLN	5MG/ML	T4		
REMODULIN	SOLN	10MG/ML	T4		
RENAGEL	TABS	400MG	T3		
RENAGEL	TABS	800MG	T3		
RENVELA	PACK	0.8GM	T3		
RENVELA	TABS	800MG	T3		
RENVELA	PACK	2.4GM	T3		
REPAGLINIDE	TABS	1MG	T3		
REPAGLINIDE	TABS	2MG	T3		
REPAGLINIDE	TABS	0.5MG	T3		
RESCRIPTOR	TABS	100MG	T2		
RESCRIPTOR	TABS	200MG	T2		
RESERPINE	TABS	0.25MG	T1	MN	
RESERPINE	TABS	0.1MG	T1	MN	
RESTASIS	EMUL	0.05%	T3		
REVATIO	SOLN	10MG/12.5ML	T4		
REVLIMID	CAPS	2.5MG	T4		
REVLIMID	CAPS	15MG	T4		
REVLIMID	CAPS	20MG	T4		
REVLIMID	CAPS	10MG	T4		
REVLIMID	CAPS	25MG	T4		
REVLIMID	CAPS	5MG	T4		
REYATAZ	CAPS	200MG	T2		
REYATAZ	CAPS	150MG	T2		
REYATAZ	CAPS	300MG	T2		
REYATAZ	PACK	50MG	T2		
RIBAVIRIN	CAPS	200MG	T1		
RIBAVIRIN	TABS	200MG	T1		
RIDAURA	CAPS	3MG	T3		
RIFABUTIN	CAPS	150MG	T3		
RIFAMATE	CAPS	150MG; 300MG	T3		
RIFAMPIN	CAPS	300MG	T1		
RIFAMPIN	CAPS	150MG	T1		
RIFAMPIN	SOLR	600MG	T1		
RIGHT STEP PRENATAL	TABS			GL (f)	Eligible for a \$0 copay
RILUZOLE	TABS	50MG	T1		
RIMANTADINE HCL	TABS	100MG	T1		
RISEDRONATE SODIUM	TABS	30MG	T3		
RISEDRONATE SODIUM	TABS	5MG	T3		
RISEDRONATE SODIUM	TABS	35MG	T3		
RISEDRONATE SODIUM	TABS	150MG	T3		
RISPERDAL CONSTA	SUSR	50MG	T4		
RISPERDAL CONSTA	SUSR	25MG	T4		
RISPERDAL CONSTA	SUSR	37.5MG	T4		
RISPERDAL CONSTA	SUSR	12.5MG	T4		
RISPERIDONE	TABS	0.25MG	T1		
RISPERIDONE	TABS	0.5MG	T1		
RISPERIDONE	TABS	3MG	T1		
RISPERIDONE	TABS	2MG	T1		
RISPERIDONE	TABS	4MG	T1		
RISPERIDONE	SOLN	1MG/ML	T1		
RISPERIDONE	TABS	1MG	T1		
RISPERIDONE ODT	TBDP	0.25MG	T1		
RISPERIDONE ODT	TBDP	4MG	T1		
RISPERIDONE ODT	TBDP	3MG	T1		
RISPERIDONE ODT	TBDP	1MG	T1		
RISPERIDONE ODT	TBDP	0.5MG	T1		
RISPERIDONE ODT	TBDP	2MG	T1		
RITALIN LA	CP24	60MG	T2		
RITALIN LA	CP24	10MG	T2		
RITUXAN	SOLN	500MG/50ML	T4		
RIVASTIGMINE TARTRATE	CAPS	3MG	T1		
RIVASTIGMINE TARTRATE	CAPS	4.5MG	T1		
RIVASTIGMINE TARTRATE	CAPS	6MG	T1		
RIVASTIGMINE TARTRATE	CAPS	1.5MG	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	13.3MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	4.6MG/24HR	T1		
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	9.5MG/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	10MG	T1	QL (12.00 EA per 30 days)	

Product Name	Form	Strength	Pref	Coverage Details	Comment
RIZATRIPTAN BENZOATE ODT	TBDP	5MG	T1	QL (24.00 EA per 30 days)	
ROPINIROLE HCL	TABS	2MG	T1	MN	
ROPINIROLE HCL	TABS	3MG	T1	MN	
ROPINIROLE HCL	TABS	1MG	T1	MN	
ROPINIROLE HCL	TABS	4MG	T1	MN	
ROPINIROLE HCL	TABS	5MG	T1	MN	
ROPINIROLE HCL	TABS	0.25MG	T1	MN	
ROPINIROLE HCL	TABS	0.5MG	T1	MN	
ROZEREM	TABS	8MG	T3	QL (30.00 EA per 30 days)	
SABRIL	TABS	500MG	T4		
SABRIL	PACK	500MG	T4		
SAFYRAL	TABS	3MG; 0.03MG; 0.451MG	T3	MN	
SAMSCA	TABS	15MG	T4		
SAMSCA	TABS	30MG	T4		
SANDIMMUNE	CAPS	25MG	T4		
SANDIMMUNE	CAPS	100MG	T4		
SANDOSTATIN LAR DEPOT	KIT	10MG	T4		
SANDOSTATIN LAR DEPOT	KIT	30MG	T4		
SANDOSTATIN LAR DEPOT	KIT	20MG	T4		
SANDOSTATIN LAR DEPOT	KIT	30MG	T4		
SANDOSTATIN LAR DEPOT	KIT	20MG	T4		
SANDOSTATIN LAR DEPOT	KIT	10MG	T4		
SANTYL	OINT	250UNIT/GM	T2		
SAPHRIS	SUBL	10MG	T3		
SAPHRIS	SUBL	5MG	T3		
SAVELLA	TABS	100MG	T2		
SAVELLA	TABS	25MG	T2		
SAVELLA	TABS	50MG	T2		
SAVELLA	TABS	12.5MG	T2		
SAVELLA TITRATION PACK	MISC	0	T2		
SELEGILINE HCL	CAPS	5MG	T1	MN	
SELEGILINE HCL	TABS	5MG	T1	MN	
SELENIUM SULFIDE	LOTN	2.5%	T1		
SELZENTRY	TABS	150MG	T3		
SELZENTRY	TABS	300MG	T3		
SENSIPAR	TABS	30MG	T2		
SENSIPAR	TABS	60MG	T2		
SENSIPAR	TABS	90MG	T2		
SEREVENT DISKUS	AEPB	50MCG/DOSE	T2	MN	
SEROQUEL XR	TB24	150MG	T2		
SEROQUEL XR	TB24	200MG	T2		
SEROQUEL XR	TB24	400MG	T2		
SEROQUEL XR	TB24	300MG	T2		
SEROQUEL XR	TB24	50MG	T2		
SERTRALINE HCL	TABS	50MG	T1	MN	
SERTRALINE HCL	CONC	20MG/ML	T1	MN	
SERTRALINE HCL	TABS	25MG	T1	MN	
SERTRALINE HCL	TABS	100MG	T1	MN	
SF 5000 PLUS	CREA	1.1%	T1		
SFROWASA	ENEM	4GM/60ML	T2		
SHAROBEL	TABS	0.35MG		MN	Eligible for a \$0 copay
SILDENAFIL	TABS	20MG	T4		
SILDENAFIL	SOLN	10MG/12.5ML	T4		
SILVER SULFADIAZINE	CREA	1%	T1		
SIMCOR	TB24	500MG; 20MG	T2	MN	
SIMCOR	TB24	500MG; 40MG	T2	MN	
SIMCOR	TB24	1000MG; 40MG	T2	MN	
SIMCOR	TB24	750MG; 20MG	T2	MN	
SIMPONI	SOAJ	50MG/0.5ML	T4	PA; ST	
SIMPONI	SOSY	100MG/ML	T4	PA; ST	
SIMPONI	SOSY	50MG/0.5ML	T4	PA; ST	
SIMPONI	SOAJ	100MG/ML	T4	PA; ST	
SIMVASTATIN	TABS	10MG	T1	MN	
SIMVASTATIN	TABS	5MG	T1	MN	
SIMVASTATIN	TABS	20MG	T1	MN	
SIMVASTATIN	TABS	40MG	T1	MN	
SIMVASTATIN	TABS	80MG	T1	MN	
SIROLIMUS	TABS	2MG	T1		
SIROLIMUS	TABS	0.5MG	T1		
SIROLIMUS	TABS	1MG	T1		
SKLICE	LOTN	0.5%	T3		
SKYLA	IUD	13.5MG			Eligible for a \$0 copay
SOBA NICOTINE TRANSDERMALSYSTEM	PT24	11MG/24HR		QL	Eligible for a \$0 copay
SODIUM CHLORIDE	SOLN	5%	T3		
SODIUM CHLORIDE	SOLN	0.9%	T3		
SODIUM CHLORIDE	SOLN	3%	T3		
SODIUM CHLORIDE	SOLN	2.5MEQ/ML	T3		
SODIUM CHLORIDE 0.45% VIAFLEX	SOLN	0.45%	T3		
SODIUM CHLORIDE 0.9%	SOLN	0.9%	T3		
SODIUM FLUORIDE	CHEW	1MG	T1		
SODIUM FLUORIDE	SOLN	0.5MG/ML		AL (min: 6m, max: 6y)	Eligible for a \$0 copay
SODIUM POLYSTYRENE SULFONATE	SUSP	15GM/60ML	T1		
SODIUM SULFACETAMIDE	SOLN	10%	T1		
SODIUM SULFACETAMIDE/SULFUR	LOTN	10%; 5%	T1		
SODIUM SULFACETAMIDE/SULFUR	FOAM	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		

Product Name	Form	Strength	Pref	Coverage Details	Comment
SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	9%; 4%	T1		
SOLIA	TABS	0.15MG; 30MCG		MN	Eligible for a \$0 copay
SOLU-CORTEF	SOLR	250MG	T2		
SOLU-CORTEF	SOLR	100MG	T2		
SOMATULINE DEPOT	SOLN	90MG/0.3ML	T4		
SOMATULINE DEPOT	SOLN	60MG/0.2ML	T4		
SOMATULINE DEPOT	SOLN	120MG/0.5ML	T4		
SOMAVERT	SOLR	15MG	T4		
SOMAVERT	SOLR	10MG	T4		
SOMAVERT	SOLR	30MG	T4		
SOMAVERT	SOLR	25MG	T4		
SOMAVERT	SOLR	20MG	T4		
SOTALOL HCL	TABS	240MG	T1	MN	
SOTALOL HCL	TABS	160MG	T1	MN	
SOTALOL HCL	TABS	80MG	T1	MN	
SOTALOL HCL (AF)	TABS	120MG	T1	MN	
SOVALDI	TABS	400MG	T4	PA	
SPINOSAD	SUSP	0.9%	T3		
SPIRIVA HANDIHALER	CAPS	18MCG	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	
SPRINTEC 28	TABS	35MCG; 0.25MG		MN	Eligible for a \$0 copay
SPRYCEL	TABS	70MG	T4	PA	
SPRYCEL	TABS	20MG	T4	PA	
SPRYCEL	TABS	50MG	T4	PA	
SPRYCEL	TABS	100MG	T4	PA	
SPRYCEL	TABS	80MG	T4	PA	
SPRYCEL	TABS	140MG	T4	PA	
SRONYX	TABS	20MCG; 0.1MG		MN	Eligible for a \$0 copay
SSD	CREA	1%	T1		
STAVUDINE	CAPS	30MG	T1		
STAVUDINE	CAPS	20MG	T1		
STAVUDINE	SOLR	1MG/ML	T1		
STAVUDINE	CAPS	15MG	T1		
STAVUDINE	CAPS	40MG	T1		
STELARA	SOSY	45MG/0.5ML	T4	PA	
STELARA	SOSY	90MG/ML	T4	PA	
STIVARGA	TABS	40MG	T4	PA	
STRATTERA	CAPS	18MG	T2		
STRATTERA	CAPS	60MG	T2		
STRATTERA	CAPS	80MG	T2		
STRATTERA	CAPS	40MG	T2		
STRATTERA	CAPS	10MG	T2		
STRATTERA	CAPS	25MG	T2		
STRATTERA	CAPS	100MG	T2		
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	T4		
SUCRALFATE	TABS	1GM	T1		
SULFACETAMIDE SODIUM	OINT	10%	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	TABS	400MG; 80MG	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	T1		
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	800MG; 160MG	T1		
SULFASALAZINE	TABS	500MG	T1		
SULFAZINE EC	TBEC	500MG	T1	MN	
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)	
SUMATRIPTAN SUCCINATE	TABS	25MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	50MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	TABS	100MG	T1	QL (18.00 EA per 30 days)	
SUMATRIPTAN SUCCINATE	SOAJ	6MG/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 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)	
SUPARTZ	SOSY	25MG/2.5ML	T4		
SUPPRELIN LA	KIT	50MG	T4	PA	
SUPRAX	TABS	400MG	T2		
SUPRAX	CHEW	100MG	T2		
SUPRAX	SUSR	500MG/5ML	T2		
SUPRAX	CHEW	200MG	T2		
SUPRAX	CAPS	400MG	T2		
SUPREP BOWEL PREP	SOLN	1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	T3		
SURMONTIL	CAPS	25MG	T2	MN	
SURMONTIL	CAPS	50MG	T2	MN	
SURMONTIL	CAPS	100MG	T2	MN	
SUSTIVA	TABS	600MG	T2		
SUSTIVA	CAPS	50MG	T2		
SUSTIVA	CAPS	200MG	T2		
SUTENT	CAPS	50MG	T4		
SUTENT	CAPS	37.5MG	T4		

Product Name	Form	Strength	Pref	Coverage Details	Comment
SUTENT	CAPS	12.5MG	T4		
SUTENT	CAPS	25MG	T4		
SYEDA	TABS	3MG; 0.03MG		MN	Eligible for a \$0 copay
SYLATRON	KIT	600MCG	T4		
SYLATRON	KIT	300MCG	T4		
SYLATRON	KIT	200MCG	T4		
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	T3		
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	T3		
SYMLINPEN 120	SOPN	2700MCG/2.7ML	T3		
SYMLINPEN 60	SOPN	1500MCG/1.5ML	T3		
SYNAREL	SOLN	2MG/ML	T4		
SYNERA	PTCH	70MG; 70MG	T3		
SYNTHROID	TABS	50MCG	T2	MN	
SYNTHROID	TABS	125MCG	T2	MN	
SYNTHROID	TABS	300MCG	T2	MN	
SYNTHROID	TABS	137MCG	T2	MN	
SYNTHROID	TABS	75MCG	T2	MN	
SYNTHROID	TABS	88MCG	T2	MN	
SYNTHROID	TABS	200MCG	T2	MN	
SYNTHROID	TABS	25MCG	T2	MN	
SYNTHROID	TABS	100MCG	T2	MN	
SYNTHROID	TABS	150MCG	T2	MN	
SYNTHROID	TABS	175MCG	T2	MN	
SYNTHROID	TABS	112MCG	T2	MN	
SYNVISC	SOSY	16MG/2ML	T4		
SYNVISC ONE	SOSY	48MG/6ML	T4		
SYPRINE	CAPS	250MG	T2		
TABLOID	TABS	40MG	T3		
TACLONEX	SUSP	0.064%; 0.005%	T3		
TACROLIMUS	OINT	0.1%	T3		
TACROLIMUS	OINT	0.03%	T3		
TACROLIMUS	CAPS	1MG	T1		
TACROLIMUS	CAPS	0.5MG	T1		
TACROLIMUS	CAPS	5MG	T1		
TAFINLAR	CAPS	50MG	T4	PA	
TAFINLAR	CAPS	75MG	T4	PA	
TAMIFLU	CAPS	75MG	T2		
TAMIFLU	SUSR	6MG/ML	T2		
TAMIFLU	CAPS	45MG	T2	QL (10.00 EA per 30 days)	
TAMIFLU	CAPS	30MG	T2	QL (10.00 EA per 30 days)	
TAMOXIFEN CITRATE	TABS	10MG	T1		
TAMOXIFEN CITRATE	TABS	20MG			Eligible for a \$0 copay
TAMSULOSIN HCL	CAPS	0.4MG	T1		
TARCEVA	TABS	25MG	T4	PA	
TARCEVA	TABS	150MG	T4	PA	
TARCEVA	TABS	100MG	T4	PA	
TARGRETIN	CAPS	75MG	T4	PA	
TARGRETIN	GEL	1%	T4		
TARINA FE 1/20	TABS	20MCG; 75MG; 1MG		MN	Eligible for a \$0 copay
TASIGNA	CAPS	200MG	T4	PA	
TASIGNA	CAPS	150MG	T4	PA	
TAZORAC	GEL	0.05%	T3	PA; AL (max: 39y)	
TAZORAC	GEL	0.1%	T3	PA; AL (max: 39y)	
TAZORAC	CREA	0.05%	T3	PA; AL (max: 39y)	
TAZORAC	CREA	0.1%	T3	PA; AL (max: 39y)	
TAZTIA XT	CP24	120MG	T1	MN	
TAZTIA XT	CP24	300MG	T1	MN	
TAZTIA XT	CP24	240MG	T1	MN	
TAZTIA XT	CP24	360MG	T1	MN	
TAZTIA XT	CP24	180MG	T1	MN	
TECFIDERA	CPDR	120MG	T4	PA	
TECFIDERA	CPDR	240MG	T4	PA	
TECFIDERA STARTER PACK	MISC	0	T4	PA	
TEGRETOL	SUSP	100MG/5ML	T2	MN	
TEGRETOL	TABS	200MG	T2	MN	
TEGRETOL-XR	TB12	100MG	T2	MN	
TEGRETOL-XR	TB12	400MG	T2	MN	
TEGRETOL-XR	TB12	200MG	T2	MN	
TEKTURNA	TABS	300MG	T3		
TEKTURNA	TABS	150MG	T3		
TEKTURNA HCT	TABS	300MG; 25MG	T3		
TEKTURNA HCT	TABS	300MG; 12.5MG	T3		
TEKTURNA HCT	TABS	150MG; 25MG	T3		
TEKTURNA HCT	TABS	150MG; 12.5MG	T3		
TELMISARTAN	TABS	40MG	T3	ST; QL (2.00 EA per 1 days)	
TELMISARTAN	TABS	80MG	T3	ST; QL (1.00 EA per 1 days)	
TELMISARTAN	TABS	20MG	T3	ST; QL (2.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	10MG; 40MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	5MG; 40MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	5MG; 80MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/AMLODIPINE	TABS	10MG; 80MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 40MG	T3	QL (1.00 EA per 1 days)	
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	T3	QL (1.00 EA per 1 days)	
TEMAZEPAM	CAPS	7.5MG	T1		
TEMAZEPAM	CAPS	15MG	T1		
TEMAZEPAM	CAPS	22.5MG	T1		
TEMAZEPAM	CAPS	30MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
TEMODAR	CAPS	140MG	T4		
TEMODAR	CAPS	20MG	T4		
TEMODAR	CAPS	250MG	T4		
TEMODAR	CAPS	100MG	T4		
TEMODAR	CAPS	180MG	T4		
TEMODAR	CAPS	5MG	T4		
TEMOZOLOMIDE	CAPS	250MG	T4		
TEMOZOLOMIDE	CAPS	140MG	T4		
TEMOZOLOMIDE	CAPS	100MG	T4		
TEMOZOLOMIDE	CAPS	20MG	T4		
TEMOZOLOMIDE	CAPS	180MG	T4		
TEMOZOLOMIDE	CAPS	5MG	T4		
TERAZOSIN HCL	CAPS	2MG	T1	MN	
TERAZOSIN HCL	CAPS	10MG	T1	MN	
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	0.4%	T1		
TERCONAZOLE	SUPP	80MG	T1		
TERCONAZOLE	CREA	0.8%	T1		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE	GEL	1%	T3		
TESTOSTERONE	GEL	25MG/2.5GM	T3		
TESTOSTERONE CYPIONATE	SOLN	200MG/ML	T1	MN	
TESTOSTERONE CYPIONATE	SOLN	100MG/ML	T1	MN	
TESTOSTERONE ENANTHATE	SOLN	200MG/ML	T1		
TESTOSTERONE PUMP	GEL	1%	T3		
TETRACYCLINE HCL	CAPS	250MG	T1		
TETRACYCLINE HCL	CAPS	500MG	T1		
TEVETEN HCT	TABS	600MG; 12.5MG	T3	ST; QL (1.00 EA per 1 days)	
TEVETEN HCT	TABS	600MG; 25MG	T3	ST; QL (1.00 EA per 1 days)	
THALOMID	CAPS	150MG	T4		
THALOMID	CAPS	200MG	T4		
THALOMID	CAPS	50MG	T4		
THALOMID	CAPS	100MG	T4		
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	300MG	T1	MN	
THEOPHYLLINE ER	TB12	450MG	T1	MN	
THIORIDAZINE HCL	TABS	10MG	T1		
THIORIDAZINE HCL	TABS	100MG	T1		
THIORIDAZINE HCL	TABS	50MG	T1		
THIORIDAZINE HCL	TABS	25MG	T1		
THIOTHIXENE	CAPS	2MG	T1		
THIOTHIXENE	CAPS	1MG	T1		
THIOTHIXENE	CAPS	5MG	T1		
THIOTHIXENE	CAPS	10MG	T1		
THYROLAR-1	TABS	60MG	T3		
THYROLAR-1/2	TABS	30MG	T3		
THYROLAR-1/4	TABS	15MG	T3		
THYROLAR-2	TABS	120MG	T3		
THYROLAR-3	TABS	180MG	T3		
TIAGABINE HYDROCHLORIDE	TABS	2MG	T1	MN	
TIAGABINE HYDROCHLORIDE	TABS	4MG	T1	MN	
TICLOPIDINE HCL	TABS	250MG	T1	MN	
TIKOSYN	CAPS	250MCG	T3		
TIKOSYN	CAPS	500MCG	T3		
TIKOSYN	CAPS	125MCG	T3		
TILIA FE	TABS	0; 75MG; 1MG		MN	Eligible for a \$0 copay
TIMENTIN	SOLR	0.1GM; 3GM	T3		
TIMOLOL MALEATE	TABS	5MG	T3		
TIMOLOL MALEATE	TABS	10MG	T3		
TIMOLOL MALEATE	TABS	20MG	T3		
TIMOLOL MALEATE	SOLN	0.25%	T1	MN	
TIMOLOL MALEATE	SOLN	0.5%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.25%	T1	MN	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.5%	T1	MN	
TIVICAY	TABS	50MG	T4		
TIZANIDINE HCL	TABS	2MG	T1		
TIZANIDINE HCL	TABS	4MG	T1		
TL-FLUORIVITE	CHEW			AL (min: 6m, max: 6y)	Eligible for a \$0 copay
TOBI	NEBU	300MG/5ML	T4		
TOBRADEX	OINT	0.1%; 0.3%	T2		
TOBRAMYCIN	NEBU	300MG/5ML	T4		
TOBRAMYCIN SULFATE	SOLN	10MG/ML	T1		
TOBRAMYCIN SULFATE	SOLN	80MG/2ML	T1		
TOBRAMYCIN SULFATE	SOLN	0.3%	T1		
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLN	0.9%; 0.8MG/ML	T1		
TOBRAMYCIN/DEXAMETHASONE	SUSP	0.1%; 0.3%	T1		
TOLAZAMIDE	TABS	250MG	T1	MN	
TOLAZAMIDE	TABS	500MG	T1	MN	
TOLBUTAMIDE	TABS	500MG	T1	MN	
TOLCAPONE	TABS	100MG	T3		
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	1MG	T1	MN	
TOLTERODINE TARTRATE	TABS	2MG	T1	MN	
TOLTERODINE TARTRATE ER	CP24	2MG	T3		
TOLTERODINE TARTRATE ER	CP24	4MG	T3		
TOPAMAX	TABS	100MG	T2	MN	
TOPAMAX	TABS	25MG	T2	MN	
TOPAMAX	TABS	200MG	T2	MN	
TOPAMAX	TABS	50MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	25MG	T2	MN	
TOPAMAX SPRINKLE	CPSP	15MG	T2	MN	
TOPIRAMATE	CPSP	25MG	T1	MN	
TOPIRAMATE	TABS	200MG	T1	MN	
TOPIRAMATE	CPSP	15MG	T1	MN	
TOPIRAMATE	TABS	25MG	T1	MN	
TOPIRAMATE	TABS	100MG	T1	MN	
TOPIRAMATE	TABS	50MG	T1	MN	
TOPOTECAN HCL	SOLR	4MG	T3		
TORSEMIDE	TABS	20MG	T1	MN	
TORSEMIDE	TABS	10MG	T1	MN	
TORSEMIDE	TABS	100MG	T1	MN	
TORSEMIDE	SOLN	20MG/2ML	T1		
TORSEMIDE	TABS	5MG	T1	MN	
TOVIAZ	TB24	8MG	T3		
TOVIAZ	TB24	4MG	T3		
TRACLEER	TABS	62.5MG	T4		
TRACLEER	TABS	125MG	T4		
TRADJENTA	TABS	5MG	T2	MN	
TRAMADOL HCL	TABS	50MG	T1		
TRAMADOL HCL ER	TB24	200MG	T3		
TRAMADOL HCL ER	TB24	200MG	T3		
TRAMADOL HCL ER	TB24	100MG	T3		
TRAMADOL HCL ER	TB24	300MG	T3		
TRAMADOL HCL ER	TB24	300MG	T3		
TRAMADOL HCL ER	TB24	100MG	T3		
TRAMADOL HCL ER	TB24	200MG	T3		
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	325MG; 37.5MG	T1		
TRANDOLAPRIL	TABS	2MG	T3		
TRANDOLAPRIL	TABS	4MG	T3		
TRANDOLAPRIL	TABS	1MG	T3		
TRANEXAMIC ACID	SOLN	100MG/ML	T1		
TRANSDERM-SCOP	PT72	1MG/3DAYS	T2		
TRANLYCPROMINE SULFATE	TABS	10MG	T1		
TRAVATAN Z	SOLN	0.004%	T3		
TRAZODONE HCL	TABS	300MG	T1		
TRAZODONE HCL	TABS	100MG	T1		
TRAZODONE HCL	TABS	150MG	T1		
TRAZODONE HCL	TABS	50MG	T1		
TRECATOR	TABS	250MG	T3		
TRETINOIN	CAPS	10MG	T4		
TRETINOIN	GEL	0.01%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN	CREA	0.025%	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	0.1%	T1	PA; AL (max: 39y)	
TRETINOIN MICROSPHERE	GEL	0.04%	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)	
TRIAMCINOLONE ACETONIDE	AERO	55MCG/ACT	T1		
TRIAMCINOLONE ACETONIDE	AERS	0.147MG/GM	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.1%	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.5%	T1		
TRIAMCINOLONE ACETONIDE	OINT	0.025%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.025%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.1%	T1		
TRIAMCINOLONE ACETONIDE	CREA	0.5%	T1		
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	T1		
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	T1		
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	50MG; 75MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	25MG; 37.5MG	T1	MN	
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 50MG	T1	MN	
TRIAZOLAM	TABS	0.25MG	T1		
TRIAZOLAM	TABS	0.125MG	T1		
TRIBENZOR	TABS	5MG; 12.5MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	5MG; 12.5MG; 20MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	5MG; 25MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	10MG; 12.5MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRIBENZOR	TABS	10MG; 25MG; 40MG	T2	MN; QL (1.00 EA per 1 days)	
TRI-BUFFERED ASPIRIN	TABS	325MG; 158MG; 34MG; 63MG	AL		Eligible for a \$0 copay
TRI-ESTARYLLA	TABS	0; 0	MN		Eligible for a \$0 copay
TRIFLUOPERAZINE HCL	TABS	2MG	T1		
TRIFLUOPERAZINE HCL	TABS	10MG	T1		
TRIFLUOPERAZINE HCL	TABS	5MG	T1		
TRIFLUOPERAZINE HCL	TABS	1MG	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
TRIFLURIDINE	SOLN	1%	T1		
TRIHXYPHENIDYL HCL	TABS	5MG	T1	MN	
TRIHXYPHENIDYL HCL	ELIX	0.4MG/ML	T1	MN	
TRIHXYPHENIDYL HCL	TABS	2MG	T1	MN	
TRI-LEGEST FE	TABS	0; 75MG; 1MG		MN	Eligible for a \$0 copay
TRILEPTAL	TABS	300MG	T2	MN	
TRILEPTAL	SUSP	300MG/5ML	T2	MN	
TRILEPTAL	TABS	150MG	T2	MN	
TRILEPTAL	TABS	600MG	T2	MN	
TRI-LINYAH	TABS	0; 0		MN	Eligible for a \$0 copay
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	T1		
TRIMETHOBENZAMIDE HCL	CAPS	300MG	T1		
TRIMETHOPRIM	TABS	100MG	T1		
TRINESSA	TABS	0; 0		MN	Eligible for a \$0 copay
TRI-PREVIEWEM	TABS	0; 0		MN	Eligible for a \$0 copay
TRI-SPRINTEC	TABS	0; 0		MN	Eligible for a \$0 copay
TRIUMEQ	TABS	600MG; 50MG; 300MG	T4		
TRIVEEN-TEN	TABS			GL (f)	Eligible for a \$0 copay
TRI-VI-FLORO	SUSP			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
TRIVORA-28	TABS	0; 0		MN	Eligible for a \$0 copay
TROPICAMIDE	SOLN	1%	T3		
TROPICAMIDE	SOLN	0.5%	T3		
TROSPIMUM CHLORIDE ER	CP24	60MG	T3		
TRUVADA	TABS	200MG; 300MG	T3		
TYBOST	TABS	150MG	T2		
TYGACIL	SOLR	50MG	T3		
TYKERB	TABS	250MG	T4	PA	
TYSABRI	CONC	300MG/15ML	T4	PA	
TYZEKA	TABS	600MG	T3		
TYZINE	SOLN	0.1%	T2		
ULESFIA	LOTN	5%	T3		
ULORIC	TABS	80MG	T3	ST	
ULORIC	TABS	40MG	T3	ST	
ULTRA TABS	TABS		T1		
UROSEX	TABS			GL (f)	Eligible for a \$0 copay
URSODIOL	TABS	250MG	T1		
URSODIOL	TABS	500MG	T1		
VAGIFEM	TABS	10MCG	T3		
VALACYCLOVIR HCL	TABS	500MG	T1		
VALACYCLOVIR HCL	TABS	1000MG	T1		
VALCYTE	TABS	450MG	T4		
VALCYTE	SOLR	50MG/ML	T4		
VALGANCICLOVIR	TABS	450MG	T4		
VALPROATE SODIUM	SOLN	100MG/ML	T1		
VALPROIC ACID	CAPS	250MG	T1	MN	
VALPROIC ACID	SYRP	250MG/5ML	T1	MN	
VALSARTAN	TABS	40MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	320MG	T3	MN	
VALSARTAN	TABS	160MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN	TABS	80MG	T3	ST; QL (1.00 EA per 1 days)	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 160MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 320MG	T1	MN	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 320MG	T1	MN	
VANCOMYCIN HCL	SOLR	1000MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	CAPS	250MG	T3		
VANCOMYCIN HCL	SOLR	500MG	T3		
VANCOMYCIN HCL	SOLR	750MG	T3		
VANCOMYCIN HCL	SOLR	750MG	T3		
VANCOMYCIN HCL	SOLR	1000MG	T3		
VANCOMYCIN HCL	CAPS	125MG	T3		
VANDAOLE	GEL	0.75%	T1		
VASCEPA	CAPS	1GM	T3		
VECTIBIX	SOLN	100MG/5ML	T4	PA	
VECTIBIX	SOLN	400MG/20ML	T4	PA	
VECTICAL	OINT	3MCG/GM	T3		
VELIVET	TABS	0; 0		MN	Eligible for a \$0 copay
VELTIN	GEL	1.2%; 0.025%	T3		
VENLAFAXINE HCL	TABS	25MG	T1	MN	
VENLAFAXINE HCL	TABS	100MG	T1	MN	
VENLAFAXINE HCL	TABS	37.5MG	T1	MN	
VENLAFAXINE HCL	TABS	75MG	T1	MN	
VENLAFAXINE HCL	TABS	50MG	T1	MN	
VENLAFAXINE HCL ER	CP24	75MG	T1	MN	
VENLAFAXINE HCL ER	CP24	150MG	T1	MN	
VENLAFAXINE HCL ER	CP24	37.5MG	T1	MN	
VENTAVIS	SOLN	10MCG/ML	T4		
VENTOLIN HFA	AERS	108MCG/ACT	T1		
VERAPAMIL HCL	SOLN	2.5MG/ML	T1		
VERAPAMIL HCL	TABS	40MG	T1	MN	
VERAPAMIL HCL	TABS	80MG	T1	MN	
VERAPAMIL HCL	TABS	120MG	T1	MN	

Product Name	Form	Strength	Pref	Coverage Details	Comment
VERAPAMIL HCL ER	TBCR	180MG	T1	MN	
VERAPAMIL HCL ER	CP24	200MG	T1	MN	
VERAPAMIL HCL ER	CP24	100MG	T1	MN	
VERAPAMIL HCL ER	CP24	300MG	T1	MN	
VERAPAMIL HCL ER	TBCR	120MG	T1	MN	
VERAPAMIL HCL ER	TBCR	240MG	T1	MN	
VERAPAMIL HCL ER	CP24	180MG	T1	MN	
VERAPAMIL HCL ER	CP24	120MG	T1	MN	
VERAPAMIL HCL ER	CP24	240MG	T1	MN	
VERAPAMIL HCL SR	CP24	360MG	T1	MN	
VESTICARE	TABS	10MG	T2	MN	
VESTICARE	TABS	5MG	T2	MN	
VESTURA	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
VESTURA	TABS	3MG; 0.02MG		MN	Eligible for a \$0 copay
VEXOL	SUSP	1%	T2		
VICTOZA	SOPN	18MG/3ML	T3	PA	
VIDAZA	SUSR	100MG	T4		
VIDEX PEDIATRIC	SOLR	2GM	T2		
VIGAMOX	SOLN	0.5%	T3		
VIIBRYD	KIT	0	T3		
VIIBRYD	TABS	10MG	T3		
VIIBRYD	TABS	40MG	T3		
VIIBRYD	TABS	20MG	T3		
VIIBRYD STARTER PACK	KIT	0	T3		
VIMPAT	TABS	200MG	T3		
VIMPAT	SOLN	200MG/20ML	T3		
VIMPAT	TABS	50MG	T3		
VIMPAT	TABS	100MG	T3		
VIMPAT	SOLN	10MG/ML	T3		
VIMPAT	TABS	150MG	T3		
VIORALE	TABS	0; 0		MN	Eligible for a \$0 copay
VIRACEPT	TABS	250MG	T2		
VIRACEPT	TABS	625MG	T2		
VIRAMUNE	SUSP	50MG/5ML	T2		
VIREAD	POWD	40MG/GM	T2		
VIREAD	TABS	250MG	T2		
VIREAD	TABS	200MG	T2		
VIREAD	TABS	300MG	T2		
VIREAD	TABS	150MG	T2		
VITAMIN D	CAPS	50000UNIT	T1		
VITEKTA	TABS	85MG	T4		
VITEKTA	TABS	150MG	T4		
VOL-PLUS	TABS		T1		
VOLTAREN	GEL	1%	T3		
VORICONAZOLE	TABS	50MG	T4		
VORICONAZOLE	TABS	200MG	T4		
VOTRIENT	TABS	200MG	T4	PA	
VYFEMLA	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
VYVANSE	CAPS	10MG	T2		
VYVANSE	CAPS	50MG	T2		
VYVANSE	CAPS	60MG	T2		
VYVANSE	CAPS	20MG	T2		
VYVANSE	CAPS	30MG	T2		
VYVANSE	CAPS	40MG	T2		
VYVANSE	CAPS	70MG	T2		
WARFARIN SODIUM	TABS	1MG	T1	MN	
WARFARIN SODIUM	TABS	5MG	T1	MN	
WARFARIN SODIUM	TABS	7.5MG	T1	MN	
WARFARIN SODIUM	TABS	2.5MG	T1	MN	
WARFARIN SODIUM	TABS	10MG	T1	MN	
WARFARIN SODIUM	TABS	4MG	T1	MN	
WARFARIN SODIUM	TABS	6MG	T1	MN	
WARFARIN SODIUM	TABS	2MG	T1	MN	
WARFARIN SODIUM	TABS	3MG	T1	MN	
WELCHOL	TABS	625MG	T3		
WELCHOL	PACK	3.75GM	T3		
WERA	TABS	35MCG; 0.5MG		MN	Eligible for a \$0 copay
WYMZYA FE	CHEW	35MCG; 0; 0.4MG		MN	Eligible for a \$0 copay
XALKORI	CAPS	250MG	T4	PA	
XALKORI	CAPS	200MG	T4	PA	
XARELTO	TABS	20MG	T2	PA; QL (30.00 EA per 30 days)	
XARELTO	TABS	10MG	T2	MN; QL (35.00 EA per 35 days)	
XARELTO	TABS	15MG	T2	PA; MN; QL (42.00 EA per 30 days)	
XARELTO STARTER PACK	TBPX	0	T2	PA; QL (1.00 EA per 30 days)	
XELODA	TABS	150MG	T4	PA	
XELODA	TABS	500MG	T4	PA	
XENAZINE	TABS	25MG	T4		
XENAZINE	TABS	12.5MG	T4		
XGEVA	SOLN	120MG/1.7ML	T4	PA	
XIAFLEX	SOLR	0.9MG	T4	PA	
XIFAXAN	TABS	200MG	T3	PA	
XIFAXAN	TABS	550MG	T3	PA	
XOLAIR	SOLR	150MG	T4	PA	
XPHE MAXAMID	POWD		T2		
XPHE MAXAMUM	PACK		T2		
XPHE MAXAMUM	POWD		T2		
XTANDI	CAPS	40MG	T4	PA	
XULANE	PTWK	35MCG/24HR; 150MCG/24HR			Eligible for a \$0 copay

Product Name	Form	Strength	Pref	Coverage Details	Comment
KYREM	SOLN	500MG/ML	T4		
YERVOY	SOLN	50MG/10ML	T4	PA	
YERVOY	SOLN	200MG/40ML	T4	PA	
ZAFIRLUKAST	TABS	10MG	T1	MN	
ZAFIRLUKAST	TABS	20MG	T1	MN	
ZALEPLON	CAPS	5MG	T1	QL (120.00 EA per 30 days)	
ZALEPLON	CAPS	10MG	T1	QL (60.00 EA per 30 days)	
ZALTRAP	SOLN	100MG/4ML	T4	PA	
ZALTRAP	SOLN	200MG/8ML	T4	PA	
ZARAH	TABS	3MG; 0.03MG		MN	Eligible for a \$0 copay
ZARONTIN	CAPS	250MG	T2	MN	
ZARONTIN	SOLN	250MG/5ML	T2	MN	
ZAVESCA	CAPS	100MG	T4		
ZELBORAF	TABS	240MG	T4	PA	
ZEMPLAR	SOLN	5MCG/ML	T4		
ZEMPLAR	SOLN	2MCG/ML	T4		
ZENCHENT	TABS	35MCG; 0.4MG		MN	Eligible for a \$0 copay
ZENCHENT FE	CHEW	35MCG; 0; 0.4MG		MN	Eligible for a \$0 copay
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	T3		
ZENPEP	CPEP	27000UNIT; 5000UNIT; 17000UNIT	T3		
ZENPEP	CPEP	136000UNIT; 25000UNIT; 85000UNIT	T3		
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	T3		
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	T3		
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	T3		
ZENPEP	CPEP	218000UNIT; 40000UNIT; 136000UNIT	T3		
ZEOSA	CHEW	35MCG; 0; 0.4MG		MN	Eligible for a \$0 copay
ZERIT	SOLR	1MG/ML	T2		
ZETIA	TABS	10MG	T2	MN	
ZIAGEN	TABS	300MG	T2		
ZIAGEN	SOLN	20MG/ML	T2		
ZIDOVUDINE	SYRP	50MG/5ML	T1		
ZIDOVUDINE	TABS	300MG	T1		
ZIDOVUDINE	CAPS	100MG	T1		
ZIOPTAN	SOLN	0.015MG/ML	T3		
ZIPRASIDONE HCL	CAPS	80MG	T1		
ZIPRASIDONE HCL	CAPS	60MG	T1		
ZIPRASIDONE HCL	CAPS	20MG	T1		
ZIPRASIDONE HCL	CAPS	40MG	T1		
ZOLEDRONIC ACID	CONC	4MG/5ML	T4		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T4		
ZOLEDRONIC ACID	SOLN	4MG/100ML	T4		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T4		
ZOLEDRONIC ACID	SOLR	4MG	T4		
ZOLINZA	CAPS	100MG	T4		
ZOLMITRIPTAN	TABS	5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLMITRIPTAN	TABS	2.5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLMITRIPTAN ODT	TBDP	5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLMITRIPTAN ODT	TBDP	2.5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOLPIDEM TARTRATE	TABS	5MG	T1	QL (60.00 EA per 30 days)	
ZOLPIDEM TARTRATE	TABS	10MG	T1	QL (30.00 EA per 30 days)	
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	T3	QL (30.00 EA per 30 days)	
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	T3	QL (30.00 EA per 30 days)	
ZOMETA	CONC	4MG/5ML	T4		
ZOMIG	SOLN	2.5MG	T3	ST; QL (6.00 EA per 30 days)	
ZOMIG NASAL SPRAY	SOLN	5MG	T3	ST; QL (6.00 EA per 30 days)	
ZONEGRAN	CAPS	25MG	T2	MN	
ZONEGRAN	CAPS	100MG	T2	MN	
ZONISAMIDE	CAPS	50MG	T1	MN	
ZONISAMIDE	CAPS	25MG	T1	MN	
ZONISAMIDE	CAPS	100MG	T1	MN	
ZORTRESS	TABS	0.75MG	T4		
ZORTRESS	TABS	0.5MG	T4		
ZORTRESS	TABS	0.25MG	T4		
ZOVIA 1/35E	TABS	35MCG; 1MG		MN	Eligible for a \$0 copay
ZOVIA 1/50E	TABS	50MCG; 1MG		MN	Eligible for a \$0 copay
ZYCLARA	CREA	3.75%	T3		
ZYDELIG	TABS	100MG	T4	PA	
ZYDELIG	TABS	150MG	T4	PA	
ZYFLO	TABS	600MG	T3		
ZYFLO CR	TB12	600MG	T3		
ZYKADIA	CAPS	150MG	T4	PA	
ZYTIGA	TABS	250MG	T4	PA	
ZYVOX	SUSR	100MG/5ML	T4		