



# MEDICAID PREFERRED DRUG LIST 2012

The following is a formulary listing of medications covered for Medicaid recipients managed under the Hudson Health Plan Program. This list is not intended to be a complete and all-inclusive list, but a representative list that is as comprehensive as possible. For questions regarding medication coverage as part of this program, please contact MaxorPlus, the pharmacy benefit management company working with Hudson Health Plan to manage this prescription benefit, at 1-800-687-0707. If you have general plan questions, contact Hudson Health Plan directly at 1-800-339-4557.

## Tiers

Tier 1; Tier 2; Tier 3\*

\*Note: Some Tier 3 medications may be eligible for a lower copay.

Certain restrictions, quantity limits, step therapy, and prior authorization requirements may apply. As brand name drugs become available generically, only the generic will be considered formulary.

FHP-MDC 12Q2

Anti-infective; Antifungal Agents:	Rx Only Coverage	Copay Tier
	<i>amphotericin B</i>	1
	<i>clotrimazole</i>	1
	<i>fluconazole</i>	1
	<i>itraconazole</i>	1
	<i>ketoconazole</i>	1
	<i>nystatin</i>	1
	<i>terbinafine HCl</i>	1
	<i>voriconazole</i>	1
	GRIS-PEG	2
	ABELCET	3
	AMBISOME	3
	AMPHOTEC	3
	ANCOBON	3
	CANCIDAS	3
	DIFLUCAN	3
	ERAXIS	3
	GRIFULVIN V	3
	GRISEOFULVIN MICROSIZED	3
	LAMISIL	3
	MYCAMINE	3
	NOXAFIL	3
	NYSTATIN	3
	ORAVIG	3
	SPORANOX	3
	VFEND	3
Anti-infective; Antiviral HIV Specific:	Rx Only Coverage	Copay Tier
	<i>didanosine</i>	1
	<i>lamivudine</i>	1
	<i>lamivudine; zidovudine</i>	1
	<i>stavudine</i>	1
	<i>zidovudine</i>	1

Anti-infective; Antiviral HIV Specific (Cont):	Rx Only Coverage	Copay Tier
	AGENERASE	3
	APTIVUS	3
	ATRIPLA	3
	COMBIVIR	3
	CRIXIVAN	3
	EDURANT	3
	EMTRIVA	3
	EPIVIR	3
	EPZICOM	3
	FUZEON	3
	INTELENCE	3
	INVIRASE	3
	ISENTRESS	3
	KALETRA	3
	LEXIVA	3
	NORVIR	3
	PREZISTA	3
	RESCRIPTOR	3
	RETROVIR	3
	REYATAZ	3
	SELZENTRY	3
	SUSTIVA	3
	TRIZIVIR	3
	TRUVADA	3
	VIRACEPT	3
	VIRAMUNE	3
	VIREAD	3
	ZIAGEN	3
	VIDEX	3
	VIDEX EC	3
	ZERIT	3
Anti-infective; Antiviral Hepatitis B:	Rx Only Coverage	Copay Tier
	TYZEKA	2
	BARACLUDE	3
	EPIVIR HBV	3
	HEPSERA	3
Anti-infective; Antiviral Hepatitis C:	Rx Only Coverage	Copay Tier
	<i>ribavirin</i>	1
	PEGASYS	2
	PEG-INTRON	2
	COPEGUS	3
	INFERGEN	3
	INCIVEK	3
	REBETOL	3
	RIBAPAK	3
	RIBASPHERE	3

Anti-infective; Antiviral Hepatitis C (Cont):	Rx Only Coverage	Copay Tier
	VICTRELIS	3
Anti-infective; Antiviral General:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>Synagis is subject to a prior authorization or clinical drug review to insure proper use of this medication - if approved it is also limited to 5 doses or 5 months of treatment during the RSV season (October through March).</i>	<i>acyclovir sodium</i>	1
	<i>amantadine</i>	1
	<i>famciclovir</i>	1
	<i>foscarnet sodium</i>	1
	<i>ganciclovir</i>	1
	<i>ribavirin</i>	1
	<i>valacyclovir HCl</i>	1
	VALTREX	1
	CYTOVENE	3
	RELENZA	3
	SYNAGIS	3
	TAMIFLU	3
	VALCYTE	3
	VISTIDE	3
	ZOVIRAX	3
Anti-infective; Antibacterial Cephalosporin 1st Generation:	Rx Only Coverage	Copay Tier
	<i>cefadroxil</i>	1
	<i>cefazolin sodium</i>	1
	<i>cephalexin</i>	1
	KEFLEX	3
Anti-infective; Antibacterial Cephalosporin 2nd Generation:	Rx Only Coverage	Copay Tier
	<i>cefaclor</i>	1
	<i>cefotetan</i>	1
	<i>cefoxitin sodium</i>	1
	<i>cefprozil</i>	1
	<i>cefuroxime</i>	1
	CEFTIN	3
	ZINACEF	3
Anti-infective; Antibacterial Cephalosporin 3rd Generation:	Rx Only Coverage	Copay Tier
	<i>cefdinir</i>	1
	<i>cefotaxime sodium</i>	1
	<i>cefpodoxime sodium</i>	1
	<i>ceftazidime</i>	1
	<i>ceftriaxone sodium</i>	1
	SUPRAX	2
	CEDAX	3
	OMNICEF	3
	SPECTRACEF	3
	TAZICEF	3
Anti-infective; Antibacterial Cephalosporin 4th Generation:	Rx Only Coverage	Copay Tier
	<i>cefepime</i>	1
	MAXIPIME	3

Anti-infective; Antibacterial Quinolone Antibiotic:	Rx Only Coverage	Copay Tier
	<i>ciprofloxacin</i>	1
	<i>levofloxacin</i>	1
	<i>ofloxacin</i>	1
	AVELOX	3
	CIPRO	3
	FACTIVE	3
	LEVAQUIN	3
	NOROXIN	3
Anti-infective; Antibacterial Macrolide Antibiotic:	Rx Only Coverage	Copay Tier
	<i>azithromycin</i>	1
	<i>clarithromycin</i>	1
	<i>erythromycin base</i>	1
	<i>erythromycin ethylsuccinate</i>	1
	<i>erythromycin lactobionate</i>	1
	BIAXIN	3
	ZITHROMAX	3
	ZMAX	3
Anti-infective; Antibacterial Penicillin Antibiotic:	Rx Only Coverage	Copay Tier
	<i>amoxicillin</i>	1
	<i>amoxicillin/clavulanate P</i>	1
	<i>ampicillin</i>	1
	<i>ampicillin-sulbactam</i>	1
	<i>dicloxacillin sodium</i>	1
	<i>nafcillin sodium</i>	1
	<i>penicillin G potassium</i>	1
	<i>penicillin G sodium</i>	1
	<i>piperacillin sodium</i>	1
	AMOXIL	3
	AUGMENTIN	3
	AUGMENTIN XR	3
	BICILLIN C-R	3
	BICILLIN L-A	3
	MOXATAG	3
	TIMENTIN	3
	UNASYN	3
	ZOSYN	3
Anti-infective; Antibacterial Sulfonamide Antibiotic:	Rx Only Coverage	Copay Tier
	<i>sulfamethoxazole/trimethoprim</i>	1
	<i>sulfadiazine</i>	1
	<i>sulfasalazine</i>	1
	<i>sulfazine</i>	1
	AZULFIDINE	3
	SEPTRA	3
	SEPTRA DS	3

Anti-infective; Antibacterial Tetracycline Antibiotic:	Rx Only Coverage	Copay Tier
	<i>demeclocycline HCl</i>	1
	<i>doxycycline hyclate</i>	1
	<i>doxycycline monohydrate</i>	1
	<i>minocycline HCl</i>	1
	<i>tetracycline HCl</i>	1
	<i>vibramycin</i>	1
	ADOXA	3
	ADOXA PAK 1/150	3
	DORYX	3
	DYNACIN	3
	ORACEA	3
	SOLODYN	3
	VIBRATAB	3
Anti-infective; Anti-Mycobacterium Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>ethambutol HCl</i>	Exempt
	<i>isoniazid</i>	Exempt
	<i>pyrazinamide</i>	Exempt
	<i>rifampin</i>	Exempt
	MYCOBUTIN	Exempt
	SEROMYCIN	Exempt
	MYCOBUTIN	Exempt
	TRECTOR	Exempt
Anti-infective; Miscellaneous Antibacterial Agents:	Rx Only Coverage	Copay Tier
	<i>colistimethate sodium</i>	1
	<i>furadantin</i>	1
	<i>macrodantin</i>	1
	<i>nitrofurantoin monohydrate</i>	1
	<i>vancomycin HCl</i>	1
	AZACTAM	3
	CAYSTON	3
	KETEK	3
	MACROBID	3
	VANCOCIN HCL	3
Anti-infective; Antimalarial Agents:	Rx Only Coverage	Copay Tier
	<i>atovaquone/proguanil</i>	1
	<i>chloroquine phosphate</i>	1
	<i>hydroxychloroquine sulfate</i>	1
	<i>mefloquine HCl</i>	1
	ARALEN	3
	COARTEM	3
	DARAPRIM	3
	FANSIDAR	3
	MALARONE	3
	PLAQUENIL	3
	PRIMAQUINE PHOSPHATE	3
	QUALAQUIN	3

Anti-infective Antiparasitic Agent:	Rx Only Coverage	Copay Tier
	<i>mebendazole</i>	1
	<i>metronidazole</i>	1
	<i>paromomycin sulfate</i>	1
	ALBENZA	3
	ALINIA	3
	BILTRICIDE	3
	FLAGYL	3
	MEPRON	3
	NEBUPENT	3
	STROMECTOL	3
	TINADAX	3
	YODIXIN	3
Anti-infective; Lincosamide Antibiotic:	Rx Only Coverage	Copay Tier
	<i>clindamycin HCl</i>	1
	<i>clindamycin phosphate</i>	1
	CLEOCIN	3
	LINCOCIN	3
Anti-infective; Aminoglycoside Antibiotic:	Rx Only Coverage	Copay Tier
	<i>amikacin sulfate</i>	1
	<i>gentamicin sulfate</i>	1
	<i>kanamycin sulfate</i>	1
	<i>neomycin sulfate</i>	1
	<i>streptomycin sulfate</i>	1
	<i>tobramycin sulfate</i>	1
	NEO-FRADIN	3
	TOBI	3
Anti-infective; Antiprotozoal Agents:	Rx Only Coverage	Copay Tier
	MEPRON	3
	NEBUPENT	3
	PENTAM 300	3
Anti-infective; Antibacterial Miscellaneous:	Rx Only Coverage	Copay Tier
<b>Notes:</b>	<i>methenamine hippurate</i>	1
<i>Zyvox is subject to a prior authorization or clinical drug review to help insure the proper use of this medication.</i>	<i>methenamine mandelate</i>	1
	<i>nitrofurantoin</i>	1
	<i>phenazopyridine</i>	1
	<i>trimethoprim</i>	1
	HIPREX	3
	MONUROL	3
	PRIMOSOL	3
	ZYVOX	3
Antineoplastic Agents:	Rx Only Coverage	Copay Tier
	<i>anastrozole</i>	1
	<i>bleomycin sulfate</i>	1
	<i>cyclophosphamide</i>	1
	<i>cytarabine</i>	1
	<i>dacarbazine</i>	1

Antineoplastic Agents (Cont):	Rx Only Coverage	Copay Tier
	<i>daunorubicin HCl</i>	1
	<i>doxorubicin HCl</i>	1
	<i>etoposide</i>	1
	<i>fludarabine phosphate</i>	1
	<i>fluorouracil</i>	1
	<i>hydroxyurea</i>	1
	<i>irinotecan</i>	1
	<i>leucovorin calcium</i>	1
	<i>leuprolide acetate</i>	1
	<i>Letrozole</i>	1
	<i>mercaptopurine</i>	1
	<i>methotrexate</i>	1
	<i>mitoxantrone HCl</i>	1
	<i>octreotide acetate</i>	1
	<i>tamoxifen</i>	1
	<i>tretinoin</i>	1
	<i>vinblastine sulfate</i>	1
	<i>vincristine sulfate</i>	1
	<i>vinorelbine tartrate</i>	1
	AFINITOR	3
	ARIMIDEX	3
	AROMASIN	3
	CAMPTOSAR	3
	EMCYT	3
	ERIVEDGE	3
	FEMARA	3
	FLUDARA	3
	GEMZAR	3
	GLEEVEC	3
	HYCAMTIN	3
	INLYTA	3
	IRESSA	3
	LUPRON DEPOT	3
	LYSODREN	3
	MATULANE	3
	NEXAVAR	3
	NOVANTRONE	3
	ONCASPAR	3
	REVLIMID	3
	SPRYCEL	3
	SUTENT	3
	TARCEVA	3
	TARGETIN	3
	TASIGNA	3
	TAXOTERE	3
	TEMODAR	3

Antineoplastic Agents (Cont):	Rx Only Coverage	Copay Tier
	THALOMID	3
	TICE BCG	3
	TYKERB	3
	VOTRIENT	3
	ZOLADEX	3
	VIDAZA	3
	XELODA	3
	ZOLINZA	3
Immunosuppressant Therapy Agents:	Rx Only Coverage	Copay Tier
	<i>azathioprine</i>	1
	<i>cyclosporine</i>	1
	HECORIA ( <i>tacrolimus</i> )	1
	<i>mycophenolate</i>	1
	<i>tacrolimus</i>	1
	AZASAN	3
	CELLCEPT Suspension	3
	NEORAL	3
	RAPAMUNE	3
	SANDIMMUNE	3
	GENGRAF	3
	IMURAN	3
	MYFORTIC	3
	PROGRAF	3
	ZORTRESS	3
	ORTHOCLONE OKT3	3
Immune System Stimulant Agents:	Rx Only Coverage	Copay Tier
	ATGAM	3
	CARIMUNE NANOFILTERED	3
	FLEBOGAMMA DIF	3
	GAMASTAN S/D	3
	GAMMAGARD LIQUID	3
	GAMMAGARD S/D	3
	GAMMAGARD S/D IGA LESS TH	3
	GAMUNEX	3
	HIZENTRA	3
	OCTAGAM	3
	PRIVIGEN	3
	VIVAGLOBIN	3
Alzheimer's Medications:	Rx Only Coverage	Copay Tier
	<i>galantamine hydrobromide</i>	1
	<i>pyridostigmine bromide</i>	1
	<i>rivastigmine tartrate</i>	1
	ARICEPT	1
	ARICEPT ODT	1
	NAMENDA	2
	COGNEX	3

Alzheimer's Medications (Cont):	Rx Only Coverage	Copay Tier
	EXELON	3
	RAZADYNE	3
	XENAZINE	3
Antiparkinson's Medications:	Rx Only Coverage	Copay Tier
	<i>amantadine HCl</i>	1
	<i>benztropine HCl</i>	1
	<i>bromocriptine mesylate</i>	1
	<i>carbidopa/levodopa</i>	1
	<i>pramipexole dihydrochloride</i>	1
	<i>ropinirole HCl</i>	1
	<i>selegiline HCl</i>	1
	<i>trihexyphenidyl HCl</i>	1
	APOKYN	3
	AZILECT	3
	COGENTIN	3
	COMTAN	3
	LODOSYN	3
	ELDEPRYL	3
	MIRAPEX	3
	MIRAPEX ER	3
	PARCOPA	3
	PARLODEL	3
	REQUIP	3
	REQUIP XL	3
	SINEMET	3
	SINEMET CR	3
	STALEVO	3
	ZELAPAR	3
Antispasmodic Skeletal Muscle Relaxant:	Rx Only Coverage	Copay Tier
	<i>baclofen</i>	1
	<i>carisoprodol</i>	1
	<i>carisoprodol/aspirin</i>	1
	<i>chlozoxazone</i>	1
	<i>cyclobenzaprine HCl</i>	1
	<i>dantrolene sodium</i>	1
	<i>diazepam</i>	1
	<i>lioresal intrathecal</i>	1
	<i>metaxalone</i>	1
	<i>methocarbamol</i>	1
	<i>orphenadrine citrate</i>	1
	<i>tizanidine HCl</i>	1
	AMRIX	3
	DANTRIUM	3
	FEXMID	3
	GELNIQUE	3
	PARAFON FORTE DSC	3

Antispasmodic Skeletal Muscle Relaxant (Cont):	Rx Only Coverage	Copay Tier
	ROBAXIN	3
	SANTURA XR	3
	SKELAXIN	3
	SOMA	3
	ZANAFLEX	3
Osteoporosis Therapy Agents:	Rx Only Coverage	Copay Tier
	<i>alendronate sodium</i>	1
	<i>calcitonin salmon, synthetic</i>	1
	<i>estradiol/norethindrone acetate</i>	1
	ACTONEL	3
	BONIVA	3
	EVISTA	3
	FORTEO	3
	FOSAMAX	3
	FOSAMAX PLUS D	3
	MIACALCIN NASAL	3
	ZOMETA	3
Rheumatologicals; Rheumatoid Arthritis/Psoriasis Agents:	Rx Only Coverage	Copay Tier
	leflunomide	1
	ENBREL	2
	ENBREL SURECLICK	2
	HUMIRA	2
	HUMIRA PEN	2
	HUMIRA PEN-CROHNS DISEASE	2
	HUMIRA PEN-PSORIASIS STAR	2
	ARAVA	3
	RIDAURA	3
	SIMPONI	3
Anticoagulant; Coumadin Type:	Rx Only Coverage	Copay Tier
	<i>warfarin sodium</i>	1
	<i>Jantoven</i>	1
	Pradaxa	2
	Coumadin	3
Anticoagulant; Platelet Aggregation Inhibitors	Rx Only Coverage	Copay Tier
	<i>cilostazol</i>	1
	<i>dipyridamole</i>	1
	<i>ticlopidine HCl</i>	1
	AGGRENOX	2
	EFFIENT	2
	PLAVIX	2
	PERSANTINE	3
	PLETAL	3
	TICLID	3
Anticoagulant; Heparin and Related Agents:	Rx Only Coverage	Copay Tier
	<i>heparin sodium</i>	1
	<i>enoxaparin sodium</i>	1

Anticoagulant; Heparin and Related Agents (Cont):	Rx Only Coverage	Copay Tier
	<i>fondaparinux</i>	1
	LOVENOX	1
	ARIXTRA	3
	FRAGMIN	3
	INNOHEP	3
Antifibrolytic Agents:	Rx Only Coverage	Copay Tier
	<i>aminocaproic acid</i>	1
	<i>cyklokapron</i>	1
	AMICAR	3
	LYSTEDA	3
Hematinic/Leukocyte Stimulants:	Rx Only Coverage	Copay Tier
	ARANESP	2
	PROCRIT	2
	ARKALYST	3
	LEUKINE	3
	NEUMEGA	3
	NEULASTA	3
	NEUPOGEN	3
	PROLEUKIN	3
	EPOGEN	3
Hematinic; Hemostatic Agents (Hemophilia):	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>Antihemophilia medications will continue to be covered as a state benefit at this time. These are only included here as a reference.</i>	ADVATE	3
	ALPHANATE/VON WILLEBRAND	3
	ALPHANINE SD	3
	BEBULIN VH	3
	BENEFIX	3
	FEIBA NF	3
	FEIBA VH IMMUNO	3
	HELIXATE FS	3
	HEMOPIL M	3
	HUMATE-P	3
	KOATE-DVI	3
	KOGENATE FS	3
	KOGENATE FS BIO-SET	3
	MONOCLATE-P	3
	MONONINE	3
	NOVOSEVEN RT	3
	PROFILNINE SD	3
	RECOMBINATE	3
	WILATE	3
	XYNTHA	3
Interferon Agents:	Rx Only Coverage	Copay Tier
	ACTIMMUNE	3
	ALFERON N	3
	INTRON-A	3

Antiarrhythmic Agents	Rx Only Coverage	Copay Tier
	<i>amiodarone HCl</i>	1
	<i>disopyramide phosphate</i>	1
	<i>flecainide acetate</i>	1
	<i>lidocaine HCl</i>	1
	<i>mexiletine HCl</i>	1
	<i>procainamide HCl</i>	1
	<i>propafenone HCl</i>	1
	<i>quinidine gluconate</i>	1
	<i>quinidine sulfate</i>	1
	CORDARONE	3
	ETHMOZINE	3
	MULTAQ	3
	NORPACE	3
	NORPACE CR	3
	PACERONE	3
	RYTHMOL	3
	RYTHMOL SR	3
	TAMBOCOR	3
	TIKOSYN	3
Cardiac Glycoside Agents:	Rx Only Coverage	Copay Tier
	<i>digoxin</i>	1
	LANOXICAPS	3
	LANOXIN	3
Lipotropic Agents; Triglyceride Reducers:	Rx Only Coverage	Copay Tier
	<i>cholestyramine/cholestyramine light</i>	1
	<i>fenofibrate</i>	1
	<i>gemfibrozil</i>	1
	ZETIA	2
	ANTARA	3
	FENOGLIDE	3
	COLESTID	3
	FIBRICOR	3
	LOFIBRA	3
	LOPID	3
	QUESTRAN	3
	TRICOR	3
	TRIGLIDE	3
	TRILIPIX	3
	WELCHOL	3
Lipotropic Agents; Cholesterol Reducers:	Rx Only Coverage	Copay Tier
	<i>amlodipine/atorvastatin</i>	1
	<i>atorvastatin</i>	1
	<i>lovastatin</i>	1
	<i>niacin</i>	1
	<i>pravastatin</i>	1
	<i>simvastatin</i>	1

Lipotropic Agents; Cholesterol Reducers (Cont):	Rx Only Coverage	Copay Tier
	NIASPAN	2
	ADVICOR	3
	ALTOPREV	3
	CADUET	3
	CRESTOR	3
	LESCOL	3
	LESCOL XL	3
	LIPITOR	3
	LIVALO	3
	LOVAZA	3
	MEVACOR	3
	PRAVACHOL	3
	SIMCOR	3
	VYTORIN	3
	ZOCOR	3
Antihypertensive; Sympatholytic Agents:	Rx Only Coverage	Copay Tier
	<i>clonidine HCl oral</i>	1
	<i>clonidine HCl patch</i>	1
	<i>doxazosin mesylate</i>	1
	<i>guanabenz acetate</i>	1
	<i>guanfacine</i>	1
	<i>methyldopa</i>	1
	<i>methyldopa/HCTZ</i>	1
	<i>prazosin HCl</i>	1
	<i>reserpine</i>	1
	<i>terazosin HCl</i>	1
	KAPVAY	2
	CARDURA	3
	CATAPRES	3
	CATAPRES-TTS	3
	CLORPRES	3
	HYTRIN	3
	MINIPRESS	3
	TENEX	3
Antihypertensive: Vasodilator Agents:	Rx Only Coverage	Copay Tier
	<i>hydralazine HCl</i>	1
	<i>isosorbide dinitrate</i>	1
	<i>isosorbide mononitrate</i>	1
	<i>minoxidil</i>	1
	<i>nitroglycerin</i>	1
	BIDIL	3
	DILATRATE SR	3
	IMDUR	3
	ISORDIL	3
	MINITRAN	3
	NITRO-DUR	3

Antihypertensive; ACE Inhibitor and ACE Combinations:	Rx Only Coverage	Copay Tier
	<i>benazepril</i>	1
	<i>benazepril/HCTZ</i>	1
	<i>benazepril/amlodipine</i>	1
	<i>captopril</i>	1
	<i>captopril/HCTZ</i>	1
	<i>enalapril maleate</i>	1
	<i>enalapril maleate/HCTZ</i>	1
	<i>fosinopril sodium</i>	1
	<i>fosinopril sodium/HCTZ</i>	1
	<i>lisinopril</i>	1
	<i>lisinopril/HCTZ</i>	1
	<i>moexipril HCl</i>	1
	<i>moexipril HCl/HCTZ</i>	1
	<i>quinapril HCl</i>	1
	<i>quinapril HCl/HCTZ</i>	1
	ACCUPRIL/ACCUPRIL HCTZ	3
	ACEON	3
	ALTACE	3
	CAPOTEN	3
	CAPTOPRIL	3
	LOTENSIN	3
	MAVIK	3
	PRINIVIL	3
	UNIVASC	3
	VASOTEC	3
	ZESTRIL	3
Antihypertensive; Calcium Channel Blocker & Combinations:	Rx Only Coverage	Copay Tier
	<i>amlodipine besylate</i>	1
	<i>diltiazem</i>	1
	<i>felodipine</i>	1
	<i>isradipine</i>	1
	<i>nifedipine</i>	1
	<i>nisoldipine</i>	1
	ADALAT CC	3
	CALAN	3
	CARDIZEM	3
	DYNACIRC CR	3
	NORVASC	3
	PLENDIL	3
	PROCARDIA XL	3
	SULAR	3
Antihypertensive; Beta-Adrenergic Blocking and Combinations:	Rx Only Coverage	Copay Tier
	<i>acebutolol HCl</i>	1
	<i>atenolol</i>	1
	<i>atenolol/chlorthalidone</i>	1
	<i>betaxolol HCl</i>	1

Antihypertensive; Beta-Adrenergic Blocking and Combos (Cont):	Rx Only Coverage	Copay Tier
	<i>bisoprolol fumarate</i>	1
	<i>bisoprolol fumarate/HCTZ</i>	1
	<i>carvedilol</i>	1
	<i>labetalol</i>	1
	<i>metoprolol succinate</i>	1
	<i>metoprolol tartrate</i>	1
	<i>metoprolol/HCTZ</i>	1
	<i>nadolol</i>	1
	<i>nadolol/bendroflumethiazide</i>	1
	<i>pindolol</i>	1
	<i>propranolol</i>	1
	<i>propranolol/HCTZ</i>	1
	<i>timolol maleate</i>	1
	BETAPACE	3
	BYSTOLIC	3
	COREG	3
	COREG CR	3
	CORGARD	3
	INDERAL LA	3
	LOPRESSOR	3
	TENORETIC	3
	TENORMIN	3
	TRANDATE	3

Antihypertensive; Angiotensin Receptor Binding (ARB):	Rx Only Coverage	Copay Tier
	<i>losartan potassium</i>	1
	<i>losartan potassium/HCTZ</i>	1
	DIOVAN	2
	DIOVAN HCT	2
	MICARDIS	2
	MICARDIS HCT	2
	TEKTURNA	2
	TEKTURNA HCT	2
	VALTURNA	2
	ATACAND	3
	ATACAND HCT	3
	AVALIDE	3
	AVAPRO	3
	AZOR	3
	BENICAR	3
	BENICAR HCT	3
	COZAAR	3
	EXFORGE	3
	EXFORGE HCT	3
	HYZAAR	3
	TEVETEN	3
	TEVETEN HCT	3

Antihypertensive; Angiotensin Receptor Binding (ARB) (Cont):	Rx Only Coverage	Copay Tier
	TRIBENZOR	3
	TWYNSTA	3
Antihypertensive; Pulmonary Agents:	Rx Only Coverage	Copay Tier
	<i>epoprostenol sodium</i>	1
	FLOLAN	3
	REMODULIN	3
	TYVASO	3
	VELETRI	3
	VENTAVIS	3
Antihypertensive; Diuretic Agents:	Rx Only Coverage	Copay Tier
	<i>amiloride HCl</i>	1
	<i>amiloride HCl/HCTZ</i>	1
	<i>bumetanide</i>	1
	<i>chlorothiazide</i>	1
	<i>chlorthalidone</i>	1
	<i>eplerenone</i>	1
	<i>furosemide</i>	1
	<i>hydrochlorothiazide (HCTZ)</i>	1
	<i>indapamide</i>	1
	<i>metolazone</i>	1
	<i>spironolactone</i>	1
	<i>spironolactone/HCTZ</i>	1
	<i>toremide</i>	1
	<i>triamterene/HCTZ</i>	1
	ALDACTONE	3
	EDECIN	3
	DYAZIDE	3
	LASIX	3
	MAXZIDE	3
	ZAROXOLYN	3
Antihypertensive; Other and Other Combinations:	Rx Only Coverage	Copay Tier
	trandolapril/verapamil HCl	1
	DEMSER	3
	LOTREL	3
	TARKA	3
Cardiovascular; Miscellaneous Agents:	Rx Only Coverage	Copay Tier
	RANEXA	3
Analgesic; NSAID and Combinations	Rx and OTC Coverage	Copay Tier
	<i>etodolac</i>	1
	<i>flurbiprofen</i>	1
	<i>ibuprofen</i>	1
	<i>indomethacin</i>	1
	<i>ketoprofen</i>	1
	<i>ketorolac</i>	1
	<i>meclofenamate sodium</i>	1
	<i>meloxicam</i>	1

Analgesic; NSAID and Combinations (Cont):	Rx and OTC Coverage	Copay Tier
	<i>nabumetone</i>	1
	<i>naproxen sodium</i>	1
	<i>oxaprozin</i>	1
	<i>piroxicam</i>	1
	<i>sulindac</i>	1
	<i>tolmetin sodium</i>	1
	CELEBREX	2
	ARTHROTEC	3
	ADVIL	3
	ANAPROX	3
	CATAFLAM	3
	CLINORIL	3
	DAYPRO	3
	FELDENE	3
	FLECTOR PATCH	3
	INDOCIN	3
	PONSTEL	3
	SPRIX Nasal Spray	3
	VIMOVO	3
	VOLTAREN-XR	3

Analgesic; Narcotic Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>All fentanyl buccal (oral) agents are subject to a prior authorization or clinical drug review for appropriate use of these medications.</i>	<i>buprenorphine HCl</i>	1
	<i>butorphanol tartrate</i>	1
	<i>codeine sulfate</i>	1
	<i>fentanyl citrate</i>	1
	<i>hydromorphone HCl</i>	1
	<i>levorphanol tartrate</i>	1
	<i>meperidine</i>	1
	<i>methadone HCl</i>	1
	<i>morphine sulfate</i>	1
	<i>oxycodone HCl</i>	1
	<i>oxymorphone</i>	1
	<i>tramadol/tramadol ER</i>	1
	DURAGESIC	1
	OPANA ER	2
	ACTIQ	3
	AVINZA	3
	BUPRENEX	3
	DEMEROL	3
	DILAUDID	3
	EMBEDA	3
EXALGO	3	
FENTORA	3	
KADIAN	3	
MS CONTIN	3	
NUCYNTA	3	

<b>Analgesic; Narcotic Agents (Cont):</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	OXYCONTIN	3
	SUBOXONE	3
	SUBUTEX	3
	TYLOX	3
<b>Analgesic; Narcotic Combination Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>acetaminophen/butalbital</i>	1
	<i>acetaminophen/butalbital/caffeine</i>	1
	<i>acetaminophen/tramadol</i>	1
	<i>aspirin/butalbital/caffeine</i>	1
	<i>carisoprodol/aspirin/codeine</i>	1
	<i>codeine phosphate/acetaminophen</i>	1
	<i>codeine phosphate/aspirin</i>	1
	<i>codeine/APAP/butalbital/caffeine</i>	1
	<i>hydrocodone/acetaminophen</i>	1
	<i>hydrocodone/ibuprofen</i>	1
	<i>oxycodone HCl/acetaminophen</i>	1
	<i>oxycodone HCl/aspirin</i>	1
	<i>oxycodone/ibuprofen</i>	1
	ANEXIA	3
	CAPITAL/CODEINE	3
	FIORICET/CODEINE	3
	FIORINAL/CODEINE #3	3
	PERCOCET	3
	PERCODAN	3
	TALWIN	3
	TYLENOL/CODEINE	3
	VICODIN	3
	VICOPROFEN	3
<b>Analgesic; Non-Salicylate, Non-Narcotic Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>acetaminophen</i>	1
	<i>clonidine</i>	1
	<i>ibuprofen</i>	1
	ADVIL	1
	ADVIL PM	1
	CHILDRENS PAIN/FEVER	1
	CHILDRENS TYLENOL	1
	DURACLON	3
<b>Analgesic; Salicylate, Non-Narcotic Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>aspirin</i>	1
	<i>aspirin buffered</i>	1
	<i>aspirin enteric coated</i>	1
	<i>butalbital</i>	1
	<i>butalbital/aspirin</i>	1

Analgesic; Gout Therapy Agents:	Rx Only Coverage	Copay Tier
	<i>allopurinol</i>	1
	ULORIC	3
	ZYLOPRIM	3
Analgesic; Migraine Headache Pain:	Rx Only Coverage	Copay Tier
	<i>dihydroergotamine mesylate</i>	1
	<i>ergotamine tartrate/caffeine</i>	1
	<i>naratriptan HCl</i>	1
	<i>sumatriptan succinate</i>	1
	MAXALT	2
	MAXALT-MLT	2
	RELPAX	2
	AXERT	3
	AMERGE	3
	CAFERGOT	3
	ERGOMAR	3
	FROVA	3
	IMITREX	3
	MIGRANAL	3
	SUMAVEL DOSEPRO	3
	TREXIMET	3
	ZOMIG	3
	ZOMIG ZMT	3
Anticonvulsant; Epilepsy & Neuropathic Pain Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b>	<i>acetazolamide</i>	Exempt
<i>This therapeutic category is exempt from copayments.</i>	<i>amantadine HCl</i>	Exempt
	<i>benztropine HCl</i>	Exempt
	<i>carbamazepine</i>	Exempt
	<i>clonazepam</i>	Exempt
	<i>divalproex sodium</i>	Exempt
	<i>ethosuximide</i>	Exempt
	<i>gabapentin</i>	Exempt
	<i>klonopin</i>	Exempt
	<i>lamotrigine</i>	Exempt
	<i>levetiracetam</i>	Exempt
	<i>mephobarbital</i>	Exempt
	<i>methazolamide</i>	Exempt
	<i>oxcarbazepine</i>	Exempt
	<i>phenobarbital</i>	Exempt
	<i>phenytoin sodium</i>	Exempt
	<i>primidone</i>	Exempt
	<i>topiramate</i>	Exempt
	<i>trihexyphenidyl HCl</i>	Exempt
	<i>valproic acid</i>	Exempt
	BANZEL	Exempt
	CARBATROL	Exempt
	CELONTIN	Exempt

Anticonvulsant; Epilepsy & Neuropathic Pain Agents (Cont):	Rx Only Coverage	Copay Tier
	COGENTIN	Exempt
	DIASTAT ACUDIAL	Exempt
	DILANTIN	Exempt
	DILANTIN INFATABS	Exempt
	FELBATOL	Exempt
	GABITRIL	Exempt
	HORIZANT	Exempt
	KEPPRA XR	Exempt
	LAMICTAL ODT	Exempt
	LAMICTAL XR	Exempt
	LYRICA	Exempt
	NEURONTIN	Exempt
	PEGANONE	Exempt
	TEGRETOL-XR	Exempt
	VIMPAT	Exempt
	DIAMOX	Exempt
	MYSOLINE	Exempt
	NEPTAZANE	Exempt
	SABRIL	Exempt

Multiple Sclerosis Agents:	Rx Only Coverage	Copay Tier
	AVONEX	2
	BETASERON	2
	COPAXONE	2
	EXTAVIA	3
	REBIF	3
	REBIF TITRATION PACK	3

Antidepressant; Tricyclic Agents:	Rx Only Coverage	Copay Tier	
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	amitriptyline	Exempt	
	amitriptyline/chlordiazepoxide	Exempt	
	amitriptyline/perphenazine	Exempt	
	amoxapine	Exempt	
	clomipramine HCl	Exempt	
	desipramine HCl	Exempt	
	doxepin HCl	Exempt	
	imipramine HCl	Exempt	
	imipramine pamoate	Exempt	
	nortriptyline HCl	Exempt	
	protriptyline HCl	Exempt	
	trimipramine maleate	Exempt	
	ANAFRANIL	Exempt	
	NORPRAMIN	Exempt	
	PAMELOR	Exempt	
	SURMONTIL	Exempt	
	VIVACTIL	Exempt	

Antidepressant; Miscellaneous Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>budeprion</i>	Exempt
	<i>bupropion HCL</i>	Exempt
	<i>mirtazapine</i>	Exempt
	<i>venlafaxine HCl</i>	Exempt
	CYMBALTA	Exempt
	EFFEXOR XR	Exempt
	PRISTIQ	Exempt
	REMERON	Exempt
	WELLBUTRIN	Exempt
Antidepressant; MAO Inhibitor Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>tranylcypromine sulfate</i>	Exempt
	MARPLAN	Exempt
	NARDIL	Exempt
	PARNATE	Exempt
	EMSAM	Exempt
Antidepressant; Selective Serotonin Reuptake Inhibitor (SSRI):	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>citalopram hydrobromide</i>	Exempt
	<i>escitalopram</i>	Exempt
	<i>fluoxetine</i>	Exempt
	<i>fluvoxamine maleate</i>	Exempt
	<i>paroxetine HCl</i>	Exempt
	<i>sertraline HCl</i>	Exempt
	CELEXA	Exempt
	LEXAPRO	Exempt
	PAXIL CR	Exempt
ZOLOFT	Exempt	
Antipsychotic; Phenothiazine Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>chlorpromazine HCl</i>	Exempt
	<i>fluphenazine deconate</i>	Exempt
	<i>fluphenazine HCl</i>	Exempt
	<i>perphenazine</i>	Exempt
	<i>thioridazine HCl</i>	Exempt
	<i>trifluoperazine HCl</i>	Exempt
	MELLARIL	Exempt
Antipsychotic; Miscellaneous Antipsychotic Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>clozapine</i>	Exempt
	<i>haloperidol</i>	Exempt
	<i>lithium carbonate</i>	Exempt
	<i>lithium citrate</i>	Exempt
	<i>loxapine</i>	Exempt
	<i>olanzapine</i>	Exempt
	<i>risperidone</i>	Exempt
	<i>thiothixene</i>	Exempt
	<i>ziprasidone</i>	Exempt
	ABILIFY	Exempt
	EQUETRO	Exempt

Antipsychotic; Miscellaneous Antipsychotic Agents (Cont):	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	CLOZARIL	Exempt
	FAZACLO	Exempt
	FANAPT	Exempt
	GEODON	Exempt
	HALDOL	Exempt
	INVEGA	Exempt
	LITHOBID	Exempt
	LOXITANE	Exempt
	MOBAN	Exempt
	ORAP	Exempt
	SAPHRIS	Exempt
	SEROQUEL	Exempt
	SYMBYAX	Exempt
	ZYPREXA	Exempt
Psychotherapeutic; Hypnotic Agents:	Rx and OTC Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>chloral hydrate</i>	Exempt
	<i>diphenhydramine HCl</i>	Exempt
	<i>estazolam</i>	Exempt
	<i>flurazepam</i>	Exempt
	<i>hydroxyzine HCl</i>	Exempt
	<i>hydroxyzine pamoate</i>	Exempt
	<i>lorazepam</i>	Exempt
	<i>temazepam</i>	Exempt
	<i>triazolam</i>	Exempt
	<i>zaleplon</i>	Exempt
	<i>zolpidem tartrate</i>	Exempt
	AMBIEN CR	Exempt
	EDLUAR	Exempt
	GNP NIGHTTIME SLEEP AID	Exempt
	LUNESTA	Exempt
	NYTOL	Exempt
	RESTORIL	Exempt
	ROZEREM	Exempt
	SECONAL	Exempt
	SOMINEX	Exempt
SONATA	Exempt	
Psychotherapeutic; Miscellaneous Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>Xyrem is subject to a prior authorization or clinical drug review to help insure appropriate utilization.</i>	<i>amphetamine/dextroamphetamine</i>	1
	<i>dexmethylphenidate HCl</i>	1
	<i>dextroamphetamine sulfate</i>	1
	<i>methamphetamine HCl</i>	1
	<i>methylphenidate HCl</i>	1
	INTUNIV	2
	METADATE CD/ER	2
	VYVANSE	2
	ADDERALL XR	3

Psychotherapeutic; Miscellaneous Agents (Cont):	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>Xyrem is subject to a prior authorization or clinical drug review to help insure appropriate utilization.</i>	CONCERTA	3
	DAYTRANA	3
	FOCALIN XR	3
	NUVIGIL	3
	PROVIGIL	3
	RITALIN SR	3
	STRATTERA	3
	XYREM	3
Antianxiety; Anxiolytic Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	<i>alprazolam</i>	Exempt
	<i>bupirone HCl</i>	Exempt
	<i>chlordiazepoxide HCl</i>	Exempt
	<i>clorazepate dipotassium</i>	Exempt
	<i>diazepam</i>	Exempt
	<i>lorazepam</i>	Exempt
	<i>oxazepam</i>	Exempt
	ATIVAN	Exempt
	NIRAVAM	Exempt
	XANAX	Exempt
Dermatologicals; Corticosteroid Topical Agents:	Rx and OTC Coverage	Copay Tier
	<i>alclometasone dipropionate</i>	1
	<i>amcinonide</i>	1
	<i>betamethasone dipropionate</i>	1
	<i>betamethasone dipropionate/propylene glycol</i>	1
	<i>betamethasone valerate</i>	1
	<i>clobetasol propionate</i>	1
	<i>clobetasol propionate/emollient</i>	1
	<i>desonide</i>	1
	<i>desoximetasone</i>	1
	<i>desoximetasone</i>	1
	<i>diflorasone diacetate</i>	1
	<i>fluocinonide</i>	1
	<i>fluocinonide/emollient</i>	1
	<i>fluocinolone acetonide</i>	1
	<i>fluticasone propionate</i>	1
	<i>halobetasol propionate</i>	1
	<i>hydrocortisone</i>	1
	<i>mometasone furoate</i>	1
	<i>triamcinolone acetonide</i>	1
	CAPEX SHAMPOO	3
	CLOBEX	3
	CORDRAN TAPE	3
	CUTIVATE	3
	CYCLOCORT	3
	DIPROLENE	3
	HALOG	3

<b>Dermatologicals; Corticosteroid Topical Agents (Cont):</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	LOCOID LIPOCREAM	3
	LUXIQ	3
	PANDEL	3
	TEMOVATE	3
	VANOS	3
<b>Dermatologicals; Topical Anesthetic Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
<b>Notes:</b> <i>Lidoderm is subject to a prior authorization or clinical drug review to help insure appropriate utilization.</i>	<i>hydrocortisone acetate/lidocaine HCl</i>	1
	<i>lidocaine HCl</i>	1
	EMLA	3
	LIDAMANTLE	3
	LIDODERM	3
<b>Dermatologicals; Acne Therapy Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>benzoyl peroxide</i>	1
	<i>clindamycin phosphate</i>	1
	<i>erythromycin base/benzoyl peroxide</i>	1
	<i>erythromycin base/ethyl alcohol</i>	1
	<i>isotretinoin</i>	1
	<i>metronidazole cream</i>	1
	<i>sulfacetamide sodium/sulfur</i>	1
	<i>tretinoin topical</i>	1
	BACITRACIN	1
	BACITRACIN ZINC	1
	BENZACLIN	3
	BENZAMYCINPAK	3
	CLEOCIN-T	3
	CLINDAGEL	3
	EVOCLIN	3
	FINACEA	3
	METROCREAM	3
	METROGEL 1%	3
	TAZORAC	3
	ZODERM	3
	AMNESTEEM (ORAL)	3
	CLARAVIS (ORAL)	3
	SOTRET (ORAL)	3
<b>Dermatologicals; Topical Antibacterial Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>gentamicin sulfate</i>	1
	<i>mupirocin ointment</i>	1
	<i>sulfacetamide sodium</i>	1
	ALTABAX	2
	BACTROBAN NASAL	2
	BACTROBAN TOPICAL	3
<b>Dermatologicals; Topical Antifungal Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>ciclopirox</i>	1
	<i>clotrimazole/betamethasone</i>	1
	<i>econazole nitrate</i>	1

<b>Dermatologicals; Topical Antifungal Agents (Cont):</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>ketoconazole</i>	1
	<i>nystatin</i>	1
	<i>nystatin/triamcinolone</i>	1
	CARRINGTON ANTIFUNGAL	1
	CLOTRIMAZOLE ANTI-FUNGAL	1
	CLOTRIMAZOLE/BETAMETHASON	1
	GNP ATHLETES FOOT	1
	GNP TERBINAFINE HYDROCHLO	1
	LAMISIL AF DEFENSE	1
	LAMISIL AT	1
	SM ANTIFUNGAL CLOTRIMAZOL	1
	SM ANTIFUNGAL TOLNAFTATE	1
	SM ATHLETES FOOT	1
	EXELDERM	3
	ERTACZO	3
	EXTINA	3
	LOPROX	3
	LOTRISONE	3
	MENTAX	3
	OXISTAT	3
	XOLEGEL	3
<b>Dermatologicals; Topical Antiviral Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	ABREVA	1
	<i>acyclovir</i>	1
	DENAVIR	3
	ZOVIRAX CREAM/OINTMENT	3
<b>Dermatologicals; Topical Burn Therapy Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>silver sulfadiazine</i>	1
	SILVADENE	3
	SSD	3
	THERMAZENE	3
<b>Dermatologicals; Topical Enzyme (Wound Healing) Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
<b>Notes:</b>	<i>trypsin/balsam peru/castor oil</i>	1
<i>Regranex is subject to a prior authorization or clinical drug review to help insure appropriate utilization.</i>	REGRANEX	3
	SANTYL	3
<b>Dermatologicals; Antipsoriatic Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>calcipotriene</i>	1
	<i>hydrocortisone acetate/pramoxine HCl</i>	1
	<i>selenium sulfide</i>	1
	<i>sulfacetamide sodium</i>	1
	DOVONEX CREAM	2
	DOVONEX SCALP	2
	SORIATANE	3
	SORIATANE CK	3
	TAZORAC	3
	VECTICAL	3

Dermatologicals; Antipsoriatic Agents (Cont):	Rx Only Coverage	Copay Tier
	OXSORALEN ULTRA	3
Dermatologicals; Topical Scabicide Agents:	Rx and OTC Coverage	Copay Tier
	<i>lindane</i>	1
	<i>malathion</i>	1
	<i>permethrin</i>	1
	GNP LICE TREATMENT	1
	LICE KILLING	1
	LICE KILLING SHAMPOO MAXI	1
	LICE TREATMENT CREME RINS	1
	PERMETHRIN	1
	SM LICE TREATMENT	1
	EURAX	2
	ACTICIN	3
	OVIDE	3
	ULESFIA	3
Dermatologicals; Miscellaneous Agents:	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>Topical immunomodulators (Elidel, Protopic, etc.) are subject to a prior authorization or clinical drug review to help insure the proper use of these medications.</i>	<i>aluminum chloride</i>	1
	<i>ammonium lactate</i>	1
	<i>dibezyline/padimate O/hydroquinone</i>	1
	<i>fluorouracil solution</i>	1
	<i>hydroquinone</i>	1
	<i>imiquimod</i>	1
	<i>podofilox</i>	1
	<i>urea</i>	1
	ELIDEL	2
	PROTOPIC	2
	ALDARA	3
	CARAC	3
	EFUDEX	3
	LACLOTION	3
	PANRETIN	3
	PHISOHEX	3
	SOLARAZE	3
	TARGRETIN	3
	VEREGEN	3
	SANTYL	3
	ZONALON	3
	ZYCLARA	3
Gastroenterology; Antivertigo/Antiemetic Agents:	Rx and OTC Coverage	Copay Tier
	<i>dimenhydrinate</i>	1
	<i>granisetron HCL</i>	1
	<i>meclizine HCl</i>	1
	<i>ondansetron HCl</i>	1
	<i>prochlorperazine</i>	1
	<i>promethazine HCl</i>	1
	<i>trimethobenzamide HCl</i>	1

<b>Gastroenterology; Antivertigo/Antiemetic Agents (Cont):</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	ANZEMET	3
	CESAMET	3
	DRONABINOL	3
	EMEND	3
	KYTRIL	3
	MARINOL	3
	SANCUSO	3
	TIGAN	3
	TRANSDERM-SCOP	3
	ZOFRAN ODT	3
<b>Gastroenterology; Antacid Agents:</b>	<b>OTC Coverage</b>	<b>Copay Tier</b>
	ACID GONE	1
	ANTACID ANTI-GAS MAXIMUM	1
	ANTACID ANTI-GAS REGULAR	1
	ANTACID/ANTI-GAS	1
	CALCIUM ANTACID EXTRA STR	1
	CHEWABLE ANTACID	1
	GAVISCON EXTRA STRENGTH R	1
	MAALOX ADVANCED	1
	MAALOX ADVANCED MAXIMUM S	1
	MAALOX CHILDRENS	1
	MAALOX MAX	1
	MAALOX REGULAR STRENGTH	1
	SODIUM BICARBONATE	1
	TUMS	1
	TUMS CALCIUM FOR LIFE BON	1
	TUMS E-X 750	1
	TUMS KIDS	1
	TUMS SMOOTHIES	1
	TUMS ULTRA 1000	1
<b>Gastroenterology; Histamine 2 Reducing Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>cimetidine HCl</i>	1
	<i>famotidine</i>	1
	<i>nizatidine</i>	1
	<i>ranitidine HCl</i>	1
	AXID	3
	PEPCID	3
	TAGAMET HB	3
	ZANTAC	3
<b>Gastroenterology; Proton Pump Reducing Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>lansoprazole</i>	1
	<i>omeprazole</i>	1
	<i>omeprazole/sodium bicarbonate</i>	1
	<i>pantoprazole</i>	1
	PREVACID 24HR	1
	PRILOSEC OTC	1

<b>Gastroenterology; Proton Pump Reducing Agents (Cont):</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	ACIPHEX	3
	DEXILANT	3
	NEXIUM	3
	PREVACID	3
	PROTONIX	3
<b>Gastroenterology; Other Ulcer Therapy:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>misoprostol</i>	1
	<i>sucralfate</i>	1
	CARAFATE	3
	CYTOTEC	3
	HELIDAC	3
	PREVPAC	3
	PYLERA	3
<b>Gastroenterology; Antidiarrheal Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>diphenoxylate/atropine sulfate</i>	1
	<i>loperamide HCl</i>	1
	BISMATROL	1
	KAOPECTATE	1
	PINK BISMUTH	1
	LOMOTIL	3
	PAREGORIC	3
<b>Gastroenterology; Laxative/Cathartic Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>docusate sodium</i>	1
	BISACODYL EC	1
	CITRUCEL	1
	EX-LAX ULTRA	1
	FIBER TABS	1
	FIBERCON	1
	GENFIBER	1
	<i>lactulose</i>	1
	MILK OF MAGNESIA	1
	SENNA CONCENTRATE	1
	STOOL SOFTENER	1
	AMITIZA	3
	CONSTULOSE	3
	GAVILYTE	3
	GOLYTELY	3
	HALFLYTELY BOWEL PREP	3
	OSMOPREP	3
	PEG 3350/ELECTROLYTES	3
	TRILYTE	3
<b>Gastroenterology; Antispasmodic Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>dicyclomine HCl</i>	1
	<i>glycopyrrolate</i>	1
	<i>hyoscyamine</i>	1
	<i>methscopolamine</i>	1

<b>Gastroenterology; Antispasmodic Agents (Cont):</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	CANTIL	3
	LEVBID	3
	PAMINE FORTE	3
	ROBINUL	3
<b>Gastroenterology; Bile Salts:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>ursodiol</i>	1
	ACTIGALL	3
	CHENODAL	3
	URSO FORTE	3
<b>Gastroenterology; Digestive Enzymes:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>amylase/lipase/protease</i>	1
	CREON	2
	ZENPEP	2
	KU-ZYME	2
	PANCREAZE DR	2
	PANCREAZE	3
	ULTRASE	3
	VIKASE	3
<b>Gastroenterology; Irritable Bowel Syndrome &amp; Miscellaneous:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>balsalazide disodium</i>	1
	<i>budesonide</i>	1
	<i>mesalamine</i>	1
	<i>sulfasalazine</i>	1
	APRISO	2
	ASACOL HD	2
	DIPENTUM	2
	CANASA	3
	CIMZIA	3
	COLAZAL	3
	ENTOCORT EC	3
	GASTROCROM	3
	LIALDA	3
	LOTRONEX	3
	PENTASA	3
	RELISTOR	3
	ROWASA	3
<b>Gastroenterology; Electrolyte Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	MAGNEBIND 300	1
	FOSRENOL	2
	RENAGEL	2
	REVELA	2
	CALCIUM ACETATE	3
	ELIPHOS	3
	ENFALYTE	3
	KAYEXALATE	3
	KIONEX	3

Gastroenterology; Electrolyte Agents (Cont):	Rx and OTC Coverage	Copay Tier
	LACTATED RINGERS	3
	PEDIALYTE	3
	PEDIALYTE FREEZER POPS	3
	PEDIALYTE SINGLES	3
	PHOSLO	3
	RINGERS INJECTION	3

Obstetrics; Contraceptives, Oral, Injectable, Vaginal & Topical :	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	APRI	Exempt
	ARANELLE	Exempt
	AVIANE	Exempt
	AZURETTE	Exempt
	BALZIVA	Exempt
	BREVICON-28	Exempt
	CAMILA	Exempt
	CAMRESE	Exempt
	CAZIAN	Exempt
	CESIA	Exempt
	CRYSSELLE-28	Exempt
	CYCLESSA	Exempt
	DESOGEN	Exempt
	ENPRESSE-28	Exempt
	ERRIN	Exempt
	GIANVI	Exempt
	GILDESS FE 1.5/30	Exempt
	GILDESS FE 1/20	Exempt
	JOLESSA	Exempt
	JOLIVETTE	Exempt
	JUNEL 1.5/30	Exempt
	JUNEL 1/20	Exempt
	JUNEL FE 1.5/30	Exempt
	JUNEL FE 1/20	Exempt
	KARIVA	Exempt
	KELNOR 1/35	Exempt
	LESSINA-28	Exempt
	ESTROSTEP FE	Exempt
	LEVLEN CONTRACT PACK	Exempt
	LEVORA 0.15/30-28	Exempt
	LUTERA	Exempt
	MICROGESTIN 1.5/30	Exempt
MICROGESTIN 1/20	Exempt	
MICROGESTIN FE	Exempt	
MICROGESTIN FE 1.5/30	Exempt	
MIRCETTE	Exempt	
MONONESSA	Exempt	
NATAZIA	Exempt	
NORDETTE-28	Exempt	

**Obstetrics; Contraceptives, Oral, Inj, Vaginal & Topical (Cont) :**
**Rx Only Coverage**
**Copay Tier**
**Notes:**

*This therapeutic category is exempt from copayments.*

NORGESTREL/ETHINYL ESTRAD	Exempt
NOR-QD	Exempt
OCELLA	Exempt
PORTIA-28	Exempt
PREVIFEM	Exempt
QUASENSE	Exempt
RECLIPSEN	Exempt
SPRINTEC 28	Exempt
TILIA FE	Exempt
TRI-LEGEST FE	Exempt
TRI-LO-SPRINTEC	Exempt
ZOVIA 1/35E	Exempt
ZOVIA 1/50E	Exempt
LYBREL	Exempt
PLAN B	Exempt
PLAN B ONE-STEP	Exempt
SEASONIQUE	Exempt
YAZ	Exempt
FEMCON FE	Exempt
LO/OVRAL-28	Exempt
LOESTRIN 1.5/30-21	Exempt
LOESTRIN 1/20-21	Exempt
LOESTRIN 24 FE	Exempt
LOESTRIN FE 1.5/30	Exempt
LOESTRIN FE 1/20	Exempt
LOSEASONIQUE	Exempt
LOW-OGESTREL	Exempt
MODICON-28	Exempt
NECON 0.5/35-28	Exempt
NECON 1/35-28	Exempt
NECON 1/50-28	Exempt
NECON 10/11-28	Exempt
NECON 7/7/7	Exempt
NORINYL 1+35	Exempt
NORINYL 1+50	Exempt
OGESTREL	Exempt
ORTHO MICRONOR	Exempt
ORTHO TRI-CYCLEN	Exempt
ORTHO TRI-CYCLEN LO	Exempt
ORTHO-CEPT-28	Exempt
ORTHO-CYCLEN	Exempt
ORTHO-NOVUM 1/35-28	Exempt
ORTHO-NOVUM 7/7/7-28	Exempt
OVCON-35	Exempt
OVCON-50 28	Exempt
SEASONALE	Exempt

Obstetrics; Contraceptives, Oral, Inj, Vaginal & Topical (Cont) :	Rx Only Coverage	Copay Tier
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	YASMIN 28	Exempt
	DEPO-PROVERA CONTRACEPTIV	Exempt
	DEPO-SUBQ PROVERA 104	Exempt
	MEDROXYPROGESTERONE ACETA	Exempt
	NUVARING	Exempt
	ORTHO EVRA	Exempt
Obstetrics; Estrogen & Progesterone Agents:	Rx Only Coverage	Copay Tier
	<i>estradiol</i>	1
	<i>estropipate</i>	1
	<i>medroxyprogesterone acetate</i>	1
	<i>norethindrone</i>	1
	ESTRACE VAGINAL CREAM	2
	PREMARIN	2
	ALORA	3
	CENESTIN	3
	CLIMARA	3
	CLIMARA PRO	3
	DIVIGEL	3
	DEPO-PROVERA	3
	ENJUVIA	3
	ESTRADERM	3
	EVAMIST	3
	FEMHRT LOW DOSE	3
	MENEST	3
	MENOSTAR	3
	PREMARIN VAGINAL	3
	PROMETRIUM	3
	PROVERA	3
	VIVELLE-DOT	3
Obstetrics; Estrogen Combination Agents:	Rx Only Coverage	Copay Tier
	<i>estrogens, esterofied/methyltestosterone</i>	1
	<i>estradiol/norethindrone</i>	1
	ACTIVELLA	3
	ANGELIQ	3
	COMBIPATCH	3
	FEMHRT 1/5	3
	PREMPHASE	3
	PREMPRO	3
Obstetrics; Vaginal Antibiotic/Antifungal Agents:	Rx and OTC Coverage	Copay Tier
	<i>clindamycin phosphate vaginal</i>	1
	<i>clotrimazole vaginal</i>	1
	<i>GNP MICONAZOLE 7</i>	1
	<i>metronidazole vaginal</i>	1
	<i>miconazole vaginal</i>	1
	MICONAZOLE 3	1
	MICONAZOLE 7	1

<b>Obstetrics; Vaginal Antibiotic/Antifungal Agents (Cont):</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tier</b>
	<i>nystatin vaginal</i>	1
	AVC	3
	CLEOCIN	3
	CLINDESSE	3
	METROGEL-VAGINAL	3
	TERAZOL 3	3
	TERAZOL 7	3
	VAGISTAT-3	3
	VANDAZOLE	3
	VAGIFEM	3
<b>Obstetrics; Specialized OB/GYN Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	leuprolide acetate	1
	SYNAREL	2
	LUPRON DEPOT	3
	LUPRON DEPOT-PED	3
<b>Ophthalmology; Beta-blocker Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>betaxolol HCl</i>	1
	<i>carteolol HCl</i>	1
	<i>levobunolol HCl</i>	1
	<i>metipranolol</i>	1
	<i>timolol maleate</i>	1
	ISTALOL	2
	BETAGAN	3
	BETIMOL	3
	BETOPTIC-S	3
	OPTIPRANOLOL	3
	TIMOPTIC	3
	TIMOPTIC-XE	3
<b>Ophthalmology; Cholinesterase Inhibitor Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>phospholine iodide</i>	1
<b>Ophthalmology; Direct Acting Miotic Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tier</b>
	<i>pilocarpine HCL</i>	1
	PILOPINE HS	3
<b>Ophthalmology; Other Glaucoma Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	<i>dorzolamide HCL</i>	1
	<i>dorzolamide HCL/timolol maleate</i>	1
	COMBIGAN	2
	TRAVATAN	2
	TRAVATAN Z	2
	AZOPT	3
	COSOPT	3
	ISOPTO CARBACHOL	3
	LUMIGAN	3
	TRUSOPT	3
	XALATAN	3
	ZIOPTAN	3

Ophthalmology; Cycloplegic Mydriatic Agents:	Rx Only Coverage	Copay Tiers
	<i>atropine sulfate</i>	1
	<i>cyclopentolate HCl</i>	1
	<i>homatropine hydrobromide</i>	1
	<i>proccainamide</i>	1
	ISOPTO ATROPINE	3
	ISOPTO HOMATROPINE	3
	ISOPTO HYOSCINE	3
Ophthalmology; Non-steroidal anti-inflammatory Agents:	Rx Only Coverage	Copay Tiers
	<i>diclofenac sodium</i>	1
	<i>flurbiprofen sodium</i>	1
	<i>ketorolac tromethamine</i>	1
	ACULAR	3
	ACULAR LS	3
	FML LIQUIFILM	3
	NEVANAC	3
	VOLTAREN	3
	XIBROM	3
Ophthalmology; Vasoconstrictor Agents:	Rx Only Coverage	Copay Tiers
	<i>naphazoline HCl</i>	1
	<i>phenylephrine HCl</i>	1
	AK-CON	3
	MYDFRIN	3
Ophthalmology; Antibiotic Agents:	Rx Only Coverage	Copay Tiers
	<i>bacitracin</i>	1
	<i>bacitracin/neomycin/polymyxin</i>	1
	<i>bacitracin/polymyxin B</i>	1
	<i>ciprofloxacin HCl</i>	1
	<i>erythromycin</i>	1
	<i>gentamicin sulfate</i>	1
	<i>ofloxacin</i>	1
	<i>polymyxin B sulfate/trimethoprim</i>	1
	<i>sulfacetamide sodium</i>	1
	<i>tobramycin sulfate</i>	1
	VIGAMOX	2
	AZASITE	3
	BESIVANCE	3
	CILOXAN	3
	IQUIX	3
	NATACYN	3
	OCUFLOX	3
	QUIXIN	3
	TOBEX	3
	ZYMAR	3
	ZYMAXID	3

Ophthalmology; Sulfonamide Antibacterial Agents:	Rx Only Coverage	Copay Tiers
	<i>sulfacetamide sodium</i>	1
	BLEPH-10	3
	BLEPHAMIDE	3
	BLEPHAMIDE S.O.P.	3
Ophthalmology; Steroid Agents:	Rx Only Coverage	Copay Tiers
	<i>dexamethasone sodium phosphate</i>	1
	<i>fluorometholone</i>	1
	<i>prednisolone acetate</i>	1
	<i>prednisolone sodium phosphate</i>	1
	ALREX	3
	FLAREX	3
	FML S.O.P.	3
	LOTEMAX	3
	OZURDEX	3
	PRED FORTE	3
	PRED MILD	3
	RETISERT	3
	VEXOL	3
Ophthalmology; Steroid Antibiotic Combination Agents:	Rx Only Coverage	Copay Tiers
	<i>neomycin/bacitracin/polymyxin/hydrocortisone</i>	1
	<i>neomycin/polymyxin/hydrocortisone</i>	1
	<i>neomycin/polymyxin/dexamethasone</i>	1
	<i>sulfacetamide/prednisolone sodium</i>	1
	<i>tobramycin sulfate/dexamethasone</i>	1
	BLEPHAMIDE	3
	MAXITROL	3
	POLY-PRED	3
	PRED-G	3
	TOBRADEX DROPS	3
	TOBRADEX OINTMENT	3
	ZYLET	3
Ophthalmology; Sympathomimetic Agents:	Rx Only Coverage	Copay Tiers
	<i>apraclonidine HCl</i>	1
	<i>Brimonidine tartrate</i>	1
	<i>dipivefrin HCl</i>	1
	ALPHAGAN P 0.1%/0.15%	3
	IOPIDINE	3
	MIOSTAT	3
Ophthalmology; Antiviral Agents:	Rx Only Coverage	Copay Tiers
	<i>trifluridine</i>	1
	VIROPTIC	3
Ophthalmology; Miscellaneous Agents:	Rx Only Coverage	Copay Tiers
	<i>azelastine HCl</i>	1
	<i>cromolyn sodium</i>	1
	<i>epinastine</i>	1
	PATADAY	2

Ophthalmology; Miscellaneous Agents (Cont):	Rx Only Coverage	Copay Tiers
	PATANOL	2
	ALAMAST	3
	ALOCRIAL	3
	BEPREVE	3
	CROLOM	3
	ELESTAT	3
	EMADINE	3
	LUCENTIS	3
	OPTIVAR	3
	RESTASIS	3
Ophthalmology; Artificial Tears/Hydrating Agents:	Rx Only Coverage	Copay Tiers
	AKWA TEARS	1
	ARTIFICIAL TEARS	1
	DRY EYES	1
	HYPOTEARs	1
	ISOPTO TEARS	1
	LIQUITEARS	1
	OPTIVE SENSITIVE	1
	REFRESH DRY EYE THERAPY	1
	TEARS NATURALE	1
	TEARS RENEWED	1
	LACRISERT	3
Otic Preparations; Steroid, Antibiotic & Miscellaneous:	Rx Only Coverage	Copay Tiers
	<i>acetic acid solution</i>	1
	<i>acetic acid/aluminum acetate</i>	1
	<i>acetic acid/hydrocortisone</i>	1
	<i>antipyrine/benzocaine/glycerin</i>	1
	<i>benzocaine</i>	1
	<i>ofloxacin</i>	1
	<i>hydrocortisone/pramoxine/chloroxylonol</i>	1
	<i>neomycin/polymyxin/hydrocortisone</i>	1
	MURO 128	1
	SODIUM CHLORIDE	1
	CIPRO HC	3
	CIPRODEX	3
	COLY-MYCIN S	3
	CORTISPORIN	3
	CORTISPORIN-TC	3
	NEOTIC	3
Endocrine; Antithyroid Agents:	Rx Only Coverage	Copay Tiers
	<i>methimazole</i>	1
	<i>propylthiouracil</i>	1
	TAPAZOLE	3

Endocrine; Thyroid Hormone Agents:	Rx Only Coverage	Copay Tiers
	<i>levothyroxine sodium</i>	1
	<i>lithyronine sodium</i>	1
	<i>thyroid</i>	1
	LEVOXYL	1
	ARMOUR THYROID	3
	CYTOMEL	3
	LEVOTHROID	3
	SYNTHROID	3
	THYROLAR	3
	TIROSINT	3
Endocrine; Adrenal Hormone Agents:	Rx Only Coverage	Copay Tiers
	<i>cortisone acetate</i>	1
	<i>dexamethasone</i>	1
	<i>fludrocortisone acetate</i>	1
	<i>hydrocortisone</i>	1
	<i>methylprednisolone</i>	1
	<i>prednisolone sodium phosphate</i>	1
	<i>prednisone</i>	1
	CELESTONE	3
	CORTEF	3
	DEPO-MEDROL	3
	KENALOG-10	3
	KENALOG-40	3
	MEDROL DOSEPAK	3
	PEDIAPRED	3
	SOLU-CORTEF	3
	SOLU-MEDROL	3
Endocrine; Androgens General:	Rx Only Coverage	Copay Tiers
	<i>megestrol acetate</i>	1
	MEGACE ORAL	3
	MEGACE ES	3
Endocrine; Antiandrogen Agents:	Rx Only Coverage	Copay Tiers
	<i>bicalutamide</i>	1
	<i>flutamide</i>	1
	CASODEX	3
	EULEXIN	3
	NILANDRON	3
Endocrine; Androgen Hormone Agents:	Rx Only Coverage	Copay Tiers
	danazol	1
	testosterone cypionate	1
	testosterone propionate	1
	ANDRODERM	2
	TESTIM	2
	ANDROID	3
	ANDROGEL	3
	ANDROGEL PUMP	3

Endocrine; Androgen Hormone Agents (Cont):	Rx Only Coverage	Copay Tiers
	DEPO-TESTOSTERONE	3
	METHITEST	3
	TESTRED	3
Endocrine; Ovulatory Stimulant Agents:	Rx Only Coverage	Copay Tiers
	<i>clomiphene citrate</i>	1
	CLOMID	3
	SEROPHENE	3
Endocrine; Miscellaneous Agents:	Rx Only Coverage	Copay Tiers
	<i>cabergoline</i>	1
	<i>calcitonin salmon, synthetic</i>	1
	<i>calcitriol</i>	1
	<i>desmopressin acetate</i>	1
	<i>desmopressin acetate/sodium phosphate</i>	1
	<i>octreotide acetate</i>	1
	CEREDASE	3
	CEREZYME	3
	DDAVP	3
	HECTOROL	3
	INCRELEX	3
	KUVAN	3
	SAMSCA	3
	SANDOSTATIN LAR DEPOT	3
	SENSIPAR	3
	SOMAVERT	3
	STIMATE	3
	SYNREL	3
	VPRIV	3
	ZEMPLAR	3
Endocrine; Gonadotropin & Related Agents:	Rx Only Coverage	Copay Tiers
	<i>chorionic gonadotropin</i>	1
	PREGNYL W/DILUENT BENZYL	3
Endocrine; Growth Hormone Replacement Agents:	Rx Only Coverage	Copay Tiers
<b>Notes:</b>	OMNITROPE	2
<i>All growth hormone products are subject to a prior authorization or clinical drug review, especially if the patient is age 21 or older to help insure proper use of these medications.</i>	TEV-TROPIN	2
	NORDITROPIN CARTRIDGE	2
	NORDITROPIN FLEXPRO	2
	NORDITROPIN NORDIFLEX PEN	2
<i>Serostim is subject to a prior authorization or clinical drug review regardless of the patient's age.</i>	GENOTROPIN	3
	GENOTROPIN MINIQUICK	3
	HUMATROPE	3
	HUMATROPE COMBO PACK	3
	NUTROPIN	3
	NUTROPIN AQ	3
	NUTROPIN AQ NUSPIN 10	3
	NUTROPIN AQ NUSPIN 20	3
	NUTROPIN AQ NUSPIN 5	3

Endocrine; Growth Hormone Replacement Agents (Cont):	Rx Only Coverage	Copay Tiers
<b>Notes:</b> <i>All growth hormone products are subject to a prior authorization or clinical drug review, especially if the patient is age 21 or older to help insure proper use of these medications.</i>  <i>Serostim is subject to a prior authorization or clinical drug review regardless of the patient's age.</i>	NUTROPIN AQ PEN	3
	SAIZEN	3
	SAIZEN CLICK.EASY	3
	SEROSTIM	3
	ZORBTIVE	3
Endocrine; Diabetes - Insulin Therapy	Rx and OTC Coverage	Copay Tiers
	APIDRA	2
	APIDRA SOLOSTAR	2
	HUMALOG	2
	HUMALOG KWIKPEN	2
	HUMALOG MIX 50/50	2
	HUMALOG MIX 50/50 KWIKPEN	2
	HUMALOG MIX 50/50 PEN	2
	HUMALOG MIX 75/25	2
	HUMALOG MIX 75/25 KWIKPEN	2
	HUMALOG MIX 75/25 PEN	2
	HUMALOG PEN	2
	LANTUS	2
	LANTUS FOR OPTICLIK	2
	LANTUS SOLOSTAR	2
	LEVEMIR	2
	LEVEMIR FLEXPEN	2
	NOVOLOG	2
	NOVOLOG FLEXPEN	2
	NOVOLOG MIX 70/30	2
	NOVOLOG MIX 70/30 PREFILL	2
	NOVOLOG PENFILL	2
	HUMULIN 70/30	3
	HUMULIN 70/30 PEN	3
	HUMULIN N	3
	HUMULIN N U-100 PEN	3
	HUMULIN R	3
	HUMULIN R U-500 (CONCENTR	3
	NOVOLIN 70/30	3
	NOVOLIN 70/30 INNOLET	3
	NOVOLIN 70/30 PENFILL	3
	NOVOLIN N	3
	NOVOLIN N INNOLET	3
	NOVOLIN N U-100 PENFILL	3
	NOVOLIN R	3
	NOVOLIN R INNOLET	3
	NOVOLIN R U-100 PENFILL	3

Endocrine; Non-Insulin Diabetes Agents:	Rx Only Coverage	Copay Tiers
	<i>acarbose</i>	1
	<i>acetohexamide</i>	1
	<i>chlorpropamide</i>	1
	<i>glimepiride</i>	1
	<i>glipizide</i>	1
	<i>glipizide/metformin HCl</i>	1
	<i>glyburide</i>	1
	<i>glyburide/metformin HCl</i>	1
	<i>metformin HCl</i>	1
	<i>nateglinide</i>	1
	<i>tolazamide</i>	1
	<i>tolbutamide</i>	1
	ACTOPLUS MET	2
	ACTOPLUS MET XR	2
	ACTOS	2
	BYETTA	2
	DUETACT	2
	JANUMET/JANUMET XR	2
	JANUVIA	2
	SYMLIN	2
	SYMLINPEN 120	2
	SYMLINPEN 60	2
	VICTOZA	2
	AMARYL	3
	AVANDAMET	3
	AVANDARYL	3
	AVANDIA	3
	DIABETA	3
	FORTAMET	3
	GLUCOPHAGE XR	3
	GLUCOVANCE	3
	GLUMETZA	3
	GLYNASE	3
	GLYSET	3
	JENTADUETO	3
	METAGLIP	3
	ONGLYZA	3
	PRANDIN	3
	PRANDIMET	3
	PRECOSE	3
	STARLIX	3
Endocrine; Glucose Elevating Agents:	Rx Only Coverage	Copay Tiers
	<i>GLUCOSE</i>	1
	<i>GLUTOSE 15</i>	1
	<i>GLUTOSE 45</i>	1
	<i>INSTA-GLUCOSE</i>	1

<b>Endocrine; Glucose Elevating Agents (Cont):</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	<i>SM GLUCOSE</i>	1
	GLUCAGEN	3
	GLUCAGEN HYPOKIT	3
	GLUCAGON EMERGENCY KIT	3
	PROGLYCEM	3
<b>Endocrine, Diabetes Testing; Insulin Syringes, etc.:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	insulin Syringes - various	1
	lancets - various	1
	ASCENSIA AUTODISC TEST ST	1
	ASCENSIA ELITE TEST STRIP	1
	FREESTYLE LITE TEST STRIP	1
	FREESTYLE TEST STRIPS	1
	PRECISION QID TEST STRIPS	1
	PRECISION XTRA BLOOD GLUC	1
<b>Respiratory; Antihistamine First Generation:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	<i>carbinoxamine maleate</i>	1
	<i>chlorpheniramine maleate</i>	1
	<i>clemastine fumarate</i>	1
	<i>cyproheptadine HCl</i>	1
	<i>diphenhydramine HCl</i>	1
	<i>hydroxyzine HCl</i>	1
	<i>hydroxyzine pamoate</i>	1
	VISTARIL	3
<b>Respiratory; Antihistamine Second Generation:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	<i>cetirizine HCl</i>	1
	<i>fexofenadine</i>	1
	<i>levocetirizine</i>	1
	<i>loratadine</i>	1
	ALLEGRA	1
	CLARINEX	3
	CLARINEX REDITABS	3
	CLARITIN	3
	XYZAL	3
<b>Respiratory; Antihistamine &amp; Decongestant First Generation:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	APRODINE	1
	BROMALINE	1
	BROTAPP	1
	COMTREX FLU THERAPY MAXIM	1
	DIMETAPP COLD & ALLERGY	1
<b>Respiratory; Antihistamine &amp; Decongestant Second Generation:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	<i>cetirizine/Pseudoephedrine</i>	1
	<i>fexofenadine/pseudoephedrine</i>	1
	<i>loratadine-D 24 hr</i>	1
	ALLERGY RELIEF D-24	1
	ALLEGRA-D 12 HOUR	3
	ALLEGRA-D 24 HOUR	3

<b>Respiratory; Antihistamine &amp; Decongestant Second Gen (Cont):</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	CLARITIN-D 12 HOUR	3
	CLARITIN-D 24 HOUR	3
	CLARINEX-D 12 HOUR	3
	CLARINEX-D 24 HOUR	3
<b>Antihistamine Nasal Formulations:</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	<i>azelastine HCl</i>	1
	ASTELIN	2
	ASTEPRO	2
	PATANASE	3
<b>Respiratory; Adrenergic Agents (Anaphylaxis):</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	ADRENACLICK	3
	EPIPEN	3
	EPIPEN JR.	3
	TWINJECT	3
<b>Respiratory; Corticosteroid Agents (Oral):</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	<i>cortisone acetate</i>	1
	<i>dexamethasone</i>	1
	<i>hydrocortisone</i>	1
	<i>methylprednisolone</i>	1
	<i>prednisolone</i>	1
	<i>prednisone</i>	1
<b>Respiratory; Antitusive Combination Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	<i>benzonatate</i>	1
	<i>dextromethorphan/PSE/brompheniramine</i>	1
	<i>guaifenesin/codeine phosphate</i>	1
	<i>guaifenesin/dextromethorphan</i>	1
	<i>hydrocodone/homatropine</i>	1
	<i>phenylephrine/brompheniramine</i>	1
	ALLFEN	1
	Q-TUSSIN	1
	ROBITUSSIN CHEST CONGESTION	1
	ROBITUSSIN PEDIATRIC	1
	SM TUSSIN	1
	TESSALON PERLES	3
	TUSSICAPS	3
	TUSSIONEX	3
<b>Respiratory; Xanthine Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	<i>aminophylline</i>	1
	<i>caffeine citrate</i>	1
	<i>theophylline</i>	1
	ELIXOPHYLLIN	3
	LUFYLLIN	3
	THEO-24	3
	UNIPHYL	3

Respiratory; Beta Agonists Oral:	Rx Only Coverage	Copay Tiers
	<i>albuterol sulfate</i>	1
	<i>metaproterenol sulfate</i>	1
	<i>terbutaline sulfate</i>	1
	BRETHINE	3
	VOSPIRE ER	3
Respiratory; Beta Agonist Inhaler:	Rx Only Coverage	Copay Tiers
	<i>albuterol inhalation solution</i>	1
	<i>isoetharine HCL inhalation solution</i>	1
	<i>levalbuterol HCL inhalation solution</i>	1
	<i>metaproterenol sulfate inhaler</i>	1
	MAXAIR AUTOHALER	2
	VENTOLIN HFA	2
	BROVANA	3
	FORADIL AEROLIZER	3
	PERFOROMIST	3
	PROAIR HFA	3
	PROVENTIL HFA	3
	SEREVENT DISKUS	3
	XOPENEX	3
	XOPENEX HFA	3
Respiratory; Inhaled Corticosteroid Agents:	Rx Only Coverage	Copay Tiers
	<i>budesonide</i>	1
	FLOVENT DISKUS/ROTADISK	2
	FLOVENT HFA	2
	QVAR	2
	AEROBID	3
	AEROBID-M	3
	ALVESCO	3
	AZMACORT	3
	ASMANEX METERED INHALER	3
	PLUMICORT FLEXHALER	3
Respiratory; Intranasal Steroid Agents:	Rx Only Coverage	Copay Tiers
	<i>flunisolide</i>	1
	<i>fluticasone</i>	1
	<i>triamcinolone acetonide</i>	1
	BECONASE AQ	3
	FLONASE	3
	NASONEX	3
	NASACORT AQ	3
	OMNARIS	3
	RHINOCORT AQUA	3
	VERAMYST	3
Respiratory; Miscellaneous Nasal Agents:	Rx and OTC Coverage	Copay Tiers
	BABY AYR SALINE	1
	DEEP SEA NASAL SPRAY	1
	GNP NASAL DECONGESTANT	1

Respiratory; Miscellaneous Nasal Agents (Cont):	Rx and OTC Coverage	Copay Tiers
	<i>ipratropium bromide</i>	1
	NASAL SPRAY	1
	MUCINEX NASAL SPRAY MOIST	1
	NEO-SYNEPHRINE 12 HOUR EX	1
	PSEUDOEPHEDRINE HCL	1
	SM NASAL SPRAY 12 HOUR	1
	BACTROBAN NASAL	2
	ATROVENT	3
Respiratory; Miscellaneous Pulmonary Agents:	Rx Only Coverage	Copay Tiers
<b>Notes:</b>	<i>acetylcysteine</i>	1
<i>All agents prescribed for pulmonary hypertension are subject to a prior authorization or clinical drug review to help insure appropriate use of these medications.</i>	<i>cromolyn sodium inhalation</i>	1
<i>Examples = Adcirca, Letiris &amp; Revatio</i>	<i>ipratropium/albuterol sulfate</i>	1
	<i>ipratropium bromide inhalation solution</i>	1
	ADCIRCA	2
	ADVAIR DISKUS	2
	ADVAIR HFA	2
	ATROVENT HFA	2
	DULERA	2
	LETAIRIS	2
	REVATIO	2
	SINGULAIR	2
	SYMBICORT	2
	TRACLEER	2
	ACCOLATE	3
	COMBIVENT	3
	DALIRESP	3
	DUONEB	3
	PULMOZYME	3
	SPIRIVA HANDIHALER	3
	TYVASO	3
	VENTAVIS	3
	XOLAIR	3
	ZYFLO	3
	ZYFLO CR	3
Urological; Cholenergic Stimulant Agents:	Rx Only Coverage	Copay Tiers
	<i>bethanechol chloride</i>	1
Urological; Anticholinergic & Antispasmodic Agents:	Rx Only Coverage	Copay Tiers
	<i>dicyclomine HCl</i>	1
	<i>flavoxate HCL</i>	1
	<i>hyoscyamine sulfate</i>	1
	<i>oxybutinin chloride</i>	1
	<i>trospium chloride</i>	1
	DETROL	2
	DETROL LA	2
	OXYTROL	2
	VESICARE	2

Urological; Anticholinergic & Antispasmodic Agents (Cont):	Rx Only Coverage	Copay Tiers
	DITROPAN	3
	DITROPAN XL	3
	ENABLEX	3
	GELNIQUE	3
	LEVBID	3
	SANCTURA	3
	SANCTURA XR	3
	TOVIAZ	3
Urological; Urinary Tract Anesthetic Agents:	Rx Only Coverage	Copay Tiers
	<i>phenazopyridine HCl</i>	1
	ELMIRON	3
	PYRIDIUM	3
Urological; Benign Prostatic Hyperplasia (BPH) Agents:	Rx Only Coverage	Copay Tiers
	<i>doxazosin mesylate</i>	1
	<i>finasteride</i>	1
	<i>terazosin HCl</i>	1
	<i>tamsulosin HCl</i>	1
	AVODART	3
	FLOMAX	3
	JALYN	3
	PROSCAR	3
	RAPAFLO	3
	UROXATRAL	3
Urological; Urinary Tract PH Modifier Agents:	Rx Only Coverage	Copay Tiers
	<i>citric acid/sodium citrate</i>	1
	<i>potassium citrate</i>	1
	<i>potassium phosphate</i>	1
	CYTRA K CRYSTALS	3
	K-PHOS NEUTRAL	3
	RENACIDIN	3
	UROCIT-K 10	3
	UROCIT-K 15	3
Vitamin & Hematinic Agents - Prenatal:	Rx and OTC Coverage	Copay Tiers
<b>Notes:</b>	<i>folic acid</i>	Exempt
<i>This therapeutic category is exempt from copayments.</i>	<i>prenatal vitamin (multiple)</i>	Exempt
	NEEVO	Exempt
	NEEVO DHA	Exempt
	NIFEREX GOLD	Exempt
	NIFEREX-150 FORTE	Exempt
	NIFEREX-PN FORTE	Exempt
	PRENATE DHA	Exempt
	PRENATE ELITE	Exempt
	PRIMACARE	Exempt
	PRIMACARE ONE	Exempt
	REPLIVA 21/7	Exempt
	CONCEPT DHA	Exempt

Vitamin & Hematinic Agents - Prenatal (Cont):	Rx and OTC Coverage	Copay Tiers
<b>Notes:</b> <i>This therapeutic category is exempt from copayments.</i>	CONCEPT OB	Exempt
	MISSION PRENATAL	Exempt
	MISSION PRENATAL HP	Exempt
	MISSION PRENATAL/FOLIC AC	Exempt
	PNV-DHA	Exempt
	PNV-DHA PLUS	Exempt
	PNV-IRON	Exempt
	PNV-OMEGA	Exempt
	PNV-SELECT	Exempt
	STUART PRENATAL	Exempt

Vitamin & Hematinic Agents - General:	Rx and OTC Coverage	Copay Tiers
<b>Notes:</b> <i>Vitamins shall be covered as either prescription only or as over-the-counter vitamin preparations with a valid prescription.</i> <i>Vitamins shall be provided as appropriate for the patient's age - Infant, Pediatric, Adult, Geriatric, etc.</i>	<i>cyanocobalamin (Vitamin B-12)</i>	1
	<i>ergocalciferol (Vitamin D)</i>	1
	<i>fluoride Iron/multiple vitamin</i>	1
	<i>vitamin A</i>	1
	<i>vitamin B1</i>	1
	<i>vitamin B6</i>	1
	<i>vitamin C</i>	1
	<i>vitamin D</i>	1
	<i>vitamin K1</i>	1
	<i>multiple vitamin formulation</i>	1
	<i>multiple vitamin with minerals</i>	1
	B-COMPLEX WITH B-12	1
	BIOTIN	1
	CENTRUM	1
	CENTRUM SILVER ULTRA MENS	1
	CENTURY SENIOR	1
	CEROVITE ADVANCED FORMULA	1
	COMPETE	1
	COMPLETE	1
	DAILY VITE	1
	DAILY-VITE/IRON	1
	FOLGARD	1
	FOLTX	1
	GERI-VITE	1
	GLUTOFAC	1
	GOLDEN AGE VITAMIN/MINERA	1
	HAIRVITE	1
	HEXAVITAMIN	1
	ICAPS MV	1
	IROMIN-G	1
MEPHYTON	1	
MULTI-DELYN	1	
MULTI-DELYN/IRON	1	
MULTILEX	1	
MULTILEX-T&M	1	

Vitamin & Hematinic Agents - General (Cont):	Rx and OTC Coverage	Copay Tiers
<p><b>Notes:</b></p> <p><i>Vitamins shall be covered as either prescription only or as over-the-counter vitamin preparations with a valid prescription.</i></p> <p><i>Vitamins shall be provided as appropriate for the patient's age - Infant, Pediatric, Adult, Geriatric, etc.</i></p>	MULTIVITAMINS	1
	NEPHRO-VITE	1
	OCUVITE	1
	ONCE DAILY	1
	ONCE DAILY/IRON	1
	ONCOVITE	1
	ONE DAILY	1
	ONE DAILY MENS	1
	ONE DAILY W/IRON	1
	PYRIDOXINE HCL	1
	RENA-VITE	1
	THERAPEUTIC	1
	THERAPEUTIC-M	1
	THERA-PLUS	1
	VI-STRESS	1
	VITABEE W/C	1
	VITAMIN A	1
	VITAMIN B COMPLEX	1
VITAMIN LIQUID	1	
VITAMINS & MINERALS	1	
Vitamin & Hematinic; Iron Replacement Agents:	Rx & OTC Coverage	Copay Tiers
	<i>ferrous fumarate</i>	1
	<i>ferrous gluconate</i>	1
	<i>ferrous sulfate</i>	1
	FERATAB	1
	FERATE	1
	FERGON	1
	FER-IN-SOL	1
	POLY-IRON 150	1
	POLYSACCHARIDE IRON COMPL	1
	SLOW FE	1
	SLOW RELEASE IRON	1
	DEXFERRUM	3
	FERRLECIT	3
	INFED	3
	VENOFER	3
Electrolyte Replacement; Potassium Agents:	Rx Only Coverage	Copay Tiers
	<i>potassium bicarbonate/citric acid</i>	1
	<i>potassium chloride</i>	1
	<i>potassium Cl/potassium bicarb/citric acid</i>	1
	EFFER-K	3
	KAON-CL-10	3
	KLOR-CON	3
	K-TABS	3
	MICRO-K	3

<b>Electrolyte Replacement; Other Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	<i>calcium</i>	1
	<i>calcium carbonate</i>	1
	<i>calcium citrate</i>	1
	<i>calcium lactate</i>	1
	<i>calcium/vitamin D</i>	1
	<i>potassium phosphate</i>	1
	<i>sodium phosphate</i>	1
	CALTRATE 600+D	1
	CALTRATE 600+D PLUS	1
	FOSFREE	1
	OYSTER SHELL CALCIUM	1
	OYSTER SHELL CALCIUM/D	1
	OYSTER SHELL CALCIUM/VITA	1
<b>Smoking Cessation Agents:</b>	<b>Rx and OTC Coverage</b>	<b>Copay Tiers</b>
	<i>bupropion HCl SR</i>	1
	<i>nicotine gum</i>	1
	<i>nicotine lozenge</i>	1
	<i>nicotine patch</i>	1
	NICODERM CQ	1
	NICORETTE	1
	NICORETTE STARTER KIT	1
	NICOTROL INHALER	1
	NICOTROL NS	1
	CHANTIX	3
	ZYBAN	3
<b>Miscellaneous Therapeutic Agents:</b>	<b>Rx Only Coverage</b>	<b>Copay Tiers</b>
	ANTABUSE	2
	SAVELLA	2
	ADAGEN	3
	AGRYLIN	3
	AMPYRA	3
	ANAGRELIDE HYDROCHLORIDE	3
	ARALAST NP	3
	CAMPRAL	3
	CHEMET	3
	DEFEROXAMINE MESYLATE	3
	DESFERAL	3
	EXJADE	3
	GALZIN	3
	KALYDECO	3
	ORFADIN	3
	PROLASTIN	3
	PROLASTIN-C	3
	PROMACTA	3
	RILUTEK	3
	SYPRINE	3

Miscellaneous Therapeutic Agents (Cont):	Rx Only Coverage	Copay Tiers
	XIFAXAN	3
	ZAVESCA	3
	ZEMAIRA	3



*Certain restrictions, quantity limits, step therapy, and prior authorization requirements may apply. As brand name drugs become available generically, only the generic will be considered formulary.*